

Royal Far West submission regarding the provision of general practitioner (GP) and related primary health services to outer metropolitan, rural, and regional Australians – Senate Inquiry

September 2021

Introduction

Royal Far West (RFW) welcomes this Inquiry as an opportunity to highlight the important role of GPs in facilitating access to crucial child-focused services in regional and remote Australia.

The physical, emotional and social development attained in childhood sets a trajectory for long-term outcomes in health, education and wellbeing. Timely access to sufficient, high quality allied health services – which often require a GP referral - is essential to address deep geographic and social inequalities in access.

Allied health services such as speech therapy, occupational therapy and child psychology are important components of the primary health care sector. These services are increasingly delivered in a variety of contexts, not just traditional community health services. As summarised by the Australian Institute of Health and Welfare (AIHW):

Primary health care services are delivered in settings such as general practices, community health centres, allied health practices, and via communication technologies such as telehealth and video consultations. General practitioners (GPs), nurses, nurse practitioners, allied health professionals, midwives, pharmacists, dentists, and Aboriginal health practitioners are all considered primary health care professionals.¹

RFW's submission addresses:

1. The significant role of GPs as referrers to allied health services for country children
2. Developmental inequity and vulnerabilities of country children
3. Inequity in access to child development services
1. The impact of unaddressed developmental vulnerability
2. The impact of recent natural disasters on rural families and children
3. Mental health
4. The role of telehealth in primary health care
5. Recommendations

RFW has included some recommendations and general comments that go to its mission – to strengthen the health and wellbeing of children living in rural and remote communities across Australia.

¹ See <https://www.aihw.gov.au/reports/primary-health-care/primary-health-care-in-australia/contents/about-primary-health-care>

1. The significant role of GPs as referrers to allied health services for children

...there is a consistent barrier to supporting the most vulnerable and disadvantaged members of our community. ... The lack of GPs in Gunnedah is creating crises. A GP referral is required to access specialists and most allied health services. When a person is unable to access a GP, they are shut out of the entire system.²

Improving access to GPs is fundamental to addressing the developmental vulnerabilities of children in regional – and especially remote Australia. This is not just because of the services GPs directly provide to families in the country, but because of their central role in coordinating and facilitating access to other primary health services. This latter role is particularly important for RFW in its role as one of Australia’s largest providers of allied health services to children in rural and remote areas.

The lack of availability of GPs and paediatricians inevitably leads to - prioritising urgent medical needs, rather than less immediate, longer-term needs, especially for children.

RFW’s clients often report they had experienced long waiting lists and low service levels for face-to-face services in their communities prior to engaging with RFW, with families reporting waiting lists of up to 16 months. Evidence given to a current NSW Parliamentary Inquiry includes a Tamworth resident saying:

...if, let's say, you present with a case that your child is having difficulty breathing, you will get in in a flash. If you present with a referral because your child is having behavioural issues, you will be on the waiting list for—well, I would speculate—longer than two years.³

The remainder of this submission describes the importance of addressing this lack of GP presence in meeting the needs of some of Australia’s most vulnerable children.

2. Developmental inequity and vulnerabilities of country children

Developmental vulnerability describes five main areas of a child’s development: physical health and wellbeing; social competence; emotional maturity; language and cognitive skills, and communication skills and general knowledge. The Australian Early Development Census (AEDC) assessment of children in kindergarten describes children as developmentally vulnerable if they are not meeting the standard average on one or more of these five domains.

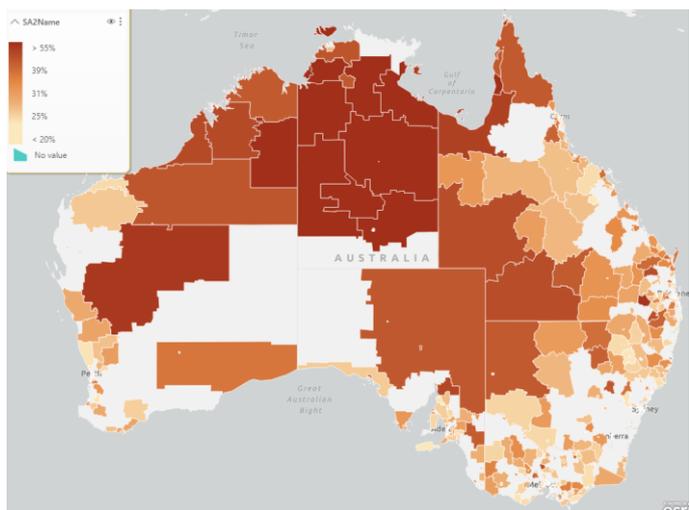
Children living in rural and remote Australia are more likely to start school developmentally vulnerable (DV) compared to children growing up in cities.⁴ According to the latest RFW data, there are more than 180,000 children aged 0-12 years living in rural and remote areas of Australia who need developmental support. Children in very remote areas are more than twice as likely as those living in major cities to be developmentally vulnerable on one or more domains (see Figure 1). They are also three times more likely to be developmentally vulnerable on two or more domains.

2 Evidence given before the NSW Legislative Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote New South Wales, 16 June 2021, p.2

3 Evidence given before the NSW Legislative Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote New South Wales, 16 June 2021, p.6

4 Reporting the Health and Development of Children in Rural and Remote Australia, Murdoch Children’s Research Institute, 2017

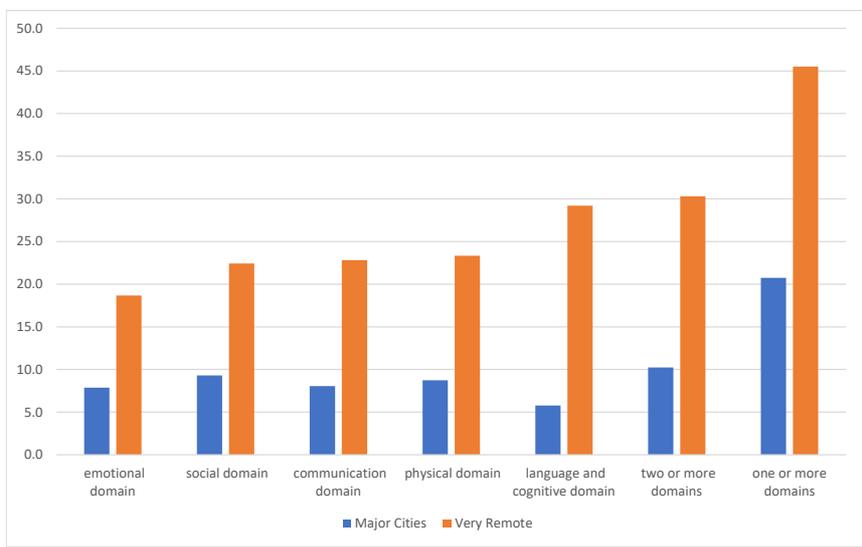
Figure 1: Regions of Australia showing the percentage of children vulnerable in at least one domain



These vulnerabilities are in turn linked with poor educational outcomes, disability, chronic mental health problems and a higher risk of unemployment, personal relationship difficulties, contact with the criminal justice system and homelessness.

In some key domains that RFW tackles, this inequality is particularly severe. For example, as shown in Figure 2, children in very remote areas are **five times** more likely to be vulnerable in the language and cognitive domain than their metropolitan counterparts, with 29% vulnerable in this area in 2018.

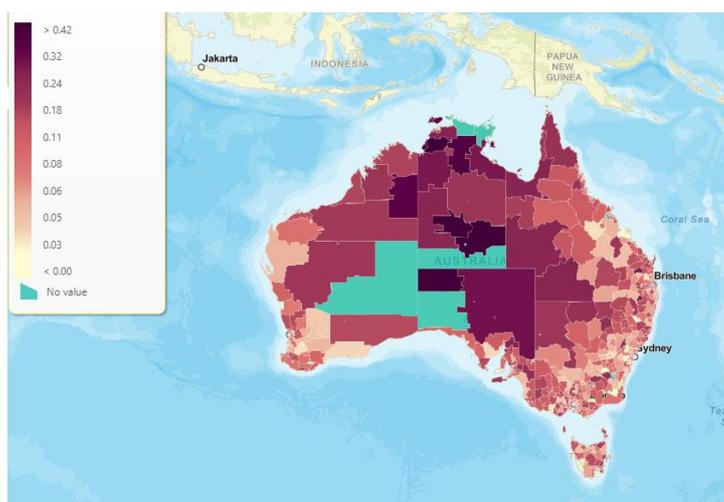
Figure 2: Vulnerability gradient in the five early development domains between major cities and very remote Australia



(Source: Australian Early Development Census)

The impact of where a person lives and its effect on children is clear. The further away from major cities a child is, the more likely they are to be developmentally vulnerable.

Figure 3: % of children in their first year of school with emotional vulnerabilities



(Source: RFW analysis of AECD data)

Not surprisingly, the need for good *child assessment* is growing dramatically. In the last six years the number of children in their first year of school identified as needing further assessment has grown by over a third, from over 29,000 in 2012 to over 39,000 in 2018. Without ready access to skilled allied health practitioners, such assessments cannot occur. Early intervention is key to helping children overcome developmental vulnerabilities and ensure they go on to live productive lives – hence the importance of access to allied health staff via GPs.

3. Inequity in access to child development services

Every child in Australia has the right to access quality health and developmental services. Where a person lives should not be a barrier to access services nor a cause for disadvantage.

Geography should not be a barrier to health services for children, but that remains the case in Australia. For example, more than one-third of children in rural and remote areas of New South Wales are unable to access the health services they need.⁵

Without services which families can access locally, they incur additional direct costs and indirect costs, including taking time off work and travel expenses to attend services further away.

*“Just speaking to the rural specialists’ centre over in Tamworth with the five paediatricians that FIFO, they can give a referral for an OT, but you cannot find an OT. They are completely overrun with clients”.*⁶

In 2020, RFW ran a pilot outreach project in Broken Hill that included a mix of online assessment via video and a visit by RFW clinicians. The aim of the project was to address gaps in access, and avoid the need for families to come to Sydney for assessment. Feedback from parents was overwhelmingly positive, especially given the pressing economic demands on families. As one parent described it:

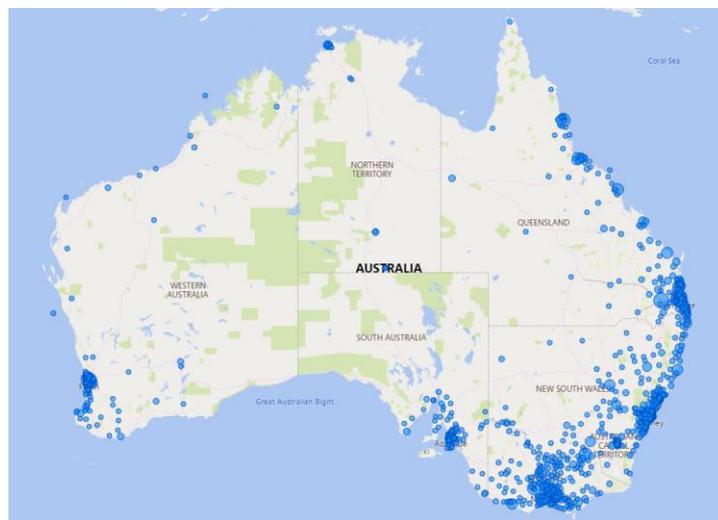
5 Centre for Epidemiology and Evidence. 2009-2010 Summary Report from the New South Wales Child Health Survey. Sydney: AUSTRALIA Ministry of Health, 2012

6 Evidence given before the NSW Legislative Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote New South Wales, 16 June 2021, p.6

“I think if [child’s name] needed more appointments, for us to travel to Sydney is really difficult, because I’ve got] 4 children, and they’re all under 6 [years of age], ... And my husband has two jobs – so it does make it difficult to be able to go anywhere. So appointments on zoom is quite easier for me to do. ...I would have had to pay for 4 children, two adults to drive, we’d have to drive because we couldn’t fly, all the way to Sydney...there is a large cost of that for us, because we live so far away...and school and all of that stuff as well.”⁷

In contrast to the high need for services, the supply of allied health services is low. The map below shows the location of speech pathologists in Australia, with the overwhelming majority in or near major cities, and very few in country areas. Addressing this long-standing issue has been the focus of RFW’s Telecare program, discussed below.

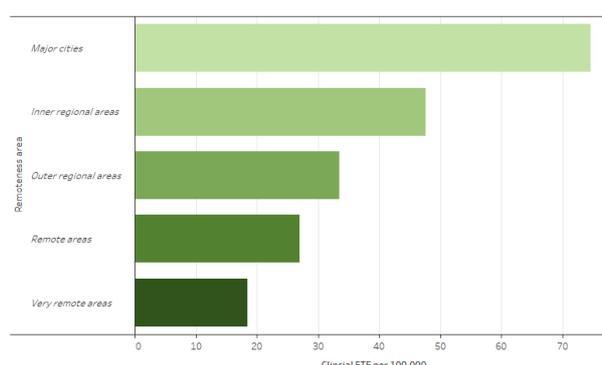
Figure 4: Location of speech pathologists by postcode: 2021



(Source: Speech Pathology Australia)

There are similar if not greater gaps in other key professions. According to the AIHW, access to psychologists in remote areas is less than one-quarter compared to major cities.

Figure 5: Employed psychologists, clinical full-time equivalent rate, by remoteness



Notes
 1. Calculations are based on the FTE clinical rate and report health practitioners working in clinical practice using the Estimated Resident Population as at 2019.
 2. FTE clinical rates are equal to the FTE number per 100,000 population, which is based on total weekly hours worked. For medical practitioners, the standard working week is 40 hours and for all other health practitioners it is 38 hours.
 3. Remoteness area is derived from remoteness area of main job where available; otherwise, remoteness area of principal practice is used as a proxy.
 4. Numbers represent not only those in the labour force, but those employed and working in their registered profession.
 Source: ABS 2019d; Department of Health 2020.
<http://www.aihw.gov.au>

(Source: <https://www.aihw.gov.au/reports/australias-health/rural-and-remote-health>)

The following 2019 workforce data highlights the geographic inequities in the distribution of primary health services in Australia. For example, there were around 9,000 occupational therapists in major cities compared to 3,000 across other regions.

	Size						Percentage Distribution					
	Major	Inner	Outer	Remote	V. Remote	Total	Major	Inner	Outer	Remote	V. Remote	Total
Allied Health												
Nutrition Professionals	3,454	655	240	58	23	4,430	78.0%	14.8%	5.4%	1.3%	0.5%	100.0%
Occupational Therapists	9,020	2,036	826	139	32	12,053	74.8%	16.9%	6.9%	1.2%	0.3%	100.0%
Audiologist and Speech Pathologists	6,716	1,536	516	84	16	8,868	75.7%	17.3%	5.8%	0.9%	0.2%	100.0%
Psychologists	18,122	3,413	1,094	206	46	22,881	79.2%	14.9%	4.8%	0.9%	0.2%	100.0%
Medical												
General Practitioners	41,231	9,640	4,035	833	363	56,102	73.5%	17.2%	7.2%	1.5%	0.6%	100.0%
Specialist Physicians	6,233	763	234	34	1	7,265	85.8%	10.5%	3.2%	0.5%	0.0%	100.0%
Psychiatrists	2,486	281	96	31	1	2,895	85.9%	9.7%	3.3%	1.1%	0.0%	100.0%

In 2017, RFW commissioned a report; “Reporting the Health and Development of Children in Rural and Remote Australia” by the Murdoch Children’s Research Institute, which identified 10 local government areas in Australia as having the greatest risk of poor developmental outcomes in children. All were located in rural areas. The Report also highlighted a number of specific issues concerning access to and provision of services. These included:

- **Access to early childhood intervention (ECI) services.** Children with a disability and/or developmental delay in rural and remote Australia, and their families, face multiple and concurrent barriers to accessing ECI services as a direct consequence of their geographical location. These include (and are not limited to) travelling long distances, extensive waiting times and workforce shortages resulting in complications accessing therapy, resulting in high levels of unmet need. The gaps in early intervention services in rural and remote settings are particularly evident amongst allied health (including mental health) and paediatrician services.
- **Access to regular allied health services.** A significant majority of the rural and remote communities which are identified in this study only have access to paediatricians and allied health professionals (e.g. speech and physiotherapists) on a sessional basis (sometimes less than once per month). Sessional availability can impact the quality of the service as it provides limited opportunity for health professionals to gain adequate knowledge of their client (and their community) and provide therapeutic input with adequate frequency. Limited availability also means longer wait times and less access.

- **Access to paediatricians.** The capacity to recruit and retain paediatricians in remote and rural Australia is a significant problem. Issues pertaining to increased workload and greater working hours, social isolation and lack of financial incentive (due to reduced income and greater cost of living) have been identified as - - key contributing factors to the current state of affairs. Lack of access to paediatricians means that obtaining a diagnosis, which is required for a referral to appropriate allied health services, is much less likely. A late diagnosis invariably leads to later access to paediatric allied health intervention services, and as such, poorer outcomes.

- **Access to mental health services.** Mental health services for children aged 0-12 are particularly difficult to source in rural and remote areas across all jurisdictions. The few services which were found are predominantly located inside hospitals in major townships and required long distant travel. The alarming lack of child mental health services means that the provision of adequate mental health care is made tremendously difficult. Recruiting and retaining staff in rural and remote mental health services is also a significant and continuing challenge, with chronic staffing issues widely reported.

4. The impact of unaddressed developmental vulnerability

Economic costs

Developmental vulnerability comes at a high cost to individuals, families and to society as a whole. Vulnerable children are at risk of growing up to be vulnerable adults, with poorer educational attainment, higher rates of chronic disease and mental health, and greater tendency towards unemployment, homelessness and crime. At scale, this translates to significant costs in education, unemployment, health, social welfare and criminal justice. It has a significant impact on human capital and economic productivity and ultimately on Australia's growth and prosperity. Early intervention can really make the difference between children flying and failing in their early school years – and this often sets the trajectory for further down the track.

From an economic perspective, early intervention ensures governments maximise their spending. A recent report "How Australia can invest in children and return more" by Co-Lab, shows the cost of late intervention is \$15.2 billion - \$607 for every Australian. Late intervention costs – out of home care, police, court and health costs, social security payments – can be greatly reduced if taken care of act early enough.

Early intervention is the key to helping children living in rural and remote Australia. RFW operates a successful Healthy Kids Bus Stop (HKBS) program in remote and regional areas of NSW, which visits communities and provides early developmental screening for 3-5 year-olds before they begin school.

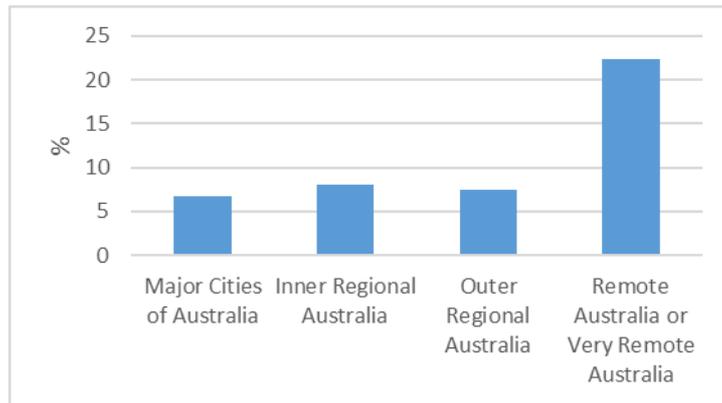
The HKBS program is a community-based, mobile screening clinic, referral and therapeutic intervention program that provides comprehensive developmental health screening in rural and regional NSW communities where local screening services are not available. The program ensures early detection of and action on health, emotional and learning problems, prior to children starting school, and simultaneously builds in-community ability to support developmentally vulnerable children moving forward.

Between 2014-2019, the HKBS visited 158 communities in NSW and screened 2,738 children. Over 80% of children screened (2,243 children) were referred for follow-up treatment / therapy as a result of the screening program, highlighting the significant need for allied health services in country areas.

Social costs

Data from the second National Survey of Adolescent Health (2015) shows dramatically higher levels of emotional and other stresses on remote children. Using an international recognised mental health screening measure, Figure 6 shows children in remote or very remote Australia were 3-4 times more likely to be 'borderline' (i.e. at risk of serious clinical conditions).

Figure 6: Proportion of children assessed as 'borderline' on Strengths and Weaknesses Questionnaire



(Source: <http://www.youngmindsmatterresults.org.au/PrevalenceSDQBS.html>)

The results of these inequities begin early in a child’s schooling and continue throughout their life. Recent data collected by the Telethon Institute in Western Australia shows, for example, the strong negative correlation between language and cognitive vulnerabilities at the start of school and poor NAPLAN reading scores in Year 5.

In turn, these poorer educational outcomes are associated with later health outcomes such as poorer school attendance and higher Emergency Department presentations.

To reinforce the impact of current disparities in developmental vulnerability, health and access to services, RFW analysed available data to identify the difference between one of Australia’s more remote communities and an affluent Sydney suburb. The comparisons between vulnerability and poor life outcomes between the remote area and the Sydney suburb are stark:

- The proportion of children with at least one developmental vulnerability in the remote region is *eleven times* that of the Sydney suburb
- The age-adjusted suicide rate is *over four times* as high in the remote region as in the Sydney suburb.

Figure 7: Vulnerability gradient in the five early development domains between a Sydney suburb and remote region

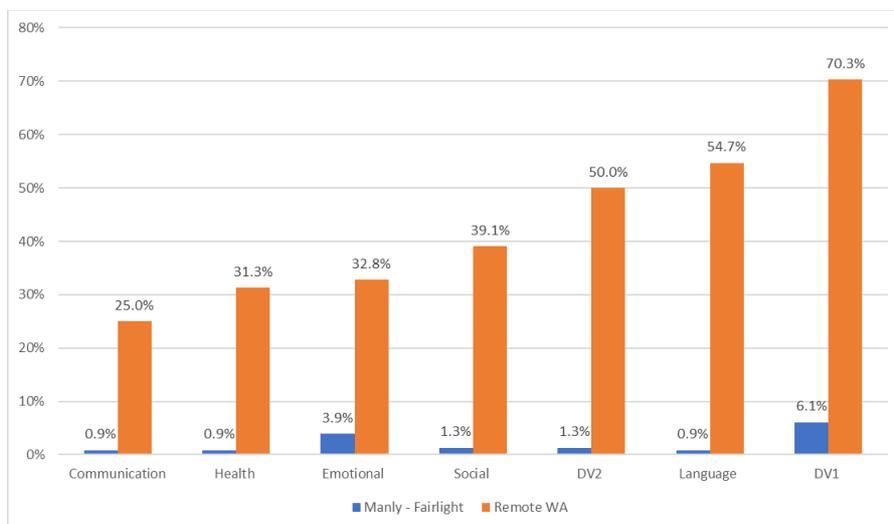
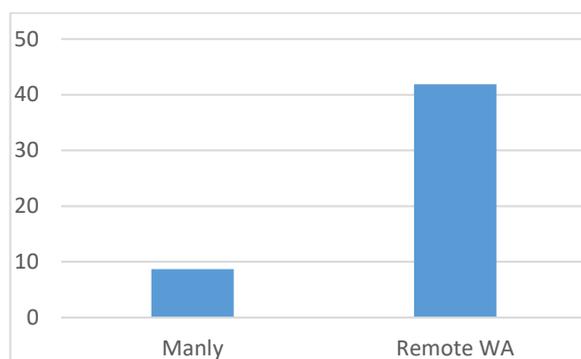


Figure 8: Death by suicide 2014-2018 – age standardised rate per 100,000



Source: <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/geography/suicide-by-local-areas>

5. Impact of recent natural disasters on rural families and children

Added to this, over the past few years much of rural Australia has experienced a series of natural disasters of drought, floods, bushfires, mouse plagues and now the COVID-19 pandemic.

This wave of natural disasters has both immediate and longer-term negative impacts on families.

In 2020, RFW surveyed 36 rural families staying at its residential accommodation in Manly, to better understand the impact of drought. The Drought Impact Survey 2020 assessed impact on people's employment, financial capacity, parent health and their child's wellbeing. On average, families participating in the survey had been in drought for more than three years.

The major impacts of the drought were listed as financial hardship, including loss of jobs; a higher cost of living; added stress on relationships; and increased mental health needs of families and communities. Families surveyed said the help most needed was improved access to support and services, including health services, and financial support.

In some areas of Australia, drought has been followed by devastating bushfires and chronic water shortages. The resultant severe economic and financial challenges faced by many farming communities and rural towns are compounding the pre-existing gap between developmental vulnerabilities in children living in rural and remote Australia, compared to those living in the city.

This "double disadvantage" effect is playing out in the mental health of kids in rural Australia. We also know that these unique environmental stressors faced by regional, rural and remote communities are likely to increase in frequency and severity in future.⁸

The "double disadvantage" effect highlights the need for long-term strategies, with greater coordination needed across multiple agencies, to ensure children receive help early enough. Early intervention is key and will ensure more young people in rural and remote Australia have the best possible start in life, can achieve improved educational outcomes, and grow into productive adults. Recent research into the impact of early

⁸ Intergovernmental Panel on Climate Change. Climate, Change and Land: an IPCC special report on climate change, desertification, land degradation, sustainable land management, food security, and greenhouse gas fluxes in terrestrial ecosystems.; 2019.

intervention on autism symptoms confirms that even conditions currently thought to be ‘hardwired’ can in fact be modified.⁹

In 2020, with the support of philanthropic donors, RFW began delivering a ground-breaking program to support families and children who had experienced bushfires. The aim - was to improve the resilience and wellbeing of children affected by the bushfires and to decrease the likelihood of long-term adverse reactions following the bushfires.

As part of planning the roll-out of the program, RFW asked affected schools and stakeholders how the bushfires had affected their communities. The feedback included that:

- they noticed a significant change in children’s behaviour and in their anxiety levels since the bushfire. It was noted by many respondents that children had a shorter fuse, more emotional outbursts, and less emotional regulation
- students were demonstrating less engagement at school and were struggling to concentrate and participate in the learning activities. It was reported that some students had regressed in their academic achievement.
- there were families “on edge”, and the behaviour of parents was having an impact on the children. It was noted that some parents had become less connected with the school/preschool, and that there were many incidents of miscommunication that caused further stress.

6. Mental health

Mental health services for children in Australia rural and remote communities is an ongoing area of great unmet need. Bushfires, drought and COVID-19 have caused heightened and recurrent stress and distress in young children and their families and is typically presenting in younger children with more complex needs.¹⁰

RFW’s specialist Paediatric Developmental Program (PDP), which is aimed at children with complex developmental, behavioural and mental health issues, has also seen a significant increase in demand for psychology and psychiatry services. A recent review of PDP clients shows that psychology is now the highest needed support service with nearly half of all clients referred to a psychology service, but with only around one in five (16.5%) able to access these services locally.

Added to this is the increased complexity of cases RFW clinicians are seeing. RFW is increasingly supporting highly vulnerable families; children who are struggling in their school and home life and who often have experienced early life trauma and/or child protection concerns. Local psychology services often have wait lists and are a long way away from where people live.

7. The role of telehealth in primary health care

There is a growing body of evidence on the effectiveness, acceptance and efficiency of telehealth approaches that use videoconferencing to deliver health services, including for developmental paediatrics (Speech Pathology and Occupational Therapy) and behavioural and emotional health problems in children,

⁹ Whitehouse AJO, Varcin KJ, Pillar S, et al. Effect of preemptive intervention on developmental outcomes among infants showing early signs of autism: a randomized clinical trial of outcomes to diagnosis. *JAMA Pediatr.* Published online September 20, 2021. doi:10.1001/jamapediatrics.2021.3298

¹⁰ See also Usher, K., Ranmuthugala, G., Maple, M., Durkin, J., Douglas, L., Coffey, Y. and Bhullar, N. (2021), The 2019–2020 bushfires and COVID-19: The ongoing impact on the mental health of people living in rural and farming communities. *Int. J. Mental Health Nurs.*, 30: 3-5. <https://doi.org/10.1111/inm.12798>

especially for rural and remote communities.^{11 12} Telehealth (provision of health services via technology) is a game changer in that it works, it is scalable, and it is sustainable.

Telecare (RFW's telehealth service) is proven to be equally as effective in producing positive outcomes when compared to face-to-face therapy, and RFW has been involved in a number of Randomised Control Trials to test and establish this evidence.¹³ It also assists in countering workforce shortages, improves continuity of care, and is more cost-effective than "fly in/fly out" service models.

Telecare also increases reach, shortens wait times, and provides specialised, paediatric multidisciplinary support in remote areas.

RFW operates Telecare for Kids – one of Australia's leading technology-based, developmental health services for country children and schools covering speech, anxiety/depression, conduct problems and fine motor skills. In RFW's experience, telehealth provides an opportunity for families to access consistent, regular and appropriate services by health professionals who are specialists in their field – and to resolve chronic local and regional workforce shortages. In addition to providing assessment and therapy services for children with developmental issues, telehealth can be used to provide specialist training and capacity building for rural communities, including parents, schools and health professionals.

8. Recommendations

1. **Increase the use of telehealth models:** Provide funding, improve infrastructure and connectivity, and build and share evidence to drive change in Australia in the use of telehealth models to improve outcomes for children with developmental issues.
2. **Invest in consistent, comprehensive pre-school developmental screening and school-readiness programs for children aged 3-5 years in rural and remote communities that integrate health, education and disability.** Provide a priority focus on small, isolated communities.
3. **Adopt a broader approach to children's mental health:** Create a new paradigm that supports a broader, more multidisciplinary, developmental perspective that looks at mental health in the context of the whole child and their whole needs. Mainstream the use of school-based models to identify and resolve developmental vulnerability, including mental health, and integrate this with health and disability approaches.
4. **Improve access to data:** Invest in better data on children in rural and remote communities, including developmental vulnerability throughout childhood and access to services; encourage greater sharing of data between agencies, and build evidence on what is working in the long term.

In summary, the importance of GPs in country areas cannot be understated in their role as significant referrers to non-acute health care services for children. This significance will only intensify with climate change increasing the intensity and frequency of extreme weather events like heatwave, fire, drought, flooding and cyclones – all of which have a major impact on the health and wellbeing of country children.

11 Langkamp D, McManus M, Blakemore S. Telemedicine for Children with Developmental Disabilities: A More Effective Clinical Process Than Office-Based Care. *Telemed J E Health*. 2015;21(2):110-4. doi: doi:10.1089/tmj.2013.0379.

12 Spaulding R, Belz N, DeLurgio S, Williams AR. Cost savings of telemedicine utilization for child psychiatry in a rural Kansas community. *Telemed J E Health*. 2010;16(8):867-71. doi: doi:10.1089/tmj.2010.0054.

13 Dadds M, Thai C, Diaz A, Broderick J, Moul C, Tully L, et al. Therapist-assisted online treatment for child conduct problems in rural and urban families: Two randomized controlled trials. *Journal of Consulting and Clinical Psychology*. 2019;87(8):706–19. doi: doi.org/10.1037/ccp0000419.

Access to sufficient, high quality allied health services – which often require a GP referral - is essential to address deep geographic and social inequalities throughout country Australia.

RFW is happy to provide more information about these comments if required, and available to present to the Committee if required.

Contact: Jenny Stevenson

Head of Advocacy and Government Relations

Royal Far West

P: 02 8622 6817

E: jennys@royalfarwest.org.au

About Royal Far West

- Royal Far West is one of Australia's oldest and most respected charities and is the only national charity dedicated to the developmental health and wellbeing of Australia's country kids.
- Established in 1924, Royal Far West provides a truly integrated service and offers health, education and disability services for country children and their families at the Centre for Country Kids in Manly, as well as virtually via Telecare and in local communities.
- Through a team of more than 80 paediatric specialists, Royal Far West supports children aged 2-12 with a range of concerns including speech and language delays; behavioural and conduct disorders; early life trauma and mental illness; autism, attention deficit and hyperactivity disorders.
- Royal Far West works in partnership with families from rural and remote areas and their local health and education providers to complement existing services within their communities.
- <http://www.royalfarwest.org.au/>