

4 February 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 a not-for-profit research institute and Queensland's second oldest medical research organisation, with a 27-year history of providing immediate improvements in patient care and quality of life through medical research and is acknowledged for contributing to knowledge in Queensland and beyond.

Outback Futures was born in response to an urgent need for mental and allied health support in rural and remote Queensland. Since Outback Futures was formally established in 2013, our team has prioritised the establishment of trusted relationships with rural and remote communities, predominantly in the Greater Western Queensland regions.

Wesley Medical Research and Outback Futures have identified that through integrating the Wesley Medical Research Navicare Program and the Outback Futures Community Facilitation Model, regional and remote communities will have improved access to mental health care.

Wesley Medical Research's Navicare is a model that focuses on care navigation and connection to assist help-seekers in finding the right service at the right time to support them through their mental health journey.

The **Outback Futures Community Facilitation Model** is a bush-informed, primary and secondary prevention, early intervention approach to address the fundamental causes and impact of acute mental health issues in rural and remote communities.

Integrating these two initiatives will provide a powerful, flexible, and sustainable solution with the built-in benefit of ongoing evaluation to improve mental health, and social and economic outcomes for rural and regional Queenslanders.

This extended model focusses on integration of current and existing services and works as a whole-of-community approach for maximum impact, bridging the gaps between community groups, local government, primary health networks, hospital and health services, and local resources.

We welcome the opportunity to present the most promising models for improving mental health outcomes for rural and remote Queenslanders. For this to occur, **additional investment is needed to enable the collaboration, expansion, and ongoing evaluation of these models to improve the mental health**, and social and economic outcomes for rural and remote Queenslanders.

Yours sincerely,



Dr Claudia Giurgiuman
Chief Executive Officer | Wesley Medical Research
BSc(HonsIA), PhD, GCertPjMan, MAICD, MQA
Level 8 East Wing, The Wesley Hospital
451 Coronation Dr Auchenflower QLD 4066
E: [REDACTED] Tel: [REDACTED]



Selena Gomersall
Chief Advocacy Officer | Founder | Outback Futures
BSc, DipPsych, MCouns, MAPS
Po Box 393
Paddington QLD 4064
E: [REDACTED]

Two innovative models provide a significant opportunity to improve mental health outcomes for rural and remote Queenslanders.

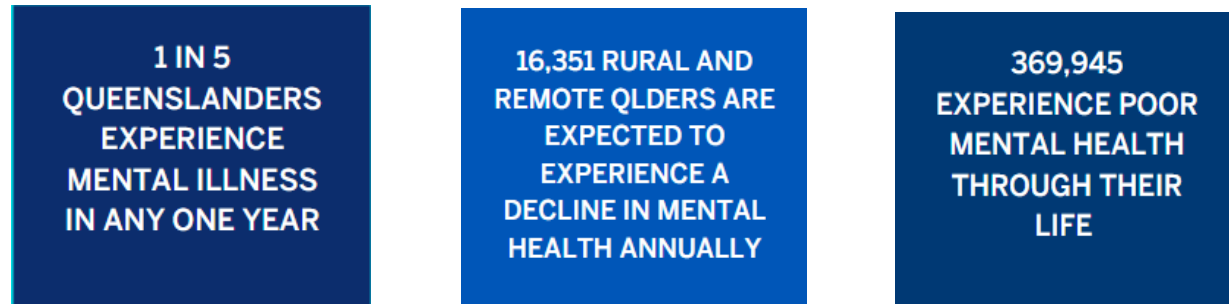
The context

Queenslanders receive the lowest per capita funding to support mental health in Australia¹.

More than 17 % of Queensland's population, around 817 655 people, live in rural and remote areas, encompassing many diverse locations and communities (ABS 2019). However, Investment is focused in city-based models in areas with more dense populations.

While the prevalence of mental illness is similar in urban and regional Australia, the outcomes are worse for people living in rural areas. 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 communities are vulnerable to, and have specific risk factors for, mental health issues due to isolation, and disasters including drought and flood. However, access to effective services remains limited. 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 challenge

Although small communities can provide residents with valuable support, the closeness of these communities can adversely affect an individual's willingness to seek help and engage in treatment. The reasons for this are complex and often associated with a combination of:

- Accessibility due to the tyranny of distance and isolation, where the closest mental health service may be hours' drive away.

¹ 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>

- Reliability and consistency of quality service due to workforce issues. The number of mental health professionals including psychiatrists, psychologists, general practitioners, and other allied health practitioners decrease substantially with increased remoteness²,
- Communities disengaged from help-seeking due to decades of poor service delivery, poor mental health literacy, stigma associated with mental health in small communities and a culture of self-reliance.

These underlying challenges contribute to significantly poorer mental health outcomes in rural and remote Australia, compared with urban areas.

Promising signs for improving mental health outcomes

Two Queensland models, Wesley Medical Research's Navicare Model and Outback Futures' Community Facilitation Model, have evolved and respond to these mental health service gaps and challenges.

Navicare

Navicare is a new model of care led by Wesley Medical Research, partly funded by Mitsubishi Development, and developed in collaboration with Queensland University of Technology's Australian Centre for Health Services Innovation (AusHSI).

The model was developed to address the increase in demand for mental health services in the Bowen Basin region. Extensive community consultation involving over 60 stakeholders identified Bowen Basin residents had strong concerns about inadequate access to mental health services. One of the challenges faced are Fly in Fly Out (FIFO) and Drive in Drive Out (DIDO) workers are substantially more likely to experience mental health problems than the general population.

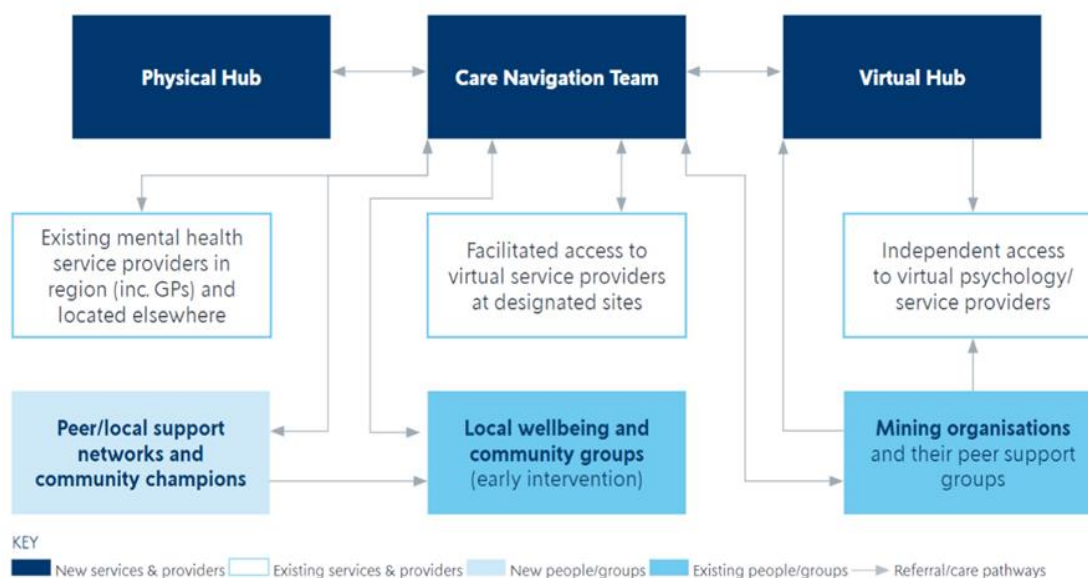


The financial impact of poor mental health is estimated to cost the Queensland economy \$44.5 billion annually

Map of the Bowen Basin region
(reproduced from Bowen Basin population report, 2019)

² 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>

Navicare offers new ways of working to meet the needs of permanent residents, FIFO and DIDO workers. The Navicare model combines key elements of several system navigator models^{3,4}. Each key location includes a physical hub, virtual hub, Telehealth service, and Mental Health Care Navigators.



The physical hubs, integrated telehealth services, and Care Navigator support overcome the barriers of digital access and digital literacy in rural and remote areas. Whereas specialist Mental Health Care Navigators assist individuals to address the factors underpinning their need to seek mental health support and integrates mental health care with other wrap-around comprehensive and coordinated supports.

Navicare is supported by several online psychology platforms, local and outreach counsellors and psychologists, and the Mental Health Team at Buderim Private Hospital.

Community confidence in Navicare has grown quickly across the Bowen Basin region, with both the public and health service providers finding the service pivotal in improving access to mental health support.

"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)

³ Queensland Health, 2021. Nurse Navigators [Internet]. Queensland Government [Cited January 2022]. Available from: <https://www.health.qld.gov.au/ocnmo/nursing/nurse-navigators>

Navicare Model limitations

The Navicare Mental Health Care Coordinator is focused on providing support to people prepared to seek help.

The limitation of the model is that it does not currently include community engagement and education mechanisms to improve mental health literacy and reduce the stigma around mental health problems in rural areas. This means many people struggling with their mental health are reluctant to seek support and access opportunities such as Navicare co-ordination.

There is a high demand for access to affordable care and this creates service pressures as there are only a few Medicare Benefits Scheme bulk billed GP and psychology services. Help-seekers also have a preference to meet face to face with health professionals causing some reluctance to commence psychology services with the model's online providers.

Outback Futures (OBF)

The Outback Futures Community Facilitation Model (OBF CFM) enables impactful, lasting, intergenerational improvements in suicide prevention and mental health and wellbeing outcomes for remote and very remote communities.

It is a person-centered, primary and secondary prevention, and early intervention approach where individuals are supported within the context of family, community, and culture.

Outback Futures provides significant low and moderate intensity clinical services for remote communities and seeks to facilitate an integrated and collaborative approach to whole of community mental health and wellbeing. The key challenges of access, distance, disengagement, and confidentiality are overcome through:

- strong remote community engagement and connection with the care team
- a unique WIWO (Work In Work Out) workforce solution providing flexible and consistent service delivery, and significantly reduced workforce turnover, and
- multidisciplinary clinical team support, delivered both face-to-face and through telehealth.

The OBF CFM is currently being implemented in 9 remote regions throughout Queensland, significantly contributing to better mental health and wellbeing outcomes in those communities.

The model succeeds because it mobilises the community to build their mental health literacy and self-efficacy. This ensures they own their outcomes and are empowered to access a broader range of available services in the future. It is suitable for replication in other remote and very remote regions across Queensland.

These seven tools form the foundation of the OBF CFM, and are further explained on the following pages:

IMPLEMENTATION: KEY TOOLS

These seven tools form the foundation of the OBF CFM, and are further explained on the following pages:



TOOL 1: Community mapping and engagement



TOOL 5: Evaluation of child and community wellbeing



TOOL 2: WiWo (Work In Work Out) remote workforce solution



TOOL 6: HEAD YAKKA community mental health and wellbeing initiative



TOOL 3: Multi-disciplinary outreach clinics and community events



TOOL 7: Critical incident response



TOOL 4: Stay With Me telehealth



Tool 1 – Community Mapping and Engagement

Broad community mapping and engagement to empower local ownership and leadership, and ensure whole of community change.

- Local consultation and co-design of services to suit each remote community's context.
- Strengths and asset mapping with and across the community.
- Facilitating the development of mental health literacy and self-efficacy to ensure genuine ownership and empowerment.
- Development and empowerment of local champions and people with lived experience to own and lead community resilience for the long term.



Tool 2 – Outback Futures WiWo Remote Workforce Solution

Outback Futures has developed an innovative, bush informed workforce solution, WiWo (Work In Work Out) to address issues of accessibility, consistency, anonymity, and safety with clinical service delivery.

- A multi-disciplinary team dedicated to each LGA providing consistent service delivery and building high impact community partnerships.
- Regular in-community visits by clinicians to build trusted community-wide relationships, establish client rapport and reduce stigma.
- Regular telehealth appointments with clients by the same clinician to provide service consistency, accessibility, convenience and client confidentiality.
- Significantly reduced workforce turnover (2018-2020 OBF average clinical staff turnover was 10.8% p.a).



Tool 3 - Multidisciplinary Face-to-Face Service Provision, Community Clinics and Events

- Teams are built around community identified priorities and needs. Multi-disciplinary teams can include psychology, counselling, speech and language, occupational therapy, learning and literacy, indigenous health, social work and more.
- Easily accessible and consistent telehealth services assist with early intervention and reduce help seeking barriers across all disciplines.
- Quality secondary prevention work ensures accessible and consistent clinical support for the 'missing middle'.
- Building local and community capacity through education and empowerment, which enables communities to better understand, manage and advocate for their own mental health and wellbeing needs.
- Addresses perinatal, developmental, and early educational needs for children, young people, and families.
- Clients are supported within the context of their family, community and the system around them.
- Collaborate and partner with local agencies and service providers to integrate care coordination.



Tool 4 – Stay With Me Telehealth

- Regular 'Stay With Me' telehealth across all disciplines delivers consistent and accessible services.
- Addresses barriers to help seeking, including privacy, confidentiality, and stigma associated with entering a shopfront, and acts as a secondary suicide prevention tool.
- Flexibility for clients with phone or video options.
- Can be combined with face-to-face community clinics.



Tool 5 – Evaluation of Child and Community Wellbeing

- Measurement of wellbeing - for both child and whole of community - provides benchmarks and ongoing data to evaluate prevalence and impact.
- Wellbeing measurements inform focus areas and effective prevention strategies for long term change.
- Rumble's Quest (primary school aged wellbeing measurement tool) being rolled out by Outback Futures in conjunction with Griffith University, across remote Queensland schools to measure children's wellbeing.
- Whole of community wellbeing is being evaluated in partnership with USQ (University of Southern Queensland) as part of the Head Yakka initiative.
- Outback Futures, in partnership with WQPHN (Western Queensland Primary Health Network), is participating in delivery of the Resilient Kids Program.



Tool 6 – HEAD YAKKA Community Mental Health and Wellbeing Initiative

- Head Yakka is a community mental health and wellbeing initiative running parallel to the OBF CFM.
- Initially facilitated by Outback Futures, Head Yakka is community owned and led to ensure long term, whole of community change.
- Genuine self-efficacy and resilience ensure long-term leadership and ownership lies within the community.
- Piloted in Barcaldine Region and currently rolling out in 7 west Queensland LGAs.



Tool 7 – Critical Incident Response

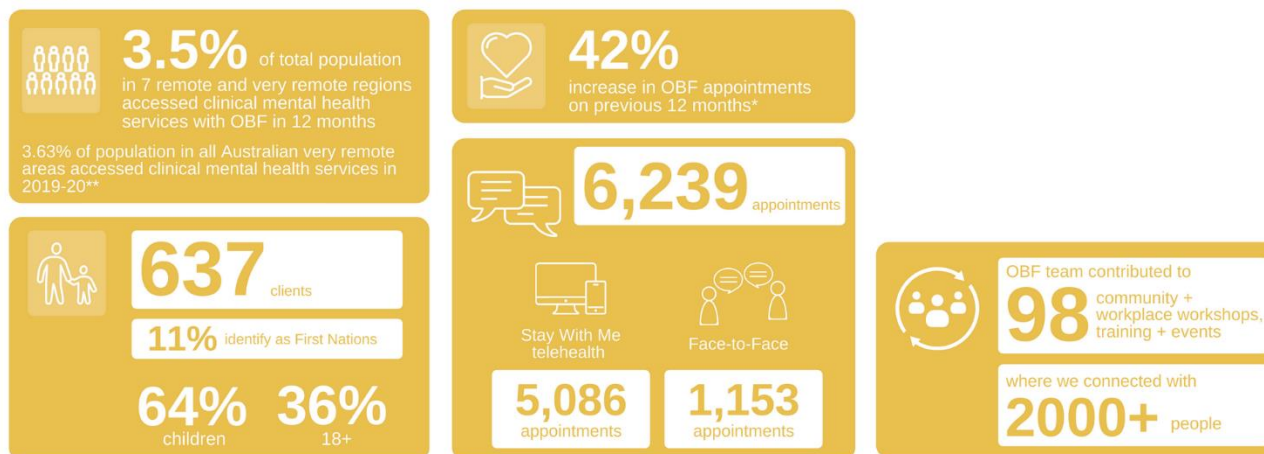
- Support provided to communities in times of disaster and critical incidents, and ongoing.
- Opportunity to build a community's capacity to manage and navigate future incidents or disasters.
- A community usually extends an invitation for critical incident support because of trusted relationships OBF builds through community engagement and regular service delivery.

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) > SUICIDE PREVENTION PLAN 5 PILLARS >	 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
Pillar 1: Prevention + early intervention							
Pillar 2: Suicide prevention							
Pillar 3: Treatment							
Pillar 4: Supporting the vulnerable							
Pillar 5: Workforce + governance							

The Impact

2020-2021:



*In 7 regions - 2019-20: 4392 appointments; 2020-21: 6,239 appointments. **Australian Institute of Health and Welfare

RAPAD Endorsement of Outback Futures

Since 2018 OBF has worked with the Remote Area Planning and Development Board (RAPAD), which includes mayors and CEOs from the 7 Central West Queensland LGAs. RAPAD endorses Outback Futures Community Facilitation Model (OBF CFM) as a mental health and wellbeing solution for the bush.

RAPAD - Land area: 369,000+ km (21% of Qld) **Population:** 10,657 **LGAs:** Longreach Region, Barcaldine Region, Blackall-Tambo Region, Winton Shire, Barcoo Shire, Diamantina Shire, Boulia Shire

I am writing in my capacity as CEO of RAPAD in Central West Qld to offer support to Outback Futures' submission.

Outback Futures have been operating in the RAPAD regions now for a number of years after we as a board commissioned them to roll out their model in each of our shires. The Outback Futures approach, whilst offering quality service provision, is much more about helping our communities to better understand, value and advocate for mental health across all facets of the community from early childhood and young families through to property owners, council workforce and regional leadership.

RAPAD has a strong partnership and relationship with Outback Futures and share a commitment to growing stronger and more resilient rural and remote communities. We have watched so many of our Mayors begin to prioritise mental health and wellbeing, working closely with Outback Futures to integrate strategies into their operational plans and everyday business, and simultaneously have seen people on the ground challenging stigma and achieving improved clinical outcomes.

We want to support their submission for untied Government funding that will allow them to have greater security and long-term capacity to ensure this model is reaching its full potential in Western Queensland and beyond.

Thankyou in anticipation of your support for their submission.

Yours sincerely,

David Arnold

CEO, Remote Area Planning and Development Board (RAPAD)

THE OPPORTUNITY

The Wesley Medical Research and Outback Futures approaches are complementary, successful responses to the rural and remote mental health challenge.

Integration of these two initiatives will provide a powerful, flexible, and sustainable solution with the built-in benefit of ongoing action research.

This can be achieved by leveraging the mental health care navigation service, the cornerstone of the Navicare model and combining it with the key elements and clinical resources of the Outback Futures model. This extended model will amplify the impact on rural and remote mental health by:

- Enabling people to efficiently and effectively navigate the mental health and broader service support system
- Utilising the Navicare physical hubs, with their dedicated Telehealth facilities and access to mental wellness resources, to improve community access to mental health support.
- Leveraging Outback Futures clinical approach and expertise in engaging communities, reducing mental health stigma, and building support networks and resilience within communities
- Expanding Outback Futures regional leadership capacity to:
 - incorporate the Wesley Medical Research Navicare learnings and key principles and
 - committing to continuous and rigorous monitoring and program evaluation to allow for ongoing adaptation to the emerging mental health needs of communities as they change, grow, and evolve.

This approach will reduce stigma, increase help-seeking behaviours and bridge the gaps between community groups, local government, primary health networks, hospital and health services, alcohol and drug services, other social services and local resources.

Expected outcomes include:

- Significantly improved access to critical mental health services for geographically isolated Queenslanders with the least access to mental health care
- Improved utilisation of the existing broader service system as help-seeking behaviours increase
- Increased long term, intergenerational resilience
- Whole outback community mental health and wellbeing strengthened
- Improved life course trajectories and the economic and social participation of people with mental illness.

Barriers to realising this opportunity

Communities are often so disengaged from help seeking and service provision that initiatives will fail unless investment and energy is first put into community engagement, then care-coordination, and system navigation. Only then can clinical, social, and economic outcomes be achieved.

Outback Future Regional Leadership Teams are not currently funded to deliver the required breadth and depth of care coordination and client navigation.

A lack of investment in action research and outcome evaluation also means the evidence-base is not as strong as that available for city-based care models. This skews perceptions and policy advice about which models should be funded.

These are most promising models for improving mental health outcomes for rural and remote Queenslanders. However, additional investment is needed to enable the collaboration, expansion, and ongoing evaluation of these models to improve the mental health, social and economic outcomes for rural and remote Queenslanders.

Appendix 1. Community Case Study - Outback Futures Community Facilitation Model in Action

Billy, a Grade 4 boy from Western Queensland was referred to Outback Futures for anger management issues. After being assessed by our multi-disciplinary team, Billy received counselling and occupational therapy, both face-to-face and via telehealth. Billy quickly began to develop strategies to regulate his emotions and learned new social skills to deal with his anger issues.

Touched by Billy's progress, his mother Judy then had the courage to seek assistance for her anxiety. As a young mother in a remote Queensland community, Judy had been battling significant anxiety and depression for a considerable time. It had a debilitating impact on her daily functioning, parenting capacity and ability to engage in the community.

Judy began counselling, which significantly helped in managing her depression and anxiety. She also started talking with her counsellor about how she could engage with her family, particularly her kids, about her mental wellbeing and seek their support and help. After brainstorming ideas with her counsellor, Judy bravely sat her kids down to have 'the chat'. Much to Judy's surprise, her kids immediately identified with the words she was using and the concepts she was trying to explain.

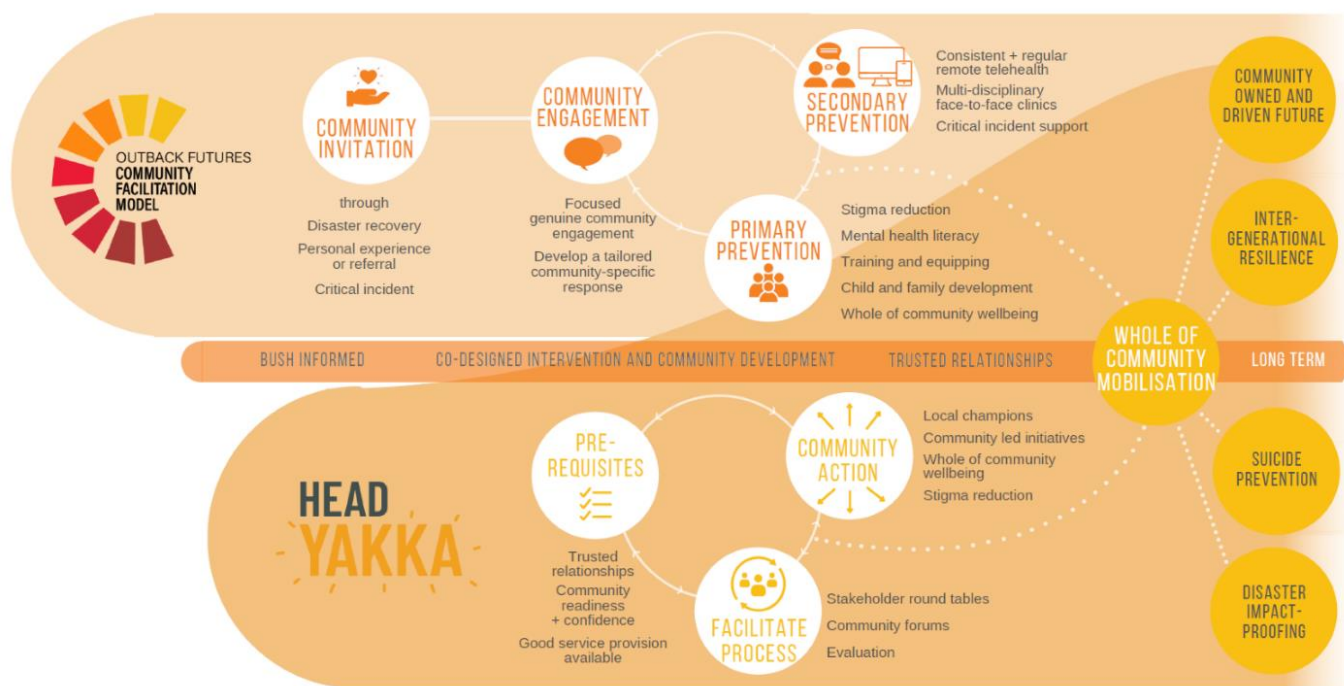
They told their mother about the work that Outback Futures had been doing with them in the classroom around mental health and wellbeing, and the concepts of **'Look Out, Check In, Speak Up'**. As a family they were now able to talk together regularly, about mental health issues as a safe and familiar topic and devise strategies to keep each other mentally strong. They are also now strong advocates for the importance of early intervention and mental health and wellbeing in their school and the wider community.

This family are no longer seeing outback futures, but when needed have engaged with other services and pathways in their region. They are active help seekers and understand how to navigate the system.

This story clearly demonstrates the combined impact of individual mental health service delivery, child and youth education/training, and whole of community change. Immediate, short term symptom relief for an individual, increased safety, and stigma reduction, as well as strategies and tools for effective communication and action around peer and self-support, all form prongs of Outback Futures' whole of community, intergenerational change and mental health and well-being approach.

Billy and Judy's stories highlight the importance of a whole of community approach. For long term change, we need to not only support individuals in their wellbeing journey, but also work to breakdown stigma and social pressure to create a supportive community around individuals and families and ensure there are clear pathways and integrated care options active and mobilised with in the region. Collectively, these elements lay the foundations for long-term suicide prevention and the increased mental health and wellbeing of entire communities.

Appendix 2: OBF CFM Diagram



The Outback Futures Community Facilitation Model

Appendix 3: About Wesley Medical Research

Wesley Medical Research was established in 1994 as a not-for-profit research institute, which exists to give hope and change the lives of sick and vulnerable people through applied health and medical research. As the official research organisation for UnitingCare Health, the research activity undertaken by Wesley Medical Research aims to span all UnitingCare Hospitals and the UnitingCare Community, which includes The Wesley Hospital, St Andrew's War Memorial Hospital, Buderim Private Hospital, St Stephen's Hospital at Hervey Bay, BlueCare, Lifeline and ARRCs (Australian Regional and Remote Community Services).

Appendix 4: About Outback Futures

Outback Futures is a not-for-profit organisation committed to long term, intergenerational change in mental health and wellbeing outcomes for our rural and remote children, families, and communities. Outback Futures was born in response to an urgent need for mental health support in rural and remote Queensland. In 2011, Brisbane-based psychologist Selena Gomersall was invited to provide intensive counsel and support to a group of approximately 30 women and children in Far North Queensland. As Selena spent time with these families and conducted these counselling sessions, she developed a clearer understanding of the extent of the mental health concerns, as well as the serious issues of accessibility, consistency and quality in mental health and well-being service provision for these remote communities.

Over the next few years, Selena and a group of committed volunteers (including a growing mental health team) continued to return to the North, connecting further with these families and their culture, and building trusted relationships.

A unique model began to organically evolve, founded on shared values and driven by co-designed processes and a bush-informed agenda. As Outback Futures has grown, the essence of our model has been shaped and developed further through ongoing community consultation and co-design, and this is fundamental to our success in working with remote Queensland communities.

Since Outback Futures was formally established in 2013, our team has prioritised the establishment of trusted relationships with remote communities, predominantly in the Greater Western Queensland regions. As our presence in these communities has grown, so has the need for mental health and wellbeing support. Referral rates, including self-referral, increase dramatically once trusted relationships are established and positive experiences of service provision are experienced.

Outback Futures is a direct response to the huge and growing need of mental health and well-being support in bush communities, and an understanding that the approach for remote communities needs to be designed and delivered in a unique and culturally appropriate manner. Outback Futures seeks to build self-efficacy and a cultural shift in the bush, assisting remote Australians to better understand, value and advocate for their own mental health and well-being. Resilience is built, community is strengthened, and hope is renewed.

The Outback Futures Community Facilitation Model evolved organically in the bush with bush informed direction. It has developed into a nimble, replicable model that is ultimately about a strategic, long-term approach to shifting remote mental health and wellbeing outcomes in the future, whilst responding to mental health concerns today.

Outback Futures together with the Wesley Medical Research Institute is seeking funding for full and ongoing evaluation of the OBF CFM.