



Rural & Remote
Mental Health

**Partnership Centre for
Rural & Remote Mental Health**

A proposal by Rural & Remote Mental Health



*This submission is presented by
Rural & Remote Mental Health (RRMH) –
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RRMH develops and delivers mental health literacy and suicide prevention training. Programs are delivered in rural, Indigenous and mining communities across Australia.

Our grassroots approach empowers people in small and isolated communities to do what they do best: look out for each other.

We give people the understanding and confidence to care for their mental health, seek help when they need it and support others in their community to do the same.

Executive summary

The problem

- In 2019, the age-standardised suicide rate outside Australia's capital cities was over 60% higher than within the capital cities
- Rates of intentional self-harm and suicide increase with remoteness
- Per capita availability of mental health supports and access to MBS-funded mental health services decreases with remoteness

What needs to change

- Dedicated government funding is concentrated amongst a handful of large city-based organisations that do not have the scope or expertise to serve communities beyond regional centres
- Funding through PHNs leads to fractured service delivery, particularly in remote and very remote communities, often resulting in duplication of activity in some communities while leaving others underserved

The cost of the status quo

- Disproportionately high suicide rate amongst remote populations, especially Indigenous people, youth and men
- Increased healthcare costs due to emergency presentations for acute episodes of mental illness
- Increased inequity and disparity between rural/remote and metropolitan Australia – roughly a quarter of the population lives outside major cities, but funding is disproportionately allocated to city-centric organisations





This proposal has received widespread support from sector leaders, rural and metro service providers, and is supported by Federal Senators and Members of Parliament.

There is significant potential for this proposal to achieve national media attention through existing media relationships.

The solution

A partnership centre dedicated to rural and remote mental health that:

- Functions as a granting body (similar to the Foundational for Regional and Rural Renewal)
- Fosters collaboration between the philanthropic, public and private sectors
- Champions prevention and early intervention activities, particularly in communities with limited access to mental health supports and services
- Measures, validates and reports on program performance
- Provides ongoing research to better understand the unique challenges and needs of remote Australians

The benefits

- Informed government policy and decision-making through dedicated research and advocacy
- Decreased mental healthcare costs, with prevention and early intervention activities reducing acute presentations of mental illness
- Improved mental healthcare outcomes, with more equitable access and culturally-appropriate service provision
- Increased responsiveness and cost-effectiveness through a more targeted and streamlined funding mechanism

The proposal

- Phase 1: A 12-month pilot program to establish the centre, secure service delivery partners and attract corporate funding [\$1.45 million]
- Phase 2: Increase scale of operations and ensure long-term viability [\$13.05 million]



Proposal

Program to establish the Partnership Centre for Rural and Remote Mental Health

Mental wellbeing is a major and growing challenge throughout Australia, particularly in rural and remote areas. The prevalence of mental illness in rural and remote communities correlates with that of major cities^{1,2}, meaning over 550,000 Australians in these communities experience mental illness, while access to “boots on the ground” services decreases with remoteness and rates of self-harm and suicide increases, particularly in young Indigenous Australians^{3,4}.



Incredibly, funding for direct delivery services to rural and remote communities decreases with remoteness, as does provision of overall health services. Commonwealth data shows rural and remote Australians access MBS-funded services significantly less than their city counterparts. This reduced access contributes greatly to increased hospital emergency presentations, particularly Indigenous people who present to emergency departments at a rate 4.5 times greater than non-Indigenous people⁵. These hospital presentations are often at an acute phase of their illness, which leads to increased healthcare costs per episode and often results in poorer patient outcomes.

Despite numerous studies concluding that well designed and well targeted early intervention programs result in lower overall healthcare costs, these programs are rarely properly recognised, funded, or supported.

A more coordinated and sustainable approach could significantly improve the mental resilience and wellbeing of remote communities when compared to the entrenched pattern of late-phase presentations to hospital emergency departments⁶. It is beyond question that it is possible to achieve similar or improved clinical outcomes through early intervention programs that address the underlying causes of mental ill-health, but at a much lower cost to government and the community.

While the research supports a strong need for increased preventative programs aimed at increasing mental health literacy in rural and remote communities, the funding barriers remain. More than 2.5 million Australians live in outer regional, remote and very remote communities⁷, with 45% of those living in very remote communities being Indigenous Australians. Despite this, government funding is continually directed to a few large, city-based organisations that aren't well placed to provide in-person support programs outside major cities. This is to the detriment of smaller and more specialist organisations that have the expertise, but not the resources, to deliver the much needed solutions.



Telehealth, help lines, apps, government reviews and committees aren't what's needed here. These are metro-centric solutions that fail to account for or overcome the social and cultural barriers to help that exist in rural and remote Australia.

Sector analysis shows that, despite considerable research demonstrating the value of early intervention, there is no cohesive strategy regarding preventative program delivery.

Similarly, there is no united voice advocating for a clear strategy to address the mental health problem in remote Australia. As a result, many well intentioned grassroots programs have emerged in recent years, often lacking any research validation to underpin the delivery. As such, there is little to no impact measurement data available that would encourage further funding or inform future policy making.

For 15 years, Rural & Remote Mental Health (RRMH) has been a clear leader in the early intervention and prevention sector, delivering the only co-designed, evidence-based mental health literacy and suicide prevention programs across rural and remote Australia. RRMH programs are culturally tailored, independently validated, and published in respected journals. These programs have created a legacy network of around 14,000 community members nation-wide. They have been proven to improve mental health literacy, destigmatise mental ill-health and increase healthy coping skills: well recognised factors in reducing suicide and encouraging early detection and treatment.

Through external review, including consultation with other specialist providers, RRMH is seeking Federal Government support to create a partnership model to underpin the development of a national rural and remote mental health strategy. This partnership approach would allow government to get the right support into each community and know its investment is delivering measurable impact.

Initially, it is intended this program will investigate the feasibility of creating a partnership centre modelled on the successful Foundation for Regional and Rural Renewal (FRRR). Founded in 1999, FRRR's success is built around a collaboration between Federal Government through an initial grant of \$10.7 million, plus a further grant of \$3.8 million to leverage support from the philanthropic sector and the commercial community. FRRR functions as a granting body to communities, an advocacy body through connection and influence with policy makers and funding bodies, and as a hub for innovation and support for communities in need. Other models reviewed will be the NHMRC Partnership Centres for Better Health, and The Australian Science Media Centre.



The Partnership Centre for Rural and Remote Mental Health (PCRRMH) is intended to become a centre of excellence in remote mental health to:

- Create a symbiotic relationship between “boots on the ground” community program delivery and research to drive continuous community service improvements and program validation
- Create a framework for organisations delivering mental health programs for rural and remote communities to connect and receive core services to support their activities such as administration, accreditation processes and advice, program development support, IT and other core services able to be centrally supported (note: this does not transfer any autonomy from partner organisations)
- Provide grants and expertise for communities to identify and fund the appropriate program for their community
- Provide grants for program partners to have their programs independently validated
- Develop an online community that provides networking and professional/personal development opportunities for mental health professionals and community mental health champions
- Develop a comprehensive online database of mental health services in regional, rural, and remote communities
- Provide advocacy and policy advice in all aspects of rural and remote mental health
- Develop a focal point of partnership between government, philanthropy, and the corporate sector for further investment in validated programs



The total funding requested to establish the Partnership Centre for Rural and Remote Mental Health matches the FRRR budget of \$14.5 million. The budget requested from Federal Government for Phase 1 is based on 10% of the initial FRRR support; \$1.07 million to establish the centre, plus an additional \$380,000 to be used as leverage to seek matching support from the philanthropic and corporate community to fund grants to PCRRMH service delivery partners. Therefore, the total amount requested for Phase 1 is \$1.45 million.

In Phase 2 the PCRRMH would request the \$13,050,000 balance of funding from Federal Government, matching the original Federal Government FRRR funding commitments. These funds would establish and ensure the long-term viability of targeted mental health supports to rural and remote communities.

Program milestones and key measurables will be proposed and PCRRMH will provide quarterly and end-of-year reports to Federal Government and funding partners against these milestones and KPIs. Initially, governance will be provided by Rural & Remote Mental Health in collaboration with already identified program and research partners.



“As a Senator for Queensland I am alarmed that in high-risk rural areas suicide is trending upwards and occurring at 2-3 times the national average.

This proposal will increase mental health literacy in these communities which will help to reverse this trend and achieve the stabilisation of suicide rates that we have achieved in metropolitan communities.”

– Senator Paul Scarr



Governance

With a head office located in Adelaide and an additional office in Brisbane, Rural & Remote Mental Health is a health promotion charity endorsed as a deductible gift recipient and covered by Item 1 of the table in section 30-15 of the *Income Tax Assessment Act 1997*.

For the purpose of Phase 1, it is intended to auspice the Federal Government funds of \$1.45million through RRMH, with a view to the development of the optimal governance model forming part of this first phase. RRMH has existing capacity with regards to program delivery, research collaborations, governance and potential to seek matching funds from philanthropic partners and corporate entities.

RRMH has entered a two-year partnership with News Corp to deliver suicide prevention in five bushfire affected communities across Australia. RRMH intends to leverage this relationship to support the national conversation around rural mental health by engaging News Corp staff.

As a key element of Phase 1, it is intended to convene a remote mental health summit, engaging other like-minded organisations, philanthropists, and researchers, who may form the founding partners for the Partnership Centre for Rural and Remote Mental Health. RRMH has already engaged in productive dialogue with other organisations as well Federal Government Senators and Members of Parliament. Metropolitan providers such as Beyond Blue have also expressed provisional support and could be open to diverting funds earmarked for rural and remote program delivery towards the PCRRMH. The organisation's founding partners will provide broader community engagement through existing program partnerships and expanded research capability.

Phase 1 will also determine the best location for the PCRRMH and the optimal entity structure – most likely an Australian Public Company registered as a Charity with the Australian Charities and Not-for-profits Commission with a Public Fund endorsed as a DGR Item 1.



“As Australians we reach out to our mates and help them and I support this application as it will help many people whose battles are often silent but able to be overcome with the right help at the right time.”

– Senator Paul Scarr



Using expert legal advice, an appropriate governing document will be created in collaboration with proposed founding partners. The governing document will define the:

- Organisational purpose
- Organisation’s powers
- Membership (including the Commonwealth of Australia)
- Identification and definition of the appropriate Public Fund and Deductible Gift Recipient status
- Public Fund administration
- Appointment of directors
- Appointment of advisory committees including research, grants, risk and finance
- Other governance matters consistent with ASIC and ACNC requirements

The strength of the Foundation for Regional and Rural Renewal begins with the clarity of their governance structure and clearly defined purpose and vision. The urgency and importance in addressing the unique mental health challenges facing rural and remote communities underpins the need for the proposed Partnership Centre for Rural and Remote Mental Health to have a clear purpose, with a mission to become a national resource for program delivery, translational research, and advocacy for rural and remote communities. The PCRRMH is also intended to be a strategic focal point for all levels of government both for preventative and acute initiatives and investment, while giving rural and remote residents a sense of ownership for addressing the challenges in their community.



Budget

The total amount requested for Phase 1 to establish the Partnership Centre for Rural and Remote Mental Health is \$1.45 million. As previously indicated, this amount is based on 10% of the funding provided by Federal Government in 1999, for the successful Foundation for Regional and Rural Renewal (total funding \$14.5 million).

Budget – Phase 1

Item	Description	\$ Amount
Rural & Remote Mental Health Summit	RRMH will host a Rural & Remote Mental Health Summit, inviting key partner prospects and opinion leaders to establish the mission and purpose for the PCRRMH	\$75,000
Year 1 administration expenditure	Admin costs include logistics for the summit, establishment of the new entity, and administration of funds.	\$120,000
Governance advice	Seek expert legal advice on the optimal organisational entity, creation of a constitution, advisory committees.	\$20,000
Corporate structure	Creating the legal entity, navigating through ACNC and ATO requirements to establish a charity with DGR Item 1 status.	\$20,000
Brand/marketing collateral	Develop brand, logo, collateral, research, build and launch a dedicated PCRRMH website.	\$70,000
Development of online community resource portal	A PCRRMH grant management solution for organisations to apply for grants.	\$25,000
Year 1 program grants	Community grants for program delivery.	\$325,000
Year 1 research grants	Grants for research/program validation.	\$80,000
Year 1 endowment	As per FRRR, it is intended to grow a sustainable endowment to ensure the long-term future.	\$300,000
Sub-total		\$1,070,000
Year 1 matching funds	To seek matching funds from philanthropists and corporate partners for Year 2 program and research grants.	\$380,000
Phase 1 investment requested		\$1,450,000



Budget – Phase 2

Item	Description	\$ Amount
Partnership Centre for Rural and Remote Mental Health	To secure the long-term viability of the PCRRMH, including establishing a corpus for investment with the realised returns to fund future operating costs.	\$9,630,000
Sub-total		\$9,630,000
Year 2 matching funds	To seek matching funds from philanthropists and corporate partners for future years program and research grants.	\$3,420,000
Phase 2 investment requested		\$13,050,000
Total investment requested – Phase 1 & 2		\$14,500,000



Economic benefits of the Partnership Centre for Rural and Remote Mental Health

The Productivity Commission Enquiry Report (No 95, June 2020)⁸ calculated the direct economic costs of mental ill-health and suicide in Australia to be an estimated \$43–70 billion in 2018/19 including costs beyond healthcare such as housing, education, justice system and aged care. While modelling for remote and very remote communities isn't specified, it is reasonable to conclude that, based on a 10% population distribution, the direct economic cost is an estimated \$4.3–7 billion per annum. Moreover, the Productivity Commission Enquiry Report concluded:

“Government actions that support inclusion and empowerment of Aboriginal and Torres Strait Islander people to positively shape and control their futures are likely to improve social and emotional wellbeing both for Aboriginal and Torres Strait Islander people and the broader community”.

Some studies have concluded that investment in early intervention initiatives offer a social return on investment of \$6 for every dollar invested^{9,10}. Therefore, it is not unreasonable to conclude that a \$1.45 million investment in this pilot program will deliver a short-term ROI of \$8–10 million and ongoing community benefit.

In addition, there is the optic of rural and remote mental health being recognised and supported as a distinct area of need with a culturally different approach required to connect with communities.

The Partnership Centre for Rural and Remote Mental Health will develop and offer programs co-designed by the communities it serves, including Indigenous people living on country. To ensure effectiveness and validity, these programs will be assessed against the criteria determined by the National Mental Health Commission:

- Scalability
- Sustainability
- Opportunity costs
- Needs based
- Acceptability
- Unanticipated consequences





Summary

Intended to dovetail into the national mental health strategy, \$1.45 million is requested for Phase 1 to establish the Partnership Centre for Rural and Remote Mental Health, with the balance of the budget of \$13,050,000 to be provided in Year 2.

It is anticipated this investment will deliver an early \$8-10 million economic benefit and provide an ongoing resource for Federal Government and the community to target preventative and acute intervention to reduce the impact of mental health and suicide in rural and remote communities.

Informed by lived experience, existing mental health intervention expertise from within the sector, research and legal expertise, this Partnership Centre will be implemented and supported with a clear purpose. Results from Phase 1 will provide further recommendations to ensure the long-term sustainability and legacy of the PCRRMH.

At the conclusion of Phase 1, a full report will be submitted outlining key outcomes in terms of numbers of communities and individuals impacted, programs assessed, future recommendations and an estimate of the overall health economic benefits generated by activities of the Partnership Centre for Rural and Remote Mental Health.



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