Mental Health

Inquiry into the Accessibility of Mental Health Services

Youth Parliament 2022

the

Committee Investigating Mental Health

Inquiry into the Accessibility of Mental Health Services

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Terms of Reference

The Legislative Council Committee on Mental Health inquired into a plethora of issues concerned with the Accessibility of Mental Health Services within New South Wales:

1. Access to Mental Health services in relation to the individual agents of gender and identity, age, family relations and personal attributes.

2. Access to Mental Health services according to Socio-Economic group;

3. Access to Mental Health services according to Socio-Cultural Factors, specifically in relation to family and friendship groups, ethnic background and language;

4. Access to Mental Health services in rural and regional areas and the expansion of services in such areas.

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Definitions

- Mental health: Mental Health refers to an individual's emotional, psychological, and social wellbeing which in turn influences one's ability to think, feel and act. [1]
- Individual Factors: Individual factors encompass ideas such as; gender and identity, age, family relations and personal attributes.
- Socio Economic Factors: Socioeconomic factors refer to the environment individuals learn and work including income, employment, housing and education.
- Socio Cultural Factors: Sociocultural factors refer to the social expectations and cultural practices in the environment influencing an individual's values, attitudes and behaviours including peers, family, and culture.
- Geographical Factors: Geographical factors refer to the condition of the environment people live includings one's geographical location and proximity to key infrastructure.
- Young persons: Persons under the age of 25.
- Rural and Remote: The term 'rural and remote' encompasses all areas outside NSW Major cities (Greater Sydney, Newcastle, Wollongong, Penrith, Gosford, Albury, Maitland, Shellharbour, Coffs Harbour, Wagga Wagga, Tweed Heads, Port Macquarie, Taree, Blacktown, Tamworth).
- Health: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.[2]
- E-Mental Health: E-mental health refers to the broad range of digital resources, services or programs, delivered via online, mobile or phone based platforms, which offer support to people affected by mental health issues, including consumers, families/whānau, carers and communities.[3]

[1] U.S. Department of Health & Human Services (2020), What is Mental Health? (5th June 2020). https://www.mentalhealth.gov/basics/what-is-mental-health

[2] World Health Organisation (2020) (5th June 2020) https://www.who.int/about/governance/constitution

[3] The Royal Australian and New Zealand College of Psychiatrists (2019), Benefits of e-mental health treatments and interventions https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/benefits-e-mental-health-treatments-interventions

Chairperson's Foreword

I am pleased to present the Committee investigating Mental Health's report into the Accessibility of Mental Health Services to the 2022 Youth Legislative Council for consideration. The Committee has conducted a comprehensive investigation into a range of issues and current policies that have restricted the accessibility of mental health services in NSW, and have outlined tangible solutions and recommendations. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act, and exerts an influence on every aspect of our daily lives. Yet, the sentiment of those struggling from mental health across NSW is diminishing, leaving many to feel a sense of social isolation and helplessness. The Mental Health Committee have reviewed the current provisions in place, and have recognised that although fundamental strides forward have been made in the past 30 years, mental health care/service accessibility in NSW remains inherently characterised by siloed funding streams and fragmented service provisions. This has deleteriously impacted the accessibility of mental health services and disproportionately impacted our most vulnerable. The Committee have reviewed and acknowledged the inconvenient, expensive and disheartening reality of mental health service provisions specifically in rural and remote NSW. This is the result of a range of geographic, socio-economic, social-cultural, individual, and environmental factors that have exacerbated systemic shortcomings and impacted on the accessibility and quality of mental health services. The Committee have additionally sought to review and reduce the negative stigma associated with seeking mental health services, which has a drastic impact on ones desire to actively pursue and access mental health services. The implementation of the Committee's recommendations will allow individuals to access low-stigma, affordable mental health services that will benefit health and wellbeing. The report outlines tangible solutions and recommendations that the Committee believes will successfully address the issues identified. These solutions have been drawn from the Committee's findings, as well as recommendations of other governmental reports and major medical organisations. These solutions include:

1. The implementation of tailored Mental Health Services towards the needs of the given community
2. Further investment into e-mental health services in Rural and regional NSW

The Committee thanks most sincerely all organisations, academics, agencies and individuals involved in providing information, resources and insightful knowledge in assisting us to complete our research. I would also like to thank the members of this Committee for their dedication in providing research and pragmatic solutions to increase the access and availability of Mental Health Services throughout NSW.

I hereby commend this Report to the House and to the floor.

The Hon. Sebastian Verjoustinsky, Youth MLC
Youth Minister for Mental Health

Introduction

In spite of the fundamental strides forward which have been made in the past 30 years, mental health care/service accessibility in NSW remains inherently characterised by siloed funding streams and fragmented service provisions. This has deleteriously impacted the accessibility of mental health services and disproportionately impacted our most vulnerable. Our committee has been devoted to an investigation that aims to analyse and provide a solution for the consequences of service inaccessibility upon the apparatus of NSW whilst seeking to articulate the concerns of unheard subaltern voices. This includes an inquest into the inconvenient, expensive and disheartening reality of mental health service provisions specifically in rural and remote NSW, as well as the harmful negative stigma associated with seeking mental health treatment. Our solutions delve into different strategies based upon the goal of creating a unified perspective on the matter whilst avoiding the denigration of any and all potential solutions.

We have categorised and dedicated our findings into four general groups of theorem:

- Individual Factors [that affect accessibility];
- Socio Economic Factors [that affect accessibility];
- Socio Cultural Factors [that affect accessibility]; and
- Geographical Factors [that affect accessibility].

Furthermore, this report will support the recommendations of the implementation of specifically tailored Mental Health Services towards the needs of the given community as well as further investment into e-mental health services in Rural and regional NSW. The findings from relevant studies and their accompanying analysis can be found as the foundation of all our recommended solutions to ensure that bias, ignorance and potential misinterpretation of the topic will be avoided to create a fully succinct and credible investigation.

It is not just our goal to implement legislation but to catalyse a movement that allows all individuals in NSW, regardless of geographic location, age or gender, to have access to quality mental health services.

Background

Mental health, in essence, is integral to the overall wellbeing and health of an individual as a consequence of its influence across all age spectrums of life despite a greater emphasis on the younger generations.

Mental Health, as defined by the U.S. Department of Health & Human Services, refers to an individual's emotional, psychological, and social wellbeing which in turn influences one's ability to think, feel and act. One's mental wellbeing generally consists of how they are able to handle stress, draw connections between themselves and others as well as their ability to make critical choices. A positive state of mental health determines how we are able to maintain positive relationships with others, express and manage both positive and negative emotions as well as our level of adaptability to turbulent events, hence rendering it as influential in the social interactions of day to day life. Fuelled by societal misconceptions and stereotypes, mental health has come to purely be regarded as a substituting phrase for "mental health conditions or disorders" with a large majority associating the term with illness as opposed to wellness. The most common forms of mental illness experienced by Australian adults are anxiety, mood disorders (such as depression) and substance use disorders are the most common mental illnesses

As is well known, mental health is a significant health issue in NSW with almost one in five people suffering from a mental disorder in any twelve month period. In turn, Mental health services must be accessible to all people in a way that caters to individual, socio-economic, socio-cultural and geographic factors. However, the current mental health services that are obtainable, inherently fail to cater towards these idiosyncratic factors, contributing towards the sentiment of those struggling from mental health across NSW diminishing, leaving many to feel a sense of social isolation and helplessness.

In turn, we have categorised and dedicated our findings into four general groups of theorem:

- Individual Factors [that affect accessibility];
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- Geographical Factors [that affect accessibility].

Individual Factors

Individual factors contribute to the lack of, or difference in mental health accessibility and treatment available. Individual agents encompass ideas such as; gender and identity, age, family relations and upbringings, and personal attributes and beliefs. These individual factors are what influence patients and convalescent decisions, as well as what is actually accessible to a person with these factors.

Mental health services must be accessible to all people in a way that caters to their own individual factors. Currently, the mental health services obtainable, are only suitable to a certain target. whether this target is for a minority or majority, it still isn't a model that is applicable to all citizens. Mental health should have a systematic approach that is able to be modelled and fit the needs of all minority groups, regardless of individual factors.

The following individual factors have been chosen to take into consideration when assessing the accessibility of mental health services;

a. Age
b. Gender and identity
c. Family relations and upbringings
d. Personal attributes and beliefs

These 4 factors have been chosen, as each can expand into a broader array of other issues under the same category. These 4 factors can be manipulated and moulded to generously match each individual person in a way suiting them, when it comes to the accessibility of mental health.

Age

Currently, only 10-15% of Australian senior citizens have recorded mental health issues; whether this be anxiety or depression.[4] [5] Since these are only recorded statistics, this hence furthers the stigma that prevents senior citizens from wanting to seek mental health help. Not only is this a mental barrier, but the physical barriers in aged care facilities are a direct obstacle that do not amount to easy access. Since mental health platforms are now technologically based, the knowledge that senior citizens have on accessibility to mental health services is extremely limited. Nursing homes and aged care facilities fail to improve these equitable social measures for those wary of seeking help, or simply having limited knowledge.

This knowledge limitation can be of a similar situation for children of a very young age. Age is a barrier to almost all but the 'target' age, being teenage-midlife years.

Gender and Identity

The stigma around gender and identity in mental health, affects those who want to access it. In particular, men are less likely to reach out to mental health services, in fear of patriarchal beliefs, as well as masculine standards placed upon them in society. Compared to females, males account for 52.5% of anxiety disorders and 45.4% of major depressive orders[6]. This is

[4] Beyond Blue (2022), Older People (5th June 2022) https://www.beyondblue.org.au/who-does-it-affect/older-people

[5] Australian Institute of Health and Fitness (2021), *Older Australia at a Glance* (5th June 2020). https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/health-functioning/health-disability-status

[6] Australian Institute of Health and Fitness (2020), *10 Surprising Facts about Men's Mental Health* (5th June 2020). https://www.amhf.org.au/10_surprising_facts_about_men_s_mental_health#:~:text=Men%20are%20more%20than%20twice,0.8%25%20compared%20with%200.6%25)

a huge number of mental health services needed, yet only 17.6%[7] of men actually go forward in receiving mental health services.

This ideology remains consistent with those struggling with unknown identity. These communtiies can range from the LGBTQ and many others. Because of this, there has been a barrier for minorities that feel mental health services aren't available to them due to individual attributes and structured sessions.

Family relations and upbringings

Many of the nations most vulnerable in respect to mental health are adversely affected by pressures from at home and cultural psychology surrounding a condition, thought or other illness that may affect them. The accessibility of many to access and continue the attendance of mental health services is draining on already strained budgets, tight schedules and routines.
With the vast majority of Australians not living alone, the ability for mental health issues to arise is statistically lowered in comparison to the lonesome counterparts[8].

Unhealthy familial relations can occur out of the pressure of a mental illness or even the accessing of a mental health service. With issues of domestic violence, relationship breakdowns and many more side effects coming out of these often episodic and even more frequently, long term battles with mental health the relationships that families play are no less important than the actual mental illness.

The children of those who have experienced even mild mental health issues are at a much higher risk of developing those same or very similar problems, intergenerational trauma that has been seen and experienced by all those among a family unit or outer family relationship can contribute with lived and shared experiences all being able to adversely affect the entire mental health of a child[9].

Personal attributes and beliefs:

The reluctance of many individuals can be associated with the stigma that has arisen around the seeking and attendance of mental health services. It is hard to pinpoint a singular group of people that hold this negative connotation with these services, however it can be more commonly associated with those who are in the current transition period of childhood and adulthood.

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[7] Australian Institute of Health and Fitness (2020), *10 Surprising Facts about Men's Mental Health* (5th June 2020). https://www.amhf.org.au/10_surprising_facts_about_men_s_mental_health#:~:text=Men%20are%20more%20than%20twice,0.8%25%20compared%20with%200.6%25)

[8] Saltzman W. R. (2016). *The FOCUS Family Resilience Program: An Innovative Family Intervention for Trauma and Loss. Family process*, 55(4), 647–659. https://doi.org/10.1111/famp.12250

[9] *Intergenerational trauma*. (2022). Retrieved 13 June 2022, from https://australianstogether.org.au/discover/the-wound/intergenerational-trauma/

Recent campaigns launched by private mental health services have tried to reduce the stigma that some have associated with these services include:

- 'The Big Stigma' launched by Headspace - Independent Counselling Service
- 'Stop Stigma' by Murray PHN - Australian Government Initiative, and
- 'National Stigma Report Card' organised by SANE - Complex Mental Counsel

The personal belief of many people about the seeking of these services can lead those who are most at risk of physical harm to be delayed in seeking treatment or not seek it at all.[10] These same people are the most likely to be discriminated against, prejudiced or marginalised for their want to seek out a mental health service. A smaller, lesser known stigma can be associated with that of the family and immediate known to someone who is seeking a mental health service, with often close family members being looked down upon by others, who may not necessarily require the same services.

Effected people to stigma and discrimination that can result from the root of personal beliefs and attributes can experience can include but are not limited to:[11]

- Further reluctance to attend the services they have experienced trouble accessing in the first place,
- Physical violence or intimidation, including but not limited to bullying, threats of violence, power imbalances, and social prejudices,
- Thoughts of shame about themselves and their situation, feelings of isolation and hopelessness about their situation and or condition, and
- Less opportunities or want to participate in opportunities that can lead to educational, occupational or social interaction.

Socio Economic Factors

In mental health, your socioeconomic status can affect your treatment. For example, an individual from a low socioeconomic background is unable to afford treatment, as a single therapy session can cost up to $180. A middle class civilian could afford treatment, depending on how they live (fortnightly or weekly). Conversely, an individual from high socioeconomic status is able to afford regular and long term treatment via a mental health professional without financial strain on other facets of living. This carries on with accessibility to services throughout Australia, especially in regional areas where families may not have access to some services.

Medicare covers the first six therapy sessions, then you have to pay the full fee that the particular service costs. In most cases, the session can be 'back paid' if the client meets

[10] Borenstein, J. (2020, August). Psychiatry.org - *Stigma, Prejudice and Discrimination Against People with Mental Illness*. American Psychiatric Association. Retrieved June 13, 2022, from https://www.psychiatry.org/patients-families/stigma-and-discrimination

[11] *Stigma, discrimination and mental illness* - Better Health Channel. (2022). Retrieved 13 June 2022, from https://www.betterhealth.vic.gov.au/health/servicesandsupport/stigma-discrimination-and-mental-illness

certain requirements, such as; not being able to pay that session because of certain requirements. This is helpful in most cases, however in some cases this is not possible, this leads to some young people becoming hesitant to reach out to mental health services.

Socio Cultural Factors

Sociocultural factors embody the influence of communities in which an individual partakes in and the associated values, attitudes and behaviours influencing their level or perception of health. Generally, one's family, peer group, media, religious and cultural identity are the major sociocultural factors which exist. Understanding the impressions and perceptions shared within these social groups is essential as it is partly responsible for an individual's knowledge and health behaviour, the expectations and perceptions which are substantial when considering one's mental health status.

Australians living within rural and remote areas of NSW have great difficulty accessing mental health support due to socio-cultural factors. Socio-cultural factors play a major role in the access an individual from any area has to mental health support. However, these factors have a much greater impact on the accessibility of mental health support for individuals from regional, rural and remote areas. Rural residents may be more susceptible to the stigma of needing or receiving mental healthcare in small communities where individuals within the community are highly connected with fewer choices of trained professionals contributing to a lack of faith in confidentiality, as well as a reliance on the informal care of family members, close friends, and religious leaders[12]. This stigma can be increased due to an individual's ethnicity and background which can hold further prejudices around the topic of mental health and mental illness. As a result, the suciude rate for rural communities in certain areas is 93% than that of major cities[13].

The unique circumstances of living within a rural or remote area are linked to causing poor mental health for individuals in comparison to those residing in metropolitan areas. The demographic of people who reside in rural or remote areas is also significantly different to the demographic of metropolitan areas such as Sydney. In 2019, it was found that 20-64 year olds who resided in rural and remote areas were less likely to have completed year 12 or a non-school qualification.[14] This could potentially link to the heightened mental illness rates amongst rural and remote communities. Within high school, mental health education is mandatory, particularly in Year 12 many schools have discussions with students on how to manage their mental health within such stressful times. Although these discussions and the mandatory education on mental health is not applicable to all issues, it can still be useful. If

[12] N.D, Rural Health Information Hub (2021), *Rural Mental Health* [14th of May 2022] https://www.ruralhealthinfo.org/topics/mental-health

[13] Caravan Amber, National Rural Health Alliance (2017), *Combating the stigma of mental illness in rural and remote Australia* [14th of May 2022] https://www.ruralhealth.org.au/media-release/combatting-stigma-mental-illness-rural-and-remote-australia#:~:text=Mental%20health%2Drelated%20hospitalisations%20are,areas%20are%20numerous%20and%20complex.

[14] N.D, Australian Institute of Health and Welfare (2020), *Rural and Remote Health* [14th of May 2022] https://www.aihw.gov.au/reports/australias-health/rural-and-remote-health

young people within these rural areas are not completing Year 12, they are missing out on this support. School also provides a social outlet for young people, which is extremely important for development and positive mental health. Rural and Remote young people are less likely to go to school therefore, they are less likely to have a daily social outlet which could link to lower levels of mental health.

From 2017–2021 it was found an increase in probable serious mental illness amongst rural young people from 20.9 percent to 27 per cent. The data from 2021, in particular, showed that of all age groups included in the research, 18–19 year olds were the group most likely impacted by mental ill health which could potentially be linked to rural and remote young people being less likely to complete school. It also found a significant increase in the proportion of rural young people concerned about the future, from over 15 per cent in 2017 to over 33 per cent in 2021.[15]

Socio-Cultural Challenges in delivering mental health services in rural and remote NSW include:

a. Family: Family and family structure can play a large role in an individual's access to mental health services. This is due to the various attitudes regarding mental health that different families can hold. This can vary from judgement and ridicule to support and acceptance.

b. Friends: Friendships particularly friendships for adolescents can greatly influence whether or not an individual seeks support for their mental health. This is due to friendships, especially adolescent friendships, giving an individual a sense of belonging and acceptance. Therefore, when they feel they are not receiving this in regards to their mental health it can be extremely difficult to reach out for support.

c. Ethnic Background: Different ethnicities hold various attitudes towards health particularly, mental health and mental illness. If an individual has been raised within a household with an ethnicity holding negative attitudes towards mental health, they will be less likely to reach out for support.

d. Language: Language barriers can significantly influence an individual's access to mental health. An individual may not reach out for support as they may worry there will not be a person with the same language who can provide adequate professional support. They also may worry that to receive support from an individual that knows the same language they may need to wait for a while. Therefore, they may feel helpless and not reach out at all.

[15] N.d, ReachOut (2021), *New report tracks the ups and downs of the mental health of young Aussies in rural areas* [15th of May 2022] https://about.au.reachout.com/blog/new-report-tracks-the-ups-and-downs-of-the-mental-health-of-young-aussies-in-rural-areas

Family

The way a family functions and operates is critical to the lifestyles and behaviours an individual may adopt in their later stages of life. Additionally, family members can act as potential sources of information and support where necessary. [16]

A cohesive family with an active consideration of a child's mental health would possibly be encouraging them to seek mental health. This can help ensure the individual in need of support reaches out for it, which is the most important first step in treating mental illness.

Contrary to this, an individual living in situations of constant violence or underlying abuse may feel that their close family is unsupportive towards seeking mental illness and may be afraid of the criticism which may occur. Furthermore, if parents hold unwarranted prejudice and a disregard for their mental health state, there is a tendency for children to also reflect such impressions. [17] This could greatly impact an individual's access to mental health support. They may feel that reaching out for support is a sign of weakness, or they may feel they will be ridiculed for it. [18]Therefore, they may keep their issues to themselves, heightening mental distress.

Friends

Likewise, the values and behaviours of peers have a powerful influence on people's health choices, including mental health. [19]

Often peers may establish environments in which one may desire to suit or be a part of, hence leading to the adoption of both positive or negative behaviours. In consideration of mental health, protective behaviours such as reaching out to a friend may encourage an active awareness of one's mental wellbeing and in turn can actively persuade an affected individual to seek the appropriate help. [20] Peers can influence one another to reach out for support which can ensure an individual in distress receives adequate support. By peers being aware of the signs of mental distress, they may be able to adequately give support to their friend whilst also encouraging them to seek professional help. [21]

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[16] N.d, SANE AUSTRALIA (2021), *Families, friends & carers* [16th of May 2022] https://www.sane.org/information-stories/facts-and-guides/families-friends-carers#:~:text=consensual.

[17] Alexander, National Domestic Hotline (2021), *Abuse and Mental Illness: Is there a connection?* [16th of May 2022] https://www.thehotline.org/resources/abuse-and-mental-illness-is-there-a-connection/

[18]Bennett Taylor, Thriveworks (2019), *Why do people avoid mental health treatment* [16th of May 2022] https://thriveworks.com/blog/why-people-avoid-mental-health-treatment/

[19] N.d, Mental Health First Aid USA (2019), *Why healthy friendships are important for mental health* [17th of May 2022] https://www.mentalhealthfirstaid.org/2019/08/why-healthy-friendships-are-important-for-mental-health/#:~:text=They%20can%20also%20help%20increase,or%20anxiety%20later%20in%20life.%E2%80%9D

[20] N.d, Independence Australia (2018), *Human connection: friendships & mental health* [17th of May 2022] https://www.independenceaustralia.com.au/tips-and-advice/friendships-and-mental-health/

[21] N.d, Head to Health (2020), *Support for friends | Head to Health* [17th of May 2022] https://www.headtohealth.gov.au/supporting-someone-else/supporting/friends

Contrastingly, a young person is less likely to reach out to mental health services if their friends and community hold negative attitudes towards mental illness. This can be due to fear of judgement or ridicule from their peers or due to their friends influencing them to believe that reaching out for support is weak. [22] This can result in an individual suffering from mental distress internalising their issues which can further heighten their distress. Young people particularly, feel that they need the support of their friends. This is due to adolescent friendships helping young people feel a sense of acceptance and belonging. [23] Therefore, the support of friends when seeking mental health support is extremely important as it can help a young person not feel isolated and feel comfortable speaking up about their issues when they are experiencing difficult times.

Ethnic background

One such aspect intrinsic to one's identity includes their ethnic background which embody religious and cultural beliefs. As a general definition, religion encapsulates the system of faith and worship whilst culture relates to the intergenerational traditions, values and numerous behaviours of a social group. [24]All of these sociocultural factors hold particular values and assumptions which actively influence the behaviour and day to day decisions made by individuals. One's social and cultural background dictates how individuals consciously and unconsciously choose to communicate their symptoms, their cognizance of mental health problems and the instinctive types of interventions and coping strategies they turn to.

Different cultures often express their respective views on mental health, particularly in the form of ungrounded assumptions linking mental health as a weakness and a self degradation of one's social status if revealed.[25] An example of this was the belief that mental illness was attributed with the possession of the human mind by evil spirits, with this etiology of the mental illness still remaining prevalent in modern society.[26] Thus, individuals who believed this theory were less inclined to consult psychiatrists, instead resorting to alternate places of worship or traditional faith healers for psychological treatment. Inevitably, the limitations imposed by cultural restraints manifested into a natural less inclined seeking of appropriate mental health services when required by individuals. Additionally, a consequence of the regard for mental health in each distinct culture translates to differing amounts of support one can draw from their immediate family or community which often

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[22] N.d, Independence Australia (2018), *Human connection: friendships & mental health* [17th of May 2022] https://www.independenceaustralia.com.au/tips-and-advice/friendships-and-mental-health/

[23] N.d, Newport Academy (2021), *The importance of teen friendships* [17th of May 2022] https://www.newportacademy.com/resources/empowering-teens/teen-friendships/#:~:text=Friendships%20are%20incredibly%20important%20during,of%20identity%20outside%20the%20family.

[24] Njoku, C. (2020, October 10). The relationship between culture and mental illness. Our Time. Retrieved June 6, 2022, from https://ourtime.org.uk/stories/the-relationship-between-culture-and-mental-illness/

[25]

[26] Njoku, C. (2020, October 10). The relationship between culture and mental illness. Our Time. Retrieved June 6, 2022, from https://ourtime.org.uk/stories/the-relationship-between-culture-and-mental-illness/

sees minorities seeking social services by themselves. Furthermore, the minority individuals who eventually take such steps to find a suitable psychologist are faced with the task of specifically finding one which is ethically attentive to cultural diversity amongst clients and obliged to account for their explicit cultural values, hence leaving options for social services as limited.

Alternatively, some religions provide a greater awareness of mental health with empirical studies by the American Psychological Association conducted with individuals dealing with major life adversities suggesting that religion was generally beneficial as it allowed a greater ability to cope with such problems.[27] However this study did also uncover a link between the struggle with spirituality and difficulties in coping with such inner conflicts. Thus the role of religion should rather be considered for its dual nature as it can be a vital resource for mental health whilst also potentially imposing feelings of distress.

Language

The sociocultural factor in the form of linguistic gaps stemming from our multicultural and ethnically diverse society places restrictions on the accessibility of our mental health services. Clinical assessments of one's mental health are heavily dependent on an individual's ability to articulate their concerns with a lack of proficiency in language skills expectedly leading to considerable delays in treatment as well as the increased risk of misdiagnosis.[28] Often this stems from the fact that many migrants speak English as a second language, meaning that their limited language proficiency may not allow them to communicate at an adequate level for them to seek help within our healthcare system. An increase in the number of immigrants and refugees, resulting in the establishment of multiple culturally rich communities opens the way for further barriers faced by psychiatric carers if change is not imminently provided. In the status quo, a lack of a systematic review into the impact of language proficiency on access to psychiatric and mental health services means that such barriers will continue to prevail as the rest of society progresses.

In a study conducted of 113 practitioners assessing their encounters with allophone clients in their profession, 40% of respondents had to frequently endure moments of language discordance with few resources available.[29] In the situations where an independent translator was present, the posited task often exceeded their primary role of basic language translation. Thus this calls for adequate training between interpreters and practitioners if such linguistic difficulties are to be overcome.

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[27] American Psychological Association. (2013, March 22). What role do religion and spirituality play in mental health? American Psychological Association. Retrieved June 6, 2022, from https://www.apa.org/news/press/releases/2013/03/religion-spirituality

[28] Ohtani, A., Suzuki, T., Takeuchi, H., & Uchida, H. (2015, May 1). Language Barriers and Access to Psychiatric Care: A Systematic Review. Retrieved June 6, 2022, from https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201400351#:~:text=This%20is%20especially%20true%20for,%2C%20and%20misdiagnosis%20(1).

[29] Brisset, C., Leanza, Y., Rosenberg, E., Vissandjée, B., Kirmayer, L., Muckle, G., Xenocostas, S., & Laforce, H. (2014, December 16). Language barriers in mental health care: a survey of primary care practitioners. PubMed. Retrieved June 6, 2022, from https://pubmed.ncbi.nlm.nih.gov/24375384/

Even prior to this stage of consulting medical professionals, language barriers already inhibit the retrieval of information on mental health care, appointment scheduling as well as affordability.[30] As a consequence, the sociocultural factor of language drastically influences an individual's inclination to consult with medical professionals.

[30] Ohtani, A., Suzuki, T., Takeuchi, H., & Uchida, H. (2015, May 1). Language Barriers and Access to Psychiatric Care: A Systematic Review. Retrieved June 6, 2022, from https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201400351#:~:text=This%20is%20especially%20true%20for,%2C%20and%20misdiagnosis%20(1).

Geographical Factors

While rural living offers greater community connectedness, with rural people scoring better on some indicators for happiness, there are a plethora of factors which impact negatively on health and wellbeing contributing to higher regional disease rates and lower life expectancy. In turn, geographical factors on service accessibility profoundly influence the propensity to which individuals in rural NSW actively seek health services. Geographical factors encompass a range of influences, such as proximity, the anonymity/stigma associated with services, staffing shortages and wait periods that inherently influence regional accessibility[31] Individuals who reside in regional, rural and remote NSW experience mental health problems at about the same rate as those in the cities, however they face disproportionally greater challenges as a result, because of the difficulty of accessing the support they need and to the greater visibility of mental illness in a smaller community, which may lead to stigma and the fear or reality of discrimination. This has lead to social groups such as farmers, young men, older people and Indigenous Australians in remote areas being at the greatest risk of attempting or completing suicide, with residents in very remote locations in NSW more than 4 times more likely to attempt suicide then individuals in capital cities over the last 5 years[32].

Challenges in delivering mental health services in rural and remote NSW include but are not limited to:

- ***a.*** Proximity: Issues of distance, transport, infrastructure and isolation which limit patients ability to access services in rural and remote areas.
- ***b.*** Stigma and Anonymity: Access to appropriate mental health services can be hampered by issues of shame and stigma in rural and remote communities due to the small size of communities and the greater likelihood of dual relationships with professionals.
- ***c.*** Staffing Shortages: Rural areas, especially smaller towns, often struggle to recruit specialist, nursing and allied health positions in a range of fields.
- ***d.*** Waiting Periods: The configuration of health services in rural and remote NSW communities may be different to major cities and some people living in these areas may experience longer waiting periods and may need to travel further to access specialist health services.
- ***e.*** Cost: The unreasonable cost of seeking mental health services makes face-to-face services inaccessible for many individuals residing in regional NSW.

Proximity

Inadequate service provision and integration is characteristic of mental health care in rural and remote NSW communities. A limited number of rural communities have local mental health and/or social and community services. Consequently, the capacity of existing services to provide high quality care is often compromised by poor integration between types of

[31] Robyn Vines, Psychology Council of New South Wales (2020), *Increasing access to mental health services for those in rural, remote and very remote Australia* [12th May 2022] https://www.psychologycouncil.nsw.gov.au/increasing-access-mental-health-services-those-rural-remote-and-very-remote-australia

[32] Rural Doctors Association of Australia [12th May 2022] https://www.rdaa.com.au/documents/item/471.

health service, and with other social and community services. This makes referral pathways, ongoing psychiatric, psychological and nursing services, timely intra- and inter-professional communication and the provision of affordable access to longer-term care all problematic[33] as patients are often moved between services without appropriate communication between these services increasing the risk of poor patient outcomes.

Recent NSW policies to address proximity include:

- NSW Health is enhancing peer worker and Aboriginal mental health worker positions in mental health services.
- Develop and make publicly available, joint PHN and LHD/SHN regional mental health and suicide prevention plans that outline service delivery and clinical governance mechanisms and apply a stepped care approach.
- Expanding the "Getting on Track on Time – Got It!" program to regional schools. This is a school-based specialist mental health early intervention program for young children in Kindergarten to Year Two with disruptive behaviour disorders and their families.
- Utilising the fifth plan to coordinate efforts by LHDs, SHNs, PHNs, GPs, CMOs, ACCHSs, the AH&MRC, NDIS providers, the NDIA, Education, aged care services, other private providers and social service agencies in partnership with consumers, carers and other community stakeholders to make the best use of local resources and connect systems of care.

Anonymity, Stigma and Trust

Anonymity is a vital aspect for many people accessing mental health services. People living in smaller close-knit communities are apprehensive about seeking support[34] to address mental health issues due to stigma and judgement from their families and community members. Anonymity and privacy are particularly challenging in rural communities. This is due to societal stigma, whereby community members may be embarrassed if friends or family members find out they are seeking mental health treatment. Conversely, a provider may be a friend or associate, which also may make an individual reluctant to reach out for help[35] because of the lack of anonymity. Individuals may fear being seen walking into a mental health clinic and this fear may deter them from seeking help.

Trust is a further essential element in service provision as people need to feel that the engagement with services will not compromise their privacy or identity, especially in the context of mental health support. Building these relationships requires thoughtful investment

[33] Rural Doctors Association of Australia (2018). Accessibility and quality of mental health services in rural and remote Australia [12th May 2022] https://www.aph.gov.au/DocumentStore.ashx?id=3e1d8adf-61a3-44ab-a41c-ad4d08d9daff&subId=612895

[34] Mission Australia (2020). *Accessibility and quality of mental health services in rural and remote Australia Submission 80* [16th May 2022]. https://www.aph.gov.au/DocumentStore.ashx?id=097bdfbe-91ff-44f8-b4ab-ce14217ba1f5&subId=612899

[35] Rural Health Information Hub [2017]. Barriers to Mental Health Treatment in Rural Areas [18th May 2022] https://www.ruralhealthinfo.org/toolkits/mental-health/1/barriers

of time and resources. However, this can be challenging in rural and regional areas due to high staff turnover ratios, lack of accredited professionals such as therapists, nurses and psychologists, and uncertainty of funding to continue support programs. Significant investment of financial and human resources is needed to ensure that services in rural and remote areas are able to build relationships and trust within local communities.

Recent NSW policies to address regional anonymity, stigma and trust include:

- Providing grants under The Translational Research Grants Scheme which funds research projects that will translate into better patient outcomes, health service delivery, and population health and wellbeing.

Staffing Shortages

Moreover, the profile of the mental health workforce in regional NSW is far different from that in built up regions. The National Rural Health Alliance notes that the prevalence of mental health professionals decreases rapidly with remoteness, with psychiatrists being roughly 6 times less prevalent in very remote areas, psychologists roughly 4 times less prevalent and mental health nurses roughly 3 times less prevalent[36]. Prevalences for these professions in regional/rural areas are about a third to two thirds what they are in major cities (depending on profession)[37]. Due to these shortages, rural and remote GPs are frequently the first point of contact for those seeking help and may be the only local mental health care provider. Rural and remote GPs, together with police, ambulance and Emergency Department staff, also bear the brunt of acute mental disorder crises. These GPs provide episodic and ongoing treatment and support often with limited referral pathways, as concentrations of psychiatrists and psychologists decrease markedly with increasing remoteness.[38] Fewer numbers of other mental health professionals, distance and under resourcing also means that models of care in rural and remote areas are very different to those that can be offered in more urban settings. Patients are reliant on their GP, outreach and telehealth services or have to travel great distances for support. Hence, the staffing shortages limit the quality of care mental health patients in regional NSW are able to access.

Recent NSW policies to address staffing shortages include:

- Implementing joint regional PHN and LHD/SHN planning (a Fifth Plan priority)
- Providing grants under The NSW Health PhD Scholarships Program which funds host universities to support doctoral candidates to gain skills and undertake projects that will build capacity in the NSW Health system in areas of identified need.

[36] Rural Doctors Association of Australia [12th May 2022] https://www.rdaa.com.au/documents/item/471.

[37] National Rural Health Alliance (2017). The little book of rural health numbers: Special topic – Rural Mental Health [17th May 2022]. http://ruralhealth.org.au/book/workforce

[38] Rural Doctors Association of Australia (2018). Accessibility and quality of mental health services in rural and remote Australia [12th May 2022] https://www.aph.gov.au/DocumentStore.ashx?id=3e1d8adf-61a3-44ab-a41c-ad4d08d9daff&subId=612895

- Providing grants under The NSW Early-Mid Career (EMC) Fellowships to provide funding to early-mid career health and medical researchers in NSW.

d) Waiting Periods

Access to care is commonly only obtainable during business hours. After hours service on weekdays and weekends relies on doctors and nurses from local clinics being available. Some assistance may also be accessible via phone or video-conferencing. Care is further limited over Christmas and school holidays when staff shortages are more likely. Many mental health issues are time sensitive. For people experiencing suicidal ideation or women experiencing ante natal depression a wait of several months for appropriate support and treatment can only have adverse outcomes.

Recent NSW policies that aim to reduce waiting periods:

- Utilising the fifth plan to coordinate efforts by LHDs, SHNs, PHNs, GPs, CMOs, ACCHSs, the AH&MRC, NDIS providers, the NDIA, Education, aged care services, other private providers and social service agencies in partnership with consumers, carers and other community stakeholders to make the best use of local resources and connect systems of care.

Cost

Further to this, individuals living in disadvantaged regional areas are twice as likely to delay or not fill a prescription compared with people living in advantaged areas (by SEIFA indicators); and people living outside Major cities are more likely to delay or avoid using health services due to cost and there is less bulk-billing by GPs outside Major cities. In turn, out-of-pocket charges for allied mental health services are unproportionally high compared to physical health conditions and this causes over 40% of people with depression, anxiety and other mental health conditions to skip treatment due to cost. In turn, the unreasonable cost of seeking mental health services makes face-to-face services inaccessible for many individuals residing in regional NSW.

Recommendations

Identifying and targeting investment for key stakeholders

That this Committee would target investment to individuals, groups, and communities who are at the greatest risk of harm from mental health concerns, including those who reside in rural and remote communities and/or who identify as Aboriginal and/or Torres Strait Islander people to redress inequalities.

Funding for Community-Based Mental Health Services

That this Committee would target funding for community-based mental health services includes funding for proactive outreach to increase engagement [with the service]. This would ensure that individuals who seek mental health services would have an awareness of where to access these services, in a timely manner.

Targeted and Tailored Mental Health Services

That this Committee would target mental health support programs tailored and targeted towards the needs of particular groups including young people, Aboriginal and Torres Strait islander people, men, women, farmers and fly-in-fly-out workers as relevant to the community. For example, this targeted approach could include the expansion of programs such as narrative therapy. Narrative therapy taps into the centuries-old tradition among Aboriginal people of story-telling and expression through art. The paintings previously curated by Aboriginal Elders are often used in narrative therapy to insert a mental health message and to guide the group to develop artwork with a message that will encourage healthy living. This has proven to be a much more successful means of teaching rather than a didactic stand-and-deliver lesson.

Promotion of helplines and e-mental health services in rural and regional NSW

That this Committee would target the promotion of helplines and e-mental health services in rural and regional NSW, which, because of their anonymity, may be more acceptable to rural people as an initial way to seek help. The use of eHealth has shown promising results in various mental health treatments, especially when guidance from a care provider is included. E-Health also provides opportunities for self-management and continuity of care. Hence, these e-mental health services should be supplemented through increased face-to-face support services, as online services do not achieve the same outcomes that they cannot replace face-to-face support services.

Investment into Technology

That this Committee would target greater utilisation of technology that supplements (and not replaces) access to face-to-face mental health services to cater for people's preferences, access to the internet and technological skills and comfort.

Expansion of the Current School-Based Mental Health Services

That this Committee would support the resourcing, ongoing delivery and full implementation of mental health and wellbeing programs across all regional and remote schools, in order to reduce stigma around mental health issues and reduce the personal, community and financial burden of mental health issues in NSW.

Investing in Training for Other Mental Health Workforces and Social and Community Sector Workforces

That this Committee would target support for an appropriately trained and resourced broader health workforce, including investing in nursing and allied health services to improve continuity of care in rural areas, including the provision of psychology locums and outreach services as well as investing in training for other mental health workforces and social and community sector workforces to improve the quality of mental health care and integration of services in rural and remote areas.

Investment towards the Systemic Mobilisation of the Mental Health Workforce

That this Committee would target investment in systemic mobilisation of the mental health workforce to cover known high-risk periods in rural and remote areas

Establishment of 24-hour Child and Adolescent Mental Health Care Telehealth Services

That this Committee would target the establishment of a 24-hour child and adolescent mental health care telehealth service delivered by child and adolescent mental health care specialists to: provide support directly to patients and their families/carers and provide advice to GPs to manage a child or adolescent patient experiencing a mental health issue.

Provision of Tax Breaks for Professional Psychologists/psychiatrists

That this Committee would target the provision of tax breaks for professional psychologists/psychiatrists who work 4 weeks a year in regional centres.

Increase the Number of School Link Coordinators from 18 to 25

That this Committee would target an increase the number of School Link Coordinators from 18 to 25 to help create stronger links between the new Department of Education and Communities' Networked Specialist Centres, schools and clinical education mental health services in the community.

Further Training of Mental Health Employees in Creating a Supportive Environment for LGBTIQA+ Young People

That this Committee would target the further training of mental health employees in creating a supportive environment for LGBTIQA+ young people, that ensure they feel comfortable and not excluded from seeking support. This would involve staff being trained in using gender neutral language that does not assume a young person's gender identity, sexual identity or sexuality.

Investment into Effective Digital Mental Health programs

This Committee would target further investment of $10.5 million to allow non-profit Australian mental health service Orygen, further integrate its Moderated Online Social Therapy (MOST) digital pilot program into regional NSW.

Upskilling of the Psychiatric Workforce

That this Committee would target grants towards host universities to support doctoral candidates to gain skills and undertake projects that will build capacity in the NSW Health system in areas of identified need. This would ensure more psychiatrists are available to address cultural diversity amongst clients.

Investment towards a Dedicated Training Program for Practitioners and Interpreters

That this Committee would target a dedicated training program for practitioners and interpreters to address the linguistic barriers between clients. One such aspect of the training should address the benefits and limitations of the different interpreters as well as communication dynamics with each role.

Final recommendations

Identifying and targeting investment for key stakeholders

Mental health support programs should be tailored and targeted towards the needs of particular groups including young people, Aboriginal and Torres Strait Islander people, men, women, farmers and fly-in-fly-out workers as relevant to the community.

The Mental Health Committee recognises the need for Aboriginal and Torres Strait Islander people to be provided with adequate and high quality mental health supports that are delivered within a culturally and historically sensitive framework. In doing so, service provisions should be culturally sensitive and create a 'culturally safe' and welcoming space that is appropriate for the demographics of their local community. In turn, this targeted approach could include the expansion of programs such as narrative therapy. Narrative therapy taps into the centuries-old tradition among Aboriginal people of story-telling and expression through art. The paintings previously curated by Aboriginal Elders are often used in narrative therapy to insert a mental health message and to guide the group to develop artwork with a message that will encourage healthy living. This has proven to be a much more successful means of teaching rather than a didactic stand-and-deliver lesson.

Moreover, further investment into the nursing and allied health service sector in regional and rural NSW would allow for a more targeted approach to take place in these regions. These investments could include the provision of psychology locums and outreach services as well as investing in training for other mental health workforces and social and community sector workforces. In doing so, this would provide support for an appropriately trained and resourced broader health workforce, which would in turn, improve the continuity of care in rural areas, and ensure quality of care through an increasingly integrated and coalesced rural mental health system. Further to this, to assist in periods of rural hardship, such as drought or bushfire, the Committee recommends further investment in systemic mobilisation of the mental health workforce to cover known high-risk periods in rural and remote areas. This would ensure that Mental Health service provisions in regional NSW are able to be targeted towards the idiosyncratic needs of the given community.

Due to Children and adolescents from rural areas having poorer mental wellness when compared to a normative NSW sample[39], in order to target mental health services towards the young people of regional NSW, the Committee supports the resourcing, ongoing delivery and full implementation of mental health and wellbeing programs across all regional and remote schools. This could involve an expansion of the current fly-in fly-out psychology and telepsychology service, which currently exists in parts of regional and remote parts of NSW with mental health. This program involves the provision of sixteen permanent senior psychologists.

[39] NSW Mental Health Commission [5th June 2022] https://www.nswmentalhealthcommission.com.au/content/rural-communities

Further investment into e-mental health services in Rural and regional NSW

The promotion of helplines and e-mental health services in rural and regional NSW, which, because of their anonymity, may be more acceptable to rural people as an initial way to seek help. The use of eHealth has shown promising results in various mental health treatments, especially when guidance from a care provider is included. E-Health also provides opportunities for self-management and continuity of care.

To assist in a widespread roll out of e-mental health services, the Committee recommend establishing a free, 24-hour child and adolescent mental health care telehealth service delivered by child and adolescent mental health care specialists to: provide support directly to patients and their families/carers and provide advice to GPs to manage a child or adolescent patient experiencing a mental health issue. This would address regional inequalities concerning mental health patients in regional NSW, through allowing individuals to feel a sense of anonymity and trust in the services they engage with.

To ensure these E-Mental Health services have a widespread impact, the Committee recommends adequate funding is provided for community-based mental health services including funding for proactive outreach to increase engagement [with the service]. This would ensure that individuals who seek mental health services would have an awareness of where to access these services, in a timely manner.

However, despite the benefits of provisional E-Mental health services, the Mental Health Committee recognises that access to technology-based services should supplement, not replace, access to face-to-face mental health services to cater for people's preferences, access to the internet and technological skills and comfort. Hence, these e-mental health services should be supplemented through increased face-to-face support services, as online services do not achieve the same outcomes and therefore, this service cannot replace face-to-face support services.

Dissenting statements

The goal of the opposition party is to create wider access to mental health support within regional and rural areas of Australia. However, through reading the opposition's report, we believe there needs to be a greater focus on remote areas in addition to rural areas. Most of the recommendations suggested within this report focus on increasing the accessibility to mental health services in regional areas, which completely disregards the accessibility issue occurring within remote areas. In addition, some of the other recommendations provided by the government within this report have been statistically proven to be ineffective.

The Government mentions in their shortlist of recommendations the provision of training and other related programs that can be offered to frontline and associated workers. It is the opinion of the Opposition that the omission of this in the final recommendations severely disadvantages many of the most vulnerable within the State of NSW, not exclusive to just regional, remote or rural NSW. By omitting this as a final recommendation the Government

places those who are in need of care, without the proper route to get to that care and it leaves those who may be seeking care in the hands of a person who isn't properly occupationally trained in such an area.

The Government's choice to leave out the ability for every child within the state education system, regional or not, to have equal and unfavoured access to mental health services and resources to reduce any stigma associated with these services places our states' youngest in a vulnerable position, with possible external pressures from family, friends etc. These children, as a result may never access the services that they most desperately require to prevent any further or ongoing physical or emotional harm. These people the Government has excluded are the future of this State and the Government excluding them is a blatant refusal to invest in our future.

The Opposition strongly believes in the investment and creation of the digital future that the globe has. With the Government refusing to invest a much needed large sum of capital into the digital market - where the majority of our state's mental health issues arise, the Government has shown a clear interest in not supporting the youth and digital engaged population of NSW.

The government's recommendation of further investment into e-mental health services within rural NSW is ineffective, disregarding the need for increased mental health support within regional areas. Telehealth mental health services are known to be much less effective than that of in person, face to face support. According to a review by the University of Harvard, telepsychology is significantly less effective than that of in person, face to face psychotherapy. Online, it can be difficult for individuals to feel connected to a psychologist, therapist, counsellor or psychiatrist due to the technological barrier. Additionally, telepsychology can be quite uncomfortable for many individuals, they may not be able to properly answer questions due to fear of someone within their household/surroundings overhearing. This results in individuals not receiving adequate support, they are not able to be truly honest or feel comfortable enough to be honest due to the technological barriers associated with telepsychology. Therefore, as the opposition, we are recommending that the government offer more incentives to those working within the mental health field (psychologists, psychiatrists, counsellors, theparists, social workers) to go and work in rural and remote areas. Offering incentives such as additional pay will encourage more workers from the mental health field to work in rural/remote areas thus, giving individuals from these areas better access to effective mental health support.

Lastly, the opposition has recommended the establishment of a 24 hour child and adolescent mental health telehealth service. They have recommended that current e-mental health services be promoted. The opposition believe that new e-mental health services need to be created for rural and remote areas. Simply promoting current e-mental health services is not enough. At the moment, rural and regional individuals have limited mental health services specifically dedicated to them. As a result, many individuals from these areas find it quite difficult to access support. The opposition believes that the government needs to not only establish a 24 hour telehealth service but also an e-mental health service specifically for

individuals from rural and regional areas. This will increase the accessibility people in rural and regional areas have to mental health services which is the aim of this report.