

ROMA MENTAL HEALTH ROUNDTABLE REPORT

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



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1 Introduction

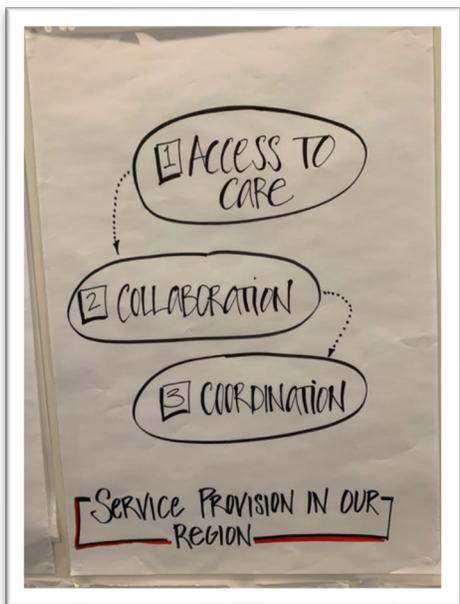
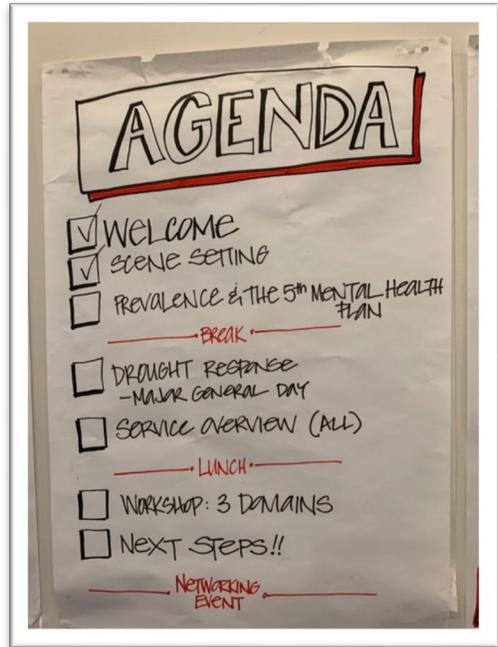
Coming together on 26 and 27 November 2018, mental health service providers in Roma spent two days considering the challenges facing the community when it comes to mental health prevalence and service delivery, particularly during the current, unprecedented drought.

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,¹ the workshop worked towards identifying issues, understanding need and delivery, and developing solutions to the current, and future, situation.

Major General Stephen Day, the Coordinator-General for Drought,² joined the roundtable to hear the challenges being faced in Roma and the South West, as well as provide his observations and an update on the work he was doing.

Roundtables were held in:

- Longreach, 17 – 18 September 2018
- Roma, 26 – 27 November 2018
- Charleville, 28 – 29 November 2018



One of three roundtables held in South West Queensland on this issue, this report provides an overview of the Roma 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:

¹ For further information, please see: www.westminsterinitiative.com.au

² For further information, please see: <https://www.pmc.gov.au/resource-centre/domestic-policy/coordinator-general-drought-major-general-stephen-day---biography>

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Stuart Gordon	WQPHN	www.wqphn.com.au

2 Why are we here today?



Stuart Gordon, Chief Executive of the WQPHN provided an outline of the purpose of the Roundtable. Noting that there are many reasons to be optimistic, Stuart said that the Roundtables were to determine and agree opportunities to plan and work together.

The reason for the Roundtable was to map services already being provided in Roma and surrounds, focussing on access, service provision and waitlists. It is understood that there are multiple services but that individuals may not be accessing them when needed.

Stuart pointed out that the WQPHN was a partner in the transformation of the provision of mental health in the region and across Western Queensland. However, it was important to understand what else is being provided and where the funding is coming from.

Having the 'courage to innovate' is key to the successful funding and delivery of mental health services and programs. However, without a good understanding of the patient/client base, what is available and how services can work together.

We know that, in the region, up to 30% of patients being treated by GPs are receiving services for mental health issues. Conservatively, up to 6,000 people across the region need mental health assistance. We know that this figure is under-reported as many people in need of care are not seeking help through a GP, or at all.

The mental health sector is undergoing significant changes in funding through the 'stepped care' model and impacted by the National Disability Insurance Scheme (NDIS). It is important to note that the PHNs hold around 10% of the total Australian Government spend in mental health service provision, with the remainder funded through Medicare (accessing GP services), the hospital system or through private health insurance. Approximately 1% of that amount is expended in Queensland.

The 5th National Mental Health and Suicide Prevention Plan³ provides guidance for the future of funding and service delivery, however, rural and remote regions have the additional complexities brought by the ongoing drought, workforce challenges and distance between services. Additionally, people who are experiencing mental ill-health continue to face barriers to accessing services including the stigma of seeking help, limited service delivery options, challenges of living in a small community where clients may see their service providers at social/public events, and services being delivered by individuals and organisations who do not fully understand experiences being had in the bush.

Although this, and other, Roundtables cannot fix all the challenges being experienced by individuals seeking help or service providers in the mental health sector, they provide a forum for an open conversation and opportunity to make connections that will improve referral pathways for shared clients.

3 System overview: this is a 'team sport'

Without a team approach to the provision of services, there will continue to be gaps and individuals who do not get the care they need – particularly when in crisis.

We know that mental illness is not a simple diagnosis, but a combination of other factors that increase the complexity of an individual's experience. They may include:

- mental illness (ranging across the spectrum);
- social isolation;
- experiencing the drought (including being a primary producer, a business person or as a community member);
- low socio-economic status;
- unemployment;
- business challenges; and
- other health issues, including chronic disease.



³ Please see: <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-fifth-national-mental-health-plan>

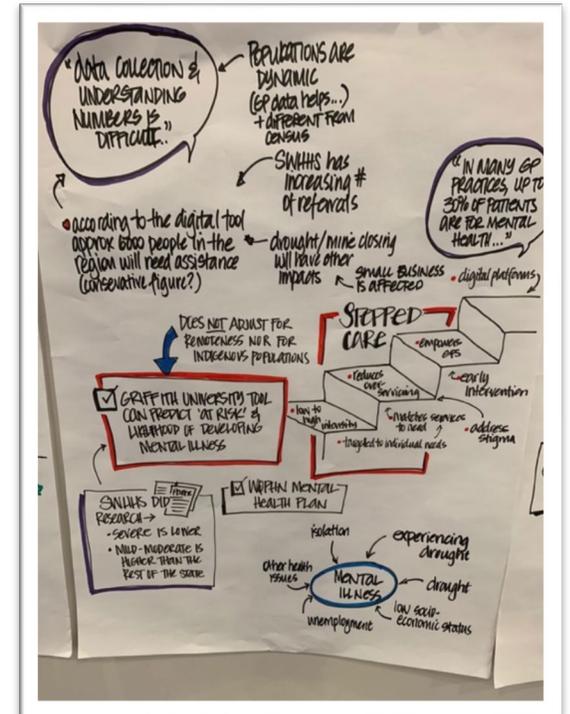
‘Stigma’ was a common theme during the round table, with participants echoing each other, saying that, particularly in the smaller communities, individuals were nervous about seeking treatment or intervention where they may be known. Living in a small community meant that they might see their doctor or treating mental health professional in social situations, such as school events or at religious services.

Significant reform has been undertaken at both Commonwealth and State levels, not the least of which is the implementation of ‘stepped care’. The following points should be considered to understand mental health funding and service provision in the region:

- 20% of the local population are accessing mental health medication and/or GP care. What else can be done to support them?
- General practice is at the coal face of mental health provision as most people go to their doctor first. What can be done to support GPs and their teams to understand and meet this need?
- Aboriginal and Torres Strait Islander people respond best when programs and support are planned with them, not done to them.
- It is essential that there is a wholistic approach to health that encompasses mental health alongside chronic disease and other health outcomes experienced by the patient group.
- Long-term recovery and suicide prevention are best supported through connected services.
- There is currently not a lot of funding in early intervention services.
- Co-design of services is essential – bringing people with lived experience to the table and listening to their needs.

The ‘stepped care framework’ (pictured) 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.



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

In order to fully understand service delivery, funding and challenges faced in the region, organisations provided individual overviews, followed by the mapping exercise outlined in Section 5 below in addition to **Attachment A**.

4.1 Western Queensland PHN

The WQPHN receives \$4m per annum to fund mental health services across the Western Queensland region.

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

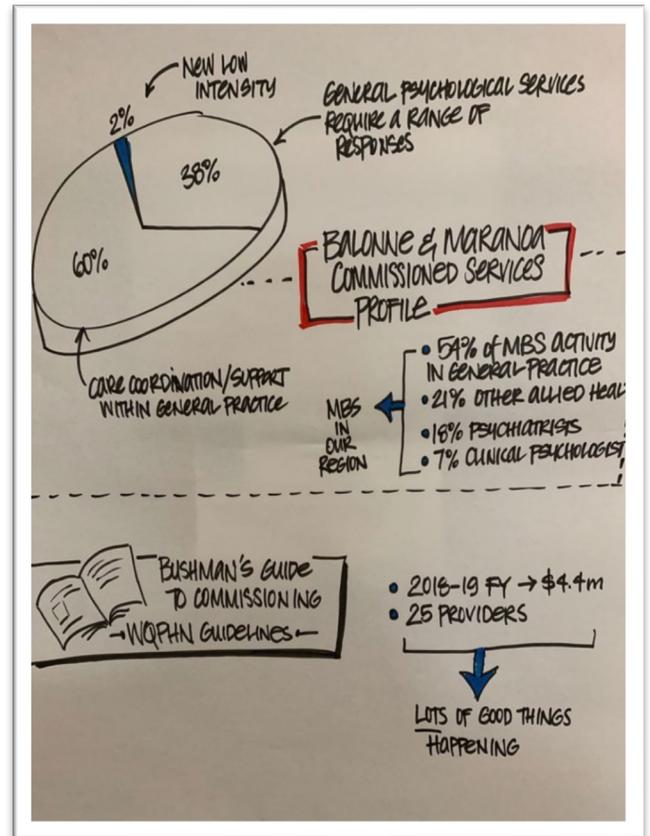
- underserved groups;
- regional approach;
- people with sever conditions;
- children and youth;
- Aboriginal and Torres Strait Islander people; and
- people at the low intensity 'step'.

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

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

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.



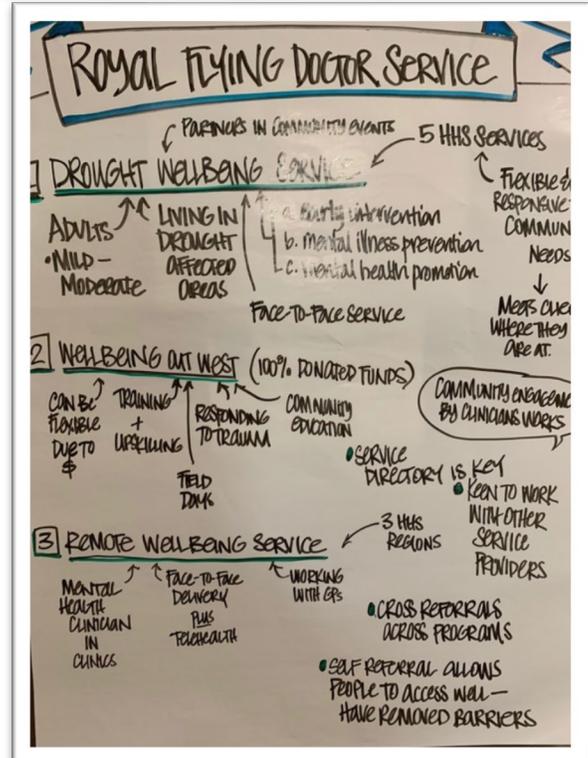
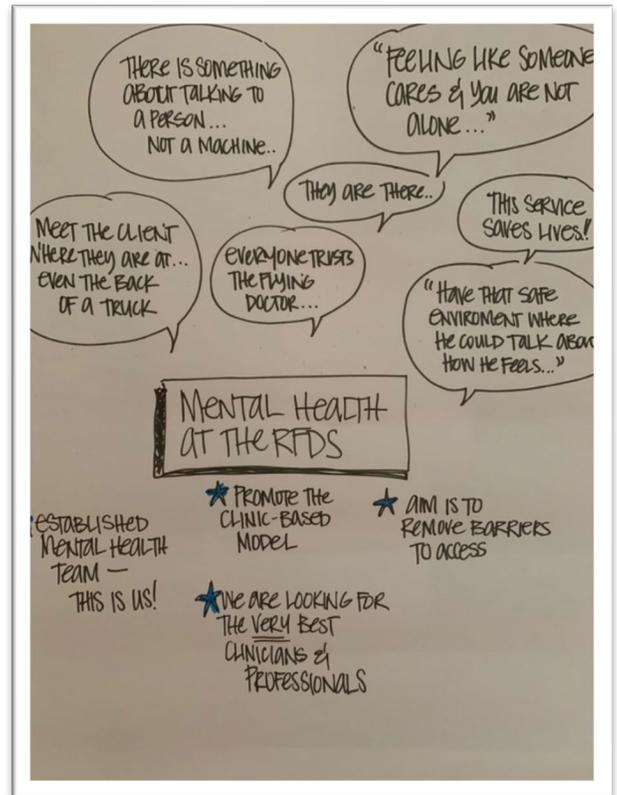
The RFDS outlined their 'reasons for being' with a focus on connecting with individuals in the bush through being a trusted provider. Their face-to-face service in rural and remote regions allows the RFDS to build an ongoing relationship that encourages individuals (and their families) to seek help when 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 clinics.
- Is seeking highly experienced and skilled clinicians and health professionals to deliver their services.

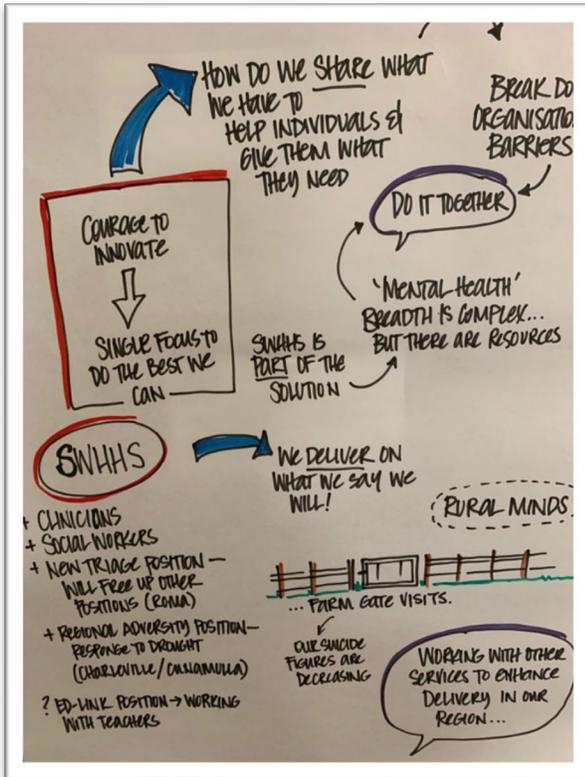
The RFDS outlined their three main mental health programs (as pictured):

- **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)



The SWHHS Mental Health Unit has clinicians, social workers, a new triage position (Roma based), and a regional advisory position that responds specifically to drought issues.

The SWHHS understands that mental health service delivery is complex but sees themselves as a key part of the solution – focussing on connections with other services.

Focussing on helping individuals, the SWHHS is keen to explore innovative ways to share information within the sector in the region. Concentrating on what people need when they access hospital-based mental health services, particularly when expressing suicide ideation, is of particular interest and importance to the SWHHS.

Further information about the SWHHS can be found at:

www.southwest.health.qld.gov.au

4.4 Rural Financial Counselling Service

The Rural Financial Counselling Service (RFCS) is key to the ongoing community and economic sustainability of the South West region. Their reach is over 616,000km² – staffed by three counsellors since 2006.

Providing financial counselling services to primary producers through the drought, the RFCS stated:

- They are looking to continue and build partnerships with other service providers, particularly to assist refer clients who may require additional support and/or clinical care.
- They are seeing an urgent, unprecedented demand currently with approximately 700 people consulted between July and November.
- The service is free and impartial.
- They focus on what farmers need – responding to individual needs and meeting them ‘where they are’.

4.5 RHealth

Providing support for psychologists undertaking P3 services, RHealth's role is to support service delivery and fill gaps in rural regions. RHealth noted the following challenges:

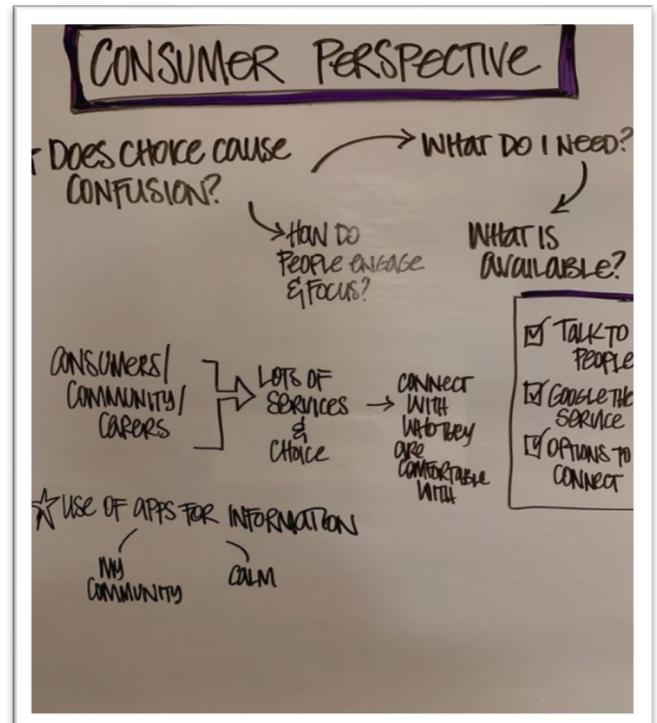
- Clients sometimes choose not to access the GP or a mental health plan as they are concerned that having a mental health record might affect their future career choices, such as access to a military career.
- One of the biggest barriers to mental health services is access to a mental health treatment plan. RHealth indicated a concern that individuals were not accessing GPs due to cost and access to bulk billed services, so were not getting the mental health plan needed to see a psychologist and access Medicare funding.
- Workforce remains an ongoing issue. RHealth noted that although GPs were providing referrals, changes in staff, due to workforce turnover, meant that individuals were required to repeat their story and were regularly choosing not to.
- Inconsistencies in mental health plans means that psychologists (and other health professionals) were finding the plans difficult to follow – creating more work and the requirement of the patient to retell their story. This has funding implications as the first appointment (of six) was taken up redoing the mental health plan.



4.6 A Consumers Perspective

The important role of consumers in the planning, development and management of mental health services was highlighted at the Roundtable. Of particular note was the issue of confusion around what is available and how to find further information. Consumers, similarly to service providers, remain confused about what they need to access services and what is available.

The consumer advocate, reiterated the need for easily accessible, up-to-date service and program information for the broader community and individuals seeking care.



5 Drought response – Major General Stephen Day

As the Coordinator-General for Drought, Major General Day, attended the Roundtable to hear what is happening on the ground and outline the work being undertaken by him and his team. Addressing participants, Major General Day 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).

6 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.

6.1 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?

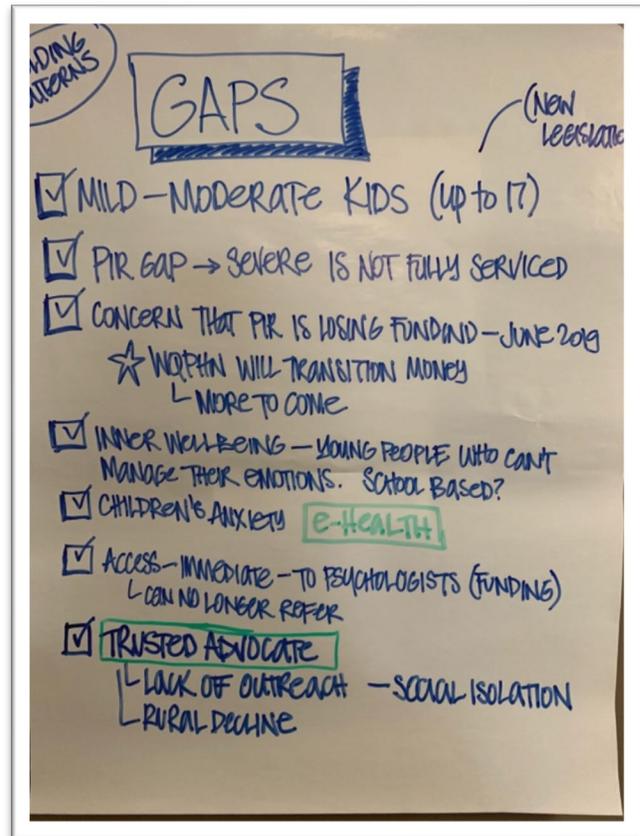
- What are the clinical and non-clinical pathways that can be used to access your service(s)?
- Do you require referrals? And if so, from whom?
- Do you have a waiting list? Is there availability within your service for new clients/patients?
- Any additional information that would be useful for this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

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

6.2 Identified gaps

Throughout the mapping exercise a number of gaps were identified in the Roma region. They are:

- Service for children and youth (up to 17 years old) indicating mild-moderate mental health issues.
- Gap left by PIR for people with severe mental ill-health who may not be able to access the NDIS. Concerns that PIR will be defunded in July 2019, leaving a significant number of people with no support services.
- Lack of school-based services to meet the needs of young people who struggle to manage their emotions.
- Lack of services for children experiencing anxiety.
- Timely access to funded places with a psychologist.
- Lack of outreach and the issue of social isolation in rural communities



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. **Section 8** 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.

6.3 Information sharing

Access to relevant, up-to-date information is essential for individuals, the community and services in the region. Highlighted at all Roundtables, finding a way to share service and event information in multiple, accessible ways would vastly improve connections and referrals in mental health and across the community.

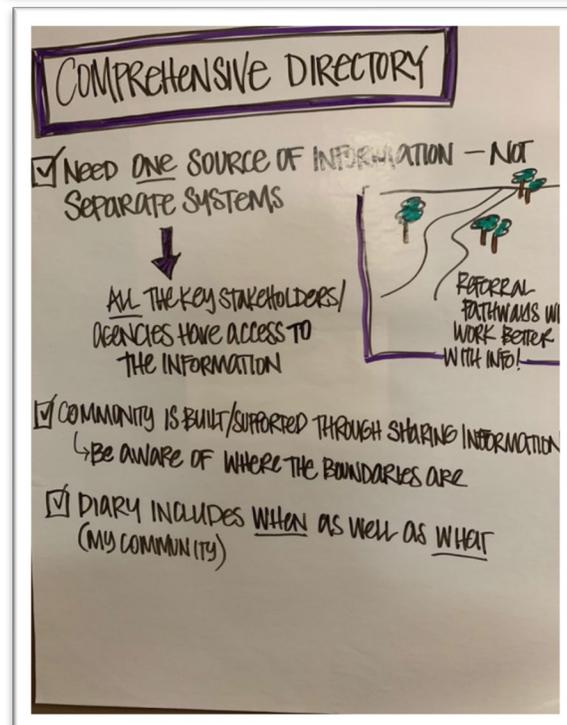
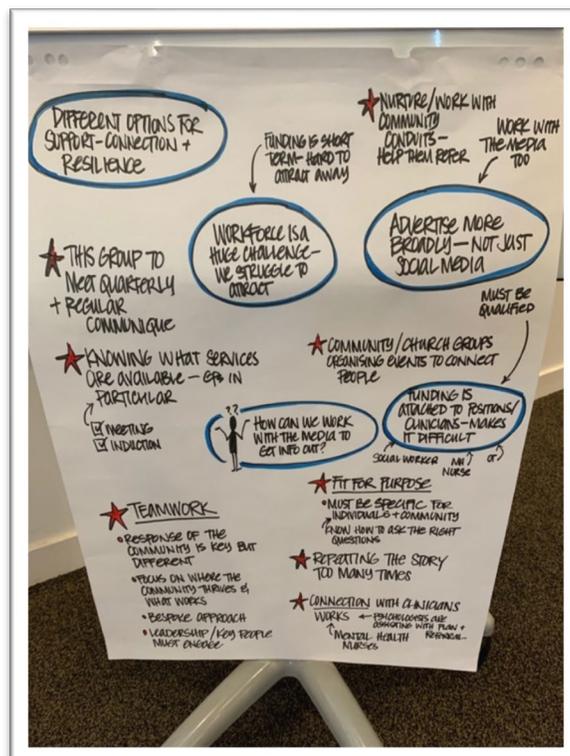
The lack of a central repository of up-to-date information about services, providers (particularly those with capacity/space in their waiting list) limited the opportunities for referral and placed individuals at further risk of falling through a gap in service provision - placing them at additional risk.

Containing information such as service details, health professional information (name, contact, specialty and experience), ideas included:

- Online/app-based information, such as My Community Info and My Community Diary.
- Information shared in paper form as well – such as a manual spreadsheet sent to services, newspapers and magazines, such as Country Life.
- Information to go with the 'bush run' – delivering paper-based information on a weekly basis to remote stations and communities.
- Media releases when a new health professional arrives or a service starts.
- Information should be fit for purpose – not using health jargon but accessible and searchable by individuals and communities seeking services and/or further support.

6.4 Rural Wellness Network

The Rural Wellness Network provide service providers with the opportunity to stay connected through regular meetings. Sharing information from consenting clients, the network would allow services to provide a web of support for clients in need.



Linking through referral pathways, the Rural Wellness Network would also reach out to organisations providing other used service, such as housing, education, child support.

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

8 Further information

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

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