



Submission

Rural and remote health workforce innovation and reform strategy

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Rural and Remote Health Workforce Innovation and Reform Strategy

beyondblue

beyondblue, the national depression and anxiety initiative, is pleased to present this submission on the Rural and Remote Health Workforce Innovation and Reform Strategy to Health Workforce Australia. In making this submission, *beyondblue* has focussed on the **high prevalence mental health disorders of depression and anxiety**, the impact on consumers and carers, and areas that are most relevant to our work and research findings.

beyondblue is a national, independent, not-for-profit organisation working to address issues associated with depression and anxiety disorders in Australia. Established in 2000, initially by the Commonwealth and Victorian Governments, *beyondblue* is a bipartisan initiative of the Australian, State and Territory Governments, with the key goals of raising community awareness about depression and anxiety and reducing stigma associated with the illnesses. *beyondblue* works in partnership with health services, schools, workplaces, universities, media and community organisations, as well as people living with depression and anxiety, to bring together their expertise. Our **five priorities** are:

1. Increasing community awareness of depression, anxiety and related disorders and addressing associated stigma.
2. Providing people living with depression and anxiety and their carers with information on these illnesses and effective treatment options and promoting their needs and experiences with policy makers and healthcare service providers.
3. Developing depression and anxiety prevention and early intervention programs.
4. Improving training and support for GPs and other healthcare professionals on depression and anxiety.
5. Initiating and supporting depression and anxiety-related research.

Specific population groups that *beyondblue* targets include young people, Indigenous peoples, people from culturally and linguistically diverse backgrounds, people living in rural areas, and older people.

Prevalence and impact of depression and anxiety disorders

Depression, anxiety and substance use conditions are the most prevalent mental health disorders in Australia.ⁱ One in three Australians will experience depression and/or anxiety at some point in their lifetime and approximately 20 per cent of all Australians will have experienced depression, anxiety or a substance use disorder in the last year.ⁱⁱ People experiencing depression and/or anxiety are also more likely to have a comorbid chronic physical illness.ⁱⁱⁱ

Mental illness is the leading cause of non-fatal disability in Australia, and it is important to note that depression and anxiety accounts for over half of this burden.^{iv} Globally, the World Health Organization predicts depression to become the **leading cause of burden of disease by the year 2030**, surpassing ischaemic heart disease.^v

Mental illness costs the community in many different ways. There are social and service costs in terms of time and productivity lost to disability or death, and the stresses that mental illnesses place upon the people experiencing mental illness, their carers and the community generally. There are financial costs to the economy which results from the loss of productivity brought on by the illness, as well as expenditure by governments, health funds, and individuals associated with mental health care. These costs are not just to the health sector but include direct and indirect costs on other portfolio areas, for example welfare and disability support costs. **It is estimated that depression in the workforce costs the Australian society \$12.6 billion over one year, with the majority of these costs related to lost productivity and job turnover.**^{vi} The individual financial costs are of course not exclusively borne by those with mental illness. It is often their carers who experience financial hardship due to lost earnings, as well as increased living and medical expenses.^{vii} It is also important to recognise the differences in mental and physical disabilities, and the impact on workforce participation. In 2003 **28.3 per cent of people with a mental illness participated in the labour force, compared to 48.3 per cent of people with a physical disability.**^{viii}

beyondblue's response to the Rural and Remote Health Workforce Innovation and Reform Strategy

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The comments provided in this submission are from the perspective of (please tick those that apply):

- Education providers to the health workforce
- Health service managers
- Health workforce planners
- Health workforce researchers

- Indigenous health services planners and providers
- Rural and remote health services planners and providers
- A regulatory body
- A professional group(s)
(Please specify).....
- A consumer group
- A carer group
- Government
- Non-government (not for profit)
- Non government (private, for profit)
- Other
(Please specify).....

DOMAIN 1

Health Workforce reform for more effective, efficient and accessible service delivery

Reform health workforce roles to improve productivity and support more effective, efficient and accessible service delivery models that better address population health needs.

Key lessons from the literature:

- Promote, value and support generalist practice across all professions
- Expand existing roles
- Develop new roles, such as support and assistant roles
- Sustain what has worked in the past, such as GP proceduralists
- Address attraction and retention of health professionals through a range of initiatives

Questions:

1.4 What strategies show enough promise that they could be considered for broader implementation?

Reforming the rural and remote workforce is an essential component of providing more effective, efficient and accessible services. One workforce reform strategy includes adopting a stronger focus on the role of service coordination and integration. *beyondblue*, the Australian General Practice Network and Divisions of General Practice, implemented the *Mental Health in Drought Affected Communities Initiative* from 2007 – 2011. This initiative aimed to develop community capacity and resilience in drought affected communities. Central to the success of this program was the role and function of Community Support Workers, who were based in Divisions of General Practice, and performed outreach services; networking and brokerage between service providers; and crisis intervention. The evaluation of this initiative concluded that *“the role of the Community Support Worker has been fundamental to building awareness and creating greater access to mental health information, training and support services to organisations, businesses and individuals experiencing or at risk of environmental threats, such as the drought.”*^{ix} Strategies to enhance the capacity of the rural and remote health workforce should therefore focus not only on clinical service delivery, but also on improving service coordination and integration.

Recommendation:

1. Develop and implement strategies that improve the service coordination and integration of mental health services in rural and remote communities. The *beyondblue*, Australian General Practice Network and Divisions of General Practice program, *Mental Health in Drought Affected Communities Initiative*, is an example of an effective strategy implemented specifically in rural and remote communities.

1.5 What new or novel strategies could be considered in relation to reforming workforce roles to increase access?

The *beyondblue* Community Access Program (bbCAP) is a proposal to pilot an alternative service delivery model for the treatment of depression and anxiety disorders. If found successful, it will assist in providing easily-accessible and affordable care to people with depression and anxiety, regardless of their geographical location. The bbCAP is based on a successful United Kingdom scheme operating since 2005, the Improving Access to Psychological Therapies program. The program is designed to provide low intensity care to people with depression and anxiety where it is not currently available, while also reducing the burden on high intensity care.

Models such as the bbCAP offer the potential to address the barriers to seeking help for depression and anxiety disorders and increasing access to care. It is also a strategy to assist in reforming workforce roles. Many people who are not mental health specialists perform valuable roles in the mental health workforce and the bbCAP assumes this. Drawing on preliminary work involving the UK experience and Australian case studies, particularly relevant occupations or skill sets that could deliver low intensity psychological care could include:

- General Practitioners, but more likely GP Practice Nurses
- Rural community counsellors, and immigrant, refugee and Aboriginal Health Workers
- Centrelink, employment, job placement and social housing officers
- Community members with mental health experience, for example, carers.

Practitioners delivering low intensity psychological care would need to be professionally trained and accredited, and the services would complement, not replace, existing mental health and primary care services. Alternative service delivery models such as the bbCAP offer new and novel approaches to reform workforce roles, have the potential to decrease the burden on high intensity care, and improve access to mental health treatment.

Recommendation:

2. Support the trial and evaluation of the *beyondblue* Community Access Program, as a mechanism to reform workforce roles and increase access to mental health services.

1.6 Are there potential barriers (e.g. organisational, industrial, professional) to achieving change in this domain? What are they? How could they be overcome?

The current funding and policy that supports health service development and delivery may be a barrier to health workforce reform. While Government policies and programs may fund pilot or short-term projects that support the development of alternative workforce roles and/or service delivery models (such as the *Mental Health in Drought Affected Communities Initiative*) without ongoing funding it is not possible to embed change in local regions and extend the lessons learnt across Australia.

Broadening health care funding and policy beyond a fee-for-service approach may help to support the development and implementation of responsive and appropriate health care, and the development of different workforce roles. Initiatives such as the Access to Allied Psychological Services (ATAPS) program is an example of an initiative that provides an opportunity to trial innovative service delivery models, such as telephone, video and web-based services, to support access to care for hard to reach groups.^{x,xi} Investing in initiatives that encourage and reward innovation, together with strong monitoring and evaluation of clinical outcomes, is an essential component of overcoming structural barriers, which may impact on successfully achieving health workforce reform.

Recommendation:

3. Consider, where appropriate, alternative health care funding and policy arrangements (such as ongoing or longer-term funding options), that support the development of innovative health workforce reform, and the improvement of clinical outcomes.

DOMAIN 2

Health workforce capacity and skills development

Develop an adaptable health workforce equipped with the requisite competencies and support that provide team-based, interprofessional and collaborative models of care.

Key lessons from the literature:

- Increase initiatives to attract more Aboriginal and Torres Strait Islander people and more people of rural origin to the health workforce
- Sustain the benefits of exposure to rural practice during training programs
- Provide culturally appropriate training and continuing professional development for the whole health workforce
- Adequately prepare students and staff for working in regional, rural and remote areas
- Develop curricula, teaching approaches and articulated programs throughout the continuum of education that build and develop generalist skills in all disciplines
- Implement interprofessional learning throughout the continuum of education
- Retain and support workplace supervisors and mentors
- Improve access to continuing professional development for all health roles
- Use technologies, such as simulation and distance technologies, for training and up-skilling
- Build capacity for rural health research

Questions:

2.4 What strategies have already been successful in addressing these issues?

It is important that professional development opportunities are available, and tailored, to the needs of health professionals working in rural and remote communities. In 2010 *beyondblue* partnered with the Rural Health Education Foundation (RHEF) to develop four accredited education programs for health professionals:

- Maintaining Wellbeing – Depression and Anxiety in Men with Prostate Cancer and their Partners
- Caring for Carers – Depression, Anxiety and the Impact of Caring
- Best Practice – Depression in Adolescents and Young Adults
- A Complete Check-up – Doctors' Mental Health and Wellbeing

These programs were screened via video web streaming and audio podcasting and continue to be available to download on an ongoing basis on the RHEF website. By using the RHEF's national satellite broadcast network and website, rural and remote health professionals have been able to undertake professional development in their local communities.

beyondblue has also partnered with the Australian General Practice Network to develop a free training package for GPs, practice staff and allied health professionals focussing on skills development in the diagnosis, management and treatment of high prevalence mental

health disorders that commonly occur in young people. The *Young Minds* program is available as a free, accredited training program and is accessible online or through face-to-face training delivered through Divisions of General Practice. Developing a free and online program has facilitated access to this training by health professionals working in rural and remote regions, who may not otherwise have access to professional development in this specific area of mental health.

beyondblue has also supported the development of online training with The Royal Australian and New Zealand College of Psychiatrists (RANZCP). The Indigenous Mental Health Website (<http://indigenous.ranzcp.org>) includes an Indigenous mental health online training course for psychiatrists, GPs, Indigenous and allied health workers. The website also provides a range of issue-related stories or scenarios to give health workers an introduction to addressing depression and anxiety among Indigenous people.

As demonstrated through *beyondblue*'s development of the RHEF training programs, *Young Minds*, and the Indigenous Mental Health Website, providing health professionals with access to free, online training, is an effective way to overcome the traditional barriers to participating in professional development experienced by health professionals working in rural and remote locations.

Recommendation:

4. Develop free, online professional development training options for rural and remote health professionals.

DOMAIN 5

Health workforce policy, funding and regulation

Develop policy, regulation, funding and employment arrangements that support health workforce reform.

Key lessons from the literature:

- Support rural and remote workforce flexibility with appropriate health and education policy, funding mechanisms and regulations
- Develop registration requirements that accommodate isolated practitioners and maximise the supervisor workforce outside urban areas
- Use policy and funding levers to support, value and encourage generalist practice and increase flexibility in course and training site accreditation

Questions:

5.1 What if any regulatory, policy or funding barriers are there to achieving a flexible and sustainable rural and remote health workforce?

The lack of ongoing funding for alternative service delivery models is a key barrier to achieving a flexible and sustainable rural and remote health workforce. To successfully develop, implement and evaluate workforce reform strategies, it is essential that a long-term approach is adopted. The experience of the *Mental Health in Drought Affected Communities Initiative* suggests that providing short-term funding throughout a project impacts on the recruitment and retention of health professionals, and the outcomes of the Initiative. Short-term funding makes it difficult to support, value and encourage flexibility and alternative models of care. It also makes it challenging to ensure successful improvement of health outcomes. Long-term strategies are required to successfully support increased access to services, and the development and evaluation of more appropriate and tailored models of care.

In addition to providing long-term funding, it is also important that health professionals who are qualified in multiple disciplines and/or have experience working across different settings, can use their skills and knowledge without regulatory or policy restrictions. There is a great potential to improve access to services by enabling health professionals to utilise their full breadth of skills and experience, and policy and funding arrangements should support this flexibility.

Recommendations:

5. Adopt a long-term approach to funding and policy, to enable the development, implementation and evaluation of workforce reform strategies.
6. Support health professionals to practice their full breadth of knowledge and skills, through flexible policy, regulatory and funding arrangements.

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- ⁱⁱ Australian Bureau of Statistics (2008). *2007 National Survey of Mental Health and Wellbeing: Summary of Results (4326.0)*. Canberra: ABS.
- ⁱⁱⁱ Clarke, D.M. & Currie, K.C. (2009). 'Depression, anxiety and their relationship with chronic diseases: a review of the epidemiology, risk and treatment evidence'. *MJA Supplement*, 190, S54 - S60.
- ^{iv} Begg, S., et al. (2007). *The burden of disease and injury in Australia 2003*. Canberra: AIHW.
- ^v World Health Organization (2008). *Global Burden of Disease 2004*. Switzerland: World Health Organization
- ^{vi} LaMontagne, AD., Sanderson, K. & Cocker, F. (2010). *Estimating the economic benefits of eliminating job strain as a risk factor for depression: summary report*. Melbourne: Victorian Health Promotion Foundation (VicHealth).
- ^{vii} Cummins, R.A., et al. (2007). *Australian Unity Wellbeing Index, Survey 16.1, Special Report*, in *The Wellbeing of Australians - Carer Health and Wellbeing*. Victoria: Deakin University.
- ^{viii} Australian Government (2009). *National Mental Health and Disability Employment Strategy*. Accessed online 29 April 2011: http://www.workplace.gov.au/NR/rdonlyres/6AA4D8AD-B1A6-4EAD-9FD5-BFFFEBF77BBF/0/NHMDES_paper.pdf
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- ^x Australian National Audit Office. (2011). *Administration of the Access to Allied Psychological Services Program*. Accessed online 18 July 2011: <http://www.anao.gov.au/Publications/Audit-Reports/2010-2011/Administration-of-the-Access-to-Allied-Psychological-Services-Program>
- ^{xi} Bassilios, B et al. (2011). *Evaluating the Access to Allied Psychological Services (ATAPS) component of the Better Outcomes in Mental Health Care (BOiMHC) program: Seventeenth Interim Evaluation Report*. Accessed online 18 July 2011: http://boimhc.org/pub/Main/ATAPSReports/17th_Interim_Evaluation_Report.pdf