

**Isolated Children's Parents' Association of Australia Inc.**

**"Access to Education"**



**Submission**

to the

**Senate Inquiry**

into the

**Accessibility and Quality of Mental Health Services**

**in Rural and Remote Australia**

from the

**Federal Council**

of the

**Isolated Children's Parents' Association of Australia Inc.  
ICPA (Aust)**

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The Isolated Children's Parents' Association of Australia, ICPA (Aust), welcomes the opportunity to contribute to the *Senate Inquiry into the Accessibility and Quality of Mental Health Services in Rural and Remote Australia*.

Since 1971, ICPA (Aust) has represented families living in rural and remote regions of Australia, who are passionate about the sustainability and prosperity of the industries they work in. Research indicates that the ability to access affordable and appropriate educational services plays a major factor in determining if a family will remain in rural and remote locations. The goal for our 2500 member families is to achieve equity of educational opportunity for all children living in rural and remote areas, ensuring they have access to a continuing and appropriate education determined by their aspirations and abilities rather than the location of their home. Remote and isolated locations in Australia provide the greatest challenges for improving provision of education options and pathways for children and families. In terms of educational and social development and to make sure their educational outcomes are not compromised; rural and remote students need the opportunity to an education that is commensurate to their needs allowing them to realise their educational potential and presenting a pathway which provides educational parity with their urban peers.

ICPA's concerns about the wellbeing of rural and remote students are relevant to most of the Inquiry's reference points:

- (a) the nature and underlying causes of rural and remote Australians accessing mental health services at a much lower rate
- (b) the higher rate of suicide in rural and remote Australia
- (c) the nature of the mental health workforce
- (d) the challenges of delivering mental health services in the regions
- (e) attitudes towards mental health services
- (f) opportunities that technology presents for improved service delivery
- (g) any other related matters.

ICPA (Aust) considers rural and remote students including those in boarding facilities to be some of the most vulnerable to mental health issues for a multitude of reasons outlined in this submission. Additionally, trainees, apprentices and higher education students who have to relocate from home and family require strong support mechanisms to maintain their mental health. The attraction to and retention of sufficient mental health professionals to rural and remote areas is problematic, as for many professions.

ICPA (Aust) supports the use of technology e.g. telehealth services, where appropriate, and education and awareness programs to assist with perceptions of mental health by those experiencing difficulties, and those around them.

The establishment of this Inquiry is in itself, an acknowledgement of the extent of mental health problems in rural and remote Australia and ICPA (Aust) supports the development of a National Rural Mental Health Strategy. Acknowledgement, identification and access to quality mental health services for rural and remote students is critical.

## **A National Rural Mental Health Strategy**

Research consistently shows service availability and access to services is inadequate in remote and rural areas and it is the responsibility of all governments to urgently address this. ICPA (Aust) requests the COAG Health Council be tasked to develop a National Rural Mental Health Strategy, informed by a collation prepared by the National Mental Health Commission, of Primary Health Networks (PHN) service mapping in rural and remote areas and other key data to identify service shortfalls. The

Commission should also be tasked with monitoring and overseeing implementation of the strategy, reporting back directly to the COAG Health Council.

A National Rural Mental Health Strategy should:

- Improve the rate at which people in very remote areas access mental health services by ensuring there are clear governance arrangements and a defined process across governments to improve service access. Medicare Benefits Schedule (MBS) data indicates people in very remote areas, access at only one-fifth of the rate of major city residents.
- Validate and support the efforts of PHNs and Local Hospital Networks (LHN) as they have been conferred responsibility for mental health service delivery locally.
- Be informed by service mapping which could be undertaken by the National Mental Health Commission (The Commission). The Commission is well placed to collate service mapping and also to monitor development and implementation of a national strategy, with their core role being to provide expert advice to the Australian Government and cross-sectoral leadership on the policy, programs, services and systems that support mental health in Australia, and already with the responsibility for monitoring and reporting on implementation of the Fifth Plan.

### **Mental health and rural and remote boarding school students (including student hostels)**

The highly-publicised suicide of Amy ‘Dolly’ Everett put the spotlight on bullying and the mental health of boarding school students.

Boarding students can be under the influence of many stressors:

- separation from family and pets
- adjusting to a large urban community after growing up in a small rural community
- being naïve and a minority in a large school
- guilt, knowing the costs associated with boarding school and not being home to help when needed
- worry associated with rural hardship caused by events such as floods, fires, cyclones and especially drought and
- feeling they are no longer a part of the ‘life’ at home as things continue to progress while they are away at school.

ICPA (Aust) commends boarding schools with the foresight to introduce programs which address the mental health needs of their boarders. However, we believe it should be mandated that all boarding staff need to be trained to differentiate between homesickness or behavioural issues and genuine mental health problems.

*A family sent their daughter off to boarding in year 8 after distance education in a home school room, as many do. However, she did not cope and what has turned out to be a serious mental health issue was generally attributed to homesickness. The situation escalated to the point the child had to be pulled out of boarding as a matter of safety to herself. This student continues to suffer severe mental health issues and has been out of the school system since mid-way through year 9, she is 18 now. While the boarding house is not to blame for her mental illness, the lack of understanding of mental health issues and lack of support for this child (she received the stiff upper lip, pull yourself together, stop making a scene kind of stuff) contributed to her downward spiral.*

Perhaps if there were some more rigorous training for boarding staff surrounding the mental health of rural and remote children, more kids might navigate secondary education as a boarder more successfully.

The development of guidelines with a strong focus on mental health for parents and students going away to a boarding facility could include discussion points on preparation to the new environment and what to expect, how to manage homesickness and who to talk to when unable to talk to home and strategies to manage different situations and would be invaluable.

A Boarding Standard for Australian Schools and Residences (Standards Australia, 2015) was finalised three years ago. The Standards include statements around boarders' health, safety and well-being, staff being trained in medical first aid and induction for rural and remote students. The standards do not make specific reference to mental health. In light of increased awareness of, and growing concern about mental health, the standards should be updated to include specific mention of the mental health of boarders and training of staff in mental health first aid.

*In Yr 11, a boarding student from a rural background had severe depression (in hindsight) – probably combination of school academic and social pressures, illness and being in the boarding house with its rules and physical boundaries. She would not go and see the counsellor as she felt she would be seen. She has revealed several years later she'd had suicidal thoughts.*

Boarding students' problems with bullying, anxiety, depression and mental health are compounded by being so far from home, not being able to escape to home if there is any issue particularly if it is in the boarding house, parents not able to keep as close an eye on their kids and perhaps the higher prevalence of suicide and mental health problems in rural Australia also contributes.

The stigma associated with seeing a counsellor in a school setting can be a significant deterrent. Only long-term and consistent education about the importance and effectiveness of talking and seeking treatment can move to solve this issue. Telehealth could play a role in allowing more surreptitious consultations.

One respected youth service with a focus on mental health is *Headspace*. In the NT, for example, there is a Headspace in Darwin and Alice Springs and soon to be, Katherine. Those centres are a very long way from some rural and remote communities. One idea is to create a mobile Headspace. Some boarding schools deliver programs in conjunction with Headspace.

#### **ICPA (Aust) recommends:**

1. Boarding Standards be updated to include specific mention of mental health of boarders and training of staff in mental health first aid.
2. Boarding staff be trained in Mental Health First Aid.
3. Seamless transitions from boarding school counselling services to counselling services during holidays which may involve communication between school and local rural counsellors (if there are any) or telehealth.
4. Use of telehealth if students are more likely to seek assistance by that medium or in the absence of face-to-face mental health services.
5. Mobile services along the model of Headspace may assist improving access to mental health services.

#### **Bullying, cyber-bullying and mental health**

Bullying in its many forms can undeniably cause mental health issues and access to mental health services can be required. Education about the consequences of bullying and appropriate responses are instrumental in prevention. Access to such programs in rural and remote areas can be difficult though there is a plethora of information on the internet. Just as access to mental health services is less than ideal, access to preventative programs can be similarly restricted. Rural and remote students possibly need anti-bullying programs specifically geared towards them, as they can be so far from family for support or to get away from the source and can feel like 'outsiders' already as a minority in a school. Rural and remote students have extra triggers as they have to leave family, home, pets and

lifestyle to go to away to school and have limited communication with family, are not used to communal, 'busy' living, sometimes have had limited socialisation prior to boarding, as well as added pressure of drought and other problems at home. These pressures must be considered and understood by any program/helpline for rural and remote students.

#### **ICPA (Aust) supports:**

- Distance education schools and rural schools delivering anti-bullying education especially relevant for prospective boarders
- Distance education schools and rural schools and communities, with health professionals, delivering programs to promote awareness of mental health and preventative strategies
- Saturation exposure of students to 'What to do if I am being bullied' resources e.g. <https://au.reachout.com/articles/5-strategies-for-dealing-with-cyberbullying>
- Ensuring students and families know of mental health service directories and resources/services such as that produced by the National Rural Health Alliance <http://ruralhealth.org.au/sites/default/files/publications/2017-rural-mental-health-help-sheet.pdf>

#### **Special Learning Needs and mental health**

Students with special learning needs, including gifted children, are especially vulnerable to mental health problems, and those in rural and remote areas even more so because access to diagnostic and management support services is notoriously difficult. Difficulties obtaining a diagnosis is probably due to a shortage of staff in rural and remote areas and bureaucratic processes. Families who can find the resources will often end up seeking help in major centres from private consultants, at considerable cost to the family. Once a diagnosis has been obtained, access to ongoing consultations for management is likewise difficult.

Regular and timely access to special needs teachers and therapists is paramount. This could take the form of mobile teams of specialists and therapists. Online appointments have been proven to be appropriate in some instances such as mental health consultations and speech pathology. The establishment of specific learning needs centres might be another viable option, such as Kintore St School in Katherine, NT. Should specific learning needs centres be available then due consideration must also be given to the travel and accommodation costs and availability for those accessing such centres.

The cost of travel and accommodation to attend appointments related to special learning needs can be very high for rural and remote families. Most states have some form of subsidy for travel and accommodation for medical appointments, and for some travel to attend school. Assistance to attend special learning needs appointments however falls into a gap between the education system and the medical system.

Telehealth services are offering exciting opportunities for the delivery of services such as speech pathology, mental health consultations, occupational therapy intervention to aid fine motor skill development and even capacity building to support educators and parents dealing with children experiencing difficulties. Availability, accessibility and adoption of these technologies must be implemented as a matter of urgency to ensure students in rural and remote schooling reach their potential.

Royal Far West and University of NSW are partnering to research the use of telehealth to provide intervention for children with behavioural and emotional difficulties. On the downside, the extent and advancement of service networks, internet capabilities in the bush and the Medicare system combine to create a lag in the widespread availability, accessibility and adoption of these technologies. The

logistics and cost of accessing services for special needs students are significant in rural and remote areas.

The mental health of rural and remote special needs students will be well-served by increased access to the services required to manage their needs and help them achieve their potential in the schooling system.

### **Medicare rebate item number attached to relevant Telehealth providers**

ICPA (Aust) welcomed news in 2017 that rural and remote Australians can now claim a Medicare rebate for online videoconferencing consultations with psychologists and other mental health professionals. A Medicare rebate for online videoconferencing consultations with occupational therapists was introduced in 2017. The approval of other effective telehealth services such as speech pathology will hopefully follow.

#### **ICPA (Aust) recommends:**

- Travel and accommodation assistance for students with special learning difficulties in order to seek a diagnosis and for ongoing management. Reducing frustrations in the learning environment will have a positive impact on mental health.
- The introduction of a Medicare rebate for online videoconferencing consultations with speech therapists.

### **Rural hardship and mental health – Education perspective**

*Rural hardship is undeniably one of the underlying causes of the high level of mental health issues in rural and remote Australia; the straw that breaks the camel's back.*

Mental health is a large concern in rural communities and struggling to pay educational fees exacerbates the pressure. When one's children's education is at stake and a cause for constant worry and angst, the pressure can be likened to a ticking time bomb. There is parental anguish at not being able to fund a basic requirement for their children and the children themselves are well aware of the cost and financial sacrifice that their families are making in order for them to be educated, creating feelings of guilt and helplessness; a burden a child should not have to bear when it comes to education. Financial assistance for education during these times of extreme difficulty would take a huge burden from the shoulders of struggling families.

The Isolated Children's Parents' Association of Australia, ICPA (Aust), is calling on the Federal Government to introduce a Rural Hardship Education Fund to address the grave concerns of the many families in drought-stricken areas and in other times of rural hardship who simply cannot afford to educate their children.

Despite the introduction of many drought reform packages including subsidising the freight on fodder and water for stock, and assisting families to put food on the table, the huge cost of educating children who must live away from home in order to access a compulsory education is largely ignored.

Financial assistance to lessen the burden of educational costs must be established urgently as rural families are struggling to keep their children at school. Approximately 5211 students are currently receiving the Assistance for Isolated Children's (AIC) Boarding Allowance right across Australia, so the numbers living in drought affected areas at any one time are estimated to be significantly less than the total number of AIC Boarding Allowance recipients.

The implications of educating children from drought-stricken areas are causing serious side effects, including but not limited to:

- Mental health of both parents and students already affected by the continuing drought compounded due to the worry over finding the funds for schooling.
- Unsustainable out-of-pocket costs of boarding school for rural families, particularly in times of drought.
- Families removing children from boarding school, splitting the family and moving to town in order to access schooling or in some cases choosing between siblings as they cannot afford to keep their children in boarding school.
- Many rural families do not qualify for the Farm Household Allowance, primarily due to asset tests, this allowance, even if it is received, is not designed to assist with children's education.

Drought continues to severely affect many rural families in several states, in particular Qld and NSW. Dairy farmers in Victoria and other states are facing a financial crisis. A Rural Hardship Education Fund would ensure that assistance could be made available for these children who are not able to access mainstream schooling while living at home. Safeguards must be put in place as a matter of urgency to ensure educational continuity when the huge out-of-pocket costs associated with boarding children away from home cannot be met during times of long-term drought, drought recovery periods or other rural hardship, when families experience years of little to no income.

Droughts can carry on for numerous years with long term effects. The drought itself and the recovery process once the drought has broken, are times of limited income and meagre means for rural communities and families who sustain their livelihoods from the land. Other unforeseen industry impacts (live export ban, dairy crisis) also adversely affect rural families at times. The cost of boarding school continues to rise and the federal and state allowances which assist families with the cost of accessing education, are not keeping up with the actual cost of boarding and tuition. Our members have indicated that the out-of-pocket costs range anywhere from \$17,000 to \$35,000 per child, per year depending on where students live or allowances/scholarships that may be available, as per the Boarding School Access Research 2016. <https://www.icpa.com.au/page/attachment/82/final-boarding-school-survey-icpa-aust-with-comments-2016>

Members of ICPA Federal Council are hearing heartbreaking stories of families who cannot meet the costs of boarding and removing children from school or trying to decide which child will be educated and which child will not. No Australian parent should have to choose between their children when it comes to accessing compulsory schooling. Other families have made the decision to move to town in order to access state school education, effectively splitting the family home and often leaving the father at home to cope on his own in these tough times. When a child is removed from boarding school, this can mean the end of the education for this child, particularly if they have completed Year 10.

Mental health is a large concern in rural communities and struggling to pay educational fees exacerbates the pressure. Parents are agonising over not being able to fund a basic requirement for their children. The children themselves are well aware of the cost and financial sacrifice that their families are making in order for them to be educated. This places a huge burden on these children, as they feel they should be at home helping, when employee numbers have been reduced and their parents are trying to hold on to core breeding stock to generate income once the drought has broken, and at the same time knowing that educational expenses are driving the family further into debt. These feelings of guilt and helplessness are very difficult for children to handle and a burden a child should not have to bear when it comes to education.

When natural and non-natural catastrophic events occur in urban areas, as terrible as they are, they do not affect children's schooling for the most part once the danger has passed, students still have access to their schooling and their families do not have to worry about whether or not they will be able to afford to keep their children in school.

**ICPA (Aust) recommends:**

- That a Rural Hardship Fund be established to assist families in need to maintain their children's education during periods of rural hardship and to reduce one source of anguish and stress during difficult times.

**Resources**

The numerous services and resources available to parents and students need to include additional resources that specifically address mental health of rural and remote students and families with particular knowledge of their concerns/needs, background and challenges they face.

A dedicated assistance unit (which could be set up under one of the already existing programs such as Headspace or Lifeline) could make a real change in mental health in youth in the Bush.

**Conclusion**

ICPA (Aust) welcomes the opportunity to contribute to the discussion on mental health services in rural and remote Australia and the importance of those services for the well-being of rural and remote students and their families. Separation from family and social or geographic isolation in new, unfamiliar and sometimes hostile environments contribute to the vulnerability of rural and remote students to mental health issues.

**References**

Standards Australia (2015) *Australian Standard AS 5725:2015 Boarding Standard for Australian schools and residences*. Standards Australia Limited, Sydney.