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AJRH National Rural Health Alliance WILEY

13th Rural and Remote Mental Health Symposium

1 | INTRODUCTION

Held as a virtual conference spread over 4 days during November 2021, the 13th Rural and Remote Mental Health Symposium (RRMHS) brought together over 8 keynote speakers, 68 presenters and 350 delegates from across Australian and overseas to showcase the latest rural mental health research and service innovations and discuss emerging issues in the sector. While the COVID-19–related travel restrictions in Australia resulted in an online event, the broader community impact of the pandemic informed much of the rich information shared across the 4 days.

2 | COVID-19 AND WORKFORCE REFORM

A significant focus of keynote presentations related to the impact of COVID-19 and its implications for rural mental health service reform. Dr Ruth Vine, Deputy Chief Medical Officer, shared some overarching insights into the impact of the pandemic and the lessons it provided for rural mental health reform, including the importance of an integrated primary health approach to rural mental health and particularly the benefit of conceptualising physical health, vaccination and social well-being as components of a holistic approach to mental health and well-being. These ideas were further developed by Mr Mark Rodman, First Assistant Secretary of the Department of Health, and Ms Jo Rasmussen, Murray PHN, who discussed these issues in the context of the National Mental Health Pandemic Response Plan and the Productivity Commission Inquiry Report into Mental Health.[1] Dr Leanne Beagley, CEO of Mental Health Australia, reflected on the insights from her role chairing the rural subcommittee advising the development of the Australian Rural Mental Health Workforce Strategy. Assoc Professor Faye McMillan, Deputy Rural Health Commissioner, provided further context by outlining recent advances in Indigenous Community and Social and Emotional Wellbeing, and Professor Hurly explored how credentialed mental health nurses could be better utilised in rural communities. Finally Mr Warren Davies shared personal insights about mental health, well-being and resilience from a farmer's perspective.

3 | MAJOR THEMES

Our practice at the RRMHS is for the chairs of plenary and concurrent sessions to identify the major themes emerging from the presentations and associated discussions. These are then collated, summarised and presented in the symposium communiques. Themes that emerged from previous symposia (2018-2020) can be found in earlier issues of the Australian Journal of Rural Health.[2-4]

As stated above, the COVID-19 pandemic had both a direct influence and an indirect influence on the 2021 event. While the pandemic caused the symposium to be delivered online, its impact informed much of the presentation content, including the way in which public health responses and associated restrictions have affected the rural workforce, necessitated the development of innovative models of service delivery, and community engagement. This was particularly evident across several domains such as:

- The role telehealth has in service provision and workforce support; and the importance of effectively integrating this modality into existing local service infrastructure and networks
- The importance of place-based services, local knowledge and expertise
- The need to support and develop the under-resourced and increasingly stressed local workforce
- The benefits adopting of a primary health care approach to minimise the risk of coronavirus infection and enhance a comprehensive approach to the mental and physical well-being of ‘hard to reach’ and vulnerable populations
- The crucial role of coordinated research to inform service improvement and system enhancement.

4 | USING TELEHEALTH TO ENHANCE EQUITY OF ACCESS TO MENTAL HEALTH SERVICES FOR RURAL COMMUNITIES

COVID-19 necessitated an unprecedented degree of service agility and innovation. The availability of additional funding meant that telehealth and remote service initiatives suddenly became viable. However, the rapid development of remote service provision models and telehealth initiatives highlighted and amplified a number of issues related to the use of telehealth in rural communities.

The responsiveness of governments and innovation of local services in the face of the COVID-19 health crisis resulted in many more rural Australians being able to access mental health services and support, primarily via phone or video calls. Evidence from previous funding models people living in very remote communities accessed on average $8 of Medicare funded mental health support per capita, compared to $54 per capita for their capital city cousins.[5] Conference presentations from rural and capital city-based services, such as EMHPrac and Mindspot, demonstrated the potential for tele-mental health to effectively address the equity of access gap faced by rural Australians. However, these presentations also raised the potential pitfalls of a reliance on metro-based tele-mental health services. Some of these are listed below.

- Integrating telehealth within the local service context. Several presenters and the subsequent discussions raised the potential for centrally based tele- and online mental health services to further fragment, an already fragmented mental health service system in Australia. Furthermore, these initiatives have the potential to undermine confidence in the local mental health workforce. Presenters and delegates stressed the importance and value of metro-based tele-mental health and online services working in collaboration with locally based service providers and agencies.
- Helping local communities identify trusted and endorsed sites. The proliferation of online services and mosaic of mental health websites presents a challenge to both rural mental health practitioners and indeed rural Australians searching the web for mental health and social-emotional well-being support. Digital mental health is needed, but more work needs to be done to ensure accreditation and trust in providers. Commonwealth-funded services such as EMHPrac and Mindspot provide a valuable service in this respect, but further work is urgently needed to integrate this capacity in alignment with the National Safety and Quality Digital Mental Health Standards.[6]
- Creating online architecture to enable easy navigation and access. Additionally, endorsed platforms with intuitive architecture should be developed so that local mental health and well-being workers can quickly navigate and find the best, endorsed resources to help and support their clients and community. The needs of Aboriginal and Torres Strait Islander people to access culturally appropriate online health and well-being services require particular attention in this respect.
- Using telehealth to provide support to local mental health workforce. While digital mental health support for people facing mental health challenges is a valuable addition for rural Australians, consideration should be given to virtual training, supervision and support for rural mental health workers. Local rural mental health practitioners carry a heavy load in communities that are often human resource and social services poor. As such, they are more prone to psychological distress and burnout themselves.[7] Accessing professional advice, supervision and support via telehealth is a way to assist rural clinicians to continue to support their local community.
- Recommendation. There is an urgent need to plan, focus, organise and integrate online and telehealth initiatives with on-the-ground mental health service capacity in local rural communities. The symposium committee therefore recommends that urgent attention be given to the development of a National Integrated Rural Digital Mental Health Strategy. The co-designed strategy should specifically address the issues identified above (points a-d) and be informed by experts by experience and those with place-based expertise. The need for a collaborative process in policy, planning and service development is further developed in the next section.

5 | RESPECTING AND UTILISING PLACE-BASED EXPERTISE

Many of the symposium presentations emphasised the need for local services to build trust and rapport with community members. This underlines the need for governance models that respect place-based expertise.[8] The need for a trusting, collaborative, partnership approach to service development also extends to state and national central policy units. Mental health service planning, delivery and evaluation should be guided by a collaborative process in which, local service providers, experts by experience, policy experts, researchers and central agency experts work in mutually respectful partnership, where the valuable contribution of each is respected and valued. Such a co-design approach will help services more effectively:

- Tailor services to local settings and needs
- Facilitate alliances between rural agencies that are crucial for collective impact in preparing and responding to natural disasters and health emergencies

- Facilitate community-based support and interventions
- Specifically address the impact of stigma
- Participate in culturally safe conversations
- Better utilise existing capacity and strengths in the context of the local service environment.

6 | SUPPORTING AND DEVELOPING THE LOCAL RURAL MENTAL HEALTH AND HUMAN SERVICE WORKFORCE

COVID-19 has added enormous stress to an already stressed and overloaded mental health workforce. Research has indicated that due to these factors, workplace burnout is higher in rural mental health and human service workers than their city-based counterparts.[7] Rural mental health and community workers have a strong connection to their community and limited back-up support in times of service disruptions, such as COVID-19, bushfires, floods and drought.

The symposium delegates offered several recommendations to support the rural mental health workforce. These included the following:

- The need to upskill health and community support staff in regional areas to support early intervention approaches to suicide prevention
- Sustaining a diverse workforce requires ongoing investment and support that extends past the point of initial onboarding
- Clear communication, practical support and workload management are effective ways to mitigate workforce distress
- Flexible funding to enable the development and evaluation of innovative programs and interventions
- Longer-term funding is required to support and sustain programs in the longer term (this reflects recent and long past recommendations of government inquiries)[1,9-11]
- Researching and investing in non-traditional workforces in regional areas, such as counsellors and peer navigators, and ensuring they are integrated into the existing mental health service system.

7 | INVESTING IN RURAL MENTAL HEALTH AND COMMUNITY WELL-BEING RESEARCH

Many of the presentations highlighted the need for more targeted rurally focused longitudinal research and large multisite service trials to support and sustain programs in the longer term. A significant proportion this activity should be translational research that seeks to apply findings from successful single site evaluations and trials to determine their generalisability and efficacy across a range of community types and service contexts. Importantly, this research should be coordinated and conducted by researchers based in rural locations, thereby utilising the substantial research capacity that has been build up over the last 20 years[12] in University Departments of Rural Health, Rural Clinical Schools and Centres for Rural and Remote Mental Health.

8 | CONCLUSION

Overall, the 2021 symposium highlighted that while the COVID-19 pandemic has posed enormous challenges to the whole community, the rural mental health sector has, by and large, successfully adapted to these once in a century circumstances, with creative and resourceful rural mental health service innovations and enhancements. However, although the pandemic has taken its toll on us all, now is the time for determination and action to further embed the successful innovations in rural mental health in response to COVID-19 and drive further improvements to rural and remote mental health services across Australia.

9 | PROGRAM COMMITTEE 2021

Professor Russell Roberts, Charles Sturt University (Chair)

Ms Sandra Batistich, CEO, Moving A Head

Ms Ruth Das, National Project Manager, Mental Health Australia

Dr Keith Miller, Senior Lecturer, School of Social and Policy Studies, Flinders University

Dr Keith Sutton, Lecturer, Monash Rural Health, Monash University

Dr Josephine Gray, Consultant, Aboriginal Mental Health, WA Country Health Service

Professor David Perkins, Director, Centre for Rural and Remote Mental Health, The University of Newcastle

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WOA Institution: Monash University

Russell Roberts PhD, Symposium Chair[1]
Keith Sutton PhD[2]

[1]*Charles Sturt University, Bathurst, NSW, Australia*
Email: rroberts@csu.edu.au
[2]*Monash Rural Health, Monash University, Warragul, Vic., Australia*

ORCID

Russell Roberts https://orcid.org/0000-0003-3442-8366
Keith Sutton https://orcid.org/0000-0002-3233-2566

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