

Rural Australian areas desperate for more local mental health services

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A study led by the Royal Flying Doctor Service of Australia and involving The University of Western Australia has revealed many people living in remote and rural areas have unmet mental health needs and often only seek help when they reach crisis point.

Although there is little difference in the prevalence of mental illness in the city compared to [rural areas](#), the researchers found poor service access, distance and cost all contributed to higher mental illness risks and greater suicide rates.

Published today in the *Medical Journal of Australia*, the study included data from 2257 patients carried by the RFDS between 1 July 2014 and 30 June 2017 for treatment of mental or behavioural disorders. The patients comprised of 1394 men (62 percent) and 863 women (38 percent). Sixty percent of patients were under 40 years of age and 35 percent identified as Indigenous Australians.

UWA Associate Professor of Practice in Rural Mental Health Dr. Mathew Coleman said mental and [behavioural disorders](#) were a significant problem for rural and remote communities that were already stretched with fewer psychologists and psychiatrists than in cities.

"Many people need to travel long distances to seek specialist care," Professor Coleman said. "In some cases, specialist mental health care is not available, leaving GPs and smaller hospitals reliant on the RFDS to transport unwell patients to metropolitan centres."

Professor Coleman said having the resources in place to help people in remote areas was one thing, but it was critical that [medical professionals](#) were well trained and experienced in working in remote and unique environments.

"To date, this has been the responsibility of GPs trained in the bush, but specialists are trained in capital cities with very little exposure or opportunity to live, work and train in rural and [remote areas](#)," he said.

"Digital platforms such as Telehealth that have been implemented to address the issues are not enough, face to face support at a local level is critical."

Dr. Fergus Gardiner, Director of Research and Policy with the RFDS, said Indigenous Australians were 1.2 times as likely to die from mental disorders as non-Indigenous Australians.

"They are also 1.7 times as likely to be hospitalised for [mental disorders](#), and Indigenous young people aged 12-24 years are three times as likely to be hospitalised with a mental disorder as a non-Indigenous young person of the same age," Dr. Gardiner said.

Dr. Gardiner concluded that in the absence of access to local dedicated mental health support and intervention services, many patients seek clinical assistance only when in crisis.

Provided by University of Western Australia

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