



SUPPORTING GENERALIST HEALTH PRACTITIONERS IN THE BUSH TO HELP MEET THE MENTAL HEALTH NEEDS OF THEIR COMMUNITIES

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The availability of specialist mental health professionals in remote and rural Australia is significantly less than in urban areas. Statistics clearly support the fact that with increasing remoteness; access to mental health professionals decreases (Australian Institute of Health and Wellbeing (AIHW) 2015). Yet, with this increasing remoteness concurrently we see increased rates of the same day and overnight hospitalisation for mental health disorders (AIHW 2016), suicide (AIHW 2017), drug and alcohol use (AIHW 2017) and for Indigenous people significantly higher rates of psychological distress (Department of Prime Minister and Cabinet 2014).

To examine this, there is currently a Senate Inquiry into the Accessibility and Quality of Mental Health Services in Rural and Remote Australia. Hopefully, the outcomes and recommendations, which are due for release in October will have a positive impact on the availability of specialist services within rural and remote Australia.

In the meantime and until the availability of specialist mental health services is addressed, who is assisting the people and communities in remote Australia? The remote health workforce in Australia is made up of predominately (85 per cent) remote area nurses (RANs) and Aboriginal and Torres Strait Islander health workers. Remote area nursing is a speciality in its own right and requires a unique and comprehensive set of skills in both emergency and primary health care, including skills to assist people presenting with mental health needs.

Our remote health professionals are typically hard working, flexible, adaptable, resourceful and passionate about their work. The provision of quality remote healthcare undoubtedly presents significant challenges including a dispersed population, poor health status, diverse cultures, problematic transport, poor infrastructure,

poor economic base, harsh extremes of climate and a high turnover of health professionals across all disciplines. Despite these challenges, working in remote healthcare is rewarding. CRANaplus as the peak professional body for the remote health workforce; aims to represent the sector and provide education, support and professional services. One of the key support services provided by CRANaplus is the Bush Support Service (BSS), a free phone support service available to remote health professionals and their families. CRANaplus is also committed to providing education which is contextualised and specific to the needs of professionals working in remote and isolated locations. As a result, one exciting development this year has been the Mental Health Emergencies (MHE) course developed in response to requests from the remote generalist workforce who anecdotally report that they have limited knowledge and confidence to assist people presenting with mental health needs.

These anecdotal reports align with a study in Western Queensland, where 70 per cent of rural nurses reported low levels of competency in relation to mental health care, they consistently identified they did not have the skills or knowledge to identify, assess and treat mental health conditions. Not surprisingly over half indicated they had never undertaken mental health training or had only ever attended a half an hour in-service (Clark, Parker and Gould 2005). In the Northern Territory a small survey of remote area practitioners identified that over 80 per cent believed educational resources in relation to aggression, psychosis, suicide risk assessment and management plans, child/adolescent mental health, psychotropic medication and assisting people with grief and loss would be moderately to extremely helpful (Bulbrook, Carey, Lenthall, Byers and Behan 2012).

The Primary Clinical Care Manual (PCCM) and the Remote Primary Health Care Manual – Central Australian Rural Practitioners Association (CARPA STM), are the main guidelines for practice within remote health care and both include significant chapters on mental health and drugs and alcohol. The MHE course has been developed in alignment with these manuals and aims to assist participants in using a framework to guide their practice when they may be feeling 'out of their depth'. Similar to other acronyms to help during an emergency or acute presentations, the "5xO" prompt practitioners to think about the critical components including building rapport, what information they need for an assessment and management. A visual image of a hand helps practitioners recall the 5xO, which include OPEN, OBSERVE, ORGANIC, OBTAIN & ORGANISE.

MHE encompasses both pre-course online modules and a one-day face to face workshop, like other CRANaplus courses, it is focused on the practical application of knowledge and skills. CRANaplus courses are delivered by a nationwide team of passionate and highly skilled facilitators who volunteer their time to share their knowledge and skills. We are always on the lookout for mental health professionals with experience in remote health to join our facilitator team so please don't hesitate to get in contact if you are interested or would like additional information.

References available upon request

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