

# MENTAL HEALTH SELECT COMMITTEE

## INQUIRY INTO THE OPPORTUNITIES TO IMPROVE MENTAL HEALTH OUTCOMES FOR QUEENSLANDERS

### SUBMISSION FROM OUTBACK FUTURES



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# INTRODUCTION

Outback Futures is pleased to present its submission to the Mental Health Select Committee's Inquiry into the opportunities to improve mental health outcomes for Queenslanders.

The Outback Futures' submission specifically focusses on the challenges faced by rural and remote Queensland communities to access consistent, reliable, context-appropriate mental health and wellbeing services.

Outback Futures calls on the Mental Health Select Committee to consider its proven and scalable, bush informed Community Facilitation Model. This innovative, primary and secondary prevention, early intervention approach addresses the fundamental causes and impact of acute mental health issues in rural and remote communities.

The Outback Futures Community Facilitation Model (OBF CFM) adds significant value and extends on State Government Health and hospital services, and Federal Government centre-based mental health services, for effective delivery in a rural and remote setting.

## CONTEXT

### MENTAL HEALTH AND SUICIDE RATES CONTINUE TO RISE IN REMOTE POPULATIONS

More than a quarter of Australia's population, around 7 million people, live in rural and remote areas, encompassing many diverse locations and communities (ABS 2019).

These Australians face unique challenges due to their geographic location and often have significantly poorer health outcomes than people living in metropolitan areas. (Australian Institute of Health and Welfare). 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.

These communities are vulnerable to, and have specific risk factors for, mental health issues due to isolation, and disasters including drought and flood. These realities significantly impact the health and wellbeing, productivity and sustainability of our rural and remote regions and place significant financial burden on state and federal Governments.



However, access to effective services remains limited in remote locations. Traditional, 'city born' models of service delivery and funding do not consider, or effectively address, the specific and unique needs of rural and remote communities.

The following underlying challenges contribute to significantly poorer mental health and wellbeing outcomes in rural and remote Queensland, compared with urban areas:

- **Accessibility**, due to the tyranny of distance and isolation.
- **Reliability and consistency of quality service**, due to workforce issues.
- **Communities disengaged from help-seeking**, due to decades of poor service delivery, poor mental health literacy, and stigma associated with mental health in small close-knit communities.

These factors indicate the funding and service provision model needs to be tailored to suit the bush context rather than a city-based model being prescribed on a rural culture and context.

# ABOUT OUTBACK FUTURES

Outback Futures (OBF) is a Queensland-based, 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 Australia.

The Outback Futures' Community Facilitation Model (OBF CFM) 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.

## TERMS OF REFERENCE

### HOW OUTBACK FUTURES' COMMUNITY FACILITATION MODEL IS IMPROVING MENTAL HEALTH OUTCOMES FOR REMOTE QUEENSLANDERS

**Terms of Reference 1a: The economic and societal impact of mental illness in Queensland**

**Terms of Reference 1b: The current needs of and impacts on the mental health service system in Queensland**

**Terms of Reference 1e: The mental health needs of people at greater risk of poor mental health**

**Terms of Reference 1g: Service safety and quality, workforce improvement and digital capability**

163,531 rural and remote Queenslanders are expected to experience a decline in mental health annually, while 369,945 will experience poor mental health throughout their life.

While the prevalence of mental illness is similar in urban and regional Australia, the outcomes are worse for people living in rural areas. Queenslanders receive the lowest per capita funding to support mental health in Australia.<sup>1</sup> The challenges of accessing treatment and support in rural and remote areas of Queensland, particularly for people who are considering or who may have attempted suicide, are considerable. These include:

- Small communities can provide a valuable source of support for their residents. However, the closeness of these communities can adversely affect the individual's willingness to seek help and engage in treatment.
- A culture of self-reliance in rural areas creates a reluctance to seek help.
- Considerable stigma is attached to mental illness, even more so than in cities.
- The number of mental health professionals including psychiatrists, psychologists, general practitioners, and other allied health practitioners decreases substantially with increased remoteness.<sup>2</sup>
- Geographic isolation, where the closest mental health service may be several hours drive away.

### OUTBACK FUTURES' RESPONSE TO TERMS OF REFERENCE 1A, 1B, 1E AND 1G

OBF CFM provides significant low and moderate intensity clinical service for remote communities and seeks to facilitate an integrated and collaborative approach to whole of community mental health and wellbeing. Individuals are supported within the context of family, community, and culture, through utilizing multi-disciplinary teams and a combined face to face / telehealth approach.

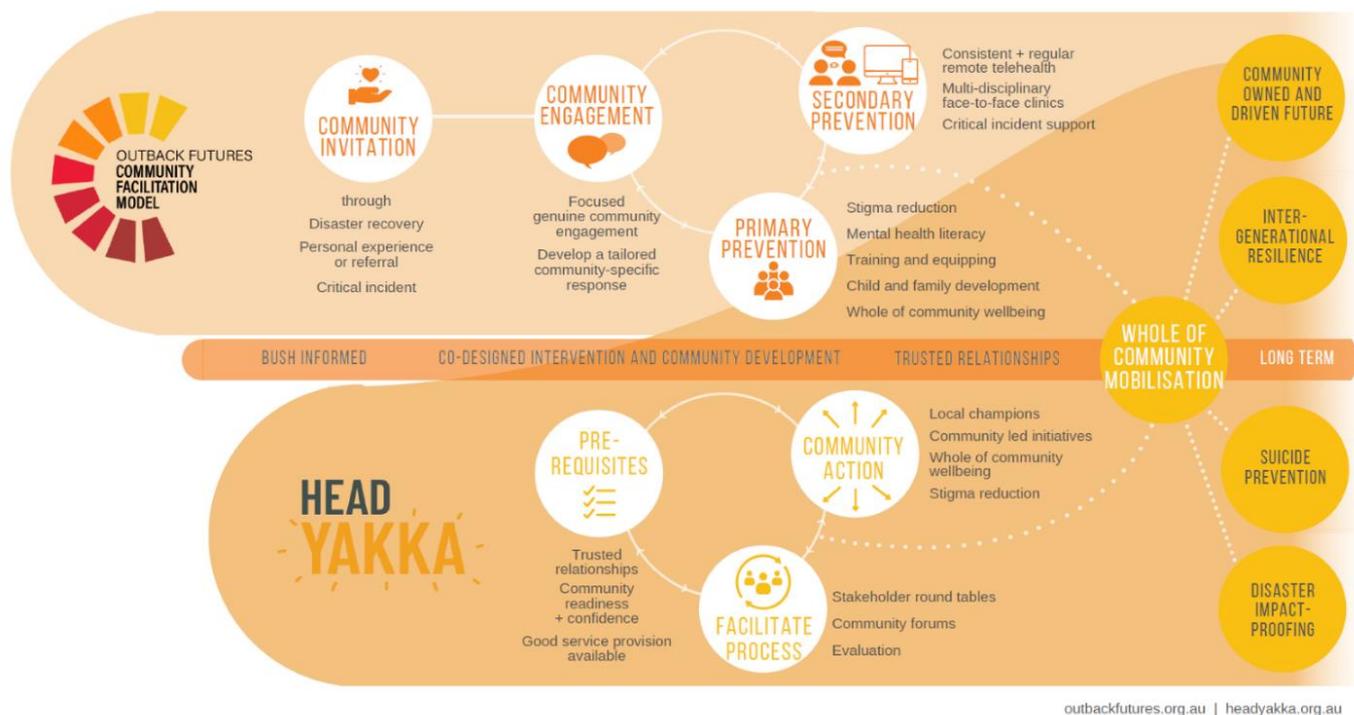
The model also enables impactful, lasting, intergenerational change in suicide prevention and mental health outcomes for remote and very remote Queensland communities.

<sup>1</sup> Australian Institute of Health and Welfare, 2021. Mental health services in Australia [Internet]. Australian Government [Cited January 2022]. Available from: <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services>

<sup>2</sup> National Rural Health Alliance Inc., 2021. Fact Sheet: Mental health in rural and remote Australia [Internet]. National Rural Health Alliance Inc [Cited January 2022]. Available from: <https://www.ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-july2021.pdf>

The OBF CFM addresses the key challenges of access and distance, disengagement, and confidentiality. It is underpinned by:

- strong remote community engagement
- utilisation of a unique workforce solution, known as WIWO\*, enabling flexibility and continuity of service delivery
- multidisciplinary clinical team support, delivered both face-to-face and through telehealth.



To date, the model has been implemented in 9 remote regions throughout Queensland. It is a proven approach to significantly increasing the likelihood of better mental health and wellbeing outcomes in remote communities and is replicable and scalable for other remote regions of Australia.

The OBF CFM complements existing centre-based programs, with the capability and flexibility to extend and value add to the existing centralised approach.

The OBF CFM is supported by four key pillars:

- **PILLAR 1: Outback Futures innovative WiWo workforce model**
- **PILLAR 2: A commitment to broad community mapping and engagement**
- **PILLAR 3: A unique combination of face-to-face multi-disciplinary clinics and telehealth**
- **PILLAR 4: A parallel whole of community primary prevention initiative HEAD YAKKA**

These four elements contribute to reducing the barriers to help-seeking and building genuine self-efficacy as communities begin to better understand, value, manage and advocate for their own mental health needs and pathways.

### PILLAR 1: THE OUTBACK FUTURES WIWO WORKFORCE MODEL

The Outback Futures workforce model improves access, service and engagement through Its innovative WiWo (Work In, Work Out)\* approach, which enables multi-disciplinary teams to support clients and communities whilst working in, and working out of the region.

The WiWo model:

- Was developed in response to extensive collaboration with bush communities,
- involves a dedicated multi-disciplinary team recruited to each LGA, leading to consistency of service and building of partnerships,

- involves regular in-community visits by clinicians to establish rapport with clients and build trusted relationships,
- includes follow-up telehealth appointments through its ‘Stay With Me’ program, with the same clinician ensuring consistency, accessibility, convenience and client confidentiality, and
- secures senior experienced staff and delivers excellent retention rates as a result of not requiring staff to relocate to remote areas. This ensures consistency of practitioners and preservation of a sense of safety and confidentiality in small, closely knit, connected communities.

## PILLAR 2: COMMITMENT TO BROAD COMMUNITY MAPPING AND ENGAGEMENT

As part of OBF CFM, Region specific teams engage with communities to establish:

- Broad Community asset, strengths and service mapping and engagement to build strong and trusted relationships and to empower local ownership and leadership.
- Community-wide and all age engagement, education, and empowerment to reduce stigma and improve uptake of existing services.
- Local consultation and co-design of Outback Futures team, support and services to suit each remote community’s context.
- Development and empowerment of local champions and people with lived experience to own and lead community resilience for the long term.
- Facilitation of a coordinated approach to service delivery through partnering with and empowering existing agencies.

## PILLAR 3: INNOVATIVE HYBRID MODEL OF SERVICE DELIVERY

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

Each OBF region team consists of a trio of region leadership roles together with a diverse, co-designed combination of practitioners from disciplines such as: Psychology, Social Work, Counselling, Speech and Language Pathology, Occupational Therapy, Learning and Literacy, Indigenous Health Workers and more.



Clinical service delivery is a key tool of the OBF CFM and:

- Provides quality secondary prevention work ensuring consistent clinical support for mental health and wellbeing needs,
- addresses perinatal, developmental, and early educational needs for children, young people, and families,
- ensures clients are supported within the context of their family, community, and the system around them, and
- offers integrated collaboration and care coordination in partnership with local agencies and service providers.

## PILLAR 4: HEAD YAKKA

The HEAD YAKKA initiative was developed following three years of community engagement around issues of mental health in the Barcaldine Region. In 2019 Outback Futures, Barcaldine Regional Council and University of Southern Queensland launched HEAD YAKKA in Barcaldine Region.

Outback Futures is currently working with other regions in west Queensland and is currently in the process of rolling out HEAD YAKKA across seven additional LGAs.



HEAD YAKKA is developed in each community and led by each community:

<b>CONNECTING</b>	<b>FACILITATING</b>	<b>EQUIPPING</b>	<b>EMPOWERING</b>	<b>LIFE CHANGING</b>
<p>A whole of community approach working with children, young people, adults, families, community groups, schools, businesses, workplaces, local councils, agencies and service providers.</p>	<p>Working alongside outback communities to help them develop common purpose, conversations, and activities which support and promote mental health and wellbeing.</p>	<p>Helping people understand and appreciate the power of good mental health and wellbeing, and the importance of taking care of themselves and others.</p>	<p>Growing the confidence of our outback people and communities, and resourcing them, so they proactively advocate for accessible and effective mental health services, and their own wellbeing.</p>	<p>Focusing on long term outcomes to improve wellbeing, build resilience, reduce stigma, shift mental health cultural norms, and prevent self-harm and suicide.</p>

**Terms of Reference 1f: How investment by the Queensland government and other levels of government can enhance outcomes for Queenslanders requiring mental health treatment and support**

## **OUTBACK FUTURES' RESPONSE TO TERMS OF REFERENCE 1F**

Outback Futures calls on the Queensland Government to invest in its economically sound, community-focused model for the effective delivery of mental health services in rural and remote regions of Queensland.

The model is proven, scalable, and adds significant value and extension to the State health and hospital system, as well as Federal Government centre-based mental health care services such as headspace and Head to Health, for effective delivery in a rural and remote context.

### **TWO KEY AREAS OF INVESTMENT ARE RECOMMENDED:**

- **KEY INVESTMENT 1: Outback Futures Community Facilitation Model | Wesley Medical Research Navicare Collaboration**
- **KEY INVESTMENT 2: Ongoing capacity for the HEAD YAKKA initiative**

**KEY INVESTMENT 1:****OUTBACK FUTURES COMMUNITY FACILITATION MODEL:  
WESLEY MEDICAL RESEARCH NAVICARE COLLABORATION**

An investment of funding to expand the Outback Futures Region leadership capacity to incorporate the Wesley Medical Research Navicare learnings and key principles would enhance the delivery of critical mental health services to rural and remote Queenslanders, while commitment to the comprehensive and ongoing evaluation of the efficacy and outcomes of this new approach allows for continual improvement of service delivery.

**Wesley Medical Research and Navicare bring:**

- 27 years of research experience and expertise,
- Extensive due diligence, evidence-based research, and community consultation in the development of Navicare,
- Experience gained from the implementation of Navicare with strong support from regional and strong support from regional mental health, allied health, and community support organisations,
- Experience and understanding of mental health navigation, case co-ordination, and service mapping,
- Capacity and experience to offer full and ongoing evaluation of a new collaborative approach.

**Outback Futures and the Community Facilitation Model bring:**

- Proven success of a bush informed approach in nine regions of remote Queensland,
- A flexible whole of community model for facilitating self-efficacy in mental health and wellbeing with an early intervention emphasis,
- A unique approach that provides clinical care and support for those who need it today (secondary prevention) whilst also delivering primary prevention and health promotion to reduce the number of people requiring help in the future,
- Experienced multi-disciplinary teams offering flexible clinical service as a key tool of the model,
- An approach that prioritises integrated and coordinated care and empowerment.

Rural and remote Queensland communities are often so disengaged from help seeking and service provision that huge energy and focus needs to be directed at community engagement, care-coordination and system navigation as a precursor and ongoing foundation for clinical outcomes.

**Funding for extra capacity for the region leadership team would ensure additional levels of resourcing and focus for the critical care co-ordination and system navigation for individual clients and families and facilitate the mobilisation and strengthening of the system surrounding those clients.**

This collaboration acknowledges the key role that the hospital and GP clinic-based nurse navigators play for our remote clients. It also illustrates how a new collaboration with the community-based care coordination/navigation role, would add value to existing services offered through the health system.

This expanded OBF CFM will focus on integration of current and existing services (community groups, local government, primary health networks, hospital and health services, industry etc.) and will work as a whole of community approach for maximum impact.

*\*This collaboration provides an inbuilt opportunity for full and ongoing, high calibre research and evaluation of the efficacy and impact of the new expanded Outback Futures Community Facilitation Model by Wesley Medical Research.*

## KEY INVESTMENT 2:

## ONGOING CAPACITY FOR THE HEAD YAKKA INITIATIVE



In 2019 Outback Futures launched a campaign in partnership with the Barcaldine Regional Council called HEAD YAKKA. The campaign is a tool to facilitate common purpose, conversation, activity and outcomes in all ages and parts of the community as together smarts (HEAD) and capacity for hard work (YAKKA) are combined to bring about meaningful change.

HEAD YAKKA is about recognising each region's unique needs and story, harnessing whole of community leadership and ownership to ensure covid/disaster recovery and long term intergenerational resilience.

HEAD YAKKA was supported by the State Government's 'Battleplan for Queensland local communities' funding initiative in October 2020 with a \$75K contribution to LGA's and their mental health and wellbeing initiatives. In response to the State Government's support, HEAD YAKKA, which at the time was being piloted in the Barcaldine Region, has now commenced roll out in seven LGAs across remote Queensland.

**Further government investment to bolster this initial work would ensure that the HEAD YAKKA initiative can be fully implemented and reach its potential in strengthening mental health and wellbeing outcomes in disadvantaged remote regions.**

For community insight into the program watch the [HEAD YAKKA Impact video](#).

Terms of Reference 1i: Relevant national and state policies, reports and recent inquiries including the Productivity Commission Mental Health Inquiry Report.

## OUTBACK FUTURES' RESPONSE TO TERMS OF REFERENCE 1I

As outlined in the submission above, and in Appendix A, the OBF CFM addresses key priority reforms of the Australian Government's Mental Health Productivity Commission Inquiry Report, released in June 2020.

It also aligns with and builds on the following five pillars of the Federal Government's National Mental Health and Suicide Prevention Plan, released in November 2021:

1. Prevention and early intervention
2. Suicide prevention
3. Treatment
4. Supporting the vulnerable
5. Workforce and governance

The OBF CFM is reducing stigma, mobilising communities, and transforming the way mental health and wellbeing services are delivered in rural and remote Australia.

# APPENDIX A

**OBF CFM's seven tools align with the five pillars of the *National Mental Health and Suicide Prevention Plan* to significantly improve access, service delivery, engagement, and outcomes for rural and remote Australians.**

OUTBACK FUTURES COMMUNITY FACILITATION MODEL (OBF CFM) >	 Broad community mapping + engagement	 WiWo remote workforce solution	 Multi- disciplinary outreach clinics + community events	 Stay With Me telehealth	 Evaluation of child and community wellbeing	 HEAD YAKKA community mental health + wellbeing initiative	 Critical incident response
SUICIDE PREVENTION PLAN 5 PILLARS >							
<b>Pillar 1:</b> Prevention + early intervention							
<b>Pillar 2:</b> Suicide prevention							
<b>Pillar 3:</b> Treatment							
<b>Pillar 4:</b> Supporting the vulnerable							
<b>Pillar 5:</b> Workforce + governance							

# APPENDIX B



## COMMUNITY CASE STUDY: BILLY AND JUDY

**Nine year old Billy, who is growing up in Central West Queensland’s Barcaldine Region, was referred to Outback Futures for anger management issues.**

Our team provided Billy with counselling and occupational therapy support delivered both face-to-face and via telehealth. He quickly developed strategies to regulate his emotions and learned new social skills to deal with his anger issues.

Billy’s mother Judy had been struggling with life-impacting anxiety and depression, and encouraged by Billy’s progress, she connected with the Outback Futures team.

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**He quickly developed strategies to regulate his emotions and learned new social skills to deal with his anger issues.**

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With support from her counsellor, Judy made significant progress in managing her depression

and anxiety. She then felt it was important to share with her family about her mental wellbeing and seek their support and help.

After brainstorming ideas with her counsellor, Judy bravely had a conversation with her kids. Much to her surprise, Judy’s children immediately identified with the words she was using and the concepts she was explaining.

Judy’s kids shared the Outback Futures team had been doing mental health and wellbeing workshops at school, focusing on the concepts of ‘Look Out, Check In, Speak Up’.

Talking about wellbeing and mental health issues is now safe and familiar for Judy and Billy, and their experience highlights the importance of both early intervention, and community wide mental health education.

Judy is also a strong advocate in her community, sharing a positive wellbeing message and working to create a supportive community for other individuals and families.

