

Joint 3rd Place Winner of 2024 PIF Australian Essay Competition

Dr Michael Hooper

PGY2, Fiona Stanley Hospital, Western Australia



The Royal
Australian &
New Zealand
College of
Psychiatrists



Essay topic - 'Addressing equity in psychiatric care' – including but not limited to improving mental health care of culturally and linguistically diverse individuals, and in rural and remote areas.

By Dr Michael Hooper

Addressing Equity in Psychiatric Care in Australia

Five quotes and one idea

'A fair go' – Australian expression

Recent data have illustrated a lack of equity in mental health care provision and outcomes between metropolitan and rural areas in Australia. There is a major shortage of psychiatrists in rural and remote Australia, with the number of psychiatrists per 100,000 population decreasing from 15.1 to 1.4 when moving from major cities to very remote areas (Australian Department of Health, 2016). Inversely, rates of suicide and self-harm increase with remoteness (Australian Institute of Health and Welfare, 2020). The prevalence of mental illness is similar between city and remote areas, around 20% of the population (Australian Bureau of Statistics, 2007), however the relatively higher suicide rates in country areas raise questions surrounding access to, and use of, mental health services.

The unequal distribution of psychiatrists has been attributed to multiple factors including largely city-based university medical training, professional isolation, inadequate remuneration, family and education factors, and fewer training and research opportunities (Paliadelis *et al.*, 2012).

This relative deficiency in mental health practitioners in remote and very remote areas disproportionately affects Indigenous Australians, who make up a higher proportion of rural and remote populations: 2% in major cities versus 48% in very remote areas (Australian Institute of Health and Welfare, 2019). It has also been demonstrated that the incidence of suicide in Indigenous Australians is twice that of non-Indigenous Australians (Australian Institute of Health and Welfare, 2020), and that they are more likely to experience mental health difficulties and emotional distress (Australian Bureau of Statistics, 2014).

'We have the chance to turn the pages over' - John Farnham

One avenue of intervention to decrease the rural inequity in access to mental health care is to increase the number of psychiatrists per capita in rural and remote areas.

The Royal Australian & New Zealand College of Psychiatrists (RANZCP) has formulated and commenced the 2021-2031 Rural Psychiatry Roadmap in an attempt to achieve this. The Roadmap is a collaboration between the RANZCP, government bodies, and health services, and outlines strategies to engage and retain mental health practitioners in remote areas. These include a complete end-to-end Rural Psychiatry Training Program, financial incentives, improved orientation, and changes to selection criteria to target those from rural backgrounds or with Indigenous or Torres Strait Islander ethnicity (RANZCP, 2021).

Many of the reservations towards practicing in remote areas are understandable. The outback poses unique challenges in logistics, isolation, accommodation, access to infrastructure, and exposure to relatively extreme climate conditions (Paliadelis *et al.*, 2012). A trainee entering the RANZCP Rural Psychiatry Training Pathway may be signing up for the 5-year+ commitment to train in an unfamiliar rural area, with no past exposure to Australian country lifestyle or its challenges. These difficulties have been echoed in the experiences of Specialist International Medical Graduates, who reported their orientation prior to rural placement was not sufficient and they were not prepared for the realities of living in remote areas (RANZCP, 2021).

Pragmatically, there is likely some proportion of mental health doctors who will never be convinced to work rurally, and this must be accepted. Conversely, there are likely doctors who are delighted by the development of the Rural Training Pathway and already plan to spend their career servicing remote

areas. The target market for initiatives and promotions should be those sitting in the middle, who through inspiring education, incentives, and experiences may choose to practice in the country. In this discussion it is pertinent to recognise that human behaviour is not strictly logical and rational (Johnson-Laird, 2010). Important decisions are made not in the vacuum of a spreadsheet, but in a messy muddle of emotions, thoughts, and instincts borne out of our past and present experiences. While increasing financial incentives, training options, and supervision are fantastic endeavours in the improvement of rural psychiatry practice, I suggest we also attempt to inspire interest in rural psychiatry by creating powerful emotional experiences.

'How's the serenity?' - Darryl Kerrigan

I propose that the RANZCP 2026 Congress be held in the middle of the outback. The premier Australian gathering of mental health practitioners in a small country town in a remote area. Currently, none of the upcoming Australian conferences or events advertised on the RANZCP website are taking place in Australian Statistical Geography Standard outer regional, remote, or very remote areas (RANZCP, 2024). As we approach the midway point of the 2021-2031 Rural Psychiatry Roadmap I believe a symbolic action by the RANZCP demonstrating the value of rural psychiatry would be nothing short of inspiring.

This suggestion may initially appear ridiculous. Holding Congress in a remote area would pose myriad problems and logistical challenges: limited transport and accommodation options, restricted access to services, and exposure to the elements. I would argue, however, that these are the very same issues we ask rural psychiatrists to manage when they live and work in remote areas. What an exhibition it would be to gather together despite these challenges, in a collaborative celebration of rural psychiatry.

It may even be possible to use the difficulties posed by a rural Congress to increase subscription to rural psychiatry. There is evidence that engaging in challenging experiences directly increases commitment to the group overseeing events (Cialdini, 1984), giving validity to the argument of making rural Congress deliberately *more* uncomfortable and challenging as a strategy to increase engagement and retention. Although, as this has been predominantly demonstrated in the more sadistic and dangerous contexts of college hazing and traditional tribal initiation rituals, I would leave the degree of intentional imposed unpleasantness up to the competent organisers.

Personally, as a junior doctor interested in pursuing a career in psychiatry, I am hungry for knowledge and experiences in the field, and seek to connect with like-minded people who may become my future colleagues. To this end, I will be attending the RANZCP 2025 Congress in the Gold Coast. Crucially, I would have bought a ticket if it was held in Melbourne, or Hobart, or Perth, or Broken Hill, or Alice Springs, or Uluru. And I do not believe I am alone. I think there is a population of junior doctors seeking involvement in the field of psychiatry, regardless of the setting. A rurally based Congress has the potential to inform and influence the next generation of Australian psychiatrists through meaningful exposure and experiences. To give them life-long positive memories and associations with our beautiful country which may foster a desire to return to the bush to live and work. In contrast to a rural interest-specific conference, the more universal appeal of Congress is likely to engage a far greater proportion of possible future rural workers, including those who may dismiss a rural-specific event due to a lack of familiarity. It has been demonstrated that exposure to rural practice through initiatives such as the Rural Clinical School of Western Australia significantly increase the likelihood of graduates, even those from urban backgrounds, later working rurally (Playford *et al.*, 2014). Notably, the Rural Clinical School posts medical students in rural placements *at the same time* and *in groups*, two features which would be built-in to a rural Congress.

'Our stories are in the land... They are written in those sacred places.' - Murra Murra, Ngajonji Elder

A rural Congress would also present a unique opportunity to partner with local Indigenous Australians. It has been argued that discrepancies exist between Aboriginal concepts of social and emotional wellbeing and the mainstream concepts of mental illness which have informed mental health service provision (Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021, 2016). A rural Congress could act as a conduit of learning to create an appreciation of the nuances of managing Indigenous people suffering from mental illness in remote areas. This culturally and linguistically diverse group experiences disproportionate rates of mental illness and suicide (Australian Institute of Health and Welfare, 2020), and improvement in understanding and care provision is required if we are to close the

gap in adverse mental health outcomes. Moreover, this could occur in the geographical and cultural context in which these relationships, interactions, networks, and lives take place. Given the cultural and spiritual significance of the land in Indigenous culture (Biddle and Swee, 2012), this is particularly relevant. Does it not seem slightly absurd to attempt to gain knowledge about the specific challenges faced by rural Indigenous people through the medium of a Zoom meeting?

'For the drover's life has pleasures that the townsfolk never know' - Banjo Paterson

There are also inherent advantages to living and working in the country, including reported higher feelings of wellbeing. It has been suggested that this may be due to higher levels of interconnectedness, civic participation, social cohesion, and exposure to nature (Ziersch *et al.*, 2009; Jimenez *et al.*, 2021). A rural Congress has the opportunity to embrace these positive aspects of remote living, to fully exhibit all that the country has to offer. Imagine waking in the early morning to the sounds of the birds, exiting your tent and eating a delicious camp-fire breakfast with your colleagues in the sunshine. You then walk through the red dirt and bush to a natural amphitheatre, in which you discuss the current challenges and triumphs of Australian psychiatry with inspiring and like-minded people, building meaningful connections and positive experiences in our wild and beautiful country. One thousand shrinks in the desert.

References

- Australian Bureau of Statistics, C. (2014) 'Australian Aboriginal and Torres Strait Islander Health Survey: Updated results, 2012-13'. Available at: www.abs.gov.au/ausstats/abs@.nsf/mf/4727.0.55.006
- Australian Bureau of Statistics, C., ACT: Commonwealth of Australia (2007) 'National Health Survey: First Results. Table 4: Long-term health conditions by population characteristics. Available at: www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#data-download (Accessed: 19 December 2024).
- Australian Institute of Health and Welfare (2020) *Suicide and self-harm monitoring. Data tables: National Mortality Database - Suicide*. Available at: <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/data-downloads> (Accessed: 21 December 2024).
- Australian Institute of Health and Welfare. Canberra, ACT (2019) 'Rural and remote health'. Available at: www.aihw.gov.au/reports/rural-remote-australians/rural-remote-health/contents/summary (Accessed: 20 December 2024).
- Biddle, N. and Swee, H. (2012) 'The Relationship between Wellbeing and Indigenous Land, Language and Culture in Australia', *Australian Geographer*, 43(3), pp. 215–232. Available at: <https://doi.org/10.1080/00049182.2012.706201>.
- Cialdini, R.B. (1984) 'Chapter 3: Commitment and Consistency', in *Influence: the psychology of persuasion*. William Morrow and Company, 1350 Avenue of the Americas, New York, NY. USA, pp. 85–90.
- Department of Health (2016) 'Department of Health 2016: Australia's Future Health Workforce – Psychiatry'. Commonwealth of Australia. Available at: <https://www.health.gov.au/sites/default/files/documents/2021/03/psychiatry-australia-s-future-health-workforce-report.pdf> (Accessed: 20 December 2024).
- Jimenez, M.P. *et al.* (2021) 'Associations between Nature Exposure and Health: A Review of the Evidence', *International Journal of Environmental Research and Public Health*, 18(9), p. 4790. Available at: <https://doi.org/10.3390/ijerph18094790>.
- Johnson-Laird, P.N. (2010) 'Mental models and human reasoning', *Proceedings of the National Academy of Sciences*, 107(43), pp. 18243–18250. Available at: <https://doi.org/10.1073/pnas.1012933107>.
- Paliadelis, P.S. *et al.* (2012) 'The challenges confronting clinicians in rural acute care settings: a participatory research project', *Rural and Remote Health*, 12, p. 2017.
- Playford, D.E. *et al.* (2014) 'Impact of the Rural Clinical School of Western Australia on work location of medical graduates', *Medical Journal of Australia*, 200(2), pp. 104–107. Available at: <https://doi.org/10.5694/mja13.11082>.
- 'Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021' (2016). State of Queensland (Queensland Health). Available at: https://www.health.qld.gov.au/__data/assets/pdf_file/0030/460893/qhatsi-mental-health-strategy.pdf (Accessed: 18 December 2024).
- The Royal Australian and New Zealand College of Psychiatrists (2024) *Events & Learning*. Available at: <https://www.ranzcp.org/events-learning> (Accessed: 31 December 2024).
- The Royal Australian and New Zealand College of Psychiatrists 2021 (2021) 'Rural Psychiatry Roadmap 2021-2031: A pathway to equitable and sustainable rural mental health services'. RANZCP, Melbourne. Available at: <https://www.ranzcp.org/getmedia/f2adde4a-30dc-49c1-a959-a7543e757d34/rural-psychiatry-roadmap-2021-31.pdf>.

Ziersch, A.M. *et al.* (2009) 'Social capital and health in rural and urban communities in South Australia', *Australian and New Zealand Journal of Public Health*, 33(1), pp. 7–16. Available at: <https://doi.org/10.1111/j.1753-6405.2009.00332.x>.