Meeting Summary and Action Plan

Queensland Ministerial Roundtable on Rural and Remote Mental Health

Thursday 13 March 2014, Charleville

Summary of Identified Issues

- The current drought has flow-on effects to both the farming and business communities. The
 economic strain often results in people finding it hard to think clearly, utilise coping strategies and
 manage difficult situations.
- People in farming communities continue to have higher than average suicide rates, although there is no evidence they are increasing in line with the current drought.
- This is not a new issue there have been droughts in the past resulting in stress and mental health related issues. There needs to be an ongoing plan and/or one that can be instigated at the time when it is needed.
- The Queensland public health system is geared towards delivering acute and sub-acute services these settings can make consumers 'better' but not necessarily 'well'.
- Disconnected services:
 - There is no clear delineation of responsibility for the delivery of mental health services.
 Disconnected services exist in local communities and there is a risk of duplication or gaps.
 - Queensland Health has recently mapped existing non-government services available in rural and remote communities and the effectiveness of these services.
 - Queensland Mental Health Commission (QMHC) has commenced work with Statewide Rural and Remote Clinical Network (SRRCN) to identify barriers to access to existing clinical services in the context of the Mental Health and Drug Strategic Plan
 - Mental health services need to be more closely connected to general health services
- Communication and coordination in local communities:
 - It's important to engage key local community members and develop resources that up-skill current service providers as they have the trust of the community, making it easier for them to access more people, e.g. through property visits.
 - Financial counsellors are on the frontline and are often the services that see people who are most at risk first.
 - Local community members know their community the best and are best placed to lead and coordinate local events.
- Effectiveness of services:
 - We need to ensure the effectiveness of existing services prior to funding additional services.
 Community capacity building workshops may not necessarily be targeting the right people or covering the most appropriate topics.
 - o Property visits may be beneficial as people on the land aren't always able to attend workshops due to their workload and the travel time.
 - Social events provide an opportunity for people to leave their property and socialise and share their concerns, making them feel less isolated.
- Types of services:



- o It is vital to focus on early intervention and prevention strategies including promotion and community capacity building to increase awareness and resilience, and reduce stigma.
- While there are existing workforce issues, rural General Practitioners have good relationships with locals and deliver a broad range of services. The family GP is often the only practitioner that the members of a struggling family will see.
- o Need to provide services focussed on individuals, families and communities.

Recommended Strategies

- Appoint local mental health and wellbeing 'champions' (individuals or groups) to act as first points of contact into the mental health system and assist with local coordination of services.
- Develop a mental health and wellbeing portal to provide knowledge of all local services and enhance a coordinated approach to the delivery of services.
- Conduct media campaigns such as articles and advertising in Queensland Country Life and programs such as Landline to talk about the benefits of seeking help and make information more accessible.
- Ensure the implementation of any additional resources and support from the Federal Government is locally driven.
- Consider delivering mental health services within the virtual health context (Skype etc).
- Establish a Rural and Remote Mental Health Service Intervention and Prevention Plan.
- Look into community health awareness and education activities developed by other jurisdictions.
 Eg. Working With Warriors (Western Australia)
 http://www.regionalmenshealth.com.au/index.php?option=com_ttvideo&view=video&cid=43videos&id=1:working-with-warriors&Itemid=133 and CORES (Tasmania) http://www.cores.org.au/

Action plan – updates to be provided at next meeting

Action	Responsible area
Undertake service mapping of local mental health and other drought-related services (such as financial counselling) in each community	South West, Central West, North West and Darling Downs HHSs
Consider the nature and format of 'local champions' in each community	South West, Central West, North West and Darling Downs HHSs
Develop a mental health and wellbeing portal	Department of Health
Establish a Rural and Remote Service Intervention and Prevention Plan – an overarching framework which can be made specific by local co-ordinators and through local networks.	SRRCN, all HHSs, Queensland Mental Health Commission, Queensland Health, Medicare Local statewide policy coordinator, Dept of Communities
Finalise an issues paper that informs a collective and on-going response to rural and remote mental health and wellbeing	QMHC, SRRNC, Department of Health

Follow-up Meeting

• Friday 4 April 2.00 to 3.00 pm – via teleconference. Details to be confirmed.

Attendees:

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