



Fact Sheet 18

Mental health in rural Australia

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The prevalence of mental health conditions in rural and remote Australia is probably equivalent to the levels in our major cities. However, there is evidence that rural Australians face greater challenges in accessing services to obtain timely help, so that the burden of associated disease is proportionately higher.

Prevalence in Australia

Australian Bureau of Statistics (ABS) figures show that every year one in five Australians will experience some form of mental illness, with three out of 100 likely to be seriously affected. The Mental Health Council of Australia (MHCA) reported in 2005 that mental disorders and suicide account for about 16 per cent of Australia's total health burden, which equates to over 350,000 years of healthy life lost.

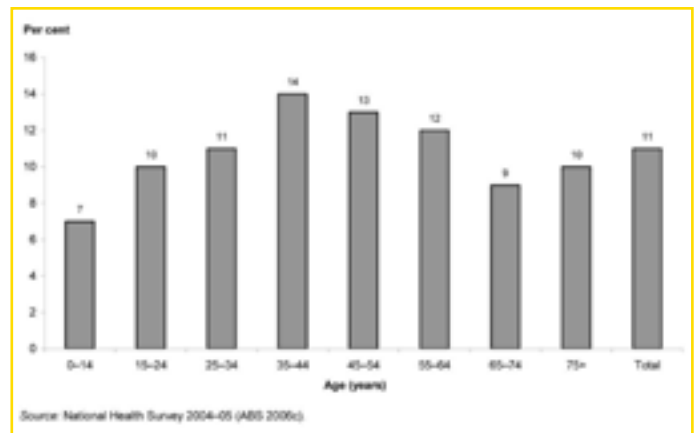
Recent work by the Australian Institute of Health and Welfare (AIHW) indicates that depression is associated with the loss of at least 135,000 person years of economic production annually, or about two per cent of production. For every dollar spent on medical and social support for mental illness, four additional dollars are lost through poor achievement in education and training, reduced workplace productivity, lost tax earnings and reduced participation by carers in the wider economy.

While most mental illnesses begin between the ages of 15 and 25, even younger people are susceptible to mental health disorders (see Figure). Failure to provide proper mental health care to younger people has profound repercussions on their ability to complete their education, win and keep a job and become successful parents and citizens.

The ABS National Health Survey showed that 19 per cent of Australians aged 18 and over used some form of medication for mental wellbeing in 2004-05.

Due to symptoms such as pain, disability and physical incapacity, physical illness commonly coexists with mental health problems (there are 'co-morbidities'). Data from the US indicate that only one in four people have depression alone – on average a person with depression also has three other chronic conditions. Almost 50 per cent of asthma patients may also suffer from depression, while depression is twice as prevalent among people with diabetes as it is in the general population.

Similarly, compared to people with no history of depression, those with depression have about a 60 per cent greater risk of developing heart disease and are more than four times as likely to have a heart attack. Estimates in 2007 from the Australian National Council on Drugs suggest that up to 75 per cent of people presenting with alcohol and drug problems also have mental health problems.



Prevalence of long-term mental and behavioural problems in the Australian population, 2004-05.

Rural perspective

In general, the prevalence of mental health conditions in rural and remote Australia has been estimated as equivalent to levels in major cities. However, rural Australians face greater challenges as a result of such conditions, due both to the difficulty of accessing the support needed for mental illness and to the greater visibility attached to mental health in a smaller community.

The closure of many of the residential care facilities over the past two decades has had the desirable effect of allowing many people with mental illness to live in the community. However, during that period there has not been any real increase in spending to ensure the availability of the range of support services, clinical and non-clinical, needed by people with a mental illness to live well in the community. As a result, many people with a mental illness struggle to find proper care. This problem is accentuated if you live in a rural area which is likely to have fewer health professionals, a much smaller choice of health service providers and scarce community support services.

The AIHW reports that rates of completed suicide in regional and remote areas are 1.2 to 2.4 times higher than those in major cities.

Natural disasters such as drought, cyclones, floods, bushfire and pest infestations also contribute to mental illnesses and have a very direct impact on income and wellbeing for rural Australians.

Australia's rural community has proven its resilience through many such trials and disasters and deserves at least the same level of health service support available in the rest of the country. In fact, despite the challenges, self-reported satisfaction with life tends to be higher in rural, regional and remote areas than in the major cities

Accessibility of mental health services

People in rural and remote areas have lower levels of access to specialised mental health services. For instance in 2008 the MHCA reported on distribution of the new MBS item numbers for mental health services: the rate of usage in regional areas was 40-90 per cent of that in major cities; and in remote areas it was 10-30 per cent of the rate in major cities.

Local access to psychiatrists is very poor for people in rural and remote areas, with 91 per cent of psychiatrists having their main practice in metropolitan areas.

The 1997 Australian Bureau of Statistics Survey into Mental Health and Wellbeing found that only 38 per cent of people with a mental illness were in receipt of any mental health care. The 2007 Survey showed this rate had declined to 35 per cent, meaning Australia has failed to increase the penetration of services into the community. Rates of access to treatment for other chronic illnesses are at least double that of mental illness.

Men are estimated to access mental health services provided by GPs at only 50 per cent of the rate by women.

While mental illnesses make up to 16 per cent of the burden of disease in Australia, in 2000-01 services related to mental health were only 6 per cent of total health system costs.



PHOTO: STEVE LOVEGROVE

What mental health services are available?

General practitioners are often the first health professionals to be consulted about mental health concerns. Estimates suggested that in 2006-07 one in 10 encounters with GPs involved the management of a problem related to mental health.

For those unable to access a GP – many of whom are in under-serviced rural and remote areas – this common pathway to support is not available.

Psychiatrists, paediatricians and general practitioners can refer patients for intensive, short-term care from more specialised mental health professionals, funded through Medicare. Depending on their needs, patients are eligible for up to 12 (or 18 in exceptional circumstances) individual and/or group allied mental health services per calendar year.

Community mental health services and hospital-based outpatient care services across Australia also provide a range of services to mental health consumers. In 2005-06 they provided 5.6 million mental health service contacts. There is little evidence about the rural-metropolitan distribution of these contacts.

Governments have special initiatives to improve mental health services in rural and remote areas, such as funding to Divisions of General Practice, Aboriginal Medical Services and the Royal Flying Doctor Service to engage mental health nurses and allied health professionals. These allied professionals include social workers, psychologists, occupational therapists, Aboriginal Health Workers and Aboriginal Mental Health Workers. The focus in some of these programs is on drought-affected areas and others of particularly high need.

Recovery from mental illness

Most people with mental illness recover well and are able to lead fulfilling lives in the community – particularly if they continue to receive appropriate ongoing treatment and support.

The majority of people who develop anxiety disorders and depression improve over time with appropriate treatment and support. About 80 per cent of people diagnosed with bipolar disorder also improve with ongoing treatment and support. The long-term outcome for schizophrenia can be better than many assume, especially where access to good treatment is consistent.

Because access to services is substantially poorer in rural areas, these average rates of recovery cannot be expected to apply in those areas. Working with others to highlight the special requirements of those in rural and remote areas with poor mental health remains one of the NRHA's top priorities.

The Mental Health Council of Australia (MHCA) is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector, committed to achieving better mental health for all Australians. Visit www.mhca.org.au

