Submission
No 87

THE IMPLEMENTATION OF PORTFOLIO COMMITTEE NO. 2 RECOMMENDATIONS RELATING TO CROSS-JURISDICTIONAL HEALTH REFORM AND GOVERNMENT CONSULTATION WITH REMOTE, RURAL AND REGIONAL COMMUNITIES

Organisation: Manna Institute

Date Received: 14 November 2024

Thank you for the opportunity to make a submission, in response to the inquiry Committee, No 2, recommendations relating to cross jurisdictional health reform and Government consultation with remote, rural and regional communities.

Manna institute is a virtual research institute focused on regional mental health. The initiative is led by the University of New England, with 6 other universities collaborating to ensure a place-based focus that challenges metro-centric approaches to the support of people who experience poor mental health. Along with 3 industry partners – Everymind, ANU and Lifeline-Direct, this initiative has bolstered insight into the research and real-world needs of people in regional, rural and remote Australia. The Institute is supported by a First Nations Advisory Group and a Lived and Living Experience Advisory Group.

This submission emphasises two areas 1) progress of the implementation and 2) issues relevant to the implementation. With a focus on health outcomes and access for people to seek health and hospital services when they require them. Given the focus of Manna Institute, these issues will focus on accessibility from a mental health care perspective. The landmark report in 2022, on improvements to the regional health system, emphasise the same approaches utilised by Manna – of co-design, collaboration and evaluation. Consultation with community, for community, is key to seeking any opportunities for access. Recommendations relevant to the work of Manna are noted below:

- **Recommendation 1** notes the continued review of the current funding model for all rural and regional Local Health Districts to identify any service delivery gaps. Manna Institute supports this recommendation and notes that in the two years since the report was released, the current service delivery gaps for people experiencing chronic, persistent or episodic mental health care needs continue to be experienced in regional, rural and remote communities. NSW Mental Health Commission note that only 1 in 5 residents report good access to mental health services, in comparison to 1 in 3 in metropolitan regions. Limited access to crisis mental health care, access to community-based services and timely response in emergency departments, as well as in accessing aftercare post discharge, remain inconsistent. The experience of Manna Institute, in exploring these experiences via community think tanks, in research projects and through community consultation identify that people with lived experience of mental ill-health have limited opportunities to engage in ongoing care, as well as additional burden placed on carers, who are more likely to be family to friends, who bridge the gap between services offered.

The 2022 implementation committee report refers to lived experience reflections (Page 17). These same reflections continue to be heard by Manna Institute in 2024. In addition,

concerns relating to infrastructure deficits in regional and rural communities continue to be an issue.

- This lived experience of access to mental health care directly correlates to **Recommendation 43**, place-based health plans. Manna Institute notes that the academic literature relating to place-based interventions reinforces that these approaches seek to address health disparities and consider geographic location and the needs of communities. No two communities are the same, and seeking ways to offer a diverse range of services or activities that reflect the needs of the community can address reticence from individuals in seeking help. Concerns about increased stigma or shame continue to occur when a person is experiencing psychological distress and/or a mental health diagnosis in regional, rural and remote communities, care must be accessible and responsive to the location of the person. At present there is no accessible evaluation data to reflect the impact of place-based health plans, which is a necessary component to identify how they work, for who and in what circumstances. Additionally, an emphasis on workforce models for rural and remote communities, and naming the challenges these professionals experience, is an integral component to understanding how plans may work.

- What remains absent from the strategic focus of the reform is understanding the role and function of regional universities in their capacity to bolster the health workforce through their geographic location, work integrated learning projects and accessible approach to offering education to people from regional, rural and remote communities. Which can provide support to the suggested outcomes from **Recommendation 8, 11 and 43**. Manna Institute would recommend that terms like *workforce shortages*, be coupled with data relating to *workforce distribution,* given we have seen in our own research that the more remote the community, the less available the mental health professional. Engagement with 'fly in fly out' psychiatrists, tele health only opportunities and high rates of attrition by staff, remains common.

The progress of implementing any of the portfolio committee No., 2 recommendations, reinforces the need for an 'health-in-all' policy framework, that does not rely solely on regional, rural and remote communities to identify and respond to their own health needs, but to work in partnership with all Ministers and Departments of Government. to ensure that responsibility exists as a grassroots movement, that is culturally safe, trauma-informed, climate change ready and a top-down approach for communities to be seen and their needs responded to. Addressing these disparities requires targeted funding, workforce incentives, and infrastructure development to ensure equitable mental health services across NSW.

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14/11/2024