

# INQUIRY INTO SOCIAL ISOLATION & LONELINESS IN QUEENSLAND

## Outback Futures Submission



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## INTRODUCTION

Rural and Remote communities within our state are intrinsically dealing with issues of isolation by their very geographic location and the implications of this with workforces issues, service provision capacity, accessibility of services and more.

Within these isolated communities, the capacity for individual social isolation and loneliness is even greater. In some of our most remote regions, we have small populations of people covering vast distances, resulting in massive potential for loneliness and corresponding mental health and wellbeing concerns. For example the Barcoo region covers an expanse of 61,974 square km with a population of only 360 people, and Boulia has a population of 440 covering an expanse of 61, 176 square km, to name just two.

We know that on average, Australians living in rural and remote areas have shorter lives, higher levels of disease and injury and poorer access to and use of health services, and that limited access to broad education and employment opportunities further increases vulnerability at a variety of levels. These realities significantly impact the health and wellbeing, productivity and sustainability of our rural and remote regions and additionally place significant financial burden on the state and federal Governments.

### OUTBACK FUTURES (OBF)

## Introduction to Outback Futures

Outback Futures (OBF) is a not for profit organisation committed to long term, whole of community change in mental health and wellbeing outcomes for children, families and communities in rural and remote Queensland.

The OBF Community Facilitation Model evolved in the bush with the bush, in response to the unique needs and challenges inherent in the tyranny of distance that these people and communities experience.

It is a person-centred, primary and secondary prevention, early intervention approach, where individuals are viewed and supported within the context of family, community and culture. Outback Futures provides significant low and moderate intensity service for remote communities.



## Outback Futures Community Facilitation Model



## Outback Futures' three key contributors to reducing Social Isolation & Loneliness in rural and remote Qld:

Our innovative 'extended FIFO' workforce model (1) and our unique combination of face-to-face multi-disciplinary clinics and telehealth (2), contribute to mitigating the risks of social isolation in the midst of the geographic isolation in our regions of operation.

### 1. Extended FIFO Workforce Model:

The Outback Futures Extended FIFO model was developed in response to extensive collaboration with bush community.

**The clear and chronic issues around workforce turnover in remote communities have led to:**

- People becoming disillusioned and disengaging from service provision and help seeking.
- Inconsistent and unreliable service provision being offered to already isolated people/communities.

**The Outback Futures workforce model:**

- Recruits staff to a specific community ensuring depth and breadth of community engagement and strong agency/community relationship networks.
- By not requiring staff to relocate to remote locations, is able to secure senior experienced staff and deliver excellent staff retention rates. There is consistency of practitioner, but also preservation of a sense of safety and confidentiality in small, closely connected communities.

### 2. Innovative hybrid model of service delivery:

The unique combination of multi-disciplinary Face to Face and telehealth work ensures that even the most isolated client can connect on occasion in person, but is then free to meet with their same support person at any time from the safety of their own home, car, or familiar setting. This ease and consistency ensures greater commitment to therapy and increases the potential for long term engagement and real shift in mental health and wellbeing outcomes.



Outback Futures:  
Teaching an isolated elderly client how to use simple telehealth technology.



**Telehealth** in combination with face to face connection, is a key factor in solving issues of social isolation and loneliness. Giving people the opportunity to access support and therapy with ease and safety, dramatically increases their likelihood to engage with support, and offers an increased likelihood of longer term support being utilised with better outcomes being achieved.



Outback Futures telehealth support being offered to an Isolated school student in remote Qld.

### 3. Whole of Community empowerment in mental health and wellbeing:



Working together for  
**Outback Mental Health  
and Wellbeing**

HEAD YAKKA is a community owned and led mental health and wellbeing initiative (for rural and remote contexts) aimed at shifting the capacity of a community to effectively identify, value, advocate for and respond to its own mental health and wellbeing needs for the long term.

It is about empowering, educating and resourcing all ages and levels of community to better care for self and others and to assess and respond to needs, knowing where to go and how to access the appropriate service providers.

The precursor to HEAD YAKKA being implemented, is a comprehensive asset mapping process, where extensive community engagement ensures that community strengths and community champions are identified. From there the HEAD YAKKA process unfolds, facilitating key stakeholders (individual, group and agency/business) to build on these strengths to extend and strengthen the community's capacity to ensure that it is more effectively caring for self and others, and genuinely developing strategy, skills and tools for long term connection, wellbeing and resilience.

HEAD YAKKA is not a program and is not prescriptive, allowing each region to design and develop its own vision and process according to their unique needs and story.

This process involves considerable training, education and resourcing of local children, families, groups, businesses and leaders to ensure there is capacity for the community to own the changes and vision for the long term.

## UNDERSTANDING



Working together for  
**OUTBACK MENTAL HEALTH  
AND WELLBEING**

### COMMUNITY ENGAGEMENT

Strengths-based  
community development  
approach



Maps community  
assets + strengths  
to identify points of  
leverage + build  
momentum



Helps identify  
people for round table +  
community  
forums



Creates  
grassroots  
introduction of  
the idea



Generates key  
information to feed  
into round table +  
community forums

### ROUND TABLE



Invite key  
representatives  
+ influencers



Define  
HEAD YAKKA



Create shared  
vision, language  
+ messaging for  
HEAD YAKKA



Develop ideas  
for HEAD  
YAKKA priorities  
+ initiatives



### COMMUNITY FORUMS



Broad  
community  
representation  
+ consultation



Open to  
everyone



Build community  
ownership



Finalise  
HEAD YAKKA  
priorities



Identify  
HEAD YAKKA  
Champions

LAUNCH OF HEAD YAKKA

### EVALUATION



Community surveys to  
measure impact in line  
with Outback Futures  
Wellbeing Framework

### HEAD YAKKA PEOPLE



ALL  
have awareness +  
language around  
HEAD YAKKA



MOST  
are involved over  
the years



SOME  
are HEAD YAKKA  
Champions who will  
lead initiatives

### HEAD YAKKA ACTION



HEAD YAKKA LENS  
applying a wellbeing overlay to  
existing thinking and activity



HEAD YAKKA INITIATIVES  
New activities that promote wellbeing

Stigma  
reduction

Mental  
health  
literacy

Training  
+  
equipping

Child +  
family  
develop-  
ment

Promoting  
holistic  
wellbeing

Whole of  
community  
wellbeing



## A community with:

- a clearly understood and articulated vision for a resilient future,
- a real sense of where their strengths, needs and help seeking pathways exist, and
- a well trained and equipped group of local champions

can ensure that people remain connected and cared for both individually and as a whole. HEAD YAKKA is the initiative to facilitate this process and establish local ownership and leadership.

## Case Study:

Julie (name changed) was referred to Outback Futures by the local nurse navigator. Julie described symptoms of quite severe depression and the history suggested that she had been battling these symptoms for many years.

Julie was over 70 years of age, lived alone in a small remote community, and expressed feelings of extreme loneliness. She had trouble leaving the house due to her anxiety and depression and when she did manage to leave, felt an urgent need to return home, even though she knew it would contribute further to her sense of isolation.

Getting help had always been a short lived process for Julie, due to the need to leave the home for support and her difficulty keeping these set appointments outside the home.

Julie had an initial face to face session with the Outback Futures counsellor in town, but was very reassured by the knowledge that she could continue these sessions with the same person she had built rapport with, from the safety of her living room.

The counsellor spent some time setting up Julie's ipad with the software to engage in telehealth and did a practice run with her at home during their face to face session.

From there Julie began regular telehealth sessions. The reliability and consistency of her attendance increased dramatically and she reported looking forward to her connections on screen.

Concurrently, the development of HEAD YAKKA initiatives and champions in Julie's region, was focussed on strengthening existing community networks and well-being projects, as well as equipping people to better understand mental health, develop tools to support one another and be more confident in help seeking pathways.

This meant that HEAD YAKKA was strengthening the community networks and support around Julie in conjunction with her own, more accessible therapy, ensuring that the broader understanding of and support for her situation, and others like her, was growing.

**This case exemplifies the reduction of individual loneliness for one particular client, but at the same time highlights the need for concurrent systemic change to ensure long term shifting of our social isolation and loneliness situation.**

## CALL TO ACTION:

Outback Futures calls on the State government to be addressing the very specific social isolation needs of our rural and remote communities, not with city based models of service and response, but with unique, culturally appropriate bush informed responses.

### Three key factors need to be prioritised in this response:

#### 1. Unique workforce approach that allows for quality and consistency of service for remote communities

- Recruiting to a region – prioritising consistency and relationship
- Extended FIFO – ensuring longevity and experienced staff

#### 2. Innovative hybrid models of service that combine face to face and telehealth delivery

- Prioritising consistent personal contact and relationship
- Funding outreach service rather than site specific service
- Responding to chronic workforce crisis
- Ensuring reliability and accessibility of service provision
- Creating safety and help-seeking confidence in small, close knit communities

#### 3. Support for a whole of community approach – ensuring that systemic change is occurring alongside individual clinical outputs.

- Training, resourcing and empowering local remote communities to better care for themselves and others
- Shifting funding models to allow for community engagement, primary prevention and whole of community focus rather than procuring occasions of clinical service is key
- Ensuring that children and young people are being trained and equipped to bring long term change in capacity and culture for long term connection and resilience
- Utilising a clear community wellbeing framework as a basis to drive clear and ongoing evaluation of a community's development in this space

