

# Where do I start?

## Access to mental health services in small communities in the Southern Mallee catchment.

A participatory action research study designed to bring together people who design and deliver mental health services, and people who use mental health services, to explore service access in the Southern Mallee located in north western Victoria (Buloke, Gannawarra and Swan Hill Rural City shires).

2-3% of Australians (approximately 600,000 people) have a severe or enduring mental illness (Department of Health and Ageing, 2013). Action to address mental health issues in rural areas is critical, with people living outside metropolitan areas more likely to experience mental illness, with suicide rates 1.3 times higher outside major cities (Standing Council on Health, 2012). There is a lack of political will to address the current 'crisis' in mental health (Hall, 2015; Hickie & McGorry, 2007).



In a policy environment that highlights the centrality of consumer participation in all stages of healthcare design, planning and evaluation there are few examples of health professionals, service staff, consumers and carers working together to directly address rural mental health service planning (Kidd, Kenny, & McKinstry 2015).

### Phase 1

**An extensive scoping review to map the evidence on rural mental health.**

### Phase 2

**20 Interviews with consumers/carers.**

#### IDENTIFIED THEMES

<b>TRY STANDING IN MY SHOES</b>	<i>We moved up here a few years ago cause we couldn't afford the cost of the city. We came seeking a new life. What did we get? Being called feral and having people stone our roof.</i>
<b>CREATING A DRAMA</b>	<i>It's got to be in a crisis situation ... to really get an appointment, you've basically got to get carted into the ED in the back of a paddy-wagon.</i>
<b>CAPABILITY ALIGNED WITH NEED</b>	<i>Yeh and the attitude of the paramedic was just atrocious. He said "Oh it's not an emergency, she's just mental health" that what his reaction was. I had taken an overdose for God's sake. He was like frustrated, frustrated to have to come out to a mental health patient well you know and he just kind of was joking about it and he said "Oh well, yeh mental health, it's not classed as emergency."</i>
<b>SEEKING STABILITY AND CONNECTION</b>	<i>To see a psychologist I waited four months to get into see her, so that's just what it's like living around here I guess.</i>
<b>UNSEEN AND UNIMPORTANT</b>	<i>They just shut the door on, on the family. Like [son] would get discharged they will ring me up. He's coming home and that's it.</i>
<b>PICK YOUR TEAM</b>	<i>Just someone who will listen, understand and help you to find your way is all that is needed</i>
<b>PEOPLE LIKE ME</b>	<i>But if it was a person that's feeling suicidal for the first time they, they need somewhere to go that someone can talk to them</i>

#### MAJOR BARRIERS IDENTIFIED FROM OUR SCOPING REVIEW

CONSUMER FOCUSED BARRIERS	COMMUNITY FOCUSED BARRIERS	PROFESSIONAL BARRIERS
<ul style="list-style-type: none"> <li>Stoicism</li> <li>Limited mental health knowledge and understanding</li> <li>Geographic location</li> <li>Distance to services</li> <li>Perceptions of being seen at a 'mental health service'</li> <li>Ability to maintain long term employment</li> <li>Lack of knowledge of services provided and how and when to gain access</li> <li>Limited consumer involvement in health care design, delivery, evaluation</li> <li>Lack of transportation</li> <li>Limitations on access to child care</li> <li>Lack of family and community support</li> <li>Lack of anonymity – concerns about confidentiality, dual relationships</li> <li>Financial constraints</li> </ul>	<ul style="list-style-type: none"> <li>Community attitudes to mental illness</li> <li>Personal and perceived stigma</li> <li>Self stigma</li> <li>Structural stigma</li> </ul>	<ul style="list-style-type: none"> <li>Recruiting and retaining clinicians in rural and remote areas is always challenging and has an enormous impact on service delivery and confidence in the standard of care</li> <li>Lack of well connected inter-professional care</li> <li>Regular delays in assessment, diagnosis and treatment</li> <li>Lack of interest in mental health/GPs not always interested/skilled</li> <li>Hesitance of health professionals to refer</li> <li>Bypassing local care serves to further deskill.</li> <li>Lack of easy access to second opinions</li> <li>Dual relationships</li> <li>Focus on high prevalence or low prevalence – often associated with GP interest</li> </ul>

### Phase 3

**Possible strategies, recommendations.**

Stigma reduction strategies, service coordination, early intervention to avoid crises, professional development of health workers and other support workers, improved discharge planning, recognition of the role of families and carers, different methods of engaging with people, and a central point for interconnection.

*A multi sectoral whole of system approach is needed.*