

RFDS primary mental health care in Central Australia

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Dr John Setchell attended the Australian National University where he completed an Honours Science degree (1971) before completing a PhD in the neuroendocrinology of marsupials at the University of Adelaide in 1974.

Following a year as a post-doctoral fellow at the University of Adelaide he studied medicine at the Flinders University and began work as an intern at the Flinders Medical Centre in 1981.

Since then he worked as a general practitioner in Adelaide for 5 years before spending 18 months as the medical practitioner in the Ramu Valley of PNG. On his return, he was the Medical Director of the University of Adelaide Student Health and Counselling Service (1989 to 1998) and became the Health Services Manager at RFDS Central Operations in 1999.

During his time with the RFDS, Dr Setchell has been responsible for the provision of health services ranging from traditional clinics in remote areas to aero medical evacuation services, and has overseen growth in the areas of primary care and health promotion/prevention programs. These programs include the Rural Women's GP program and the more recent, privately funded, Health Living Program.

Dr Setchell has taken an active role in the development of national RFDS health policies and programs such as the implementation of a national electronic medical record system and plays an active role in the RFDS National Health Advisory Committee.

Further interests of his have been the development of education programs for medical and nursing students and the provision of an emergency medicine training program for rural GPs in South Australia.

The purpose of this paper is to outline the role of the RFD in the provision of enhanced primary care services in general and the development and implementation of a Primary Mental Health care program in Central Australia.

No presentation on the Royal Flying Doctor Service would be possible without reference to our founder—the reverend John Flynn, who not only conceived the concept of the service but also provided pastoral care and emotional counsel to the many communities in remote Australia. We must also acknowledge the work of Alf Traeger who developed the pedal radio, thus providing the means for remote communities and individuals to communicate with each other.

The Royal Flying Doctor Service was established by the Reverend John Flynn in 1928 who envisaged that a 'Mantle of Safety' would be provided to those people who worked and lived in the remote and outer rural areas of the continent. The initial services related to a doctor, pilot and aircraft travelling to an injured or unwell patient and transporting them back to a hospital setting for medical care. In 1928, 225 patients were transported and 30,000 kms flown. Over time the services grew and flight nurses were added to the crew mix and in the 2009/10 financial year 38,852 patients were transported and 25,592,455 kms were flown. Aero medical services are now provided with modern turbo-prop pressurised aircraft such as the Pilatus PC-12 that facilitate rapid access and transport for patients.

For many Australians the perception of the only role of the RFDS continues to be that of teams of doctors, nurses and pilots travelling to remote locations to treat and transport injured and unwell patients. However, for many years, the RFDS has provided Primary Care services to residents of remote Australia and in 1993 produced a strategic plan—'The Best for the Bush'—that clearly articulated a significant role for the RFDS in the broadest range of health service delivery based around comprehensive Primary Care principles.

In 2009/10, 146,014 patients were treated throughout Australia at numerous locations serviced by RFDS Primary Care Clinics; 91,623 patients were treated by RFDS doctors via our remote telephone consultation service and 7,305 immunisations were given by our Community Health Nurses. RFDS Central Operations provides mental health services via a range of programs:

- Traditional RFDS GP clinics

- Rural Women’s GP service clinics
- SA funded mental health program—Port Augusta
- Commonwealth funded mental health program—Central Australia

General practitioner and community health nurse traditional remote clinics

For many years the RFDS has provided visiting GP and CHN clinics to remote locations throughout the country. These clinics are conducted at a range of locations including remote area nursing posts, Aboriginal community health centres, pastoral properties, and remote roadhouses. The clinics provide patients with regular GP consultation and treatment services with data demonstrating that reason for visit patterns and diagnoses given to patient’s conditions are comparable with those found in suburban general practice—mental health issues, hypertension, diabetes, obesity, injuries and poisoning and respiratory conditions being the most common diagnoses. One of the most important preventative health functions of these clinics is the provision of immunisation services to locations that would otherwise not have immediate and local access—7,305 immunisations having been provided in 2009/10. An important aspect of both the GP and CHN work at the various locations is the provision of health education/health promotion services through individual patient consultations and as part of group presentations to communities.

Rural women’s GP service

In the late 1990s, the difficulties confronted by women living in rural and remote locations in being able to consult a female GP were identified as a major barrier to effective preventive women’s health services in these locations. Low Pap smear screening rates and low breast screening rates were two key elements identified. In order to address this shortcoming, the RFDS was awarded a contract by the Commonwealth Department of Health to establish and deliver a program of visiting female GP’s to areas where male GP services were available but not female GP services. This program commenced in 1999 and has become an exemplar of good practice, addressing gender choice of practitioner and not a solution to workforce shortages. In the first full year of operation of this program (2000/2001) 1,877 patient consultations were conducted at 164 clinics; in 2009/10 18,977 patient consultations were conducted at 1,565 clinics. The third most common reason for women attending the RWGPS was mood disorders and the third most common diagnosis.

Mental health programs

The identification of mental health as an area of need within the RFDS network was noted in the Best for the Bush document—in particular, the need to develop preventative mental health strategies for rural and remote residents in times of drought, other natural disasters and local traumatic events.

Psychologists, mental health nurses and allied health workers have been employed in Queensland to support this program and these teams have been active in the provision of preventative services through the wellbeing centres in Aboriginal and Torres Strait Islander communities in far north Queensland. A mental health nurse works from our Port Augusta Base providing mental health consultation and education services to patients in the remote areas of South Australia. Additional preventative mental health services are provided from our Bases in Alice Springs and Broken Hill as a component of the Department of Health and Ageing ‘Mental Health Services in Rural and Remote Areas’ (Stage 2) program—in these two locations teams of mental health nurses provide community development and mental health outreach services to remote communities.

The community mental health nurse at Port Augusta provides mental health services to the members of remote communities and properties in South Australia. A summary of the clinical reasons for consultations follows:

- non-specific mood disorders 36%
- depression 34%
- adjustment disorders 21%
- anxiety 5%



- psychoses 4%.

Following successful negotiation with the Commonwealth Department of Health and Ageing Mental Health Branch, funding was granted in 2008 to the national RFDS and RFDS Central Operations was requested to develop and implement a Primary Care Mental Health service to the south east corner of the Northern Territory. The funding was provided under the Stage 2 Mental Health Services to Rural and remote Australia measure and covered the period up to 30 June 2011. The key features of this program were:

- to establish an integrated and collaborative program to be delivered by two registered mental health professionals
- to enhance mental health awareness in the remote communities within the region
- to develop clinical supervision and continuing professional development systems
- to work with existing mental health services within Alice Springs and Central Australia.

Recruitment commenced in October of 2008 and our two registered mental health nurses commenced work in January of 2009 with a focus on community consultation and discussion to determine need and service requirements. The program was co-housed in the offices of General Practice Network NT as this organisation was delivering a comparable program the south west region of the NT.

Data collected up to 31/12/10 demonstrates the following breakdown of reasons for consultation with the team:

- depression 30% (bipolar disorder 4%)
- anxiety 30%
- adolescent issues 20%
- psychoses 10%
- drug and alcohol issues 10%.

The presentation then showed a range of slides of the remarkable environment of Central Australia—the McDonnell ranges; waterholes; rivers and long roads heading off into the distance. As part of the preparation for this program the staff were provided with 4 wheel drive training—the service being predominantly provided by road trips. On one return visit from a very remote community, following heavy rains in the area, one of the team came across a roll-over in which an IT provider had come to grief in the wet conditions. The team assisted in righting the rolled vehicle and then assisted them return to Alice Springs during which time, on the spot ‘debriefing’ was provided.

In summary, the provision of RFDS enhanced primary care services to remote outback locations assists in the development of strong communities and families—a key feature being the continuity of care that has been provided by the RFDS over the years. The specific focus on mental health care supports this aim.

