painaustralia

SUBMISSION TO SENATE STANDING COMMITTEE ON COMMUNITY AFFAIRS

Accessibility and quality of mental health services in rural and remote Australia

May 2018

Executive Summary

Painaustralia welcomes this important inquiry. Accessible and quality mental health services are critical to improving outcomes for people living with pain in rural and remote Australia.

People with chronic pain (pain that is persistent and present for longer than three months) often also live with depression, anxiety or other mood disorders and chronic pain is a risk factor for suicidal behaviour. The impact of both conditions is more acute in rural and remote areas.

Psychological treatments including cognitive behavioural therapy (CBT) and mindfulness, enable many people with chronic pain to self-manage their condition. Together with medical and physical therapies, they are a vital component in best practice pain management when brought together in an interdisciplinary approach that sees health practitioners working together on assessment, diagnosis, treatment and review.

This is now understood as the most effective way to improve function and mood for people with chronic pain because it aims to address all the factors that influence the pain experience.

Encouragingly, with one in five Australians over 16 living with mental illness,[1] mental health has been given increased attention as public policy priority in recent years.

Pain, however, remains one of the most neglected and misunderstood health issues in the media and wider community, despite one in five Australians also living with chronic pain[2] and an increasing pain burden as the population ages and chronic conditions rise.

Pain is the leading cause of early retirement[3] (40%) and is strongly associated with markers of social disadvantage. This is acutely felt in rural and remote communities where job opportunities are limited, and regions may face economic decline.

Most people with chronic pain do not have access to best practice pain services that includes mental health services. This is typically due to location and/or cost, with a lack of services in rural and remote areas. Stigma about chronic pain and mental illness also prevent people from seeking and receiving treatment.

Prioritisation of chronic pain in health policy and access to pain management through a range of levers are critical to reduce the burden of mental illness in rural and remote areas.

About Painaustralia

Painaustralia is the national peak body working to improve the quality of life of people living with pain, their families and carers, and to minimise the social and economic burden of pain. Members include pain and other specialists, health practitioners, health groups, consumers and researchers. Painaustralia works with our network to inform practical and strategic solutions to address this complex and widespread issue.

Recommendations

To improve the accessibility and quality of mental health services in rural and remote Australia, and reduce the burden of both chronic pain and mental illness in these communities we recommend:

1. That the relationship between pain and mental health and their deep impact in rural and remote communities is recognised and prioritised in national mental health strategies.

2. That best practice pain management that incorporates mental health services is better understood and accessed through the implementation of the National Pain Strategy and adopted by all Australian governments.

3. Data on the characteristics of pain should be collected and analysed by the Australian Bureau of Statistics to better understand the impact of pain on quality of life and its relationship to other conditions including mental illness.

4. The development of a rural pain program that expands access to best practice pain management by building capacity in primary health, expanding telehealth and supporting health workforces.

5. Review of funding models to underpin and support access to interdisciplinary care that includes mental health services for complex conditions including chronic pain.

6. That efforts are redoubled to reduce stigma about pain and mental illness, increase community understanding of pain and best practice pain management and empower consumers to seek out appropriate treatment and support.

KEY ISSUES AS THEY RELATE TO TERMS OF REFERENCE

(1) Relationship between chronic pain and mental health

Mental health services and resources have emerged as a critical part of best practice pain medicine.[4]

Chronic pain is not just uncomfortable or inconvenient. It deeply affects capacity to work, mental health and wellbeing as well as relationships. Distressingly, it sometimes ends in suicide.

While there is a higher burden of mental illness for people living in rural and remote areas and the impact of mental illness is much greater,[5] people in rural and remote areas are also more likely to experience chronic pain and may be more susceptible to mental illness.

People who live outside major cities are 23% more likely to experience back pain, with higher percentages in the 55 to 64 age group, and 30% more likely to have a long-term health condition due to an injury.[6] This may be due to the location of physically demanding jobs in industries such as agriculture, fisheries, forestry and mining in rural and remote areas.

Rates of mental illness and suicide are higher amongst people living with pain. Major depression is the most common mental illness associated with chronic pain among 30-40% of patients presenting for treatment for chronic pain.[7] High rates of generalised anxiety disorder, post-traumatic stress disorder and substance misuse are present for people living with chronic pain.[8]

Almost a third of Australian adults with severe or very severe pain experience high levels of psychological distress around three times the rate of those with mild pain and six times the rate of those with no pain. One in five Australian adults with severe or very severe pain suffer depression or other mood disorders.[9]

Suicidal behaviour is also 2-3 times higher in people with chronic pain than the general population worldwide.[10]

While these figures are dramatic, chronic pain has not received the same priority in policy and public awareness as mental health and remains misunderstood and neglected, despite its significant prevalence among people with mental illness.

Increasing understanding that chronic pain is a disease of the person, and that a traditional biomedical approach cannot adequately address all pain-related problems is critical. Despite growing knowledge, this requires ongoing attention.

The experience and expression of chronic pain varies between individuals, reflecting changing interactions between physical, psychological and environmental processes. The diagnosis of major depression in patients with chronic pain requires differentiation between the symptoms of pain and symptoms of physical illness, so specific clinical knowledge is helpful.[11]

Expert consensus and a growing body of research in Australia and worldwide says that best-practice pain management that most effectively improves function and mood requires coordinated interdisciplinary assessment and management involving assessing, at a minimum, physical, psychological, and environmental risk factors in each patient.[12]

It also known as a 'bio-psycho-social' approach because it aims to address all the factors that influence the pain experience.[13]

Where available, the approach embraces a combination of medical, physical and psychological therapies and can be provided under one roof or separately, but integration of treatments is key to achieving health outcomes.

Mental health techniques and strategies that underpin self-management of pain may include:

- Building knowledge of chronic pain to lessen the fear that the pain is causing more damage;
- Meditation and relaxation techniques to reduce the muscle tension caused by pain and which in turn leads to more pain;
- Improving sleep patterns because living with pain is exhausting and this fatigue can increase the pain experience and decrease the ability to cope;
- Recognising unhelpful thoughts and swapping these to improve mood and coping ability;
- Doing more of the things you love doing because it's easier to concentrate on these and begin to move pain into the background; and
- Practising mindfulness and bring all the senses to each moment.

Source: www.painmanagement.org.au

The bio-psycho-social approach is a key feature of Australia's own National Pain Strategy, developed in 2010 by over 200 delegates including pain specialists, health practitioners, researchers and consumers. The Strategy provides a blueprint for the treatment and management of acute, chronic and cancer pain and identifies key priorities to support greater access to pain services.

Since then, commitments have been made by various jurisdictions to improve understanding of pain in the community and health sector and addressing gaps in access to pain services. However, a firm commitment from all levels of government is urgently required that draws on existing programs and leverages investments. The implementation of a national approach through the Council of Australian Governments (COAG) would recognise that all governments have a role to play in reducing the pain burden and bring forward strategies that focus on prevention, early intervention, treatment and research.

Given the high prevalence of mental illness amongst people living with chronic pain, it is disappointing that the Fifth National Mental Health Plan does not include a reference to chronic pain.[14] Recognition of the relationship between the inter-related conditions and inclusion of specific measures in the mental health policy would be an important first step in addressing this burden of disease.

There are also key synergies between the National Pain Strategy and National Mental Health Plan. Joined-up policies and programs at a national, state and local level to meet shared goals should be explored.

Finally, to better understand the impact of pain on quality of life and its relationships to other conditions, data on the characteristics of pain should be prioritised by the Australian Bureau of Statistics through both analysis of the National Health Survey, and in the next Australian Census.

Recommendations:

- That the relationship between pain and mental health and their deep impact in rural and remote communities is recognised and prioritised in national mental health strategies.
- That best practice pain management that incorporates mental health services is better understood and accessed through the implementation of the National Pain Strategy and adopted by all Australian governments.
- Data on the characteristic of pain should be collected and analysed by the Australian Bureau of Statistics to better understand the impact of pain on quality of life and its relationships to other conditions including mental illness.

(2) Level of services in rural and remote areas, including workforce issues

The shortage of mental health professionals in rural and remote areas is well documented (3 psychiatrists per 100,000 population and 30 psychologists per 100,000 population employed in remote and very remote areas[15]) and deeply impacts on the quality of care available to deliver best practice pain management to people living outside the major capital cities.

Most public and private pain clinics that offer interdisciplinary care in one physical location are predominately located in the major capital cities, as are the Level 1 Pain teaching clinics.[16]

Pain specialists who serve both as a consultant to other physicians and often as the principal treating physician are concentrated in the major cities of NSW, Victoria and Queensland, as are the Level 1 Pain teaching clinics. There is no pain specialist in the NT.

There are only 316 active fellows of the Faculty of Pain Medicine (FPM) in Australia. The FPM is responsible for the training, examination and specialist accreditation of specialist pain medicine physicians and for the standards of clinical practice for pain medicine in Australia and New Zealand.

Pain specialists provide holistic care that includes prescribing medication, coordinating rehabilitative services, performing pain relieving procedures, counselling patients and families, directing a multidisciplinary team that often includes psychological and psychiatric services, cooperating with other healthcare professionals and liaising with public and private agencies.[17]

There are only seven paediatric pain clinics in Australia, with three in NSW and none in Tasmania, the ACT or the NT.

This makes it difficult for General Practitioners to refer patients in rural and remote areas to an interdisciplinary clinic due to travel and accommodation costs.

The physiotherapy workforce, which is also integral to interdisciplinary pain management, is also not evenly distributed and there is a shortage in rural and remote areas.[18] The Australian Physiotherapy Association point to specific reasons for this maldistribution including:

- Lack of incentives to live and work in rural and remote areas;
- Professional isolation, lack of career structure and suboptimal management of allied health professionals; and
- Poor access to professional development opportunities and support.[19]

Many of these factors would apply to other health practitioners, that are critical to achieving best practice pain management.

Without adequate pain management available in rural and remote areas, that includes mental health services, there is a greater reliance on pain medications to treat chronic pain despite limited evidence of their efficacy for that purpose or safety.[20] This has seen a 30 per cent increase in opioid prescribing between 2009 and 2014[21] and opioid overdoses including accidental overdoses at record levels in Australia.[22]

Consumption of prescription opioids in regional areas was much greater than in capital cities as found in a 2017 analysis of 54 wastewater sites by the Australian Criminal Intelligence Commission. Consumption of powerful opioids oxycodone and fentanyl in regional sites was well above capital city levels, with the average use of oxycodone in regional areas almost double that in capital cities.[23]

The Australian Commission on Safety and Quality in Health Care revealed opioid medications were being prescribed in some regional areas at 10 times the rate of other areas and they recommend action on pain and opioid management in rural areas.[24]

This must be a priority to bridge the pain services gap in rural and remote areas.

While we are encouraged by measures in the recent Federal Budget to enhance the rural medical workforces and expand access to mental health services, targeted measures that support greater access for people living with chronic pain must be prioritised to reduce the mental health burden in rural and remote areas.

A rural pain strategy would prioritise:

- **Expanded telehealth** programs to offer more specialist pain and mental health services in regional areas. A small number of existing telehealth pain management projects can be expanded.

- **Building capacity within existing primary and community health services** in general pain management services. This would involve Federal Government support for mini pain programs that could provide coordinated care packages, by supporting access to pain education. This would enable local GPs, psychologists, physiotherapists, pharmacists and nurses to provide coordinated care, who are supported by specialists located in the cities through an outreach program. Existing pain education projects could be expanded, and a model developed that could be applied and adapted across primary health settings.

- **Expanding knowledge and professional development opportunities in pain management for rural and remote health practitioners,** that includes understanding the vital role of mental health and increase understanding of chronic pain amongst psychologists. Access to training programs via scholarships made available in Primary Health Networks (PHNs) is limited.

- **Review of funding models to support the realisation of an interdisciplinary approach**. We urge the Australian Government to consider reform to funding models that would underpin and streamline an interdisciplinary approach and support the recommendations of the 2015 Primary Health Care Advisory Group.[25] This includes consideration of current limitations on the number of services that can be accessed through Medicare in a management plan and blended funding models that would allow greater collaboration and continuity of care between general practice, specialists and allied health providers for complex conditions like chronic pain. The MBS can also be improved to support chronic pain group programs, telehealth and pain education for consumers and health practitioners.

Recommendations:

- The development of a rural pain program that expands access to best practice pain management by building capacity in primary health, expanding telehealth and supporting health workforces.

- Review of funding models to underpin and support access to interdisciplinary care that includes mental health services for complex conditions including chronic pain.

Townsville's private pain clinic the LiveWell Pain Management Centre opened in 2014 – giving pain patients better access to services and an option for treatment outside the public hospital system

The multidisciplinary team includes occupational therapists, physiotherapists, psychologists and a pain management GP.

All patients are treated using a bio-psycho-social approach that includes mindfulness, hydrotherapy, and conditioning treatments.

The clinic conducts in services with GPs, within a few hundred kilometres of the service to increase referrals and fly-in clinics to remote areas. After an initial consult, patients in remote areas are encouraged to use telehealth.

Prior to the opening of the clinic, all pain patients in the region – including WorkCover, Defence and insurance claims – had to wait up to six months for the public hospital pain clinic or travel to Brisbane.

(3)Empowering consumers: attitudes toward pain and mental health

Pain and pain management remains misunderstood in the wider community.

Patient and community beliefs about chronic pain including stigma, a perceived lack of credibility or empathy and not being believed leaves people with chronic pain feeling isolated, unable to seek or access good quality pain management that includes mental health services, and reliant on medications. Many people are simply not aware of what treatments are available.

Painaustralia's recent Real Relief campaign[26] launched in the lead up to the up- scheduling of codeine in February 2018 was accessed by more than 3.3 million Australians. It raised awareness of why new access arrangements for codeine are necessary and the alternative ways to manage pain.

Despite a survey of consumers showing over half supported the decision to upschedule the medication, many conveyed their strong reliance on codeine and a lack of knowledge about its risks and alternative pain treatment options.

Timely, accurate and accessible information and community awareness approaches are critical to transform the way consumers seek and receive best practice pain treatment and support. Awareness can also enable consumers to take the first steps towards adopting self-management strategies to reduce pain, improve activity and reduce disability. Community education programs that incorporate self-management strategies have been shown to reduce demand for other services like surgery and hospital pain services.

While we have seen an expansion of awareness campaigns around mental health, the same level of support has not been extended to understanding chronic pain and its psycho-social impact.

Specific measures that would increase understanding of pain and what can be done to manage it include:

- **Support for a national web-based consumer support network** that provides the community with the most up to date information about treatment options, pain management tools and links consumers and their carers.
- **Ongoing support for a targeted public awareness campaign about pain and its management,** to reduce stigma for people living with pain.
- **Greater access to online pain management support programs** for consumers that include a significant component focused on mental health therapies and self-management. Existing programs include 'THIS WAY UP' developed by St Vincent's Hospital Sydney, the eCentre Clinic developed by Macquarie University and the Agency for Clinical Innovation Pain Management Network. These programs enhance treatment options for people who are unable to access physical services due to geography or cost, yet many are still only available on a fee for service basis which may preclude access.

Recommendation:

- That efforts are redoubled to reduce stigma about pain and mental illness, increase community understanding of pain and best practice pain management and empower consumers to seek out appropriate treatment and support.

Conclusion

Prioritising pain and pain management in health policy would significantly reduce the burden of mental illness in rural and remote areas.

The relationship between mental health and pain is overwhelming and tackling both health challenges is required to improve the quality of life for many Australians impacted by these conditions living outside the major cities.

Australia is well placed to take the next steps as it was the first country in the world to develop a National Pain Strategy. It provides a blueprint for the treatment of pain, that upholds best practice pain management including mental health services as integral to an interdisciplinary approach.

Access to better pain management in rural and remote areas can be expanded by empowering consumers, harnessing technology and developing the health workforce. Pain has a devastating impact on individuals, their families and society as whole. Addressing the significant burden caused by pain in rural and remote areas will significantly improve the lives of people living with pain, their families and their communities.

Painaustralia commends this submission to the Inquiry.

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