

# The Medical Journal of Australia • MJA

# MEDIA RELEASE

## **MENTAL HEALTH IN THE BUSH: RFDS FILLS THE GAPS**

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THE dearth of dedicated clinical mental health support and intervention services in remote Australia dissuades many people from seeking help until they are in crisis, according to research from the Royal Flying Doctor Service published online today by the *Medical Journal of Australia*.

According to the research from the Royal Flying Doctor Service (RFDS), there is little difference in prevalence of mental illness between city and bush, yet poor service access, distance, cost and continued reluctance to seek help, all contribute to higher mental illness acuity and suicide rates.

Between 1 July 2014 and 30 June 2017, 2257 patients were retrieved by the RFDS for treatment of mental or behavioural disorders, including 1394 males (62%) and 863 females (38%); 60% of patients were under 40 years of age, 35% identified as Indigenous Australians. Most retrieval sites were rural and remote communities with low levels of support for mental disorders.

The most frequent mental and behavioural disorders were schizophrenia (227 retrievals, 16.5% of retrievals), bipolar affective disorder (185, 13.5%), and depressive episodes (153, 11.2%).

Psychoactive substance misuse triggered 194 retrievals (14.2%), including misuse of multiple drugs (85, 6.2%), alcohol (61, 4.5%), and cannabinoids (25, 1.8%). The mean age of patients retrieved for treatment of substance misuse (29.6 years; SD, 11.6 years) was lower than for retrieved patients overall (37.0 years; SD, 19.3 years); 38 of 194 patients retrieved after psychoactive substance misuse (19.6%) were under 19 years of age.

The authors, led by Dr Fergus Gardiner, Director of Research and Policy with the RFDS, wrote that the increasing number of retrievals for diagnoses of bipolar affective disorder in children under 14 years was “unexpectedly high”.

“This may reflect confusion of the symptoms of bipolar affective disorder with the acute behavioural manifestations of attention deficit/hyperactivity disorder, obsessive–compulsive disorder, conduct disorder, learning disorders, pervasive developmental disorders, and unipolar depressive disorders,” Gardiner and colleagues wrote.

“Alternatively, it may reflect the context-specific nature of mental health-related retrievals of children from remote locations: a diagnosis of bipolar affective disorder may be perceived as more acceptable for initiating aeromedical retrieval.

“The high number of bipolar affective disorder diagnoses among retrieved children nevertheless warrants further investigation.”

The authors concluded that “the absence of access to local dedicated mental health support and intervention services, many patients seek clinical assistance only when in crisis”.

“The availability of RFDS and non-RFDS mental health clinical support is lower in most of the retrieval communities than in major cities.”

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