



Submission to the Senate Community Affairs References
Committee on Accessibility and Quality of Mental Health
Services in Rural and Remote Australia

One Door Mental Health



ONE DOOR MENTAL HEALTH
One door, many opportunities
Locked Bag 5014 | Gladesville NSW 1675
Tel: 02 9879 2600 | Fax: 02 9879 2699
ABN: 58 903 786 913 | www.onedoor.org.au

Executive Summary

As a grass roots community mental health organisation and an NDIS service provider for people with psychosocial disability, One Door is well placed to provide feedback on Accessibility and Quality of Mental Health Services in Rural and Remote Australia.

This submission finds broadly that, despite some heterogeneity in rural and regional communities, certain common factors emerge that help understand the mental health needs and access of mental health support in these communities.

It is not clear whether people in rural and remote communities suffer mental distress or illness at a higher rate than people in regional and metropolitan centres. Certainly many people in rural and remote Australia suffer more severe and stressful weather events such as floods, droughts and fires. Population decline and personal violence against women may be higher in rural and remote areas, and concerns about sexuality may also contribute to higher levels of mental distress or illness.

There *is* clear evidence that people in rural and remote communities access mental health support at a far lower rate. This low rate of access may emerge from the lack of GPs, psychiatrists and other health professionals in or near rural and remote Australians. Issues of stigma and social shaming may play some role. Some role may also be played by the tendency towards a certain stoicism and unwillingness amongst rural and remote populations (especially men) to admit mental health concerns or seek support. In this context mental illness often goes untreated, or hidden within families; informal care is often given by a family member rather than a mental health professional.

Suicide is a particularly distressing issue for rural and remote Australia. Suicide rates in rural and remote Australia tend to be higher than elsewhere; particularly for young males.

Addressing the lack of access to mental health services in Australia will be a complex task. This may include capacity building for mental health professionals in rural and remote Australia; internships in rural and remote Australia for people studying to become mental health professionals; and use of tele-psychiatry such as Skype.

Indigenous people living in rural and regional communities face higher levels of mental illness than do most comparable non-indigenous communities. Reasons for higher levels of mental distress and illness in indigenous communities include lack of employment, family violence, economic factors and poverty, the ongoing impact of colonisation, generational trauma and the forcible removal of children from their families and other complex barriers to utilization of mental health services.

One Door would welcome the opportunity to present our views in the appropriate forums to inform improvements to mental health policy in rural and remote Australia.

Yours sincerely,

Rob Ramjan

CEO

rob.ramjan@onedoor.org.au

T 02 98792600

About One Door Mental Health

One Door Mental Health is a specialist mental health recovery organisation, with a 33 year history, committed to improving access to services and the circumstances of people living with severe and complex mental illness. One Door currently delivers trauma-informed recovery-oriented support through the NDIS for people with psychosocial disability.

One Door provides psychosocial community mental health programs, specialist mental health Disability Employment Services (DES), care coordination, housing, clinical and peer supported services. One Door has delivered services and coordinated community psychosocial care for people across silos of sectors, funding and policy through the building of relationships and trust with other providers, funding bodies and most importantly, individuals and the communities in which they live.

The experience One Door has in delivering this support for people with mental illness, as well as One Door's extensive experience in the psychosocial disability sector, position us well to comment on Accessibility and Quality of Mental Health Services in Rural and Remote Australia.



The heterogeneity of rural and remote communities

Evidence and experience suggests that, whilst rural and remote communities in Australia share many features in common with regard to mental health issues, there also exists significant differences in population make-up, culture, needs and social infrastructure between different communities¹. This heterogeneity becomes more pronounced for indigenous communities, where ethnic and cultural differences may lead to further complexity in needs and social infrastructure.

In this context, interventions regarding rural and remote mental health must be adapted, community-specific and evidence-based.

Rates of mental illness in rural and remote communities

There is currently insufficient rigorous investigation to establish a claim that people in rural and remote communities suffer higher than average rates of mental illness – “[t]he relationship between mental health and rurality of residence is yet to be systematically investigated”². However, there is anecdotal evidence and certain studies that do suggest a higher incidence of mental illness in rural and remote communities³. There have also been studies that suggest people in rural and remote Australia may live at a greater mental health risk in part because of a “spectrum of mediating and moderating psychosocial and socioeconomic factors” such as remoteness⁴.

Additional stresses of severe weather events such as floods, droughts and fires may also exacerbate stress on rural families, businesses and community which could, in turn, lead to mental distress for people living in rural and remote communities⁵. The unpredictable nature of these

¹ Rajkumar, S. and Hoolahan, B., 2004. Remoteness and issues in mental health care: experience from rural Australia. *Epidemiology and Psychiatric Sciences*, 13(2), pp.78-82.p 81;

Wainer, J. and Chesters, J., 2000. Rural mental health: Neither romanticism nor despair. *Australian Journal of Rural Health*, 8(3), pp.141-147. P 143;

Fraser C, Judd F, Jackson H, Murray G, Humphreys J, Hodgins G. Does one size really fit all? Why the mental health of rural Australians requires further research. *Australian Journal of Rural Health* 2002; 10: 288–295.

² Murray, G., Judd, F., Jackson, H., Fraser, C., Komiti, A., Hodgins, G., Pattison, P., Humphreys, J. and Robins, G., 2004. Rurality and mental health: the role of accessibility. *Australian & New Zealand Journal of Psychiatry*, 38(8), pp.629-634.

³ Judd FK, Jackson HJ, Komiti A, Munay G, Hodgins G, Fraser C, High prevalence disorders in urban and rural communities, *Australian and New Zealand Journal of Psychiatry* 2002, 36:104-113.

⁴ Morrissey, S.A. and Reser, J.P., 2007. Natural disasters, climate change and mental health considerations for rural Australia. *Australian Journal of Rural Health*, 15(2), pp.120-125.

Cf. Eckert KA, Wilkinson D, Taylor AW, Stewart S, Tucker GR, 2006. A population view of mental illness in South Australia: broader issues than location. *Rural and Remote Health* (online) 2006; 6: 541–554.

Judd FK. Progressing the agenda for rural mental health research, 2006. *Rural and Remote Health* (online) 2006; 6: 615.

Murray G, Judd F, Jackson H et al. Rurality and mental health: the role of accessibility. *Australian and New Zealand Journal of Psychiatry* 2004; 38: 629–634

⁵ Morrissey, S.A. and Reser, J.P., 2007. Natural disasters, climate change and mental health considerations for rural Australia. *Australian Journal of Rural Health*, 15(2), pp.120-125. P 120

events is often compounded by uncertainty regarding governmental support through times of crisis.

There is evidence that rural and remote women may be exposed to more violence in personal relationships than urban women and that dealing with this may lead to mental distress⁶. Alcohol and drug abuse, a lack of education and employment opportunities, population decline, shifting gender roles and restrictions on expressing unconventional cultural beliefs or sexualities may also lead to higher rates of depression and, possibly, suicide⁷.

Reasons for accessing mental health services at a lower rate

There is clear evidence that people in rural and remote Australia are accessing mental health services at a lower rate than people in regional and metropolitan centres⁸. There are a number of reasons for this low access rate.

One of the most significant reasons for low access rates lies in the lack of mental health professionals within reasonable distance of the homes of rural and remote population. This lack begins with a lower than average supply of GPs in rural and particularly remote areas⁹. Distance further complicates matters by mitigating against frequent home visits by community treatment teams, psychiatric disability support services and non-government organisations¹⁰. A review of some statistics helps clarify the absence of mental health professionals in rural and remote Australia:

“Approximately one-third of the Australian population live in a rural or remote area¹¹ but only 7.2% of specialists practice in large rural centres and 4.9% in other rural or remote areas. Comparative

⁶ Wainer, J. and Chesters, J., 2000. Rural mental health: Neither romanticism nor despair. *Australian Journal of Rural Health*, 8(3), pp.141-147. P 144.

Cf. Brown W, Young A, Byles J., 1997. Women’s health Australia: A health profile of mid-life rural women. In: *National Rural Public Health Forum*, 1997 Deakin West, ACT. Canberra: National Rural Health Alliance; 261–270

⁷ Wainer, J. and Chesters, J., 2000. Rural mental health: Neither romanticism nor despair. *Australian Journal of Rural Health*, 8(3), pp.141-147. P 144-145.

Fraser, C., Jackson, H., Judd, F., Komiti, A., Robins, G., Murray, G., Humphreys, J., Pattison, P. and Hodgins, G., 2005. Changing places: the impact of rural restructuring on mental health in Australia. *Health & Place*, 11(2), pp.157-171. P 166-167

⁸ Paslow RA, Jorm AF., 2000. Who uses mental health services in Australia? An analysis of data from the National Survey of Mental Health and Wellbeing. *Australian and New Zealand Journal of Psychiatry*; 34:997–1008.

⁹ Judd, F.K. and Humphreys, J.S., 2001. Mental health issues for rural and remote Australia. *Australian Journal of Rural Health*, 9(5), pp.254-258, p 256.

Cf. Strong K, Trickett P, Titulaer I, Bhatia K, 1998. Health in rural and remote Australia. The first report of the Australian Institute of Health and Welfare on rural health. Canberra: AIHW.

¹⁰ Judd, F.K. and Humphreys, J.S., 2001. Mental health issues for rural and remote Australia. *Australian Journal of Rural Health*, 9(5), pp.254-258, p 256.

Cf. Bureau of Rural Sciences. 1999. *Country Matters*. Canberra: Agriculture, Fisheries and Forestry

¹¹ Australian Institute of Health and Welfare, 1997. Medical Labour Force 1995 (AIHW Cat. no. HWL5; National Health Labour Force Series no. 10.). Canberra: Australian Institute of Health and Welfare.

figures for primary care practitioners are 5.5% in large rural areas and 16.9% in other rural and remote areas.”¹²

Furthermore:

“psychiatrists who work more than 50 km away from major metropolitan centres have average population catchments of approximately 60 000–80 000, as opposed to psychiatrists who work within 50 km of metropolitan areas, where catchment populations average approximately 8000–10 000.”¹³

Such statistics are reinforced by findings that there is a major maldistribution of psychiatrists in Australia. Whilst most psychiatrists work in major metropolitan areas, only 6% were engaged in full-time practice in regional centers outside capital cities¹⁴.

Outside distance and accessibility of mental health professionals, there appear to be a number of factors that act as barriers to people in rural and remote areas accessing mental health professionals. Perhaps the most significant barrier is the stigma of having a mental health condition, or seeking help from a mental health professional. People in rural and remote areas may be concerned about the negative attitudes of their community regarding mental illness, and may suffer significant forms of self-stigma. There may be a view that mental illness equates with “insanity” necessitating detention¹⁵. Such concerns about stigma may also be compounded by issues concerning confidentiality and anonymity¹⁶.

Stigma may be intensified by one of the more surprising elements of rural and remote communities – that is, although people in these communities may live geographically large distances from each other, the social bonds of their communities over those distances may be

¹² Australian Medical Workforce Advisory Committee, 1998. *Sustainable Specialist Practices: A Compendium of Requirements*. Sydney: Australian Medical Workforce Advisory Committee.

Cf. Judd, F.K., Jackson, H., Davis, J., Cockram, A., Komiti, A., Allen, N., Murray, G., Kyrios, M. and Hodgins, G., 2001. Improving access for rural Australians to treatment for anxiety and depression: the University of Melbourne Depression and Anxiety Research and Treatment Group–Bendigo Health Care Group initiative. *Australian Journal of Rural Health*, 9(2), pp.92-97. P 93

¹³ Yellowlees P, Heming M, 1992. Rural mental health. *Medical Journal of Australia* 157: 152–154.

Cf. Judd, F.K., Jackson, H., Davis, J., Cockram, A., Komiti, A., Allen, N., Murray, G., Kyrios, M. and Hodgins, G., 2001. Improving access for rural Australians to treatment for anxiety and depression: the University of Melbourne Depression and Anxiety Research and Treatment Group–Bendigo Health Care Group initiative. *Australian Journal of Rural Health*, 9(2), pp.92-97. P 93

¹⁴ Burville P, 1988. A survey of the distribution of psychiatrists in Australia and New Zealand in 1987. *Australian and New Zealand Journal of Psychiatry*, 22: 436–447.

Cf. Judd, F.K., Jackson, H., Davis, J., Cockram, A., Komiti, A., Allen, N., Murray, G., Kyrios, M. and Hodgins, G., 2001. Improving access for rural Australians to treatment for anxiety and depression: the University of Melbourne Depression and Anxiety Research and Treatment Group–Bendigo Health Care Group initiative. *Australian Journal of Rural Health*, 9(2), pp.92-97. P 93

¹⁵ Fuller J, Edwards J, Procter N, Moss J., 2000. How definition of mental health problems can influence help seeking in rural and remote communities. *Australian Journal of Rural Health* , 8: 148-153.

¹⁶ Elliott BA, Larson JT., 2004. Adolescents in mid-sized and rural communities: Foregone care, perceived barriers, and risk factors. *Journal of Adolescent Health* , 35: 303-309.

especially strong. This may lead to a situation where “everyone knows” everyone else’s business and news or gossip of having a mental illness or seeking help from a mental health professional will move through the community quickly¹⁷.

Some role may also be played by the tendency towards a certain stoicism and self-efficacy and according unwillingness amongst rural and remote populations (especially men) to admit mental health concerns or seek support¹⁸. Such stoicism has been described as an “agrarian value” that mitigates against seeking mental health support¹⁹:

“Rural men may also be vulnerable to mental health problems due to changing cultural understandings of masculinity and femininity. Traditional rural masculinity is associated with hardness and a taboo against seeking help with problems, leading to a reliance on women’s skills in emotional work.”²⁰

The burden of care

With far lower than average use of mental health services in rural and remote communities, considerable responsibility for care and support often falls on family members of the sick individual. This is, in turn, a major problem as the number of informal carers in rural and remote communities is diminishing as more women seek work off-farm, migration of families to metropolitan and regional centres’ and the increasing number of lone-parent and elderly households²¹.

Suicide in rural and remote communities

In Australia, suicide rates have consistently been found to be higher in rural than metropolitan areas²². Adolescents and young adult males²³ especially those in rural or remote areas, have

¹⁷ Aisbett, D.L., Boyd, C.P., Francis, K.J., Newnham, K. and Newnham, K., 2007. Understanding barriers to mental health service utilization for adolescents in rural Australia. *Rural and Remote Health*, 7(624), pp.1-10.

Wrigley S, Jackson H, Judd F, Komiti A. 2005. Role of stigma and attitudes toward help-seeking from a general practitioner for mental health problems in a rural town. *Australian and New Zealand Journal of Psychiatry*, 39: 514-521.

¹⁸ Fuller J, Edwards J, Procter N, Moss J, 2000. How definition of mental health problems can influence help seeking in rural and remote communities. *Australian Journal of Rural Health* , 8: 148-153.

¹⁹ Judd, F., Jackson, H., Komiti, A., Murray, G., Fraser, C., Grieve, A. and Gomez, R., 2006. Help-seeking by rural residents for mental health problems: the importance of agrarian values. *Australian and New Zealand Journal of Psychiatry*, 40(9), pp.769-776.

²⁰ Wainer, J. and Chesters, J., 2000. Rural mental health: Neither romanticism nor despair. *Australian Journal of Rural Health*, 8(3), pp.141-147. P 144.

²¹ Judd, F.K. and Humphreys, J.S., 2001. Mental health issues for rural and remote Australia. *Australian Journal of Rural Health*, 9(5), pp.254-258, p 256.

Cf. Bureau of Rural Sciences. 1999. *Country Matters*. Canberra: Agriculture, Fisheries and Forestry.

²² Strong K, Trickett P, Titulaer I, Bhatia K, 1998. Health in rural and remote Australia. *The first report of the Australian Institute of Health and Welfare on rural health*. Canberra: AIHW.

²³ Goldney RD, 2002. A global view of suicidal behaviour. *Emerg Med (Fremantle)*, 14: 24-34.

particularly high suicide rates²⁴. With respect to adolescents, data have for some years revealed that Australia has one of the highest suicide rates in the world, particularly among rural adolescent males²⁵, for whom suicide is the leading cause of death²⁶. Mental health disorders have been described as the strongest risk factor for suicide across all ages²⁷ and in young people²⁸. Hopefully, a better understanding of the use of mental health services by young rural men – particularly barriers and facilitators - can help change these suicide statistics²⁹.

Strategies to increase use of mental health services in rural and remote Australia

We have seen that people in rural and remote Australia, particularly men, tend to access mental health services at a relatively lower rate than other Australians, and suffer higher rates of suicide. Some strategies to improve access of the rural population to mental health services could address this problem³⁰.

Any strategy to increase access to mental health services must respond to the heterogeneity of rural and remote communities with adaptable and evidence-based policy. Such strategy should also link initiatives to improve mental health services to broader strategies to improve health services in rural Australia.

A successful strategy must overcome the fundamental problems of distance to professionals and access in rural and remote communities. This may be achieved through financial and institutional support for local capacity building. It may also be addressed, in part, through placement or internship in rural and remote Australia for people being educated as GPs, psychiatrists, nurses or

Cantor CH, Neulinger K, De Leo D, 1999. Australian suicide trends 1964-1997: youth and beyond? *Med J Aust*, 171: 137-141.

²⁴ Cantor C, Neulinger K, 2000. The epidemiology of suicide and attempted suicide among young Australians. *Aust N Z J Psychiatry*, 34: 370- 387.

Wilkinson D, Gunnell D, 2000. Youth suicide trends in Australian metropolitan and non-metropolitan areas, 1988-1997. *Aust N Z J Psychiatry*, 34: 822-828.

Dudley MJ, Kelk NJ, Florio TM, et al., 1998. Suicide among young Australians, 1964-1993: an interstate comparison of metropolitan and rural trends. *Med J Aust*, 169: 77-80.

²⁵ Boyd, C.P., Aisbett, D.L., Francis, K., Kelly, M., Newnham, K. and Newnham, K., 2006. Issues in rural adolescent mental health in Australia. *Rural and Remote Health*, 6(1), p.501.

Bourke L, 2003. Toward understanding youth suicide in an Australian rural community. *Social Science and Medicine*, 57: 2355-2365.

²⁶ Baume P, Clinton ME, 1997. Social and Cultural Patterns of Suicide in Young People in Rural Australia. *Australian Journal of Rural Health*, 5: 115–120

²⁷ Moscicki EK, 1995. Epidemiology of suicidal behaviour. *Suicide Life Threat Behav*, 25: 22-35

²⁸ Beautrais AL, 2000. Risk factors for suicide and attempted suicide among young people. *Aust N Z J Psychiatry*, 34: 420-436

²⁹ Caldwell, T.M., Jorm, A.F. and Dear, K.B., 2004. Suicide and mental health in rural, remote and metropolitan areas in Australia. *Medical journal of Australia*, 181(7), p.S11.

³⁰ Judd, F.K. and Humphreys, J.S., 2001. Mental health issues for rural and remote Australia. *Australian Journal of Rural Health*, 9(5), pp.254-258, p 256.

other mental health professionals³¹. More innovative solutions may also be relevant. For example, fly-in and fly-out services of mental health professionals could be sponsored. In a similar spirit of innovation, metropolitan-based psychiatrists could use tele-psychiatry, such as Skype, to connect with rural and remote patients.

Finally more support, particularly respite support, should be offered for people who do unpaid or informal care for people with mental illness in rural and remote Australia.

Mental health in rural and remote indigenous communities

Indigenous Australians show a significantly higher incidence of mental distress and mental illness than non-indigenous Australians³² (although research on this topic tends to focus more upon indigenous people living in metropolitan contexts than in rural and remote communities). Evidence suggests that the rate of hospitalisation of indigenous Australians for mental disorders due to psychoactive substance use and organic disorders was comparatively three times higher than the general population, and the rate for psychotic disorders was twice as high. There were over twice as many deaths associated with mental disorders among Indigenous people and death from suicide was three times more for Indigenous males and twice the number for Indigenous females³³. Another study estimates that the suicide rate of indigenous youth is fourfold that of non-indigenous young people³⁴. Co-morbidity between mental illness and other illness is high; in particular, mental ill health may be accompanied by substance abuse problems such as alcoholism and glue sniffing³⁵.

Reasons for this alarming state of mental health are multiple. Commonly cited factors include lack of employment, family violence, economic factors and poverty³⁶. Other factors include the ongoing impact of colonisation, generational trauma and the forcible removal of children from their

³¹ Judd, F.K. and Humphreys, J.S., 2001. Mental health issues for rural and remote Australia. *Australian Journal of Rural Health*, 9(5), pp.254-258, p 257.

³² Hunter, E. (2003). Mental health. In: N. Thomson (Ed.). *The Health of Indigenous Australians*. (pp. 127–157). Melbourne, Vic.: Oxford University Press;

Cf. Swan, P. & Raphael, B. (1995). *Ways forward: National Aboriginal and Torres Strait Islander mental health policy, national consultancy report*. Canberra, ACT: Commonwealth of Australia.

³³ Rajkumar, S. and Hoolahan, B., 2004. Remoteness and issues in mental health care: experience from rural Australia. *Epidemiology and Psychiatric Sciences*, 13(2), pp.78-82.p 80.

³⁴ Commonwealth Department of Health and Family Services, 1997. *Youth Suicide in Australia: The National Youth Suicide Prevention Strategy*. Canberra: Australian Government Printing Service.

³⁵ Brown, R., 2001. Australian Indigenous mental health. *International Journal of Mental Health Nursing*, 10(1), pp.33-41. P 36.

³⁶ Emden, C., Kowanko, I., De Crespigny, C. & Murray, G. 2005. Better medication management for Indigenous Australians: Findings from the field. *Australian Journal of Primary Health*, 11, 80–90;
O'Brien, A, 2005. Factors shaping Indigenous mental health: An ethnographic account of growing up Koori from a Gubba perspective. *Australian Journal of Holistic Nursing*, 12: 11–20;
Vicary, D. A. & Bishop, B. J., 2005. Western psychotherapeutic practice: Engaging Aboriginal people in culturally appropriate and respectful ways. *Australian Psychologist*, 40, 8–19.

families³⁷. Still other factors include breakdown of culture and trouble identifying as indigenous in broader Australian society. Another determinant is the suboptimal utilization of mental health services by indigenous people; this issue is explored further below³⁸.

It has been observed that, in order to effectively intervene in rural and remote indigenous mental health, service providers should engage with wider aboriginal concepts of health and well-being - "[m]ental health is considered to be an interaction between the individual, the community, and the environment, involving spiritual, social, cultural, physical, and mental well-being and issues related to land and way of life"³⁹.

There are a number of significant barriers to indigenous people in rural and remote communities accessing badly needed mental health services. These barriers exist over and above barriers met by non-indigenous Australians such as remoteness and a dearth of mental health professionals. These barriers include a general distrust of mainstream services⁴⁰. They also include the fact that even when indigenous people recognise that "there is a problem", they may not attribute it to mental health⁴¹, and there is a lack of mental health literacy in mainstream, non-indigenous understandings of mental illness⁴². Many mental health challenges may be managed by the family

³⁷ Brown, R., 2001. Australian Indigenous mental health. *International Journal of Mental Health Nursing*, 10(1), pp.33-41. P 36;

Cf. Anonymous, 1996. *The News* (East Gippsland); 31 January 1996. Quoted in Wainer, J. and Chesters, J., 2000. Rural mental health: Neither romanticism nor despair. *Australian Journal of Rural Health*, 8(3), pp.141-147. P 143

³⁸ Isaacs, A.N., Pyett, P., Oakley-Browne, M.A., Gruis, H. and Waples-Crowe, P., 2010. Barriers and facilitators to the utilization of adult mental health services by Australia's Indigenous people: seeking a way forward. *International Journal of Mental Health Nursing*, 19(2), pp.75-82. P 75.

³⁹ Isaacs, A.N., Pyett, P., Oakley-Browne, M.A., Gruis, H. and Waples-Crowe, P., 2010. Barriers and facilitators to the utilization of adult mental health services by Australia's Indigenous people: seeking a way forward. *International Journal of Mental Health Nursing*, 19(2), pp.75-82. P 76.

Cf. Swan, P. & Raphael, B. 1995. *Ways forward: National Aboriginal and Torres Strait Islander mental health policy, national consultancy report*. Canberra, ACT: Commonwealth of Australia.

⁴⁰ Isaacs, A.N., Pyett, P., Oakley-Browne, M.A., Gruis, H. and Waples-Crowe, P., 2010. Barriers and facilitators to the utilization of adult mental health services by Australia's Indigenous people: seeking a way forward. *International Journal of Mental Health Nursing*, 19(2), p.75-82. P 78;

Cf. Eley, D., Hunter, K., Young, L., Baker, P., Hunter, E. & Hannah, D. 2006. Tools and methodologies for investigating the mental health needs of Indigenous patients: It's about communication. *Australasian Psychiatry*, 14, 33–37;

Henry, B., Houston, S. & Mooney, G, 2004. Institutional racism in Australian healthcare: A plea for decency. *Medical Journal of Australia*, 180, 517–520;

Mckendrick, J. H. (2007). The mental health of Australia's Indigenous populations. In: G. Meadows, B. Singh & M. Grigg (Eds). *Mental Health in Australia*. (p. 668). Melbourne, Vic.: Oxford University Press.

⁴¹ Cf. Whitt, H. P. & Meile, R. L. 1985. Alignment, magnification, and snowballing: Processes in the definition of 'symptoms of mental illness'. *Social Forces*, 63, 682–697

⁴² Isaacs, A.N., Pyett, P., Oakley-Browne, M.A., Gruis, H. and Waples-Crowe, P., 2010. Barriers and facilitators to the utilization of adult mental health services by Australia's Indigenous people: seeking a way forward. *International Journal of Mental Health Nursing*, 19(2), pp.75-82. P 77;

Cf. Jorm, A. F., Wright, A. & Morgan, A. J. 2007. Where to seek help for a mental disorder? National survey of the beliefs of Australian youth and their parents. *Medical Journal of Australia*, 187: 556–560.

of the sufferer, or the community as a whole, before seeking mental health professionals⁴³. Poverty is a significant barrier for many indigenous people, where people are preoccupied with meeting basic needs, such as food and housing, so mental health needs are not addressed⁴⁴. Stigma and the “shame factor” of having a mental illness also emerge⁴⁵. Indigenous men may not access services due to gendered views of mental health needs and communicating with members of the opposite sex about mental illness⁴⁶. Finally, broader issues such as differences in culture, epistemologies and language may result in incorrect diagnoses and using practices that are considered offensive⁴⁷.

Whilst there exist significant barriers to indigenous people accessing mental health services, there are a number of policies that may help facilitate this access. Amongst the many facilitators is the destigmatising of mental health services through the use of culturally appropriate names for services⁴⁸. Emphasising that mental health services do not require people to be “locked up” may

⁴³ Isaacs, A.N., Pyett, P., Oakley-Browne, M.A., Gruis, H. and Waples-Crowe, P., 2010. Barriers and facilitators to the utilization of adult mental health services by Australia's Indigenous people: seeking a way forward. *International Journal of Mental Health Nursing*, 19(2), pp.75-82. P 77.

⁴⁴ Isaacs, A.N., Pyett, P., Oakley-Browne, M.A., Gruis, H. and Waples-Crowe, P., 2010. Barriers and facilitators to the utilization of adult mental health services by Australia's Indigenous people: seeking a way forward. *International Journal of Mental Health Nursing*, 19(2), pp.75-82. P 78;

Cf. Commonwealth Department of Health and Aged Care 2001. *Better Aged Care. Studies in the Successful Delivery of Primary Health Care Services for Aboriginal and Torres Strait Islander Australians*. Canberra, ACT: Commonwealth Department of Health and Aged Care;

Fan, B. W. S. 2007. Intervention model with Indigenous Australians for non-Indigenous counsellors. *Counselling, Psychotherapy and Health*, 3, Indigenous Special Issue, 13–20;

Mayo, K., Tsey, K. & Empowerment Research Team, 2009. Reflections on a community and university research Collaboration. *Australasian Psychiatry*, 17, S68–S71.

⁴⁵ Isaacs, A.N., Pyett, P., Oakley-Browne, M.A., Gruis, H. and Waples-Crowe, P., 2010. Barriers and facilitators to the utilization of adult mental health services by Australia's Indigenous people: seeking a way forward. *International Journal of Mental Health Nursing*, 19(2), pp.75-82. P 78;

Cf. Briscoe, A. 2000. Indigenous men's health. *Aboriginal and Islander Health Worker Journal*, 24, 7–11;

Eley, D., Hunter, K., Young, L., Baker, P., Hunter, E. & Hannah, D. 2006. Tools and methodologies for investigating the mental health needs of Indigenous patients: It's about communication. *Australasian Psychiatry*, 14, 33–37.

⁴⁶ Isaacs, A.N., Pyett, P., Oakley-Browne, M.A., Gruis, H. and Waples-Crowe, P., 2010. Barriers and facilitators to the utilization of adult mental health services by Australia's Indigenous people: seeking a way forward. *International Journal of Mental Health Nursing*, 19(2), pp.75-82. P 78;

Cf. Wenitong, M. 2002. *Indigenous male health. A report for Indigenous males, their families and communities and those committed to improving indigenous male health*. Canberra, ACT: The Office for Aboriginal and Torres Strait Islander Health, Commonwealth Department of Health and Ageing.

⁴⁷ Isaacs, A.N., Pyett, P., Oakley-Browne, M.A., Gruis, H. and Waples-Crowe, P., 2010. Barriers and facilitators to the utilization of adult mental health services by Australia's Indigenous people: seeking a way forward. *International Journal of Mental Health Nursing*, 19(2), pp.75-82. P 78;

Cf. Mckendrick, J. H. 2007. The mental health of Australia's Indigenous populations. In: G. Meadows, B. Singh & M. Grigg (Eds). *Mental Health in Australia*. (p. 668). Melbourne, Vic.: Oxford University Press.

⁴⁸ Eley, D., Hunter, K., Young, L., Baker, P., Hunter, E. & Hannah, D. 2006. Tools and methodologies for investigating the mental health needs of Indigenous patients: It's about communication. *Australasian Psychiatry*, 14, 33–37.

also allay reasons for concern amongst indigenous people⁴⁹. Using indigenous staff and health workers, as well as community elders and traditional practitioners may help allay fears of and misconceptions around mental health services⁵⁰. These policies could be reinforced by cross-cultural training of service providers on the mental health needs of Indigenous people along with an appreciation of their pre- and post-colonial history and culture⁵¹. Finding mental health providers of the same sex as patients may also be of benefit.

⁴⁹ Isaacs, A.N., Pyett, P., Oakley-Browne, M.A., Gruis, H. and Waples-Crowe, P., 2010. Barriers and facilitators to the utilization of adult mental health services by Australia's Indigenous people: seeking a way forward. *International Journal of Mental Health Nursing*, 19(2), pp.75-82. P 78;

⁵⁰ Isaacs, A.N., Pyett, P., Oakley-Browne, M.A., Gruis, H. and Waples-Crowe, P., 2010. Barriers and facilitators to the utilization of adult mental health services by Australia's Indigenous people: seeking a way forward. *International Journal of Mental Health Nursing*, 19(2), pp.75-82. P 78;

Cf. Eley, D., Hunter, K., Young, L., Baker, P., Hunter, E. & Hannah, D. 2006. Tools and methodologies for investigating the mental health needs of Indigenous patients: It's about communication. *Australasian Psychiatry*, 14, 33–37;

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⁵¹ Eley, D., Hunter, K., Young, L., Baker, P., Hunter, E. & Hannah, D., 2006. Tools and methodologies for investigating the mental health needs of Indigenous patients: It's about communication. *Australasian Psychiatry*, 14, 33–37;

Social Health Reference Group, 2004. *Social and Emotional Well Being Framework; A National Strategic Framework for the Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004–2009*.

Canberra, ACT: National Aboriginal and Torres Strait Islander Council and National Mental Health Working Group.