Central West Mental Health Roundtable

Initial Report: Reasons for optimism

17 September 2018

CONTENTS

Central West Mental Health Services

Roundtable Initial Report: Reasons for optimism

1 Preamble

The Central West Mental Health Service Provider Roundtable is a collaboration between the Western Queensland Primary Health Network (**WQPHN**),[1] the Remote Area Planning and Development Board (**RAPAD**)[2] and the North Queensland Rural Financial Counselling Service (**NQRFCS**).[3]

Why bother with a roundtable? The effects of the long-lasting drought and the challenges of rural and remote area service delivery are exacerbated by workforce vacancies, confusion about what services are available, and attitudes, resulting in stigma, that impact upon help seeking behaviours that support early intervention to support well-being and personal resilience.

The significant effects of the long-lasting drought across most of Western Queensland and its impact on individuals, communities and business underscores that a different approach to provision of services that better support communities is needed urgently if changing and increasing demands for support are to be met.

Focussing on meaningful and practical collaboration between mental health providers services in the Central West region, the Roundtable sought to better understand what is happening 'on the ground', enable greater advocacy across provider networks, and examine opportunities to improve access and service linkage and integration.

This is not a one off 'talk fest'. This is the beginning of a new dialogue that results in increased capacity, better coordination and practical solutions to issues being faced in the bush.

2 Principles

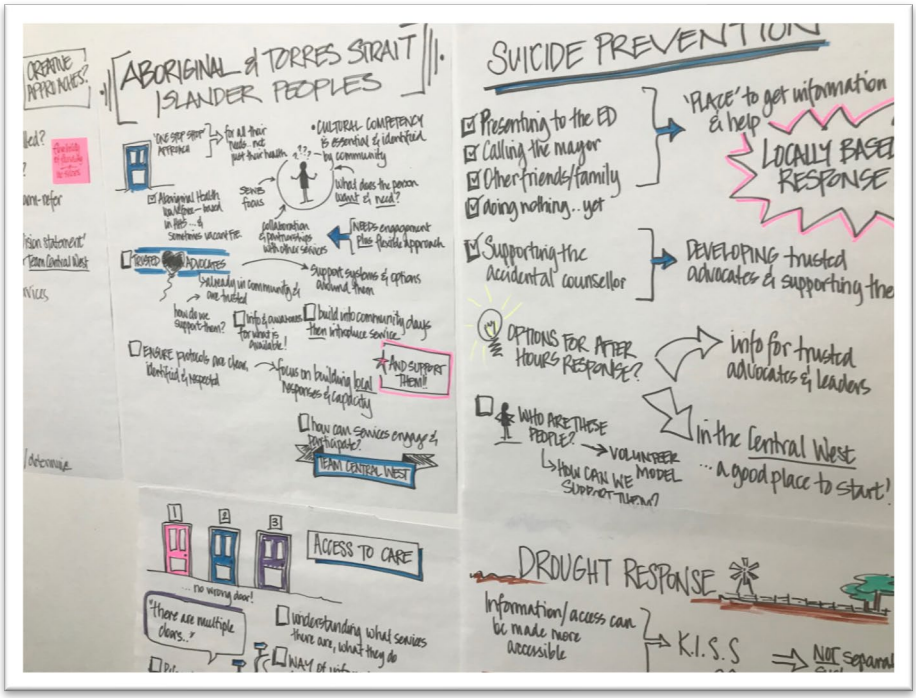
Our approach is local. This is about the experiences of people living in the Central West and what works best for them. The Roundtable does not want to apply a 'one size fits all' approach but consider and understand what is needed, what will work and why. It is about getting a common understanding of how best to configure support services to provide the best outcome from a client perspective, with an emphasis on prevention, well-being and self-management.

Principles that guided the roundtable discussion included:

- ensure services reach into community – meeting individuals and their families and friends where they are;
- use innovative and disruptive approaches to understand and deliver mental health services across the region;
- focus on the individual through a shared care approach that is supported by practical collaboration, strong referral pathways and access to information and data;
- enhance existing capacity through support, collaboration and workforce innovation, development and training; and
- increase health literacy and understanding of individuals and communities in our region so they understand their own needs and know how to access support.

[1] Please see: http://wqphn.com.au
[2] For more information, please see: https://www.rapad.com.au
[3] Please see: https://www.rfcsnq.com.au

This paper outlines the discussions and agreements that resulted from the Roundtable in September 2018.



3 Overview: reasons for optimism!

On 17-18 September 2018, a roundtable event was held with service providers and key stakeholders from the Central West region. Bringing together participants outlined in Table 1 below, the Roundtable focussed on mapping and understanding services being offered in the Central West and exploring whether the needs of the various communities were being met.

The Roundtable highlighted the significant work already being done in the Central West, with participants sharing a plethora of examples that are working well through a passionate, motivated and skilled assortment of individuals and organisations established in the region.

The Roundtable also highlighted there is the potential build on these strengths to further enhance and improve the scope, connectedness and collective impact of these resources. Participants included the following individuals and organisations.

Table 1 | Roundtable participants

Participant	Organisation
Alistair MacDonald	Western Queensland PHN
Ann Marie Liddy	CheckUp
Carmen Goodger	Western Queensland PHN
Cr Gavin Baskett	Mayor, Winton Shire
Cr Pam Pullos	Blackall Tambo Regional Council
Cr Rob Chandler	Mayor, Barcaldine Shire
David Arnold	RAPAD
David Phelps	Department of Agriculture and Fisheries (Qld)
David Walker	Outback Medical Centre (Longreach)

Participant	Organisation
Gail Jamieson	Royal Flying Doctor Service
Heather Alexander	Centacare NQ
Ivan Frkovic	Queensland Mental Health Commission
James Curtain	Lives Lived Well
Jane Williams	Central West Hospital and Health Service
Kris Trott	Queensland Alliance for Mental Health
Leanne Geppert	Queensland Mental Health Commission
Mark Goddard	Western Queensland PHN
Pat Fraser	CWAATSICH
Peter Whip	Outback Futures
Racheal Brock	RFCSNQ
Rodney Valentine	RFCSNQ
Sandy Gillies	Western Queensland PHN
Selena Gommersell	Outback Futures
Sheryl Lawton	CWAATSICH
Shirley Marks	Centacare
Simone Finch	The Westminster Initiative (Facilitator)
Simone Xouris	RHealth
Sophie Dodd	Beyond Blue
Stuart Gordon	Western Queensland PHN
Tim Shaw	Royal Flying Doctor Service
Victoria Corner	Western Queensland PHN

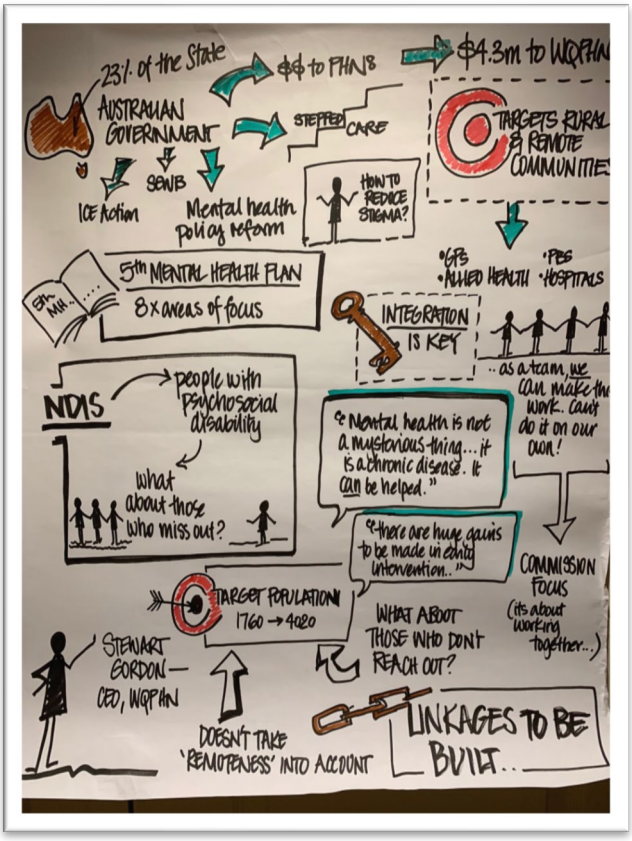
3.1 Western Queensland PHN | Integration is key

The WQPHN is commissioning a range of mental health and drug and alcohol services in the Central West and has been working with these providers and the CWHHS and general practice networks to implement stepped care approaches in line with the 5th National Mental Health Plan.[4] There has been an increasing focus on meaningful collaboration and partnerships between organisations to leverage from existing infrastructure and investment tailor services that optimise access and support for people on the ground.

Funding arrangements for mental health are complex and dispersed across Commonwealth and State governments agencies, as well and philanthropic contributions. Further to this complexity is the clinical governance requirements of multiple organisations, program guidelines and recruitment and retention challenges.

The Roundtable discussions highlighted the importance of collaboration, exercising organisational agility and flexibility and create a 'team approach' through better integration and advocacy.

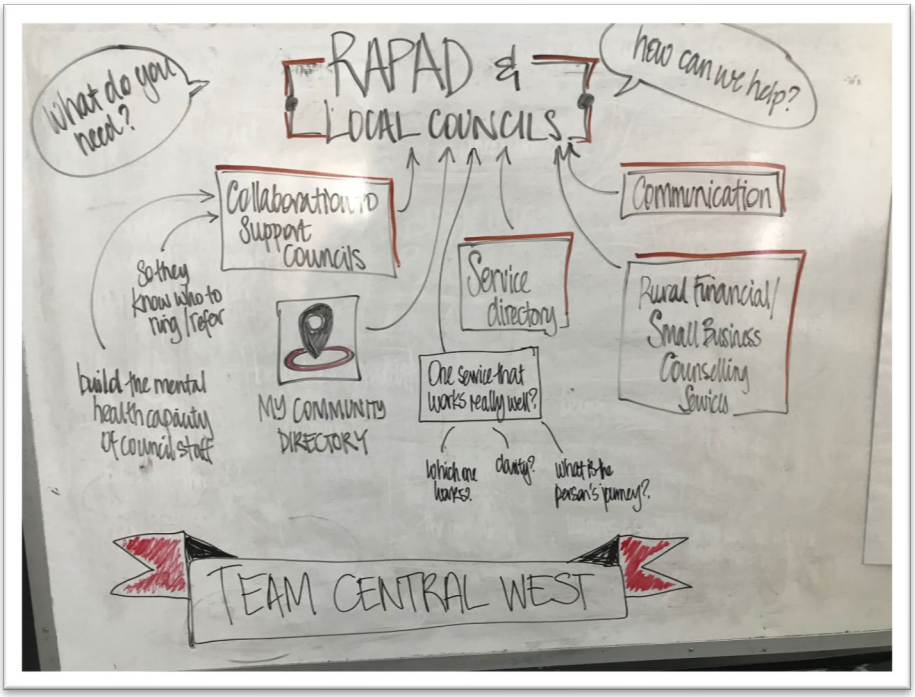
[4] For further information, please see: http://www.health.gov.au/internet/main/publishing.nsf/content/mental-fifth-national-mental-health-plan



Focussing on matching services to the needs of the individual, the WQPHN's mental health priorities include:

- Provision of low intensity and general psychological services focussed on early intervention, management and recovery for people experiencing mental ill-health.
- Provision of services, in the community, to support people experiencing severe mental illness, particularly those with long term conditions.
- A stepped care approach with the ability to scale up and down service supports with an emphasis on self-management, prevention and recovery.
- Appropriate, focussed services to underserviced groups including Aboriginal and Torres Strait Islander people and children and youth.
- A universal approach to suicide prevention across the spectrum of mental illness and prevention activities

The WQPHN, RAPAD and CWHHS strongly encourages collective conversations between services and professionals that focusses on wellbeing, accessibility and the reduction of stigma. We know that integration is key!



3.2 RAPAD | Sustainable Services

Focussing on how they can best assist, RAPAD outlined their role and challenges in the community, as illustrated above. RAPAD is a regional development organisation and organisation of councils that works to promote sustainable growth and development in the Central West.

Outlining the work undertaken by RAPAD and their focus on the challenges of the bush, David Arnold, CEO highlighted the success of the Australian and Queensland Governments rural financial counselling services (**RFCS**) administered by RAPAD that were working with contractors, primary producers and small businesses affected by the drought.

In all cases, however, what is needed to build sustainable services in the Central West is systematic, meaningful connections across organisations – including councils – and access to information when and where it is needed. Without access to service information, updated specialisations and information on how to access the service, the work undertaken by RAPAD and individuals within councils and across communities is limited.

3.3 Service providers in the Central West

The following table provides a short overview of services that presented at the Roundtable, their current delivery, challenges and opportunities.

Table 2 | Overview of services on the ground

BeyondBlue[5]	BeyondBlue has a national reach, with over 20 million visits to their website nationally. Their focus is to break down stigma around mental health and provide meaningful services to people needing support. In particular: • 'The Way Back' is a 24/7 online forum for people after attempted suicide, giving clinically appropriate support. • New Access – is an online or telephone service that accepts self-referrals. Working with people in the P1-P3 range, the program uses a coaching approach to assist individuals to build tools to assist them in their daily life.

[5] For further information, please see: https://www.beyondblue.org.au

	The program has clinical oversight and is showing great success with men. It focusses on keeping people safe.
Centacare[6]	Centacare offers various services, including Partners In Recover (**PIR**). Their biggest challenges are: • Workforce retention and burnout of staff, including the complex issue of junior staff being quickly promoted due to gaps in the team, to roles they are not qualified for or experienced in. • Lack of coordination at senior levels. • Challenges in families causing dysfunction and disengagement, including across education and health. The PIR program does not have any capacity for additional referrals at this stage. It looks after the person and their family/connections, with a focus on their whole experience – not just health. It is a face to face program, with staff traveling to smaller towns to provide services. The PIR program funding finishes in June 2019, when funding will transition to the WQPHN to commission.
CheckUp[7]	Visiting 199 rural and remote communities across Queensland, CheckUp funds travel, professional support and accommodation for clinicians and specialists to visit communities in need of their services. Mental health is a funded priority with CheckUp is keen to ensure services are collaborative not duplicated.
CWAATSICH[8]	CWAATSICH has a hub and spoke model with the central office located in Charleville and satellite services in Mitchell, Roma and Quilpie. CWAATSICH provides comprehensive primary health care services primarily to Aboriginal and Torre Strait islander clients. CWAATSICH funded in the CW by WQPHN to provide services under the Nukal Murra Integrated Team Care (**ITC**) and Social and Emotional Wellbeing (**SEWB**) programs across the Central West region. The ITC programme is designed to improve the management of chronic disease amongst Aboriginal and Torres Strait Islander people by strengthening partnerships between Aboriginal and Torres Strait Islander organisations and the wider health system. The program also seeks to empower people with chronic disease to be more effectively engaged in their care through providing a culturally informed, seamless and integrated approach to care. The SEWB Program accepts and adopts contemporary approaches to SEWB by placing the person, family and community at the centre of the solution and acknowledging the client and the community's resilience and strengths as a vital asset. CWAATSICH works closely with GP services across the CW and other services through community functions and health promotion days, visiting other health services and undertaking health promotion and education for individuals and professionals. Current capacity is restricted to 1 FTE with approximately 90 clients registered for ITC services across the CW.
Lives Lived Well (LLW)[9]	The LLW program is focussed on people living with drug and alcohol addiction. They take referrals as well as accepting people who self-refer.

[6] For further information, please see: https://www.centacarecq.com
[7] For further information, please see: https://www.checkup.org.au
[8] For further information, please see: http://www.cwaatsich.org.au
[9] For further information, please see: https://www.liveslivedwell.org.au

	They have a 'no wrong door' approach – working with people seeking help, whatever their issue may be. They provide programs both face-to-face as well as over the telephone and try not to have waiting lists. They are funded by the PHN and provide P3-P4 support. Additionally, Lives Lived Well is funded to provide New Access (see above: BeyondBlue) in rural communities in the South West of Queensland. The Roundtable were keen to understand whether it could be funded to be provided in the Central West.
Outback Futures[10]	Outback Futures seeks to reduce the stigma of mental illness through normalising the conversations, advocating on behalf of individuals and utilising services that are already in place – rather than reinventing the wheel. Through the mobilisation of communities and individuals, Outback Futures provides a multidisciplinary approach that builds trust in the communities they visit. Although the model is 'fly in, fly out', it is successful because it attracts people in need of care who would not otherwise enter another service for fear of being stigmatised. Services are regular and go in to schools, community centres and other organisations. Outback Futures are not seeking to be a 'bricks and mortar' service provider, rather a connector between services to provide care for individuals and families. Waiting lists are used, when needed. Services are provided for P5 activity which is suicide prevention.
CWHHS Primary Health[11]	There are three primary health care streams in the Longreach region. They include: • **General practitioners** (12) who are rural generalists and can work with people presenting with mental illness. They accept and provide referrals (generally by letter and phone) and have capacity for additional patients. • **Mental Health team** – Central West HHS. Clinicians include five adult specialists, two child and youth specialists, two Indigenous health workers, one drug and alcohol clinician, one regional adversity integrated care clinician, one part-time psychiatrist, and one drug and alcohol promotion and prevention officer. There is also an additional part-time child and youth specialist psychiatric support provided by eCYMHS – Children's Health Queensland. The service has capacity to accept new referrals. • **Mental Health Rural Generalist** – delivered through a primary health model to people with severe mental illness. Keen to continue to collaborate and educate other providers on what is needed in referrals.
Royal Flying Doctor Service[12]	The RFDS is state-wide and flies into Longreach and the surrounds to provide clinical and mental health services. Waiting lists are not used. Referrals are accepted from GPs. The RFDS has received drought-specific funding from the Queensland Government for four years. This covers five Hospital and Health Service

[10] For further information, please see: https://www.outbackfutures.org.au
[11] For further information, please see: http://www.centralwest.health.qld.gov.au/
[12] For further information, please see: https://www.flyingdoctor.org.au

	regions, including the Central West. The team includes one manager and four clinicians, takes self-referrals and, in addition to clinical support (P1-P3), provides training and education on mental health and suicide prevention. The biggest challenge for the RFDS is recruitment and retention of skilled staff.
Wellness Network	Network of services, including financial counselling, that meet monthly to improve collaboration and service delivery. Receive referrals from GPs and are able to refer outside of, and across, the network. Funding exists for financial counsellors for small businesses and contractors affected by the drought. The Wellness Network is flexible and able to respond quickly - helping people to engage and link them with mental health services. They are locally based and focussed.

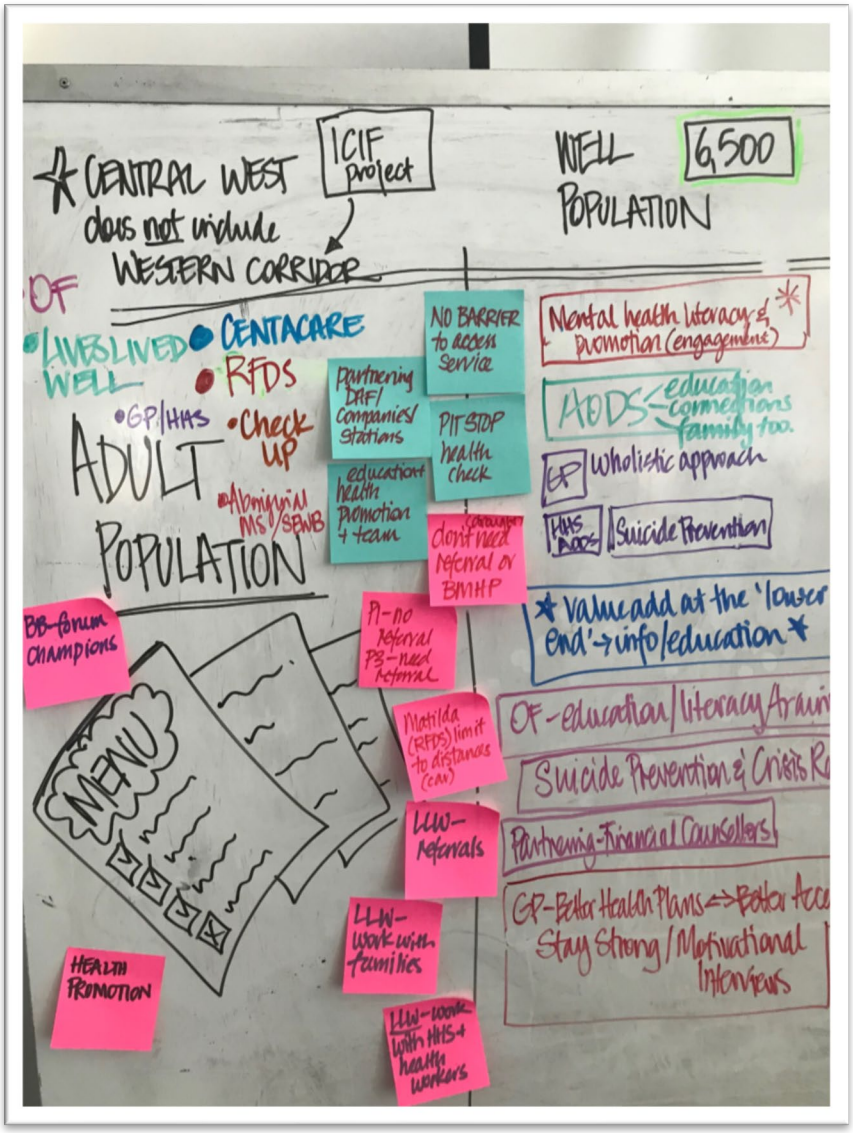
4 Opportunity through challenge

Four key areas were identified that require specific, tailored responses. Table 3 outlines specific issues that require in-depth investigation and response in the Central West.

Table 3 | Challenges and opportunities in the Central West

Aboriginal and Torres Strait Islander people	• Aboriginal and Torres Strait Islander people would benefit from a 'one stop shop' approach where the service focussed on all their needs, not just health. • Cultural competency is important for non-Indigenous services and professionals. With a better understanding of Aboriginal and Torres Strait Islander culture, services and organisations will engage more effectively with Indigenous people. • Many of the Aboriginal and Torres Strait Islander health workforce are based at the Hospital and Health Service, with similar challenges recruiting and retaining staff. • Elders and community leaders in the community are regularly the first port of call when someone is unwell and/or in trouble. How do we support them? How do we ensure that they are not burnt out and face mental illness themselves? • Local cultural protocols need to be understood and used by services and professionals.
Access to Care	• There are multiple access points to care and services at the moment – with provision and pathways not being well understood by services, clinicians or the broader community. This often means that they are not well utilised. • Referral pathways are not well structured or understood. Services do not understand what is needed, who is doing what, and what services have capacity. • For people requiring rehabilitation from drug and alcohol use, there are limited local options. • Some people are receiving multiple services because the services are not communicating effectively. There is significant confusion!

	• Provision of information, data and referral pathways could be built into funding agreements. • After hours information is needed – particularly for crisis care and suicide prevention. Access to that information needs to be easy.
Drought Response	• Information and access to care – needs to be understood and made more accessible but not a separate system to health information. • Relationships are key to build trust and provide support.
Suicide prevention	• Mayors and other community leaders are regularly called upon when a community member is threatening self-harm. They are not necessarily professionally skilled and need support and information. • A 'place' for community members and leaders to get contemporary information and service support is urgently required, including after-hours services. • Information for local services that are available and funded is also required. • Mayors and community leaders also require support to ensure they do not burn out or experience vicarious trauma.


CENTRAL WEST does not include WESTERN CORRIDOR
ICIF project
WELL POPULATION
6,500
OF
LIVES LIVED WELL
CENTACARE
RFDS
GP/HHS
Check up
ADULT POPULATION
Aboriginal MS/SEWB
Partnering DAF/ companies/ stations
NO BARRIER to access Service
PIT STOP health check
education health promotion + team
Mental health literacy & promotion (engagement)
AODS - education connections family too.
GP wholistic approach
HHS AODS
Suicide Prevention
dont need referral or BMHP
value add at the 'lower end' → info/education
BB-forum champions
PI-no referral P3-need referral
Matilda (RFDS) limit to distances (car)
OF-education/literacy/train
Suicide Prevention & Crisis
Partnering-Financial Counsellors
LLW-Referrals
GP-Better Health Plans → Better Acc
Stay Strong / Motivational Interviews
MENU
LLW-work with families
HEALTH PROMOTION
LLW-work with HHS + health workers

5 Service mapping

An initial service mapping exercise was conducted with participants providing an overview of services they provide within the five categories of adult mental health services and children – youth mental health services.

Table 4 | Adult services

Organisation	Well Population	At Risk	Mild Mental Illness	Moderate Mental Illness	Severe Mental Illness
Royal Flying Doctor Service	Mental health literacy training and health promotion (engagement)				
	Mental Health Team (Longreach) P1-P3				
	Drought Wellbeing Services				
Lives Lived Well	Alcohol and other drugs education, family support and connections to other services	AODs support	AODs support	AODs support	
General Practice in community / CWHHS	Wholistic approach to mental health within physical health; AODs referral to CWHHS; suicide prevention through education and information.			Mental Health Team – CWHHS AODs Team – CWHHS	Mental Health Team – CWHHS AODs Team – CWHHS GP – working with patients P4
CheckUp				Supporting CWHHS with specialist care provision – where there is need + gaps.	
Outback Medical			GP services & support	GP services & support	Funding for provision of services – P4
Centacare	Information and education about mental health.	Partners In Recovery (PIR) – suicide prevention + social support			
		New Access			
Outback Futures	OF – education, health literacy and information; suicide prevention and crisis response; partnering with financial counsellors.				

Organisation	Well Population	At Risk	Mild Mental Illness	Moderate Mental Illness	Severe Mental Illness
CWAATSICH	Better Health Plans and better access to mainstream services; Social and Emotional Wellbeing; Stay Strong program; motivational interviews				
BeyondBlue	Value add through information and education. 24/7 Phone Line, Web Chat, Forums and apps – evidence based, health literacy. Coaching approach				

Young children and youth are presenting with developmental delays, challenges with their education and low levels of literacy. Increasing access to services, at an early stage, would allow identification of any problems and prompt response and/or treatment.

Table 5 | Children and youth services

Organisation	Well Population	At Risk	Mild Mental Illness	Moderate Mental Illness	Severe Mental Illness
Centacare	No specific child and youth programs. Refers to other service providers.				
Royal Flying Doctor Service	Not funded to provide child and youth programs. If a child or young person is identified as needing care, the clinician can respond in situ then refer to an appropriate service.				
Outback Futures	Working in early childhood centres; conducting workshops for parents	Social skills training for young children.			
		Group work with children and youth regarding anxiety and depression			
		Suicide ideation/response for teenagers (12-17 years)			
	Group work in schools regarding body image, sexual health and bullying.				
Lives Lived Well	AODs services to young people – often connected with their mental health.				
BeyondBlue	National Education Initiative – for teachers and principals working with children and youth experiencing mental health issues. Includes 24/7 support, website and forums.				
General Practice / CWHHS	Works with children and young people as they present.		CWHHS has paediatric psychiatry services through eKids – in addition to CWHHS and GP services. Currently at full capacity.		

Organisation	Well Population	At Risk	Mild Mental Illness	Moderate Mental Illness	Severe Mental Illness
CheckUp			Children's Health / psychiatry – telehealth + three visits per year.		

6 Agreed key Central West opportunities

The following opportunities were agreed by participants at the Roundtable.

- Improving Coordination, especially when bringing in new services or in changing existing services.
- Increasing awareness, and understanding, of existing services (for clinicians, social and other human services, RFCS, councils, the community).
- The need for easy-to-navigate referral pathways across providers and services.
- Mechanisms to activate stepped care (ensuring visibility of options that can be activated rapidly to 'wrap around patients' to ensure management and prevention).
- Boosting low intensity, easy to access services that are evidence informed, structured and clinically integrated, including trusted advocates.
- Better inter-organisational advocacy and collaboration, actively building better partnerships that create a 'team environment'.
- Addressing mental health and alcohol and other drug misuse stigma.
- Ensuring access to mental health and alcohol and other drug misuse care/support outside of business hours (9 -5) and adequate engagement activities important.
- Improving Mental Health literacy and help seeking behaviours – need to be core activities.
- Improving both Aboriginal and Torres Strait Islander-specific services and mainstream agencies providing culturally appropriate services.
- Enabling a more comprehensive suicide prevention capability through application of end-to-end case management.
- Better access to better information about services available and how to access them.
- Better access to care after hours.

7 Next steps

Throughout the two days of the Roundtable, a 'jobs list' was created including practical responses that will have genuine impact across Longreach and the broader region. These have been collated into five themes, as follows.

This is not an exhaustive list – rather, the beginning of an ongoing conversation.

7.1 Team Central West

Action	Next Steps
Form 'Team Central West' as a collaboration between services focussing on mental health and primary health care in the community.	• Develop a vision statement and governance framework to form Team Central West. • Map how integration will work at multiple levels. • Create one identity across the CW region so that communities relate to Team Central West rather than specific service providers. (Collective Impact)
Provide information to the community and all services across the region on Team Central West	• Develop information sharing opportunities, including but not limited to, social media and email lists, to share updates and information from Team Central West.

Action	Next Steps
Funding guarantees	• Work with the WQPHN and other funding bodies to reshape contracts and focus on longer term funding.
WQPHN Commissioning process	• WQPHN to consider options to commission services such as financial counselling, through collaboration with clinical and community services within mental health commissioning.

7.2 Trusted advocates

Action	Next Steps
Build framework for the development and support of trusted advocates in the region.	• Using a coaching framework for trusted advocate, develop a governance and training framework. • Funding opportunities for paid trusted advocate positions. • Agree a protocol for non-clinical positions to 'warm refer' individuals to services as a trusted advocate.
Support for trusted advocates	• Provide support for trusted advocates through Team Central West. • Consider how to support trusted advocate, volunteers and accidental supporters (such as community elders and councillors) to ensure that they are not burnt out and at risk themselves.
Access to 'Way Back' Program	• WQPHN to work with BeyondBlue to determine opportunities for a pilot program of Way Back in the Central West region.
Expand Outback Futures funding	• Focussing on children and young people, expand the coverage of Outback Futures across the central west.

7.3 Knowledge and information

Action	Next Steps
Analysis of data for cohorts who are not accessing services	• WQPHN to undertake data analysis to better understand who is, and is not, accessing services in the region. • Data analysis to be made available to services across the region.
Suicide prevention	• Specific information on services providing emergency and ongoing care for people indicating suicide ideation to be made available and easily accessible. Consider: o online/app accessibility; o posters in public areas; and o business cards with information on services and emergency responses.

Action	Next Steps
Onboarding for GPs and other health professionals	• Develop protocol for onboarding of GPs and other health professionals when they arrive in Longreach and the broader region to inform them of available services and meet service providers.

Information accessibility	• Focussed on a stepped care approach, increase accessibility of information, that is culturally appropriate and locally based, on services, community and health events, e-referral and online forums/services, plus organisations providing care, connection and clinical care.
	• Make the information accessible through community information 'database' for health professionals and community members.
	• Consider:
	  ○ online/app accessibility;
	  ○ posters in public areas;
	  ○ small booklet for easy access; and
	  ○ business cards with information on services and emergency responses.
	• Include information specialisations, waiting lists, service times, accessibility, costs/bulk billing and who to contact.
	• Include geographical mapping and frequency of services, including how to make a booking/referral.

Referral protocols	• Develop and disseminate referral protocols to all organisations in the region. • Ensure that pathways include correspondence back from providers following referrals by GP – help with patient care
Working with Aboriginal and Torres Strait Islander people	• Ensure protocols for referral and working with Indigenous people are clear so that non-Indigenous individuals and organisations know what to do.

Map services across the region	• Consider:
	  ○ who is providing what services;
	  ○ what they do;
	  ○ who they are, access and waitlists;
	  ○ clinical specialisations;
	  ○ after-hours access;
	  ○ bulk billing and costs;
	  ○ FTE – both filled and vacant

Responsibility for data and information	• Build provision of data and information on referral pathways into WQPHN contracts.