



**Australian Government**

**Office of the National Rural Health Commissioner**

# ALGA National Assembly 2025 Regional Cooperation and Development Forum

## Better Mental Health in Regional Communities

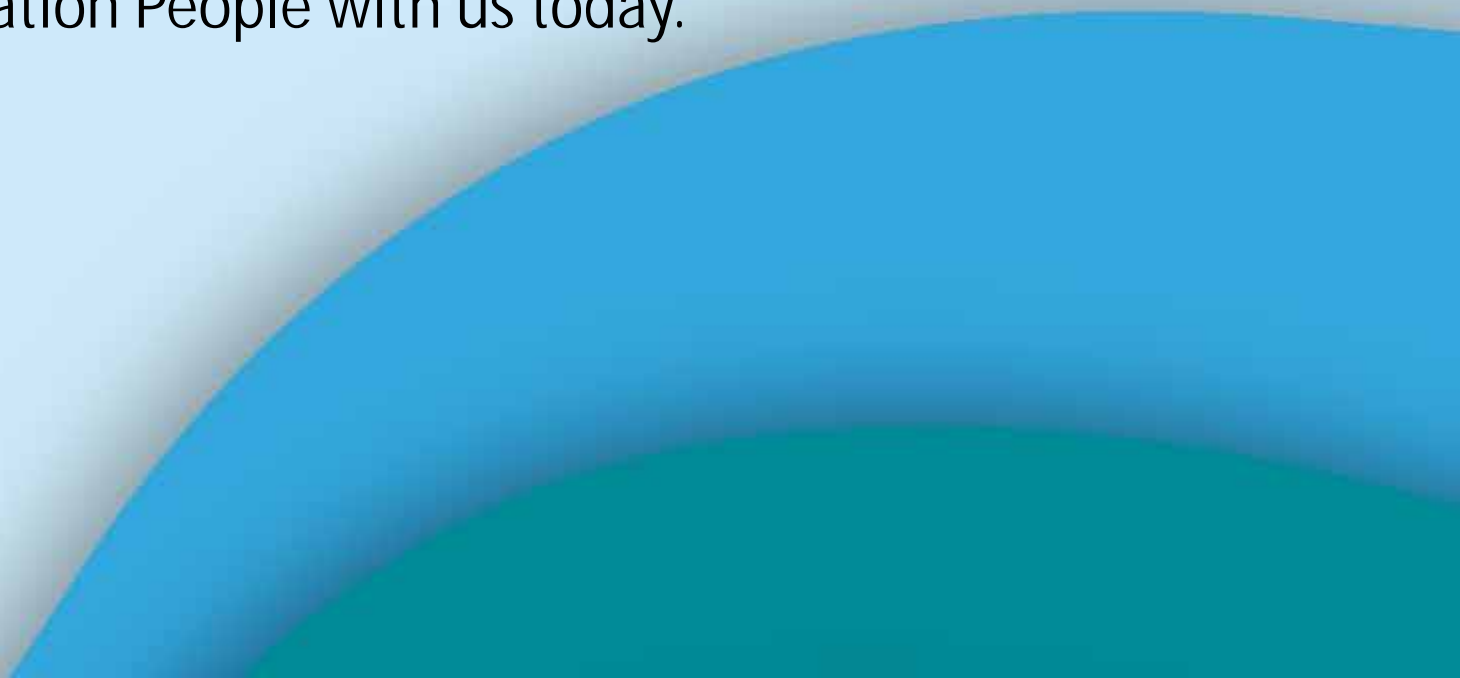
*Prof Jenny May*

*National Rural Health Commissioner*

*24 June 2025*

# Acknowledgement of Country

I would like to begin by acknowledging the Ngunnawal (Ngunawal) and Ngambri peoples, Traditional Custodians of the land on which I stand today.  
I pay my respects to the Elders of this land - past and present and emerging.  
I extend that respect to any First Nation People with us today.



# Outline

- What does the Office of the National Rural Health Commissioner do?
- The geographical variabilities of rural Australia
- What do we know about rural communities and mental health
- What are the opportunities to provide sustainable mental health access and equity?
- Case Study: Local government partnerships: growing their own health workforce
- What will we need to consider when we look to the future?



**Professor Faye McMillan**  
 Dep. Commissioner  
 Allied Health and First Nations  
 Health  
 Wagga Wagga /Wiradjuri lands



**Professor Jenny May**  
 National Rural Health  
 Commissioner  
 Tamworth / Kamilaroi and  
 Gomeroi lands



**Professor Shelley Nowlan**  
 Dep. Commissioner Nursing  
 and Midwifery  
 Brisbane /Turrbal and Jagera  
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- Terry Larkin  
 (NRHC EA)
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 (Office Admin.)
- Clare Brown &  
 Katherine Logan  
 (Senior Policy Advisors)



Aligned SoE  
 priority areas

1. Contribute to Strengthening Medicare through  
 developing and promoting innovative, integrated  
 and multidisciplinary approaches

2. Contribute to primary care, rural  
 workforce, and training reforms

3. Support First Nations  
 peoples' health and  
 wellbeing

4. Support urgent and  
 emerging priorities

# The role of the National Rural Health Commissioner

- To bring real time information, challenges and opportunities to Assistant Minister McBride and work with her and the department on developing solutions.
- To be an engaged and reflective listener and to hear on multiple levels.
- To bridge the gap between local, regional and national with a focus on the systemic elements of health care
- To give thoughtful advice and drive the discourse to ensure we are working on solutions to provide equitable access to health care for rural Australians.

# Rural and Remote Matters

§ Equity Matters

§ Generalism Matters

§ Place Matters



# Considerations for rural & remote (policy) settings

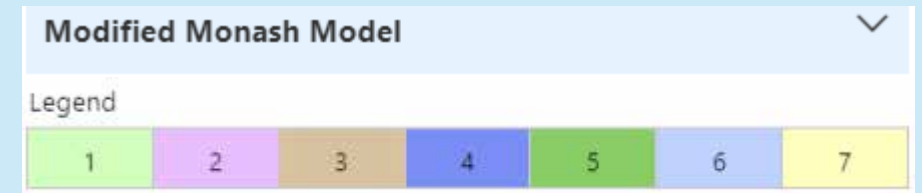
Differences across regional ,rural & remote:

- services (+ infrastructure)
- practitioners (+ scope)
- populations

Issues for systems to connect care including embedding digital health & telehealth

Opportunities, challenges, assumptions

# Defining & measuring rurality



*Approximately 7 million people (~28% of the population)*



# Regional centres (MM2) – a diverse group

## Cairns



Images above: Cairns has a population >150,000 (Cairns Regional Council 2025), large tourist economy & planning is centred on tourism (image supplied), & a Ramsay Private Hospital (Testa, ABC News 2023).

## Bunbury



Images above: Bunbury has a population 90,000 (City of Bunbury 2025) & a St John of God Private Hospital (The West 2023).

# Rural communities (MM3-5) – another diverse group

Berri SA, MM5



Images above: Berri in SA, population 4,000.  
Aerial of Berri (McGunson 2019); Berri Medical Clinic (2025) has visiting specialists.

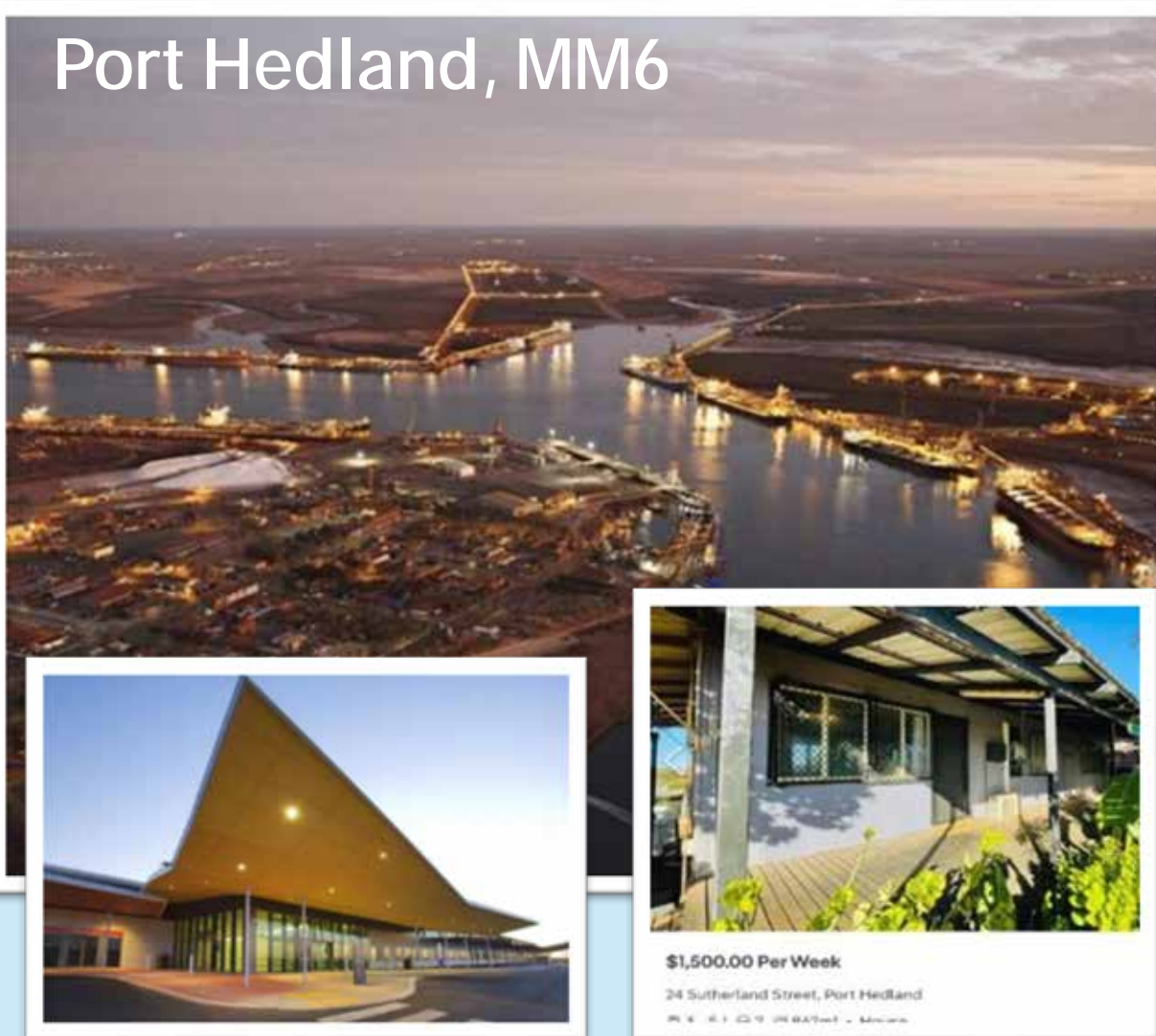
Tamworth, MM3



Images above supplied: Tamworth, population 65,000.

# Remote communities (MM6-7) – it's still diverse

Port Hedland, MM6



Images above: aerial of Port Hedland (Roads and Infrastructure Australia 2022); Hedland Health Campus (WACHS 2025); rental option in Port Hedland (REA Group 2025).

Tibooburra, NSW, MM7



Images above: aerial of Tibooburra (Strudwick 2025); Tibooburra Health Service (NSW Health 2025); motel cabin (Ray White Rural Broken Hill 2025).

# Remote Aboriginal & Torres Strait Islander communities



Images supplied: primary health care clinic and a store in two remote Cape York communities.

# Rural Communities

- Values of stoicism and resilience
- Higher rates of avoidable morbidity and lower take up of preventive strategies
- Lower rates of PHI and higher levels of socioeconomic disadvantage
- Reasonable expectations for acute timely care and reasonable levels of access



# The Strengths of Rural Communities

- People in rural areas regularly score better than their major city counterparts on indicators of life satisfaction and feelings of wellbeing.
- This may be testament to the positive aspects of rural life, and the interconnectedness of people living there.
- In rural areas there are higher levels of civic participation, social cohesion, social capital and volunteering, as well as informal support networks between neighbours, friends and the community.



# Lived Experience Matters

Mental health and access to mental health services in rural communities is a huge priority area to rural residents.

Key concerns raised:

- Loneliness, isolation and connectivity issues
- Environmental and economic impacts
- Compounding disasters and recovery
- Cost of living pressures
- Farmers and agricultural sector and families
- Social cohesion and supports
- Illicit substance abuse
- Domestic and family violence
- Access to services and service provision
- Limited access to the mental health workforce

*“When I talk to people around here, they feel that resilience is another word for you just need to harden up and toughen up a bit rather than I think the conversation around resilience needs to be that our community needs to see that governments and other sectors that are saying we’ve got a role to play in building this community resilience and we need to be involved in that discussion and not leave them to become more independent, it’s about building the interdependence if we’re going to have a really good resilient community.”*

CAG Member

# Opportunities to grow the rural mental health workforce

## Opportunity 1:

Generalism is key to provision of services (Rural Generalism is a real opportunity)

## Opportunity 2:

Growing rural and remote multidisciplinary teams to provide whole of population appropriate and timely care

## Opportunity 3:

Place based health professional training and skills escalator imperative - Rural origin and rural residents much more likely to stay.

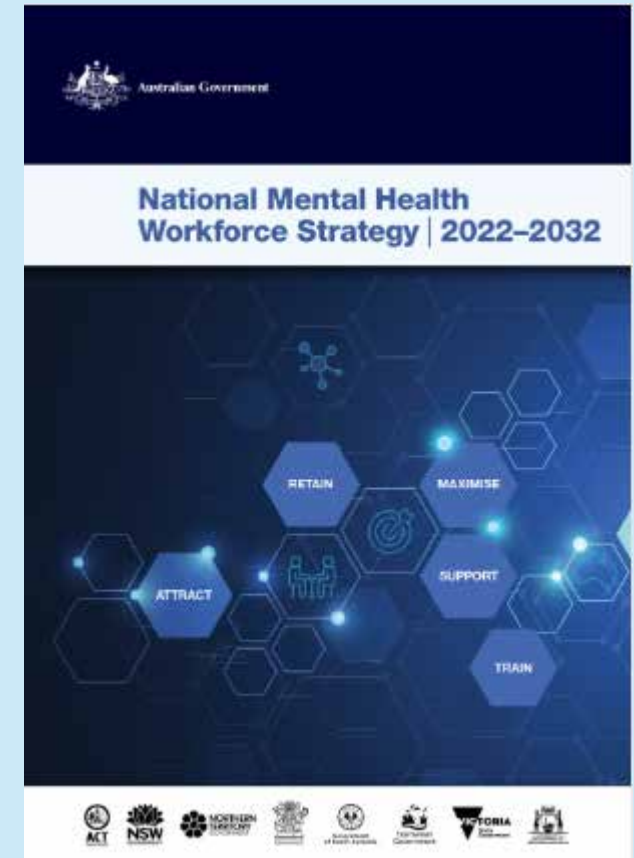
These align with National Mental Health Workforce Strategy 2022 – 2032

# National Mental Health Workforce Strategy 2022 – 2032 - Workforce

*Too many people are waiting too long or missing out on vital mental health care, particularly people living in regional, rural and remote areas, and our disadvantaged populations, including First Nations people.*

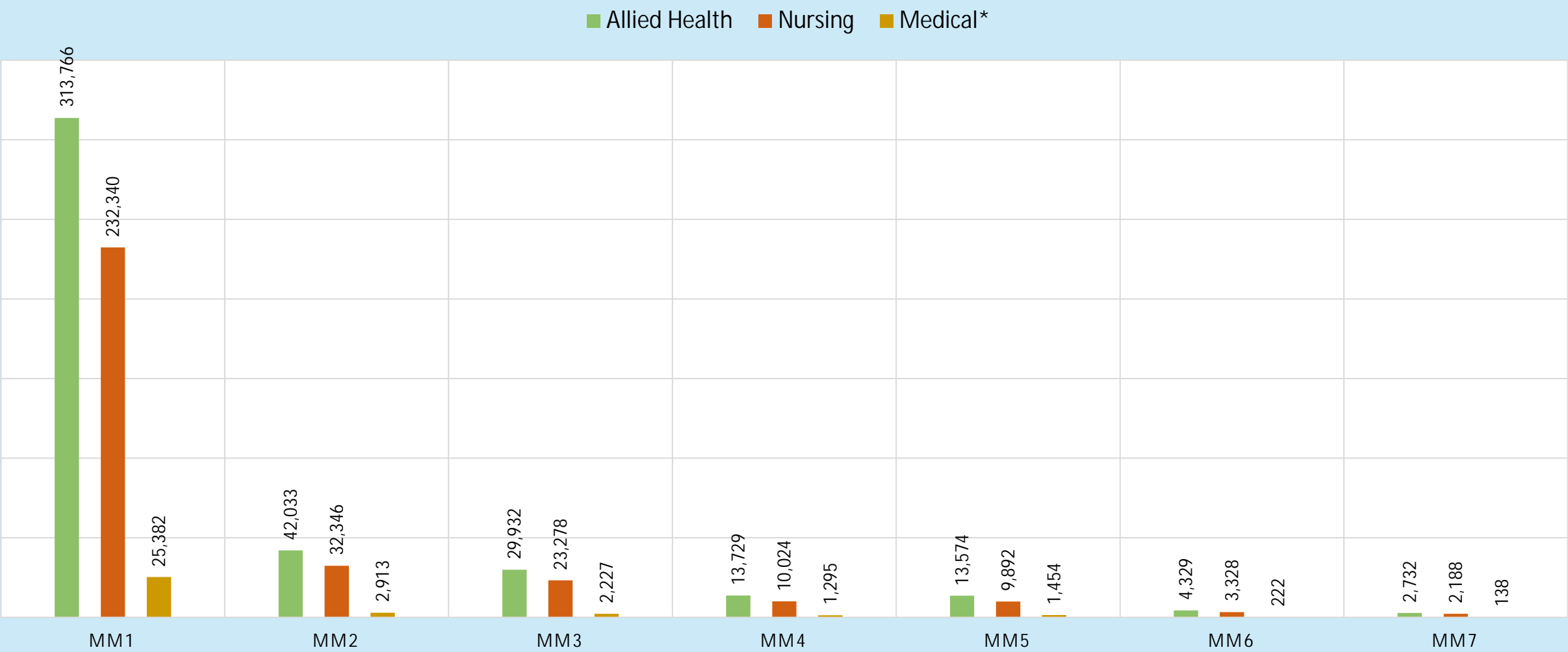
*We need to ensure our mental health and suicide prevention system is dynamic – just as the needs of individuals, models of care, and technology are dynamic.*

*Significant and sustained reform is required – and **workforce** is a key enabler of such reform.*



# Rural and Remote Mental Health Workforce

## Potential mental health team support by remoteness, 2022

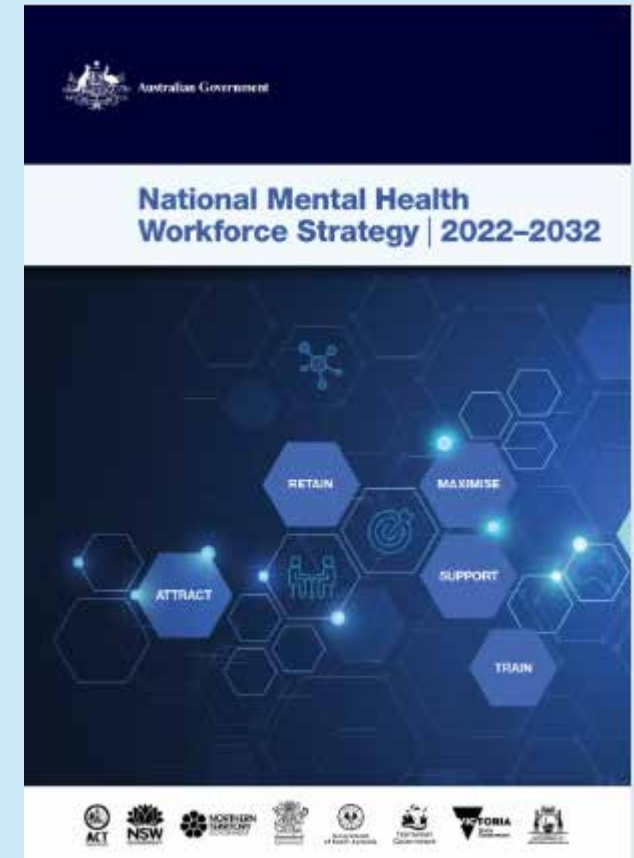


# Growing a Sustainable Rural and Remote Health Workforce

**Challenge:**...*general practice is central to the delivery of mental health care, especially for consumers living in regional, rural and remote areas, often acting as the first entry point to the mental health system.*

## Opportunity 1:

- Generalism is key to provision of services (Rural Generalism is a real opportunity)



# What is a Rural Generalist?

*A Rural Generalist (RG) is a medical practitioner who is trained to meet the specific current and future health care needs of rural and remote communities, in a sustainable and cost-effective way, by providing both comprehensive general practice and emergency care, and required components of other medical specialist care in hospital and community settings as part of a rural healthcare team...*



# Rural Generalists – what do they do?

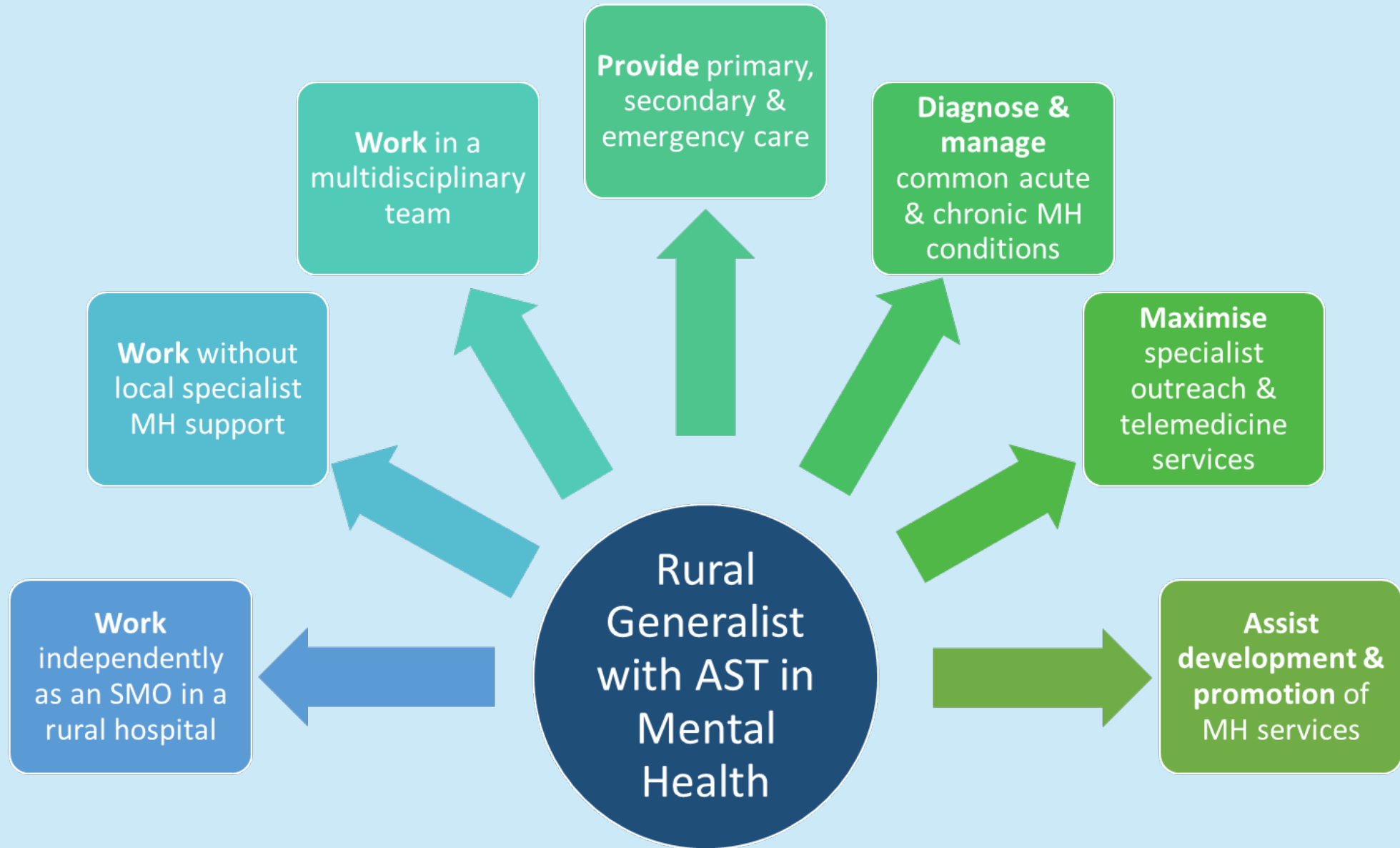
Skilled in general practice (family medicine), emergency and in-patient care

Can have advanced skills in:

- Mental health
- Emergency medicine
- Obstetrics and gynaecology
- Paediatrics
- Anaesthetics



# Rural and Remote Mental Health Workforce



# Rural and remote nursing

## National Rural & Remote Nursing Generalist Framework

For nurses who seek to work or broaden practice in rural & remote areas

Education & training in place

‘End to end’ w/ industry supported work places at end of training

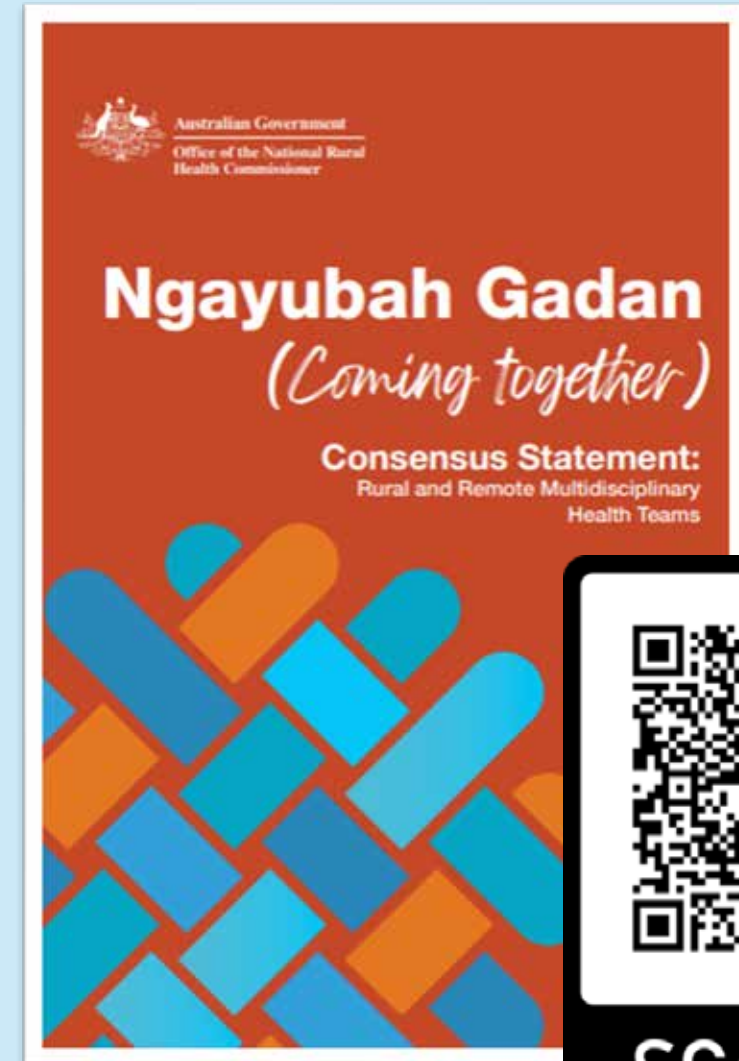


# Growing a Sustainable Rural and Remote Health Workforce

**Challenge:** Rural and remote workforce issues for all health professions are quantum and distribution.

## Opportunity 2:

- Growing rural and remote multidisciplinary teams to provide whole of population appropriate and timely care



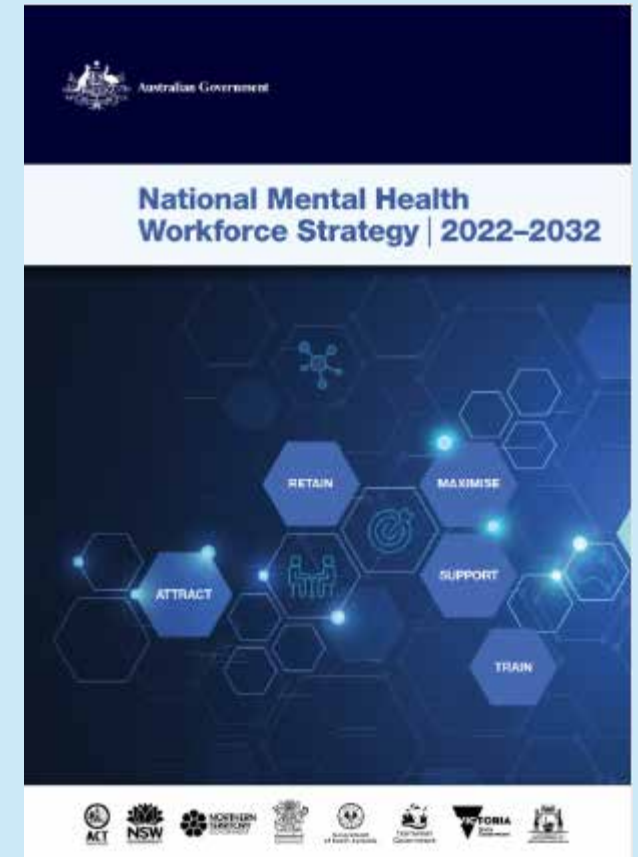
**SCAN ME**

# Growing a Sustainable Rural and Remote Health Workforce - Training

**Challenge:** *For individuals in rural and remote locations, a lack of local education and training options may inhibit participation in the sector. Opportunities exist to address these challenges and deterrents to promote mental health as an attractive, rewarding, and highly valued sector, which is critically important to society now and into the future.*

## Opportunity 3:

- Place based health professional training and skills escalator imperative - Rural origin and rural residents much more likely to stay.



# Place Based Training Case Study

## Rural allied health degree program

Bachelor Allied Health  
(Occupational Therapy)

Bachelor Allied Health  
(Physiotherapy)

Bachelor Allied Health (Speech  
Pathology)



# Place Based Training Case Study

- Taught in regions
- Discipline specific qualifications
- Place-based interprofessional cohorts with common first year
- Rural curriculum focus, locally contextualised
- Connect discipline areas online and in intensives
- Locations: Flinders University Riverland and Mount Gambier campuses and UniHub Port Pirie



# Case Study: Place Based Allied Health Training

## Pathways

### School leavers

- ATAR
- UniTest
- Research project B pathway
- VET pathways

### Non school leavers

- Special Tertiary Admissions Test (STAT)
- Foundation studies
- Certificate IV / Diploma
- Previous GPA

### Indigenous access scheme

All applicants must have lived in non-metropolitan areas of Australia (Remoteness Classifications RA2 to RA5) for at least 5 consecutive years, or 10 years cumulatively, from birth (i.e. during any period of their life) to be eligible for the Rural and remote sub-quota.



# Place Based Training Case Study: Local Government Champions

*The Councils were champions of the Bachelor of Allied Health and helped identify teaching facilities, local networks and continue to communicate opportunities for growth and community needs in the region.*

# Case Study: Place Based Allied Health Training: Local Government Partnerships

*Local councils partnered with Flinders University developing an MOU early in the design phase and the Pro Vice Chancellor (Curriculum Impact) continues to meet regularly to identify areas for further collaboration.*

*The Councils have provided support letters for accreditation and grant funding and spoken on our behalf to advocate for the program.*



# Future Focused Considerations: Digital Mental Health Services for Rural and Remote Communities

# Future focused connectivity of systems in rural



Availability

Affordability

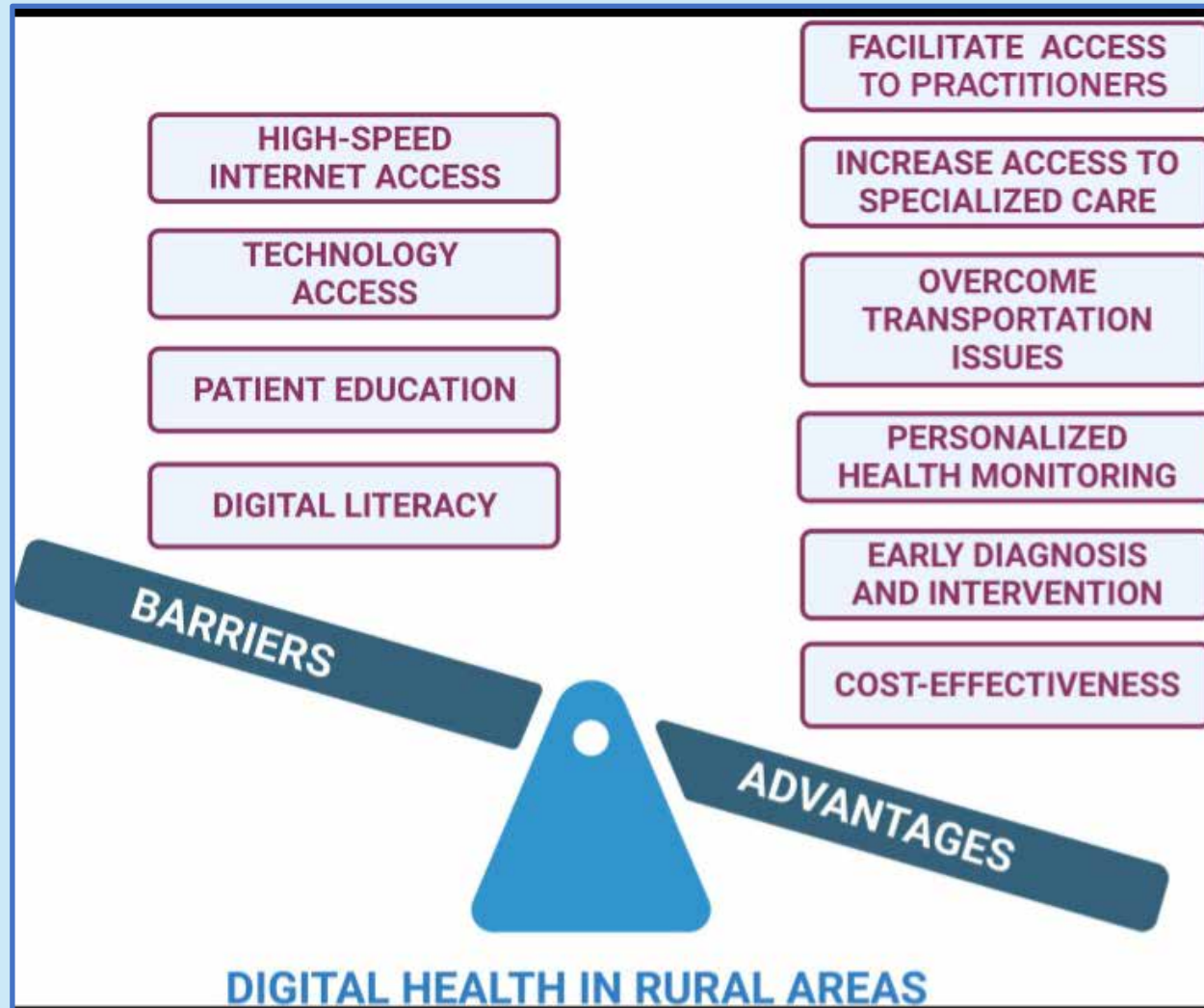
Acceptability

# Services and infrastructure

Differences between regional/rural & remote:

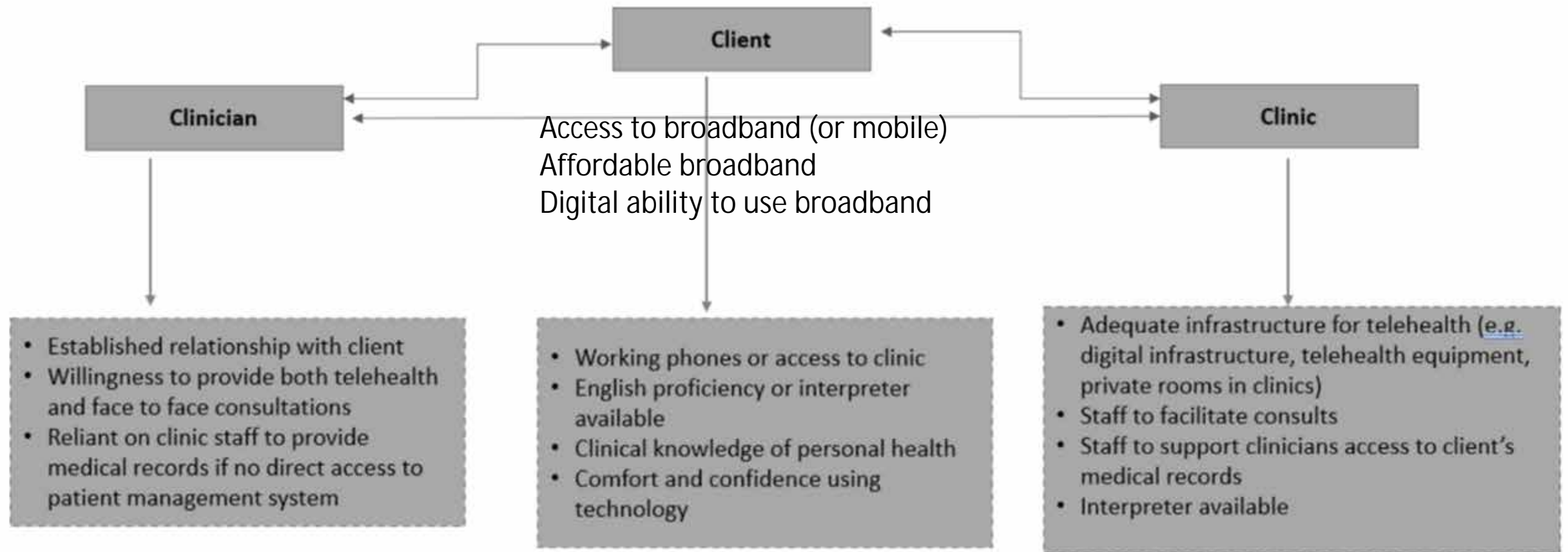
- Need for integration with aged care and NDIS care
- Need peer to peer services, local and referral networks
- Infrastructure maintenance costs.... Including broadband
- Balance between F2F and virtual care options
- Cost of care and complexity of accreditation

# Enablers and Challenges – delivering digital MH services to rural communities



Maita KC, Maniaci MJ, Haider CR, Avila FR, Torres-Guzman RA, Borna S, Lunde JJ, Coffey JD, Demaerschalk BM, Forte AJ. The Impact of Digital Health Solutions on Bridging the Health Care Gap in Rural Areas: A Scoping Review. Perm J. 2024 Sep 16;28(3):130-143. doi: 10.7812/TPP/23.134. Epub 2024 Aug 13. PMID: 39135461; PMCID: PMC11404635.

# Opportunities for success in telehealth



Elements that affect successful telehealth delivery

# Digital health: National Healthcare Interoperability Plan

## 2023/24 progress:

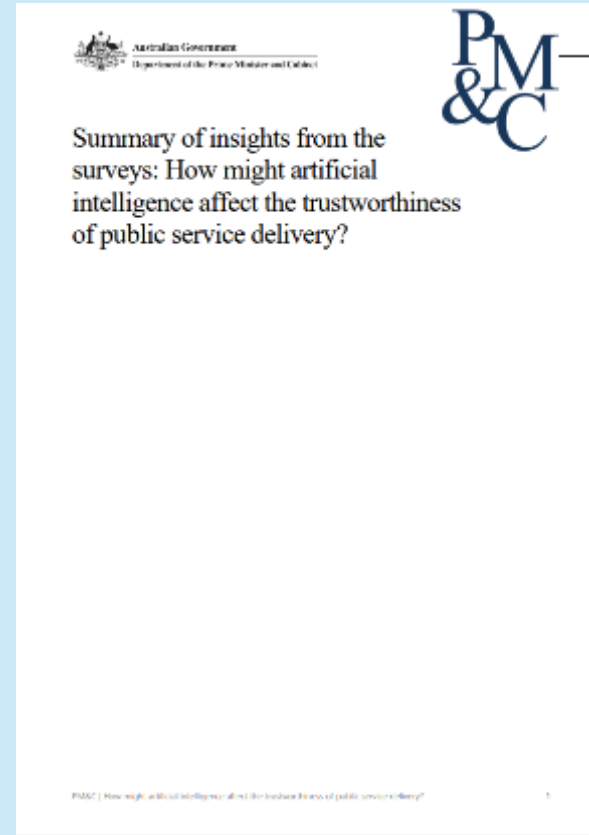
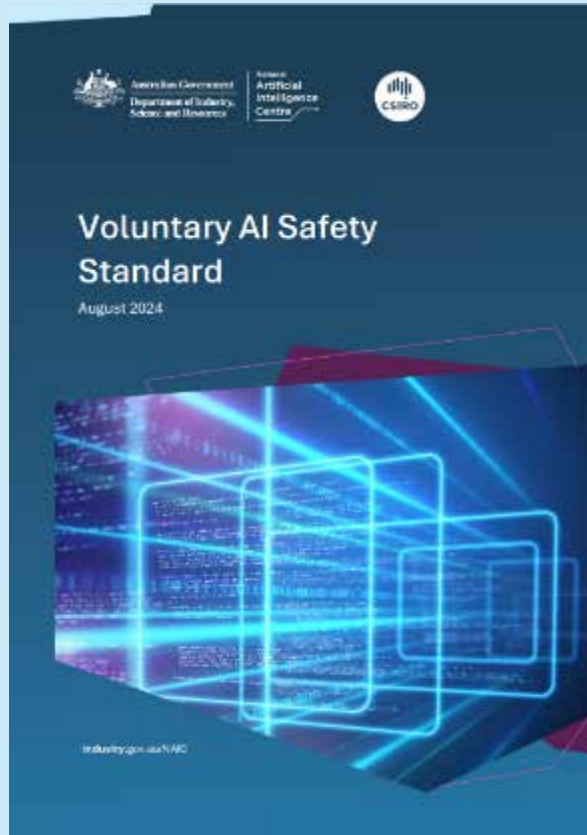
- Assessment (issues, needs, solutions) undertaken of general practice & aged care facility interoperability
- Review of policies to support & accelerate interoperability

## 2024/25 focus:

- Legislation harmonisation for information sharing
- Implementing roadmap for healthcare identifiers requiring collaboration between Services Australia, S&T health depts, private sector & the ADHA

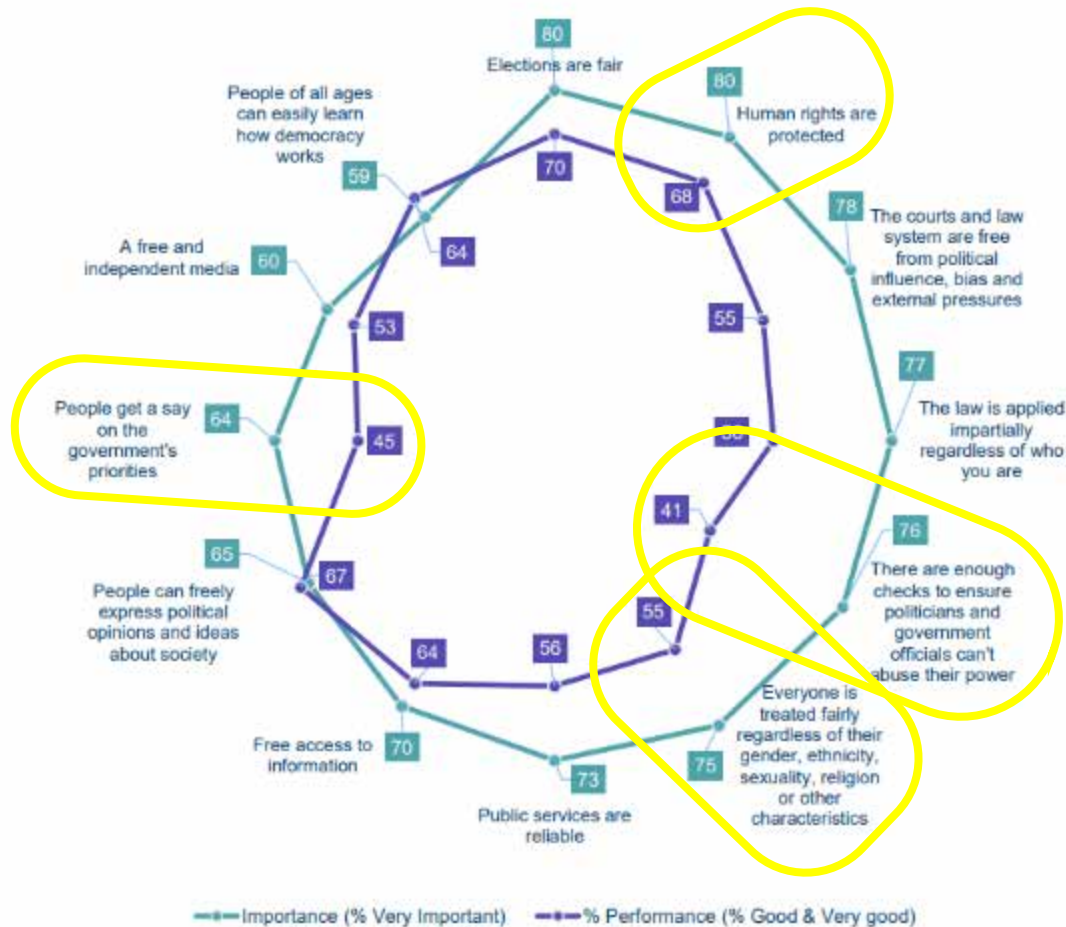


# Digital health: what of AI in “thin” markets where populations experience health inequities?



# Digital health: using AI in healthcare in this environment

Figure 2.2: Difference between reported importance and perceived performance of core democratic values (June 2023)



Source: Q3. In thinking of what democracy means to you, how important do you consider each of the following elements of democracy? Base: All respondents (n=5,039) + Q4. How well do you think Australia performs in each of the following areas of democracy? Base: All respondents (n=5,039)

Australian Government  
Department of Industry,  
Science and Resources



## Safe and responsible AI in Australia

Proposals paper for introducing mandatory guardrails for AI in high-risk settings  
September 2024

Our purpose is to help the government build a better future for all Australians through enabling a productive, resilient and sustainable economy, enriched by science and technology.

| [consult.industry.gov.au/](https://consult.industry.gov.au/)

# On the horizon

What about renewal of rural infrastructure? Including digital

What about connectivity?

What is the work around when connectivity fails?



# Tricky questions

Health care services providers & platforms are proliferating –are we keeping up with data ownership and sovereignty issues?

Are the guard rails in place to support the stewardly use of AI for public good or is it up to individual for profit providers to make the call on risk and benefit



# Ways forward in Digital Mental Health

Stepped care models -Changing model of funding?

Changing scope if practitioners available

Rural gradients in funding (dilemma of classification issues)

Use of AI and virtual-what are the guardrails around privacy

where does laying on of hands matter?

Whose responsibility?





**Australian Government**

**Office of the National Rural Health Commissioner**

Thank you



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