


A close-up photograph of tree bark with various textures and colors, including white, grey, brown, and orange. A white, curved callout shape is overlaid on the bottom left of the image.

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**Reimagining
mental health
in regional Australia**



When 14-year-old Simon* began having thoughts of suicide, in remote South Eastern Queensland, his life and that of his family began to unravel. He considered speaking to his friends and teachers, but had never seen anyone ask for help before. So Simon kept quiet.

His mother, increasingly concerned for his welfare, sought medical advice. However, no specialist mental health care was available locally, and waiting times in the nearest regional centre stretched to 6 months. With Simon's condition worsening, the only option was for her to drive him 300 kilometres to be admitted to a hospital emergency department. And so began their long and challenging journey towards understanding the condition Simon lives with.

One-third of Australia's people – some 7.1 million individuals – enjoy life in rural and regional Australia. But a crisis is quietly unfolding. During their lifetime, one in 5 of these people – daughters and sisters, sons and brothers just like Simon – will experience mental ill-health. And people living outside metropolitan centres are 1.5 times more likely to die by suicide than their city counterparts.

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Unique stressors – geographical, environmental, social and economic – and continued poor access to health services have put a growing number of individuals at risk. People are falling through the cracks. The mental health gap between residents of rural, regional and remote Australia and their suburban counterparts has become a gaping chasm.

*not his real name.

An aerial photograph of a small town in a rural, arid landscape. The town is centered around a main road that runs vertically through the middle of the frame. Buildings with blue roofs are scattered along the road and in the surrounding area. The terrain is dry and brown, with sparse vegetation. In the background, there are rolling hills under a blue sky with some clouds. A large white curved shape is overlaid on the top left and top center of the image, containing the title text.

A snapshot of Mental Health in Rural and Regional Australia



People living in regional Australia have a greater prevalence of chronic conditions and disability, and generally poorer health. They are more exposed to natural disasters, have fewer job opportunities, lower incomes and less financial security.



By the time regional people access support, their mental health and wellbeing has typically deteriorated. Emergency departments (ED) are often the only option. The more remote the location, the higher proportion of ED presentations are mental health related, and First Nations peoples are four times more likely to present than non-Indigenous Australians.



Higher rates of substance misuse in regional Australia are linked to mental ill-health. Rates of self-harm and suicide increase with remoteness, to more than double that of metropolitan areas. In some communities, these rates are among the highest in the world.



Treatments tend to be city-centric and ill-suited to the lifestyles and geographies of rural and regional people. Receiving appropriate support can mean relocating far from family and friends, which compounds the challenges, especially for young people.



Access to mental health support is hampered by stigma and shame, the expense and inconvenience of travel, technological limitations and poor Internet connectivity. About 100,000 Australians in rural and regional Australia cannot access a mental health service at all.



Funding for very remote mental health services is up to 5.7 times less than that of major cities. Some of the people at greatest risk are missing out on care because it is either unavailable, inaccessible or doesn't meet their needs.



Addressing wicked problems

When a person begins experiencing mental ill-health there's a common misconception that they can ask for help. That support is available when they accept they need it. It's not that simple, especially if you live in rural and regional Australia.

Vulnerable people in communities that prize stoicism and resilience cannot

easily put up their hand for one thing. Even if they do have the courage to seek help, it's rarely available in their town and sometimes not even in their region.

The journey back to good health can be exhausting and distressing.

To safeguard people like Simon and his family, things must drastically change.

Passion and purpose

Meeting this urgent need demands new conversations, new collaborations and new, evidence-based strategies. And for respected regional voices to be heard.

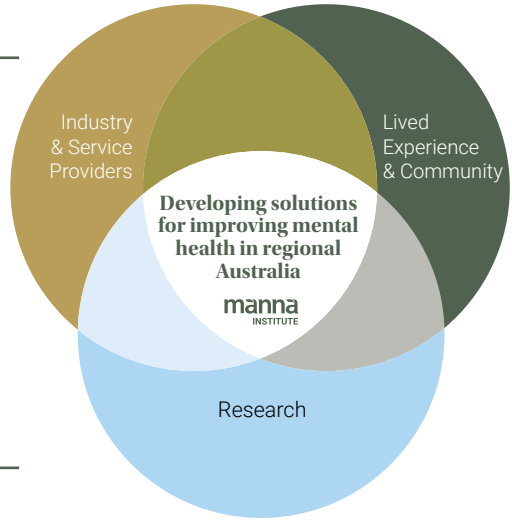
To bridge the great divide, people are now looking to Manna Institute.

Ours is the first virtual research and training institute of its kind in Australia, dedicated to improving the mental health and wellbeing of rural, regional and remote communities.

We live, work and play in these communities. Our dedicated team of university researchers, industry and community partners actively collaborate with service providers and agencies, First Nations peoples and those with lived experience of mental illness. Our professional network, like our collective expertise, is extensive.

Sustainable Workforces

Achieving our goals depends on establishing and expanding mental health workforces. From clinical health professionals and peer workers to community advocates and regional researchers, Manna Institute is building workforce capacity, diversity and sustainability through exciting new collaborations.



Initiatives with impact

At Manna Institute, we are building on strong foundations to imagine a very different future.

We are engaged in partnerships and conducting practical research that is informing real change.

We are championing innovative projects, to better support our communities and hopefully save lives.

Manna Institute understands that enduring mental health solutions are about people as well as programs. In regional Australia, where mental health workers toil for long hours, with limited resources, across vast distances, staff turnover is high. By bolstering mental health workforces, we aim to ensure appropriate support now and well into the future.



Case study:

Grow your own workforce

Mental health peer workers have long been vital to the mental health workforce in regional and rural Australia. With lived experience of mental ill-health, they deliver crisis and ongoing support that is both practical and powerful – advocating for service users, facilitating support groups, and maintaining connections within hospitals and communities.

These roles are critical to the possibility of mental health recovery. For who better understands mental illness than someone who has experienced it themselves?

Manna Institute researchers have a history of partnering with service providers to evaluate practical solutions within communities – and promptly adopting the most promising. In partnership with Lifeline Direct and the Lifeline Research Office, our researchers are now exploring how people with lived experience can further their ambitions to gain peer work qualifications. In turn, this will provide additional workforce capacity where it's needed most.

Our partnership has three key goals: to develop resource materials for those seeking a peer work pathway; identify ways to support and retain regional university students to enhance future professional teams; and develop leadership opportunities for peer workers that combine their unique skillsets, to bolster the regional workforce.

"In regional and rural Australian communities, we need to do more than simply apply what works in the city," said Manna Institute Research Fellow Associate Professor Sarah Wayland. "The institute aims to prioritise lived experience inclusion. We are



excited to explore how peer work can support the regional mental health workforce, how we can better support the next generation of workers currently enrolled in regional universities, and generate research by the regional peer workforce for the regional peer workforce.”

In partnership, we can ensure that new knowledge about rural, regional and remote mental health and wellbeing translates into improved supports for those communities.

Lifeline Direct CEO Robert Sams said hearing and learning from the many different lived and living experiences is a critical part of Lifeline’s service design and delivery. “If we are to reach our goal of having an impact for those who seek our help, we are wise to listen to their voices and experiences to better understand their needs,” he said.

Lifeline Research Office Chief Research Officer Dr Anna Brooks is also proud to be collaborating with Manna Institute on this project. “In partnership, we can ensure that new knowledge about rural, regional and remote mental health and wellbeing translates into improved supports for those communities. And, as an organisation that underpins its activities with expertise from people with lived and living experience, we see enormous value in Associate Professor Wayland’s peer workforce initiative,” she said.

This strategy to ‘grow your own’ workforce, means that people from regional Australia who have gathered valuable practical knowledge will soon be able to guide education and service provision. They will enjoy exciting new career pathways and help to address critical workforce shortfalls in the process.

Partner with us today

Addressing the complex mental health needs of regional Australia is an urgent, national social justice issue.

We all have the right to good mental health, regardless of where we live. And this is not a responsibility that regional communities should have to shoulder alone.

Manna Institute is exploring opportunities to drive health improvements and change lives, with the potential to boost living standards and economic productivity across the country.

You, too, can help bridge the mental health divide by engaging with our research, education and progressive workforce initiatives. The most effective solutions, capable of being deployed near and far, will be the ones we design together.

We warmly invite researchers, community members and industry bodies in rural, regional and remote Australia to partner with us to develop and deliver tailored, community-driven programs. To pioneer the approaches – and introduce the tools – so desperately needed.

Manna Institute is also actively seeking financial support to ensure that our most promising projects can be tested and widely adopted. To do this, we need practical assistance but also funding to evaluate community programs, maintain active partnerships with service providers, and invest in future scholars through PhD scholarships. So that vulnerable Australians, regardless of where they choose to reside, can live their best lives, receiving the support they need in a timely manner.



**There's not a
moment to lose.**

Like the Eucalypt species for which it is named, Manna Institute has deep roots in rural and regional communities. Robust and fast-growing, it will serve as a vital resource and navigational aid, just as manna gums have been to First Nations peoples for centuries.

“Manna Institute” is supported by the Australian Government Department of Education.

Contact us today to play your part in supporting Manna Institute’s vital work.

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