



## FIT FOR PURPOSE

# IMPROVING MENTAL HEALTH SERVICES FOR YOUNG PEOPLE LIVING IN RURAL AND REMOTE AUSTRALIA

People living in rural and remote areas face unique mental health risk factors but have limited access to mental health services.

For many young people living in rural and remote Australia primary health professionals are the only health providers they have access to.

The extent of mental ill-health experienced by young people living in rural and remote Australia is largely unknown. Indicative evidence from services, such as the Royal Flying Doctor Service suggest that service demand has increased.

What is known, is that young people experience high rates of suicide and the rate of suicide increases with remoteness.

Innovative responses to support primary health services to provide mental health care are needed to enable improved access for young people. A trial of new initiatives in local contexts provides an opportunity to test ideas and identify solutions that can then be implemented more widely.



## KEY POLICY SOLUTIONS

Three key solutions have been identified that build on existing policies and have the potential to improve access to mental health treatment for young people.

### HEADSPACE OUTREACH SERVICES

headspace centres in regional centres provide a ready service platform for trailing outreach services into smaller population centres in partnership with local health professionals.

### PERMANENT TELEHEALTH MBS ITEMS

Make permanent telehealth MBS items for young people aged 12-25 years of age developed to enable service delivery during coronavirus restrictions.

### ACCREDITED TREATMENT PLANNING

Lead primary care providers (i.e. nurse practitioners, Aboriginal health workers) be accredited in the absence of a GP to write mental health treatment plans.

## HEADSPACE OUTREACH SERVICES

Towns in rural and remote areas do not have a sufficient population base to support a headspace centre. An outreach model would extend the existing headspace service model built on local partnerships (e.g. schools, teachers, GPs) and community connections. headspace

centres in regional centres provide a ready service platform for trailing outreach services into smaller population centres.

### PERMANENT TELEHEALTH MBS ITEMS

In response to the coronavirus pandemic temporary MBS telehealth service items were established. Access to these items should be made permanent for young people aged 12-25 years to provide a broader range of service delivery options.

Not all young people living in rural and remote areas will have access to adequate internet services to support video-based platforms. Telephone services need to be available alongside video-based services.

Telehealth services complement face-to-face services and are not intended to replace existing services.

### ACCREDITING HEALTH PROFESSIONALS

Primary health professionals are required to fill the gap in specialist mental health services in many rural and remote areas. Nurses and Aboriginal health workers have an important role to play in providing health services and supporting the mental health of young people. Nurse practitioners are authorised to function autonomously and provide an alternative to medical practitioners. Where a GP is not available, nurse practitioners and Aboriginal health workers need to be able to provide or refer a young person to the care they need.

Accrediting nurse practitioners and Aboriginal health workers to write Medicare mental health treatment plans would enable pathways to specialist mental health care for young people.

### IMPROVING MENTAL HEALTH SERVICES FOR YOUNG PEOPLE LIVING IN RURAL AND REMOTE AUSTRALIA

Policy solutions are required to ensure health services are orientated to providing mental health care appropriate to young people's needs and that the best mix of mental health and primary health professionals are available and supported to provide this care.



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