

# CHARLEVILLE MENTAL HEALTH ROUNDTABLE REPORT 2018

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WESTERN QUEENSLAND PHN | ROYAL FLYING DOCTOR SERVICE |  
RURAL FINANCIAL COUNSELLING SERVICE



*Rural Financial  
Counselling Service*  
SOUTHERN QUEENSLAND



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# 1 Introduction

Coming together on 28 and 29 November 2018, mental health service providers in Charleville spent two days considering the challenges facing the community when it comes to mental health prevalence and service delivery, particularly during the current, unprecedented drought.

Seeking to understand what is needed, what is provided and any gaps, the workshop was hosted by the Western Queensland PHN (**WQPHN**) and the Royal Flying Doctor Service (**RFDS**). Facilitated by Simone Finch of The Westminster Initiative,<sup>1</sup> the workshop worked towards identifying issues, understanding need and delivery, and developing solutions to the current, and future, situation.

One of three roundtables held in South West Queensland on this issue, this report provides an overview of the Charleville event. In addition to the information contained within this document, a mapping exercise has been created for the South West that includes the work undertaken at the roundtables, in addition to publicly available information on service delivery in the region (**Attachment A**). Further, all actions from this, and the other roundtables, have been collated and are found at **Attachment B**.

As illustrated, the roundtables focussed on three key principles for service provision in the region:

- access to care
- collaboration
- coordination

Focussing on these principles during the roundtables allowed the complex issues to be broken down into three separate, yet connected categories for consideration.

In alphabetical order, participants included:

| Name               | Organisation                                     | Further Information   |
|--------------------|--|---|
| Adrian Clutterbuck | Children's Health Queensland                     | <a href="https://www.childrens.health.qld.gov.au">https://www.childrens.health.qld.gov.au</a> |
| Alison Casey       | Lifeline Darling Downs and South West Queensland | <a href="https://www.lifelinedarlingdowns.org.au">https://www.lifelinedarlingdowns.org.au</a> |
| Alistair MacDonald | WQPHN  | <a href="http://www.wqphn.com.au">www.wqphn.com.au</a>  |
| Andrew Barron      | Royal Flying Doctor Service                      | <a href="https://www.flyingdoctor.org.au/qld/">https://www.flyingdoctor.org.au/qld/</a>       |
| Angie Bowden       | Rural Financial Counsellors                      | <a href="https://www.rfcssq.org.au">https://www.rfcssq.org.au</a>                             |
| Annie Liston       | Murweh Shire Council                             | <a href="https://www.murweh.qld.gov.au">https://www.murweh.qld.gov.au</a>                     |
| Candice Crawford   | Royal Flying Doctor Service                      | <a href="https://www.flyingdoctor.org.au/qld/">https://www.flyingdoctor.org.au/qld/</a>       |
| Claire Schmidt     | Royal Flying Doctor Service                      | <a href="https://www.flyingdoctor.org.au/qld/">https://www.flyingdoctor.org.au/qld/</a>       |
| Davida Melksham    | Lifeline Darling Downs and South West Queensland | <a href="https://www.lifelinedarlingdowns.org.au">https://www.lifelinedarlingdowns.org.au</a> |
| Frank Tracey       | Cunnamulla Mental Health Team                    |   |
| Gail Jamieson      | Royal Flying Doctor Service                      | <a href="https://www.flyingdoctor.org.au/qld/">https://www.flyingdoctor.org.au/qld/</a>       |
| Heather Hall       | WQPHN  | <a href="http://www.wqphn.com.au">www.wqphn.com.au</a>  |
| Jim McGowan        | South West HHS                                   | <a href="http://www.southwest.health.qld.gov.au">www.southwest.health.qld.gov.au</a>          |
| Joanne Mahoney     | Royal Flying Doctor Service                      | <a href="https://www.flyingdoctor.org.au/qld/">https://www.flyingdoctor.org.au/qld/</a>       |

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<sup>1</sup> For further information, please see: [www.westminsterinitiative.com.au](http://www.westminsterinitiative.com.au)

| Name             | Organisation                                     | Further Information   |
|------------------|--|---|
| Kerry Crumblin   | Cunnamulla Aboriginal Corporation for Health     | <a href="https://www.cach.org.au">https://www.cach.org.au</a>                                 |
| Linda Patat      | South West HHS                                   | <a href="http://www.southwest.health.qld.gov.au">www.southwest.health.qld.gov.au</a>          |
| Loretta Johnson  | Queensland Ambulance Service                     | <a href="https://www.ambulance.qld.gov.au">https://www.ambulance.qld.gov.au</a>               |
| Mark Goddard     | WQPHN  | <a href="http://www.wqphn.com.au">www.wqphn.com.au</a>  |
| Meredith Staib   | Royal Flying Doctor Service                      | <a href="https://www.flyingdoctor.org.au/qld/">https://www.flyingdoctor.org.au/qld/</a>       |
| Paula Boyle      | Lifeline Darling Downs and South West Queensland | <a href="https://www.lifelinedarlingdowns.org.au">https://www.lifelinedarlingdowns.org.au</a> |
| Peter Bradford   | CNC Cunnamulla                                   | <a href="http://www.southwest.health.qld.gov.au">www.southwest.health.qld.gov.au</a>          |
| Peter Jackson    | National Disability Insurance Agency             | <a href="http://www.ndis.gov.au">www.ndis.gov.au</a>  |
| Simone Finch     | The Westminster Initiative                       | <a href="http://www.westminsterinitiative.com.au">www.westminsterinitiative.com.au</a>        |
| Simone Xouris    | RHealth  | <a href="http://www.rhealth.com.au">www.rhealth.com.au</a>                                    |
| Stuart Gordon    | WQPHN  | <a href="http://www.wqphn.com.au">www.wqphn.com.au</a>  |
| Stuart Mackenzie | Quilpie Shire Council                            | <a href="https://quilpie.qld.gov.au">https://quilpie.qld.gov.au</a>                           |
| Tegan Russell    | South West HHS                                   | <a href="http://www.southwest.health.qld.gov.au">www.southwest.health.qld.gov.au</a>          |
| Tim Shaw         | Royal Flying Doctor Service                      | <a href="https://www.flyingdoctor.org.au/qld/">https://www.flyingdoctor.org.au/qld/</a>       |

## 2 Why are we here today?

The roundtable series is a collaboration between the Western Queensland PHN, the Royal Flying Doctor Service and the Rural Financial Counselling Service.

Seeking to build and strength partnerships, the collaboration is focussed on understanding the mental health needs of communities in South West Queensland, particularly during the long-lasting drought, as pictured.

Stuart Gordon spoke about the significant innovations being made by the WQPHN through their commissioning work,<sup>2</sup> including:

- trusted advocates;
- expanding access to 'New Access' by Beyond Blue;
- building capacity and engagement;
- Health Care Homes (integrated GP initiative);
- Digital Mental Health Gateway;

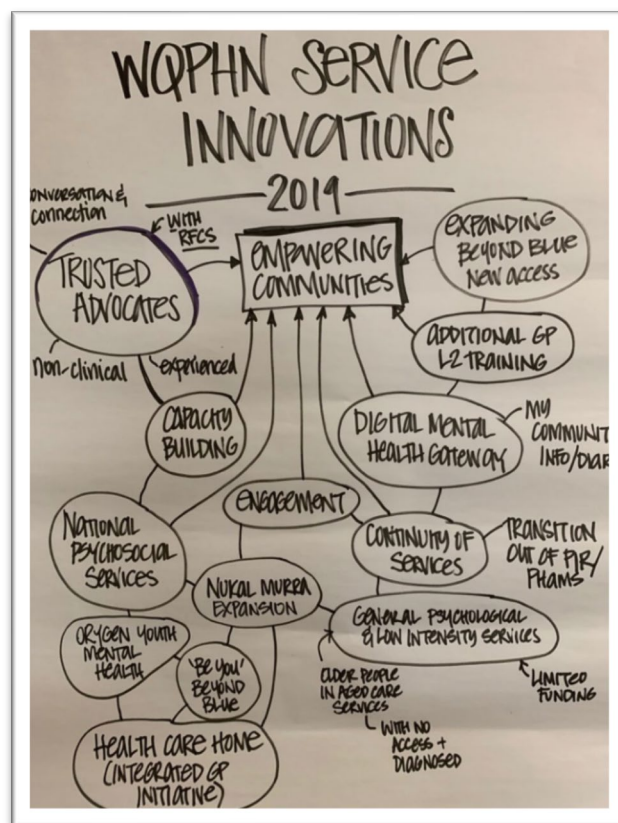


<sup>2</sup> Further information can be found at: <http://www.wqphn.com.au/commissioning>

- ensuring increasing access to general psychological and low intensity services, within a limited funding framework;
- continuity of service for individuals transitioning out of Partners In Recovery (PIR) and PHaMS; and
- Nukal Murra expansion.

Stuart Gordon also provided an overview on the presentation from Major General Stephen Day who is the Coordinator-General for Drought. He had attended the Roma Roundtable and had made the following points:

- Having trusted, informal connections – such as ‘trusted advocate’ – would allow information to be easily shared throughout communities and with individuals in need of support and referral.
- The trusted advocates would have connections with GPs and other services, knowing where to find information would allow them to access and share relevant referral and service details.
- Without a team approach, services would not be able to fully serve the communities and individuals who needed their help. It was a case of being, like the military, ‘all in together’. Major General Day noted that, within his military career, the principle of the team all being in the situation to win and support each other was much like facing the ongoing drought. Without all pulling together, it would be difficult to have a positive outcome and long-lasting resilience.



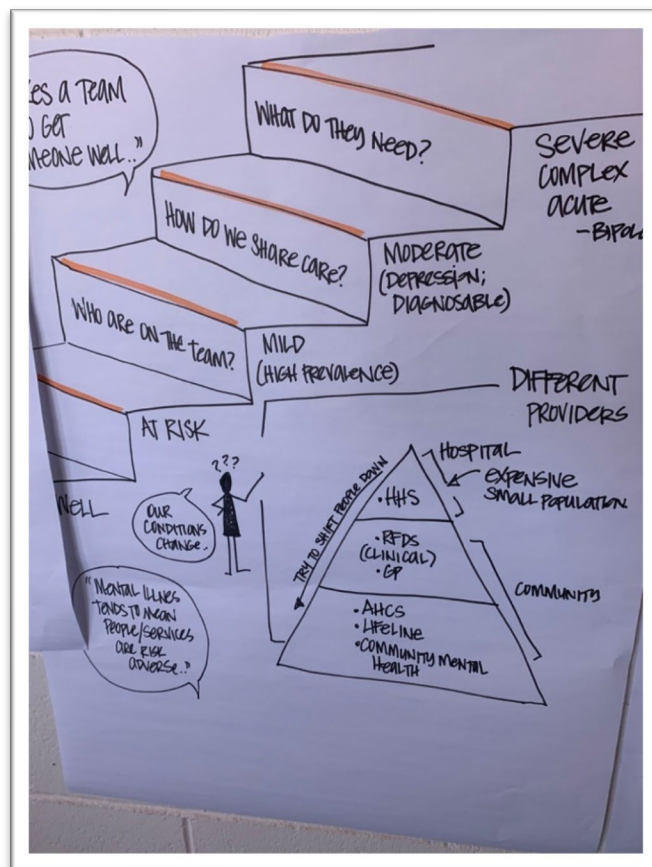
The Major General noted that he saw three trends in his work. Believing they affect the resilience of individuals and communities, Major General Day outlined them as:

- the fragmentation of families and communities;
- people are leaving farms and rural regions; and
- there is a lack of civil discourse with the broader community with a propensity to be outraged and be nasty to each other (referencing the rise of ‘cyber trolls’ and bullying online).

### 3 Stepped care: collaboration and integration are key

The 'stepped care framework' (pictured)<sup>3</sup> is a model that receiving funding from the Australian Government to provide services where they are needed by the patient – with the ability to increase, or decrease, focus as needed. The benefits of the stepped care model include (but are not limited to):

- treatment for low to high intensity;
- reduces over servicing as it focusses on the needs of the patient;
- matches services to need;
- empowers GPs to make decisions and work with the patient; and
- works to address stigma.

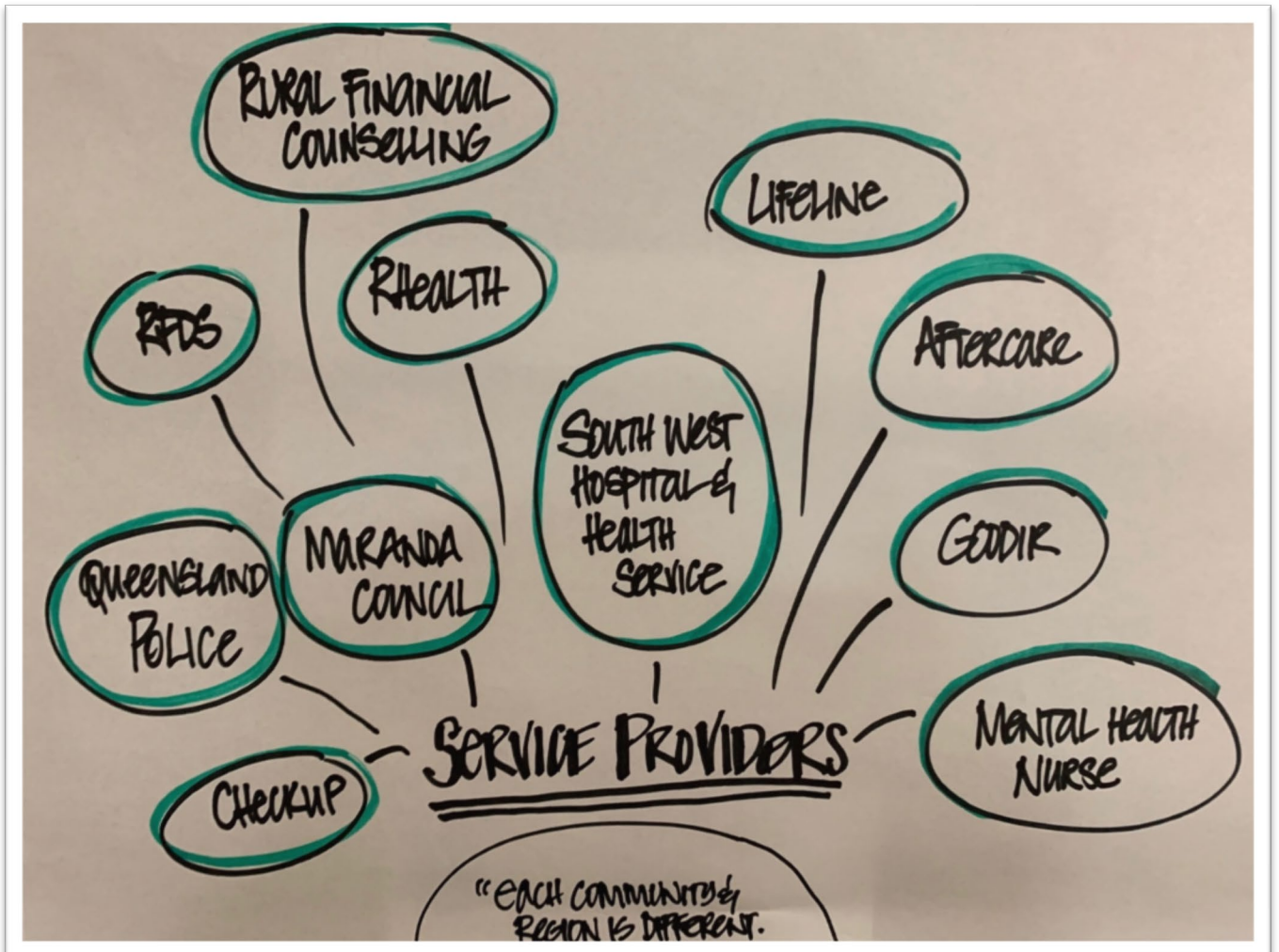


<sup>3</sup> Further information on stepped care can be found at:

[http://www.health.gov.au/internet/main/publishing.nsf/content/2126B045A8DA90FDCA257F6500018260/\\$File/1PHN%20Guidance%20-%20Stepped%20Care.PDF](http://www.health.gov.au/internet/main/publishing.nsf/content/2126B045A8DA90FDCA257F6500018260/$File/1PHN%20Guidance%20-%20Stepped%20Care.PDF)

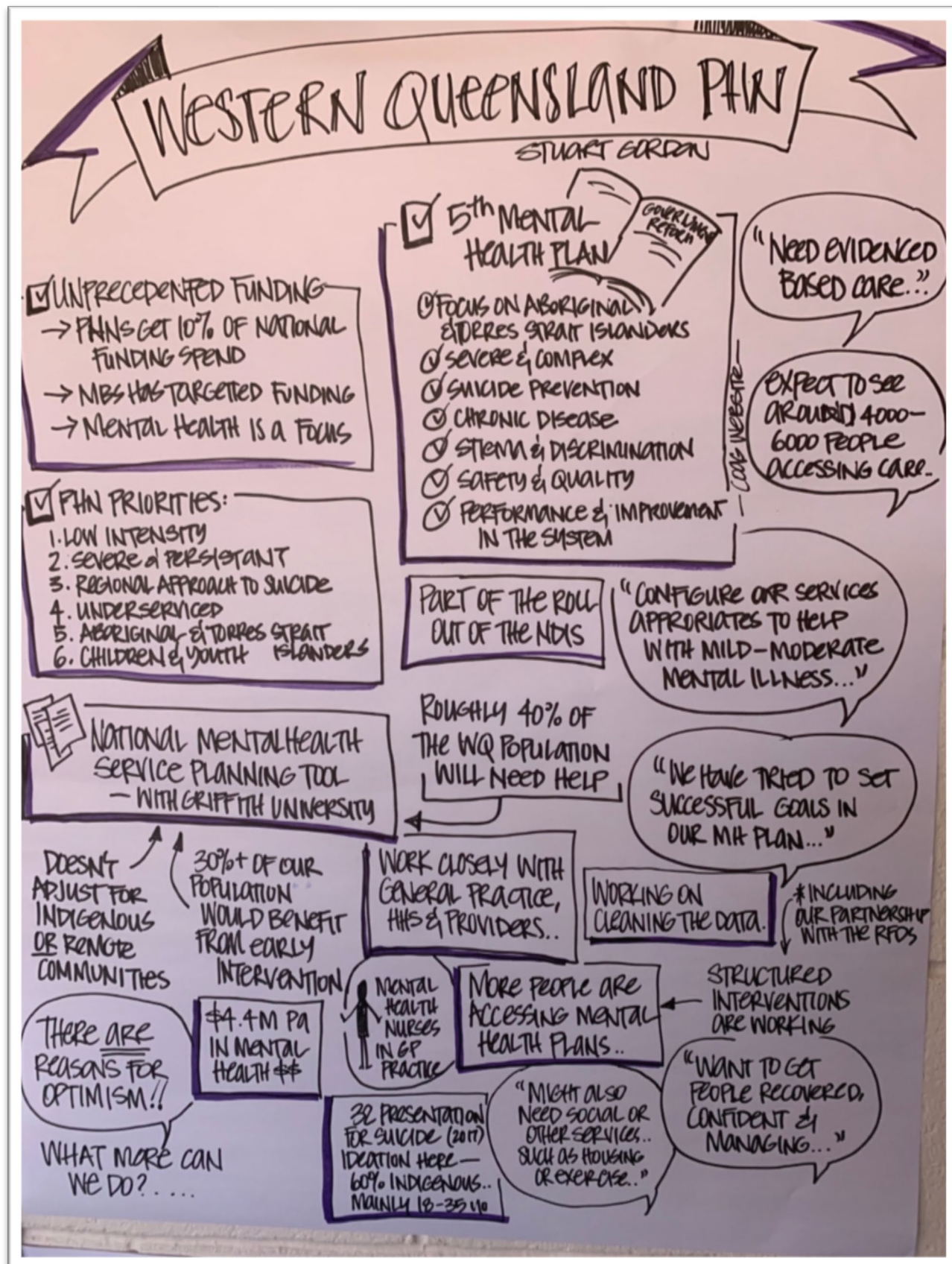
## 4 A reason for optimism – service provision in our patch

Services participating in the Roundtable were given the opportunity to outline the work they were currently undertaking in the region. Focussing on service provision, partnerships and engagement, the following organisations provided a comprehensive outline of the challenges they are facing.



### 4.1 Western Queensland PHN

Stuart Gordon, Chief Executive Officer of the WQPHN provided an overview of the work being undertaken within the WQPHN (pictured below), with a focus on collaboration and partnerships that work for the good of the community.



Focussing on better access to care, coordination and collaboration, the three roundtables (Roma, Charleville and Longreach) had a foundation in the WQPHN Mental Health, Suicide Prevention, Alcohol and Other Drugs Services Regional Plan 2017 – 2020,<sup>4</sup> as outlined below.

The expectations of the commissioned funding through the WQPHN is that the following groups and issues will be responded to:

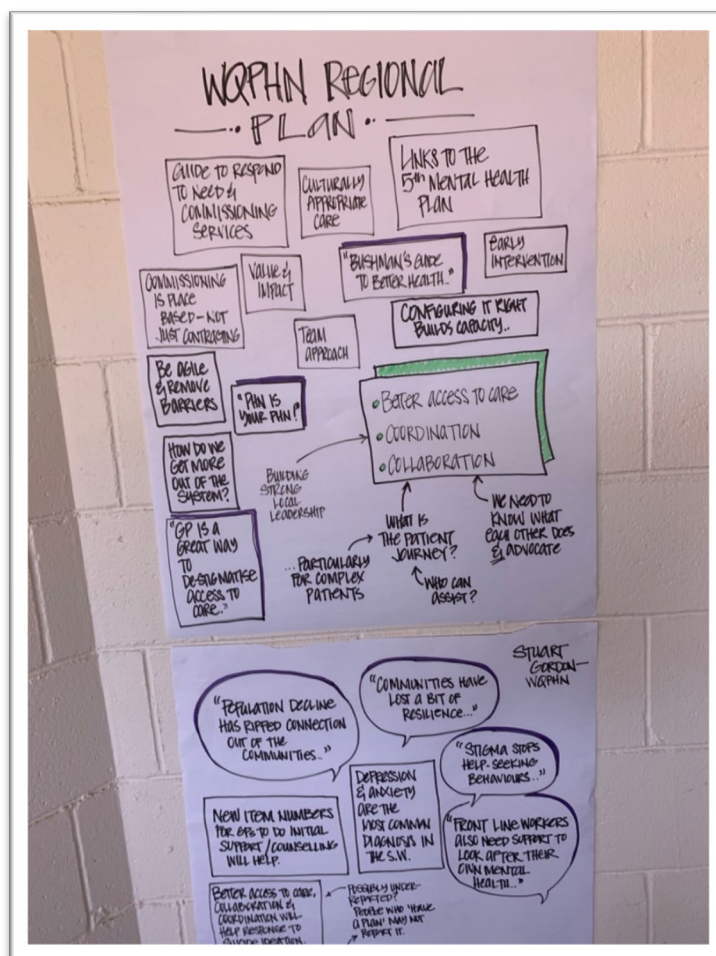
- underserved groups;
- regional approach;
- people with severe conditions;
- children and youth;
- Aboriginal and Torres Strait Islander people; and
- people at the low intensity 'step'.

The WQPHN has clear commissioning guidelines and frameworks, that can be found at:

<http://wqphn.com.au/commissioning>.

Additionally, the Fifth National Mental Health and Suicide Prevention Plan can be found at:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-fifth-national-mental-health-plan>.



<sup>4</sup> A copy of the Regional Plan can be found at:

[http://wqphn.com.au/uploads/documents/MHSPAOD%20Regional%20Plan\\_low%20res%20FINAL%207%20Nov%2017.pdf](http://wqphn.com.au/uploads/documents/MHSPAOD%20Regional%20Plan_low%20res%20FINAL%207%20Nov%2017.pdf)

## 4.2 Royal Flying Doctor Service

Operating across outback Australia, the Royal Flying Doctor Service (**RFDS**) provides primary and mental health services, in addition to emergency responses and education/training. Specifically, the RFDS shared information regarding mental health services and increased State-based funding until 2022.

The RFDS outlined their 'reasons for being' with a focus on connecting with individuals in the bush through being a trusted provider. Their face-to-face service in rural and remote regions allows the RFDS to build an ongoing relationship that encourages individuals (and their families) to seek help when it is needed. In particular, the RFDS:

- Has an established mental health team.
- Promotes the clinic-based model – where mental health services are delivered through existing primary health clinics.
- Aims to remove barriers to access – including providing mental health services through existing clinicals.
- Is seeking highly experienced and skilled clinicians and health professionals to deliver their services.

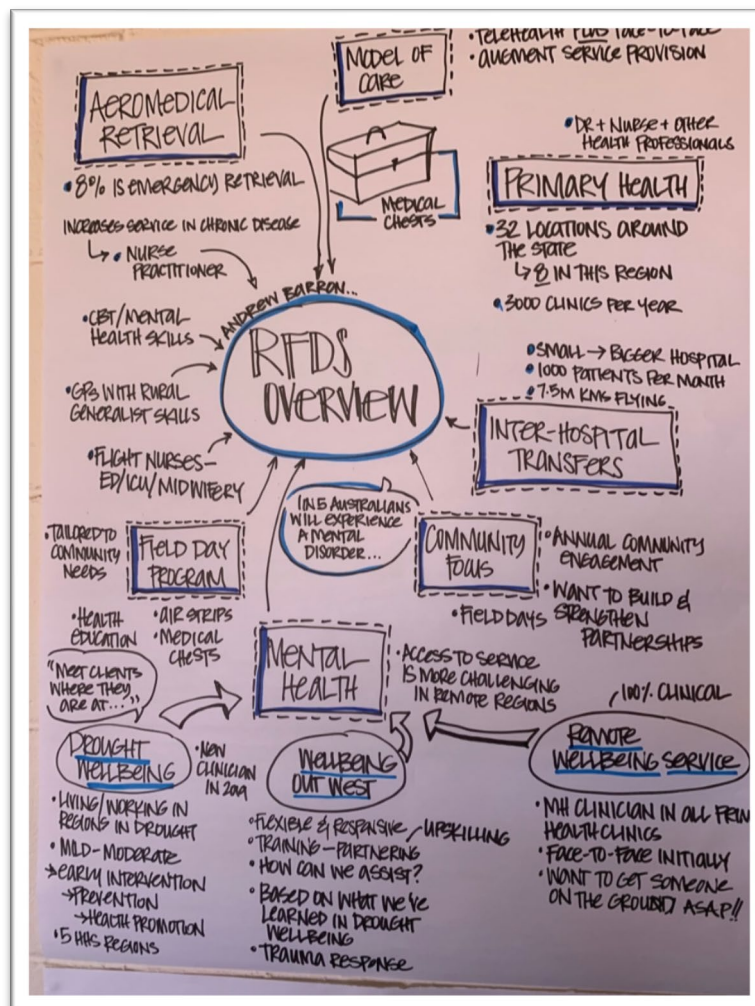
The strengths of the RFDS include:

- There is someone to talk to ... talking to a person not a machine.
- Individuals feel as though someone cares and that they are not alone.
- Meeting the client where they are – even in the back of a truck.

The RFDS are an established and trusted service, with a recognizable brand – particularly in the bush.

As pictured, the key services of the RFDS are:

- aeromedical retrieval (around 8% being emergency retrieval);
- model of care (including medical chests for remote stations);
- primary health – 32 locations around Queensland with 8 in this region;
- inter-hospital transfers (around 1,000 patients per month in Queensland, flying 7.5 million kilometres per annum);
- community engagement, including field day programs; and
- mental health service provision.



The three arms to the mental health service are:

- **Drought Wellbeing Service** – which is a face-to-face, mild-moderate adult service for people living in drought affected areas. This service is running across five HHS areas, with a focus on being flexible and responsive to community needs.
- **Wellbeing Out West** – with 100% donated funds, this program upskills and trains community members in response to traumatic events.
- **Remote Wellbeing Service** – provided in a face-to-face and telehealth mode, this program is through a mental health clinician who works with GPs across three HHS regions.

Importantly, the RFDS accepts self-referrals which helps with removing barriers and stigma – particularly as the RFDS is so well known and trusted.

### 4.3 South West Hospital and Health Service (SWHHS)

With increasing complexity and need, the SWHHS team reported that, although they have a strong team, they are not always able to meet all local need. Focussing on acute care and case management, currently there is no waiting list for services, but it is often difficult to hold the case load across the service.

The team consisted of:

- Two adult psychologists
- One child and youth psychologist
- One AODs specialist
- Two social workers
- One EAPS specialist

There is the option of a video link to Darling Downs Health,<sup>5</sup> as well as an e-health option for the children and youth service for behavioural issues.

Further information about the SWHHS can be found at: [www.southwest.health.qld.gov.au](http://www.southwest.health.qld.gov.au)

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<sup>5</sup> Further information can be found here: <https://www.health.qld.gov.au/darlingdowns>

## 4.4 Children's Health

Dr Adrian Clutterbuck from the Children's Health Unit<sup>6</sup> gave an overview of the service for the Charleville region.

His overview of the issues being faced by children and their families was a sobering account of challenges that impact the mental health (and broader health) outcomes of this cohort. They included:

- There are approximately 1,170 children between 0 – 18 years in the region, constituting approximately 27% of the population;
- 50% of the population live in the two lowest poverty indicator quintiles;
- 30% of prep-aged children present as vulnerable in two, or more, development domains; and
- families and their children are accessing public mental health services.

Of concern was Dr Clutterbuck's analysis of the ability of children starting school or accessing the health system, including:

- 1 in 2 start school with significant developmental delays;
- 1 in 3 start school with poor social skills;
- 1 in 20 are living in social housing;
- 1 in 4 had a mother who smoked while she was pregnant.

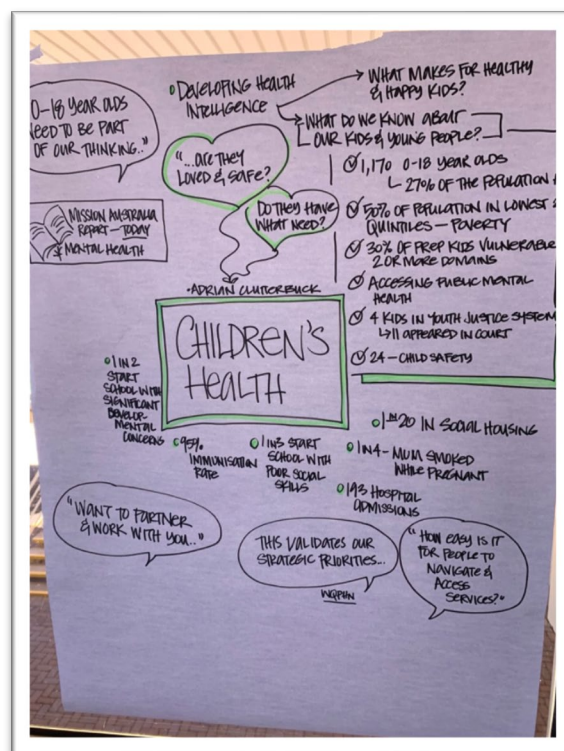
On a more positive note, 95% of children were immunised.

Dr Clutterbuck stressed that the experiences and health of children from infant to 18 years old must be a part of the thinking and planning for the health system.

Stuart Gordon agreed that this information further validates the strategic priorities for the WQPHN and reiterated the need for organisations to partner for better outcomes for vulnerable groups.

Coincidentally, Mission Australia released their research about the mental health of children and young people that morning. Further information can be found at:

<https://www.missionaustralia.com.au/publications/research/young-people>

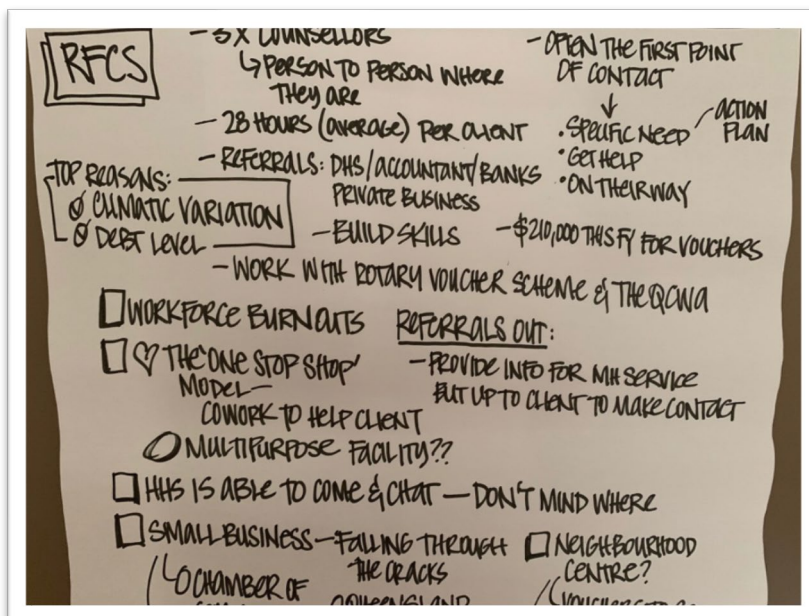


<sup>6</sup> For further information, please see: <https://www.childrens.health.qld.gov.au>

## 4.5 Rural Financial Counselling Service (RFCS)

The RFCS meets people where they are – at the farm gate, kitchen table or office. With increased referrals from the government, accountants, banks and businesses, the RFCS is often the first point of contact for someone seeking financial help.

Limited to providing services only to primary producers, the RFCS is keen to be involved with planning for the integrated service hub. In particular, the RFCS is keen to build links for small businesses (for whom they cannot provide services) who are also struggling to survive in an economy affected by climate change and increasing debt levels.



## 4.6 Lifeline Darling Downs and South West

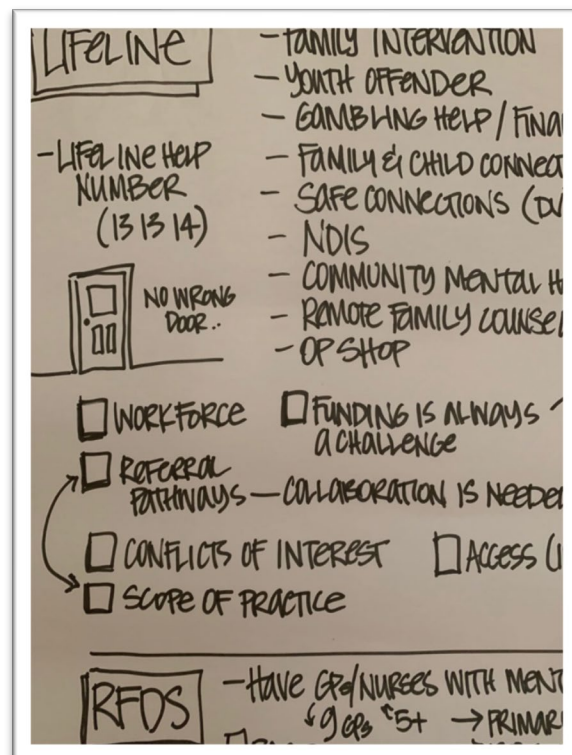
Working in partnership with Aftercare, Lifeline Darling Downs and South West (**Lifeline**) provides multiple programs to meet the mental health, family and poverty challenges in the Charleville and surrounding region.

Taking a 'no wrong door' approach to service delivery, Lifeline also runs opportunity shops in the region – not only to provide access to affordable clothing, but also as a first engagement point for individuals who may require additional support.

Services provided by Lifeline are contained in the mapping overview at **Attachment [A]**.

Challenges raised by the Lifeline team include:

- Recruiting and retaining a skilled and available workforce is difficult, particularly in communities like Cunnamulla and Charleville.
- There is a need to better manage and communicate referral pathways so that services know what is being provided for individuals and families, and that relevant information flows back following engagement after a referral.
- Short term funding remains a challenge. Service continuity and the ability to attract and retain qualified staff is affected by 12-month (or shorter) funding agreements.
- In a small community, conflicts of interest rise regularly as providers attempt to service members of the community with whom they may have other ties. Better protocols are needed.



- It is important that the scope of practice within roles is understood. However, with increasingly complex and urgent need, the ability to stay within the scope of practice was increasingly difficult. This was further tested by a lack of a qualified workforce.
- Ensuring physical access to services is important. Without access to affordable, public transport, individuals find it difficult to come to appointments and engage with services.

#### **4.7 National Disability Insurance Scheme (NDIS)**

The NDIS provides funding support for people with psycho-social disability, with a prediction that round 30% of participants (around 65,000 people) will have psychosocial as their primary disability within the scheme.

The NDIS is keen to work with other providers to ensure that participants are well supported.

#### **4.8 Cunnamulla Mental Health Team**

Frank Tracey outlined the work he is undertaking as CNC, Mental Health in Cunnamulla. Currently he has 47 clients (including 9 based on properties out of town). Considering the stepped care model, the clients include:

- 10 in the top tier (severe)
- 18 moderate
- 11 mild
- 5 at risk
- 2 to be referred to other service
- 50% are Aboriginal and Torres Strait Islander
- Children and young people are included in the program.

Taking referrals from multiple sources, the clinic is face to face and includes health promotion activities. GPs rotate into the service, that also goes to Thargomindah and remote stations.

#### **4.9 Murweh Shire Council**

The local council operates a drop in centre that is accessible for anyone in the community (including visitors). There are many programs, focusing on providing a quiet place to get support and build confidence.<sup>7</sup>

### **5 Mapping**

**Attachment A** contains a spreadsheet of services across South West Queensland. Mapping exercises were conducted in Roma, Longreach and Charleville, with the intention of understanding what was funded and available. Additionally, publicly available information on service delivery has been added from My Community Info and shaded to indicate that it is additional to the Roundtables.

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<sup>7</sup> Please see: <https://www.murweh.qld.gov.au> for further information.

## 5.1 Questions for consideration

Questions that were asked during the mapping exercise included:

- What is available in your organisation?
- What category of service(s) do you provide against the stepped care framework?
- What are the clinical and non-clinical pathways that can be used to access your service(s)?
- Do you require referrals? And if so, from whom?
- Do you have a waiting list? Is there availability within your service for new clients/patients?
- Any additional information that would be useful for this mapping exercise?

Outlined in Section 8 below, the mapping exercise assisted with identifying and developing further options for Roma and its surrounds.

## 6 Areas to focus on

The following areas were identified by participants as areas that warrant further consideration.

In no particular order, the following sub-sections provide an initial outline for each opportunity. Table in Section 7 contains all actions outlined across the Roundtables in Longreach, Roma and Charleville – many of which are similar, possibly warranting a ‘South West Queensland’ approach rather than an individual geographic response.

### 6.1 Integrated Service Hub

The initial mapping of services in the region highlighted the need for further collaboration and integration, as well as an innovative response to breaking the stigma of seeking help for mental illness. The services present agreed that further exploration should be considered on the following opportunity to establish a **multi-purpose centre** that would include lessons and information on, amongst other things:

- budgeting and managing household finances;
- financial counsellors for primary producers and businesses;
- cooking, including access to a dietician;
- access to a pharmacist;
- recreation – keeping fit, ageing, exercise for beginners;
- bulk billed general practitioner and mental health professional; and
- access to private space to attend telehealth appointments.

Sharing funds for particular services, the integrate hub is not about a ‘takeover’, but rather an opportunity to work together to share information, break down stigma and build positive changes in the community.

The following two operating hubs were mentioned as examples of what is currently working in Queensland:

|                                |   |
|--------------------------------|---|
| <b>Trieste &amp; Aftercare</b> | Ongoing and responsive funding is an issue within the Trieste Model – mirroring the experience of other hubs and services highlighted by participants.<br>➔ Further information on the Trieste Model can be found at: |
|--------------------------------|---|

- 
- [http://www.triestesalutementale.it/english/mhd\\_department.htm](http://www.triestesalutementale.it/english/mhd_department.htm)
  - <https://zeroproject.org/practice/mental-health-department-whocc-italytrieste/>

Additionally, the Aftercare Floresco services – based on the Trieste Model are successfully running in Ipswich and Toowoomba. Further information can be found at: <https://www.qmhc.qld.gov.au/research-review/better-service-integration/floresco-service-model>.

A review of the Aftercare Floresco model has been undertaken. The full report can be found at: <https://www.aftercare.com.au/heading-floresco-centre-service-model-evaluation-report-released/>.

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### **Toowoomba Housing Hub**

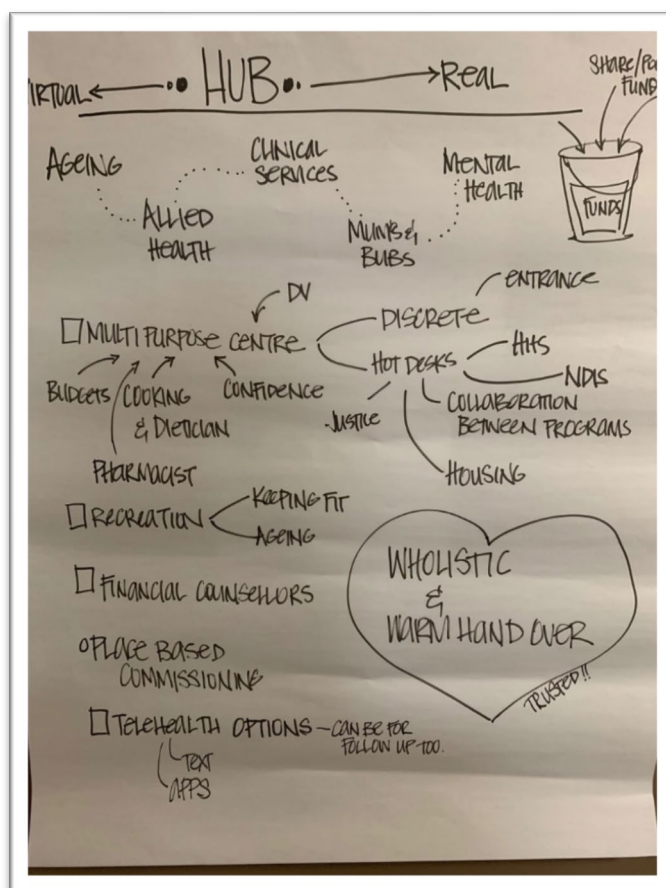
The Toowoomba Housing Hub was established in 2018 by Lifeline Darling Downs and South West, funded by the Department of Housing and Public Works.

Established as an integrated hub to respond to housing needs of people in the Toowoomba and south west regions, the Housing Hub responds to crises (homelessness and domestic violence), access to public and social housing, maintaining tenancies and managing interactions with the private rental market.

A significant number of clients experiencing homelessness and/or housing crises, also experience mental ill-health. The Housing Hub works with mental health, general practitioners and community health services, including Floresco, to warm refer clients requiring additional supports. In addition to assisting with their health issues, the additional supports also assist clients manage their housing.

Further information on the Toowoomba Housing Hub can be found at:

- <https://www.yoursayhpw.engagementhq.com/toowoomba-housing-hub>
  - <https://www.facebook.com/toowoombahousinghub/>
-



## 6.2 Interagency Group

Sharing information and understanding service provision in the region is not well connected. An interagency group that meets (at least) monthly would allow services to share information about common clients, make connections and better engage with both other services and the client group served in the region. The group could:

- Share information about events and referral pathways, including protocols required by particular services and the SWHHS.
- Have a mental health and AODs focus, with connections to other health and social support agencies, such as housing and child protection.
- Participate in community events and engagement activities to ensure the community is aware of available services and programs.
- Work collaboratively on specific families and/or clients to get better recovery and health outcomes.

### 6.3 Source of truth

Work had previously been undertaken to map services and create a database or 'source of truth' for use across the region. It was understood that the My Community Directory<sup>8</sup> had been provided with funding to include services in the database, but this had not occurred.

Further inquiries have been undertaken with My Community Directory who indicate that funding was not received. Following the mapping exercise, further work could be undertaken to include the information in the online directory for use across the South West Queensland region.

### 6.4 Workforce

Acknowledging the difficulties recruiting and maintaining skilled and experienced staff within services, including the SWHHS, participants were keen to work together to assist with recruitment, training and human resource management. Opportunities and challenges included:

- Funding for programs is often short-term (i.e. 12 months) which limits the pool of experienced staff willing to relocate and work in the South West Queensland region.
- Advertising should also be placed in local and national papers, not just on Seek or service websites. This would ensure a wider catchment.
- When advertising, provision of the benefits of living in the region and country regions should be made available. This could include information on real estate, schools, sporting and community events and photos of the region.

## 7 Next steps

| Themes                               | Opportunities   |
|--------------------------------------|---|
| <b>IMPROVED SERVICE COORDINATION</b> | <ul style="list-style-type: none"> <li>• Improved cross-sector coordination and integration, especially when bringing in new services or in changing existing services</li> <li>• Promote awareness of the Stepped Care Model to service providers and consumers</li> <li>• Build and promote easy to navigate pathways across providers through use of the referHealth tool</li> <li>• Strengthen mechanisms to activate stepped care to 'wrap around patients' to ensure management and prevention</li> </ul> |
| <b>IMPROVED COLLABORATION</b>        | <ul style="list-style-type: none"> <li>• Enabling a more comprehensive suicide prevention capability</li> <li>• Agencies have access to local health intelligence to inform commissioning services that respond to the identified needs of the community</li> <li>• Build capacity of private workforce to respond to local needs</li> </ul>  |
| <b>SERVICE ACCESS</b>                | <ul style="list-style-type: none"> <li>• Increase low intensity services and timely access to services that are clinically integrated</li> <li>• Increasing awareness and understanding of existing services (for clinicians, social and other human services, RFCS, Local Councils and the community)</li> <li>• Boost promotion of My Community Directory to increase awareness and use by both service users, providers and communities.</li> </ul>  |

<sup>8</sup> Please see: <https://www.mycommunitydirectory.com.au> for further information.

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|--|---|
|  | <ul style="list-style-type: none"> <li>• Boost activities that Improve mental health awareness and help seeking behaviours.</li> <li>• Strengthen existing and new activity that addresses mental health and alcohol and other drug misuse stigma</li> <li>• Improving culturally appropriate services</li> <li>• Increase literacy around mental health suicide prevention and alcohol and other drug services and information via different media sources.</li> </ul> |
|--|---|

## 8 Further information

For further information on this roundtable, or other work being undertaken by the WQPHN in the South West, please contact:

Sandy Gillies  
 Executive Manager  
 Service provider Commissioning  
 WQPHN  
 E: [sandy.gillies@wqphn.com.au](mailto:sandy.gillies@wqphn.com.au)  
 P: 0456001673

