

**WESLEY MEDICAL
RESEARCH**THE WESLEY HOSPITAL | ST ANDREW'S WAR MEMORIAL HOSPITAL
BUDERIM PRIVATE HOSPITAL | ST STEPHEN'S HOSPITAL

28 January 2022

Committee Secretary
Mental Health Select Committee
Parliament House
George Street
Brisbane QLD 4000**Re: Mental Health Select Committee - Inquiry into the Opportunities to Improve Mental Health Outcomes for Queenslanders.**

Wesley Medical Research is committed to implementing and sustaining a new layered mental health care navigation model known as **Navicare** that we recently developed in collaboration with the Australian Centre for Health Services Innovation (AusHSI, QUT). The goal of Navicare is to ensure all Queenslanders have equal opportunities to access timely and ongoing mental health care regardless of their geographic location.

Wesley Medical Research is a 27-year-old, not-for-profit research institute that focuses on improving patient outcomes through applied health and medical research. Our vision is to be recognised as a world leader in applied medical research and achieve excellence and innovation in patient care.

Our commitment to supporting Australians living in rural and remote areas commenced in 2009 when we established the Mitsubishi Rural and Remote Health Centre at Wesley Medical Research. Since then, we have conducted multiple analyses of regional health needs and developed health promotion and implementation resources targeted at improving the health of these communities.

In November 2021, Wesley Medical Research launched Navicare, thus commencing Phase II (Implementation Phase) of a three-phased Mental Health Care Navigation research initiative that will improve access to mental health services and ultimately improve mental health outcomes for people living in remote areas. This new, evidence-based mental health care model is initially being implemented in the Isaac Region with a base hub in Moranbah, Queensland and is part of our COVID-19 Rapid Response Research Centre established in April 2020.

Co-designed with the local community (mental health service providers, local primary health network, local council, various community groups), Navicare focuses heavily on Mental Health Care Navigation, which was identified as essential to improving mental wellbeing within these small, outer communities.

Ongoing financial support is therefore critical to ensure mental health support is made available across a wide geographic footprint, and a commitment made by industry, government, corporate, and university partners is vital to providing this service in a sustained, ongoing manner.

We welcome the opportunity to present our views on how to aid people living in rural, remote, and very remote Queensland in accessing crucial mental health support in the attached submission.

Yours sincerely,


Dr Claudia Giurgiuman, Chief Executive Officer BSc(HonsIA), PhD, GCertPjMan, MAICD, MQA

**WESLEY MEDICAL
RESEARCH**THE WESLEY HOSPITAL | ST ANDREW'S WAR MEMORIAL HOSPITAL
BUDERIM PRIVATE HOSPITAL | ST STEPHEN'S HOSPITAL**Inquiry into the Opportunities to Improve Mental Health Outcomes for Queenslanders.****Prepared by Wesley Medical Research****Summary**

Each year, one in five Australians aged 16–85 years experiences poor mental health and forty-five percent will experience poor mental health during their lifetime¹. Of the approximately five million Queenslanders, sixteen percent live in outer regional, remote, and very remote areas². Thus, 163,531 Queenslanders will experience a decline in mental health in any year, and 369,945 will experience poor mental health at some point throughout their life.

Rural and remote Queensland communities and workforces are largely dominated by mining and agriculture. Mining contributed 11.7% to the Queensland economy in 2019-20³, while agriculture contributed 3.1% in 2017–18⁴. While people living and working in rural and remote areas are at higher risk of suicide compared to metropolitan areas⁵, the mining and agricultural sectors face additional stressors that further elevate the risk of poor mental health and suicide. Reduced mental health and suicide have myriad economic impacts^{2,6-8}:

- \$3.2 billion in direct medical costs,
- \$10.9 billion in indirect costs such as absenteeism, presenteeism, injuries, lost productivity,
- \$30.4 billion in disability and premature death.

The impacts on individuals, families, and communities are difficult to quantify but are likely significant.

One example of a high-risk rural, remote, and very remote area of Queensland is the Bowen Basin. It is characterised by a large non-resident workforce associated with the mining resources and agricultural industries within the region. The drive-in drive-out (DIDO) and fly-in fly-out (FIFO) workforces increase the populations of these small communities by as much as 20%⁹. However, these temporary residents are not included in governmental resources allocations, resulting in regional services being significantly under resourced for health, housing, and infrastructure. With one-third of local health service appointments attended by non-residents¹⁰, rural and remote health services are stretched to breaking point. As one of the Bowen Basin regions with the greatest proportion of DIDO/FIFO workers⁹, mental health services within the Isaac region are especially strained.

In 2020, modelling indicated that mental health issues were likely to rise significantly across Australia due to the impacts of COVID-19¹¹. Although suicide rates have remained stable, data shows a significant increase in the incidence of non-lethal self-harm injuries, along with the concurrent demand for mental health support services^{11,12}. This increased need for mental health support is yet to be met with a proportional increase in services, particularly in rural and remote areas, leaving individuals residing or working in outlying areas of the country vulnerable to declining mental health.

Relevance to Wesley Medical Research

Wesley Medical Research (WMR) is the official research institute for the UnitingCare Hospitals which includes The Wesley Hospital, St Andrew's War Memorial Hospital, Buderim Private Hospital, and St Stephen's Hospital at Hervey Bay. Our remit recently extended beyond the UnitingCare hospitals to

include UnitingCare Community, comprising Bluecare, Lifeline and ARRCs (Australian Regional and Remote Community Services).

Following the establishment of the Mitsubishi Development Rural and Remote Health Centre in 2009, WMR heavily invested in improving the health and wellbeing of people living and working within small, isolated Queensland communities. Due to the increased need for mental health resources resulting from the impact of COVID-19¹¹, WMR allocated funding to investigate gaps in mental health services and barriers to accessing support in the Bowen Basin region. This research was conducted in partnership with Queensland University of Technology's Australian Centre for Health Services Innovation (AusHSI). After extensive consultation and co-design with key stakeholders across the Bowen Basin region, a novel model of mental health support was developed and is in the implementation phase in Moranbah, a key location within the Isaac region of Queensland.

The impact of limited mental health support in rural, remote, and very remote communities in the Bowen Basin region

The greater the distance a person lives from a metropolitan area, the greater their risk of experiencing poor mental health, including self-harm and suicidal ideation⁵. The communities within the Isaac region are ranked from MM4 (medium rural town) to MM7 (very remote) according to the Modified Monash model, which measures both the remoteness and population size of communities¹³⁻¹⁵. Additionally, the number of health practitioners per capita decreases as geographic remoteness increases⁵ and accessing care in rural and remote areas often attracts higher costs¹³, which is a significant barrier to accessing support. Poor retention of health workers in outlying communities means that specialist mental health services are often only able to be accessed by travelling long distances to regional or metropolitan areas^{13,16}. Thus, obtaining help for mental health care in these small, outlying Queensland communities is problematic.

Even where mental health services do exist in rural and remote areas, numerous barriers to accessing these have been identified. Referral and collaboration difficulties, strict eligibility criteria, long waiting lists, and lack of transport to attend appointments prevent people from receiving timely support¹⁶. The complexities of understanding which services are appropriate can deter people from seeking help, and such delays lead to a decline in mental health.

Furthermore, the geographic isolation of rural and remote communities results in displacement from family and social networks, often resulting in reduced mental health. This is compounded in mining and agricultural areas by unique risk factors that increase the likelihood of poor mental health and suicide¹⁷⁻²⁰.

- Both industries tend to employ a larger male workforce and attract a “macho” subculture that stigmatises mental health and acts as a barrier to seeking support,
- DIDO/FIFO mining staff routinely stay on-site away from families, leading to loneliness, relationship stress, and increased risk of drug and alcohol misuse,
- Shift work and high job stress associated with mining increases mental health burden,
- In agricultures, economic hardship driven by climatic events such as drought, floods, cyclones, and bushfires increases the risk of relationship stress and substance misuse,
- Greater accessibility to lethal means in agriculture e.g. firearms and poisons.

Queensland mining and construction employees are 1.72 times more likely to die by suicide than non-mining employees²¹, whereas Queensland agricultural employees are 2.3 times more likely to die by suicide than people employed in all other industries combined¹⁸.

Benefits of Improving Mental Health

Improving mental health undoubtedly has many personal benefits to individuals, such as improved physical wellbeing, relationships, and resilience, increased socioeconomic status through higher rates of employment, and reduced substance misuse. Community benefits include improved relationships, increased rates of volunteering and participation in community groups and activities, and the economic value associated with improved rates of employment.

There are also numerous economic impacts of good mental health to businesses, industries, and the Queensland government. Individuals experiencing good mental health are more likely to be employed, take fewer sick days, be more productive at work, and less likely to be injured⁷. In considering the fiscal costs noted previously, the **benefit to the Queensland economy could be up to \$44.5 billion annually.**

Proposed Solution

Funded in part by Mitsubishi Development and in collaboration with QUT's AusHSI, Wesley Medical Research reached out to over 60 key stakeholders across the Bowen Basin to develop a novel model of mental health support. The model aims to integrate existing mental health services and providers with new services and providers. Mental Health Care Navigation is at the core of this novel model of mental health care known as Navicare.

Navicare combines key elements of several system navigator models²², and includes a physical hub, virtual hub, Telehealth service, and Mental Health Care Navigators at each location.

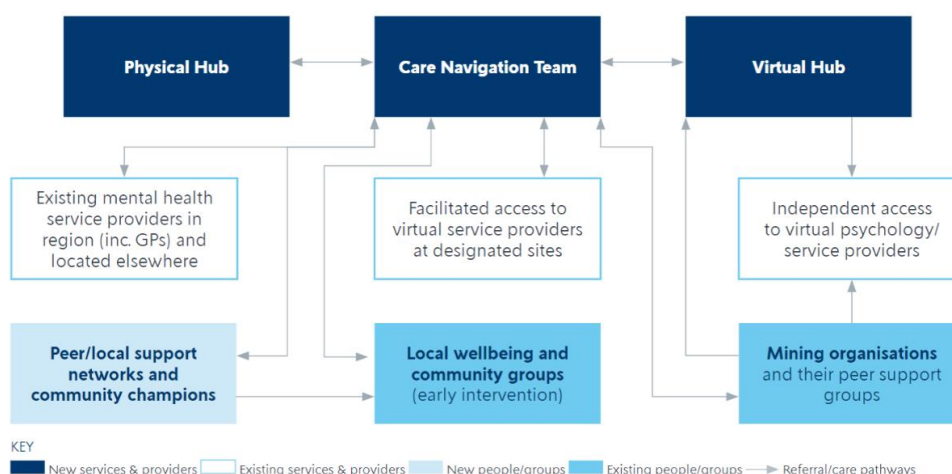


Figure 1: The Navicare Model of Mental Health Care Navigation

The physical hubs, integrated Telehealth services, and Care Navigator support overcome the barriers of digital access and digital literacy in rural and remote areas. Mental Health Care Navigators are

WESLEY MEDICAL RESEARCH

THE WESLEY HOSPITAL | ST ANDREW'S WAR MEMORIAL HOSPITAL
BUDERIM PRIVATE HOSPITAL | ST STEPHEN'S HOSPITAL

specialists who assist individuals to access mental health support that is comprehensive and coordinated and integrates the wrap-around supports required to address the factors underpinning a person's need to seek mental health support.

At present, a single Navicare hub staffed with a Mental Health Care Navigator has been established in the central Isaac community of Moranbah. Wesley Medical Research have funding to maintain and staff this location for twelve months. However, this is inadequate to address the extensive mental health needs across the region. While the Moranbah hub provides a central location for help-seekers, travel is still necessary for residents of outlying communities. Additional hubs and Care Navigators are desperately needed in other locations to further increase availability and accessibility of mental health support. Furthermore, the demographic and health needs of Isaac residents and the DIDO/FIFO workforce are unlikely to change in the short term, indicating a high need for additional and long-term funding.

Navicare is supported by several online psychology platforms, local and outreach counsellors and psychologists, and the Mental Health Care Team at Buderim Private Hospital. Benefits of access to this wide variety of mental health providers include:

- Access to highly specialised areas of counselling, such as gender identity, eating disorders, phobias, neuropsychiatric disorders, and addiction,
- Different pricing options, including bulk-billing, to suit each individual's financial needs,
- Outside of hours appointments, improving access to support for shift workers and farmers.

Thus, the Navicare service eliminates many of the most significant barriers people in rural and remote Queensland face in accessing mental health support and psychology services.

The Navicare model also bridges the gap between government-funded, private, and non-government mental health and wrap-around support services such as those for housing, financial, and employment support. Care Navigators liaise extensively with:

- GPs,
- State government-funded hospital and health services,
- Private and federally funded local and online psychology and allied health providers,
- National Disability Insurance Scheme providers,
- Not-for-profit organisations involved in funding and delivering mental health programs.

By fostering such relationships, Care Navigators ensure that the mental health support individuals receive is comprehensive, coordinated, and integrates the wrap-around supports required to address the factors underpinning a person's need to seek mental health support.

Importance of increasing funding for Mental Health Care Navigation

Increasing the access and availability of mental health services in rural and remote communities is vital in reducing the rate of self-harm, suicide, and mental health burden in outlying Queensland communities. Attracting qualified staff to small communities is challenging and navigating the mental health care system is complex, even for providers themselves. Even when mental health services do exist, the lack of knowledge of services, strict eligibility criteria, and long waiting times are significant barriers to help-seeking.

WESLEY MEDICAL RESEARCH

THE WESLEY HOSPITAL | ST ANDREW'S WAR MEMORIAL HOSPITAL
BUDERIM PRIVATE HOSPITAL | ST STEPHEN'S HOSPITAL

Mental Health Care Navigation combines a physical hub, dedicated Telehealth facility and assistance to navigate the mental health system free of charge. It overcomes issues associated with process difficulties within the mental health care system, the lack of local services, the need to travel to access support, financial and time constraints, and poor phone and internet connectivity across the region.

Wesley Medical Research is exploring collaborative and partnership opportunities to ensure the Navicare model is sustainable moving into the future. The goal is to partner with government, university, private, and not-for-profit organisations who share our goal of delivering comprehensive, coordinated, integrated, affordable, and timely mental health support to all Queenslanders, regardless of where they live or work.

The Navicare model has enormous potential to eliminate barriers to accessing mental health support in isolated communities. However, it requires ongoing funding to ensure it is available across communities in a sustained manner, providing all people in rural and remote communities equal access to mental health care.

Regional Support for Mental Health Care Navigation

Community confidence in Navicare is high, with both the public and health service providers finding the service pivotal in improving access to mental health support. Isaac GP practices currently refer patients to Navicare for linkage with psychology and wrap-around support services, as do the Child and Youth Mental Health Service, Mackay Hospital Health Service social workers and drug and alcohol counsellors, school guidance counsellors, and community support organisations. Notably, national mental health organisations including Bravehearts' The Courage Project and Headspace consider Navicare a vital mental health service. Headspace recently listed Isaac Navicare as an essential Tier 2 support service for regional child and adolescent mental health as part of the Safeminds school safety initiative.

- *"Thank you again for your help and support – it has been a game changer for our rural clients."* (Mental Health Nurse)
- *"I send all our mental health referrals to Navicare. It's a relief to finally have a clearer pathway to getting our patients the counselling they need."* (GP Practice Nurse)
- *"Navicare is the number one name mentioned by my colleagues to get our clients access to psychology services."* (Mental Health Worker)
- *"It was the first time I felt someone really understood what I was going through and made it feel normal."* (Male DIDO worker)
- *"It has been amazing how much my life has changed since Navicare helped me access counselling."* (Female, Isaac Local)
- *"(The Mental Health Care Navigator) really understood what support I needed to help get me off rock bottom."* (Female, Isaac Local)

Support for the Navicare model has been widespread throughout the Bowen Basin and its surrounding communities. The mayors of the Isaac and Mackay Local Government Areas have indicated strong support, with the Isaac mayor stating that Navicare would ideally be funded for a minimum of six years. The Executive Director of Health System Integration and Innovation at North Queensland Primary Health Network (NQPHN) and the Assistant Minister for Health both consider Navicare an essential service to bridge the myriad gaps and barriers to accessing mental health support within the region.

**WESLEY MEDICAL
RESEARCH**THE WESLEY HOSPITAL | ST ANDREW'S WAR MEMORIAL HOSPITAL
BUDERIM PRIVATE HOSPITAL | ST STEPHEN'S HOSPITAL

The CEO and the Executive Director of Medical Services and Clinical Dean of the Mackay Hospital & Health Service have indicated their interest, and ongoing discussions will formalise their roles in supporting Navicare.

Mitsubishi Development Pty Ltd funded the research that has led to the development of the Navicare service, along with the first year of operational costs. Other corporate partners have entered discussions with Wesley Medical Research regarding long-term funding and expansion of Navicare throughout the Bowen Basin.

While there is distinct support from governmental, health and corporate stakeholders, strong support also exists for Navicare from community organisations such as Greater Whitsunday Communities, Moranbah and District Support Services, Suicide Prevention Community Action Plan Mackay, and Emergency & Long-Term Accommodation Moranbah.

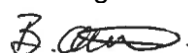
Importantly, support for Navicare extends well beyond the Bowen Basin community. Queensland University of Technology's AusHSI continues to support Navicare through funding and research support. Buderim Private Hospital (UnitingCare Queensland) and the MyMirror online psychology service have formal agreements with Wesley Medical Research to ensure those communities with the least traditional access to mental health care have equal opportunities to access the mental health support services they need to live their best lives.

We recommend that government partner with organisations like Wesley Medical Research and the Australian Centre for Health Services Innovation over a four-to-six-year period, who are prepared to make a significant contribution to address the issue of mental health in rural, remote and regional areas and contribute to up-scaling the Navicare, evidence-based model of mental health care.

Mrs Kelly McGrath

Mental Health Care Navigator
Wesley Medical Research

Dr Bridget Abell

Research Fellow
Australian Centre for Health Services
Innovation

Dr Claudia Giurgiuman

Chief Executive Officer
Wesley Medical Research

Professor Stephen McPhail

Director
Australian Centre for Health Services
Innovation

References

- 1 Australian Bureau of Statistics, 2018. National Health Survey: First Results [Internet]. Australian Government [Cited January 2022]. Available from: <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/2017-18>
- 2 Queensland Health, 2020. The health of Queenslanders 2020: Report of the Chief Health Officer Queensland [Internet]. Queensland Government [Cited January 2022]. Available from: <https://www.health.qld.gov.au/research-reports/reports/public-health/cho-report/current>
- 3 Queensland Government, 2020. About the Queensland economy [Internet]. The State of Queensland (Queensland Treasury) [Cited January 2022]. Available from: <https://www.treasury.qld.gov.au/queenslands-economy/about-the-queensland-economy>
- 4 Department of Agriculture and Fisheries, 2018. Queensland agriculture snapshot 2018 [Internet]. Queensland Government [Cited January 2022]. Available from: https://www.daf.qld.gov.au/_data/assets/pdf_file/0007/1383928/State-of-Agriculture-Report.pdf
- 5 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>
- 6 World Health Organisation, 2000. Mental health and work: Impact, issues and good practices [Internet]. World Health Organisation [Cited January 2022]. Available from: https://www.who.int/mental_health/media/en/712.pdf
- 7 Carter L & Stanford J, 2021. Investing in better mental health in Australian workplaces [Internet]. The Australia Institute [Cited January 2022]. Available from: <https://apo.org.au/sites/default/files/resource-files/2021-05/apo-nid313144.pdf>
- 8 Productivity commission, 2020. Mental Health: Productivity commission inquiry report, Volume 1, Report 95 Cited January 2022]. Available from: <https://www.pc.gov.au/inquiries/completed/mental-health/report>
- 9 Queensland Government Statistician's Office, 2020. Bowen Basin population report, 2020 [Internet]. The State of Queensland (Queensland Treasury) [Cited January 2022]. Available from: <https://www.qgso.qld.gov.au/issues/3366/bowen-basin-population-report-2020.pdf>
- 10 Constantine S & Battye K, 2013. Mining towns – does the boom mean bust for health services? [Internet] 12th National Rural Health Conference [Cited January 2022]. Available from: http://www.ruralhealth.org.au/12nrhc/wp-content/uploads/2013/06/Constantine-Sarah_ppr.pdf
- 11 Australian Institute of Health and Welfare, 2021. The use of mental health services, psychological distress, loneliness, suicide, ambulance attendances and COVID-19 [Internet]. Australian Government [Cited January 2022]. Available from: <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/covid-19>
- 12 Australian Institute of Health and Welfare, 2021. Intentional self-harm hospitalisations by remoteness areas [Internet]. Australian Government [Cited January 2022]. Available from: <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/geography/self-harm-hospitalisations-by-remoteness>

- 13 Department of Health, 2021. Modified Monash Model [Internet]. Australian Government [Cited January 2022]. Available from: <https://www.health.gov.au/health-topics/health-workforce/health-workforce-classifications/modified-monash-model#:~:text=What%20is%20the%20Modified%20Monash%20Model%3F%20The%20Modified,major%20city%20and%20MM%20%20is%20very%20remote.>
- 14 Department of Health, 2021. Modified Monash Model (MMM) Suburb and Locality Classification – Home Care Subsidy [Internet]. Australian Government [Cited January 2022]. Available from: https://www.health.gov.au/sites/default/files/documents/2019/12/modified-monash-model-mmm-suburb-and-locality-classification-home-care-subsidy-modified-monash-model-suburb-and-locality-classification-home-care-subsidy_0.pdf
- 15 Department of Health, 2019. Fact Sheet: Modified Monash Model [Internet]. Australian Government [Cited January 2022]. Available from: <https://www.health.gov.au/sites/default/files/documents/2020/07/modified-monash-model---fact-sheet.pdf>
- 16 McGrath KJ, 2021. Isaac Youth Unmet Needs. Greater Whitsunday Communities.
- 17 Sayers E, Rich J, Rahman MM, Kelly B & James C, 2019. Does heal seeking behaviour change over time following a workplace mental health intervention in the coal mining industry? [Internet]. Journal of Occupational and Environmental Medicine, Vol 61(6): e282-e290, doi:10.1097/JOM.0000000000001605. [Cited January 2022].
- 18 Anderson, K, Hawgood J, Klieve H, Kölves K & De Leo D, 2010. Suicide in selected occupations in Queensland: evidence from the State suicide register [Internet]. Australian and New Zealand Journal of Psychiatry, Vol 44:243-249, doi: 10.3109/00048670903487142. [Cited January 2022].
- 19 Tynan RJ Considine R, Rich, JL. et al, 2016. Help-seeking for mental health problems by employees in the Australian Mining Industry [Internet]. BMC Health Services Research 16:498, doi.org/10.1186/s12913-016-1755-1. [Cited January 2022].
- 20 Bishop L, Ransom A, Lavery M & Gale L, 2017. Mental health in rural and remote communities [Internet]. Royal Flying Doctor Service [Cited January 2022]. Available from:
- 22 Maheen H, Montagne AD & King T, 2018. Suicide in the construction industry: 2001–18 [Internet]. Mates in Construction [Cited January 2022]. Available from: <https://mates.org.au/mining/research>
- 23 Australian Healthcare Associates, 2019. Evaluation of the Aged Care System Navigator Measure: Discussion Paper [Internet]. Department of Health [Cited January 2022]. Available from: https://www.ahaconsulting.com.au/wp-content/uploads/2019/08/AHA_Discussion-Paper.pdf
- 24 Queensland Health, 2021. Nurse Navigators [Internet]. Queensland Government [Cited January 2022]. Available from: <https://www.health.qld.gov.au/ocnmo/nursing/nurse-navigators>



WESLEY MEDICAL RESEARCH

THE WESLEY HOSPITAL | ST ANDREW'S WAR MEMORIAL HOSPITAL
BUDERIM PRIVATE HOSPITAL | ST STEPHEN'S HOSPITAL

Navicare is proudly supported by:

