



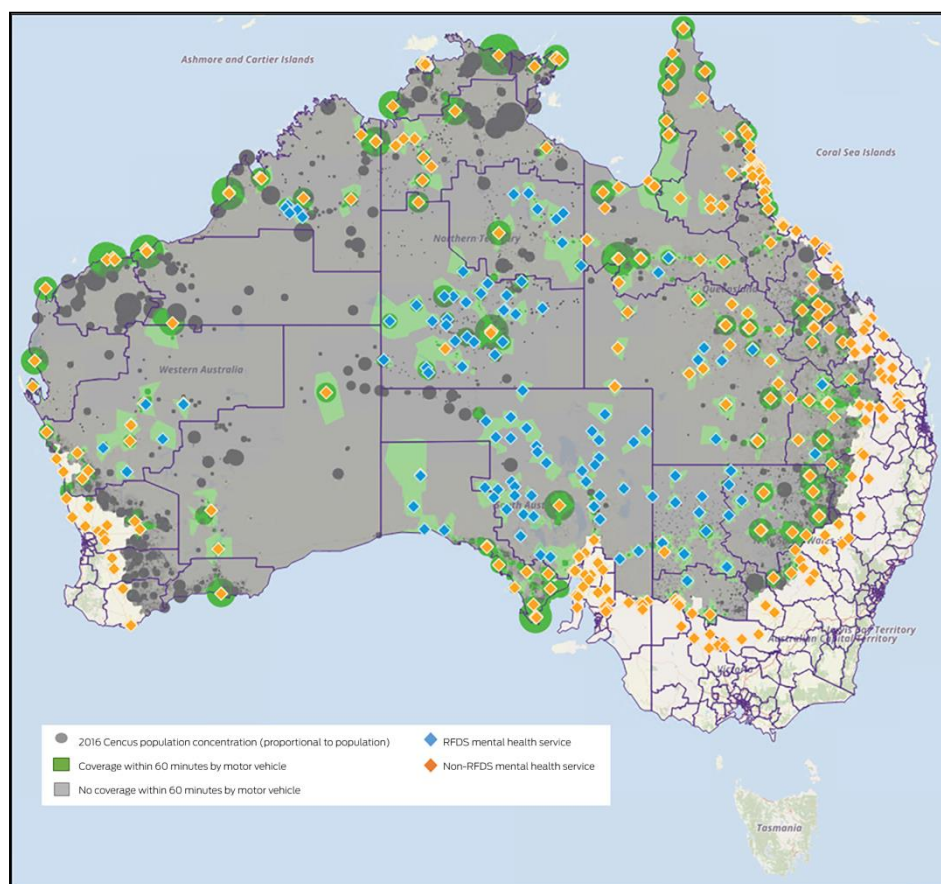
Supporting Information

Supplementary material

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Gardiner FW, Coleman M, Teoh N, et al. Aeromedical retrievals of people for mental health care and the low level of clinical support in rural and remote Australia. *Med J Aust* 2019; doi: 10.5694/mja2.50272.

Figure. Royal Flying Doctor Service (RFDS) and non-RFDS rural and remote mental health services coverage, by Statistical Areas Level 3 (SA3), 2016–17



*Does not include metropolitan areas or rural and remote areas of Victoria or Tasmania.

Table. Rural and remote regions with lowest levels of access to mental health service (Royal Flying Doctor Service [RFDS] and non-RFDS) within a 60 minute drive

Rural and remote community areas*	Permanent population 2016*	Population without coverage within 60 minutes' drive†
Narrogin (WA)	1968	1968 (100%)
Katanning (WA)	2234	2208 (98.8%)
Piccadilly (SA)	2234	2202 (98.6%)
Port Hedland (WA)	2339	2057 (87.9%)
Farrar (NT)	5838	5051 (86.5%)
Merredin (WA)	4051	3222 (79.5%)
Newman (WA)	11 913	8867 (74.4%)
Katherine (NT)	14 499	5405 (37.3%)
Esperance (WA)	12 894	3359 (26.1%)
Stove Hill (WA)	22 413	4233 (18.9%)

* Excluding any city or township areas.

† That is, 60 minutes' drive from place of residence to permanently located services in metropolitan, rural, or remote areas. This excludes clinic waiting times and consideration of clinic patient workload capacity; for example, a health service may not have capacity to see additional patients. While these communities may have access to mental health support, they had the highest proportions of rural and remote patients who needed to travel more than 60 minutes to access this support.