
Ministerial Roundtable on Rural and Remote Mental Health

Communique

30 September 2014

On 13 March 2014, the Honourable Lawrence Springborg MP, Minister for Health and the Honourable Dr John McVeigh MP, Minister for Agriculture, Fisheries and Forestry convened a roundtable to discuss the ongoing drought and its impact on the mental health and wellbeing of Queenslanders in rural and remote communities across the State. A follow-up teleconference in April 2014 refined expectations and responsibility for a more coordinated approach to improving responsiveness to local need and access to mental health and wellbeing support services across Queensland.

The Queensland Mental Health Commission (the Commission) assumed lead responsibility for coordinating progress of the commitments made in the first roundtable discussion in Charleville in March 2014.

This communique outlines the progress since the Charleville meeting and the agreed consensus for the way forward by attendees at the roundtable meeting on 30 September 2014 in Mount Isa.

The rural mental health context

Approximately 10 per cent of Queenslanders reside in rural and remote areas across the State. Currently there are 162 public health service facilities across rural and remote Queensland. Revitalisation of regional, rural and remote health facilities, including mental health, is a priority for the Queensland Government.

Access to the best health services at the best time and in the best place is a core principle of the [Blueprint for better healthcare in Queensland](#) released in 2013. The *Blueprint* outlines the Queensland Government's commitment to improve access to health services for rural and remote communities.

Suicide rates among Queensland's agricultural workers are over two times higher than that in the general employed population and the rate varies across regions. Suicide for Aboriginal and Torres Strait Islander Queenslanders is about two times higher than in non-Indigenous Australians. Access to alcohol and drug treatment services can be difficult in rural and remote areas. Access to drug treatment options, particularly for withdrawal and detoxification services, and needle and syringe programs is limited. People living in remote and very remote areas are more likely to drink at risky levels than those living in other areas.

Since Charleville

In June 2014, the Statewide Rural and Remote Clinical Network released [Better Health for the Bush: A plan for safe, applicable healthcare for rural and remote Queensland](#). *Better Health for the Bush* provides a roadmap for the future of rural and remote healthcare, including mental health, which expands existing initiatives and helps to enhance service delivery in rural and remote Queensland.

To support the vision of the *Better Health for the Bush*, the [Queensland rural and remote health service framework](#) was released concurrently to support Hospital and Health Services (HHS) in their planning for and delivery of sustainable services. The *Framework* lays the foundation for a supported approach to effective coordinated care, while enabling flexibility to recognise local circumstances.

Implementation of this framework is supported by increased investment in frontline service delivery and key enablers such as Telehealth and new workforce models.

The Queensland Government has invested \$25 million in 2014-15 for the Drought Assistance Package. Funding has been allocated across several government departments to support drought affected communities across the Queensland. This includes:

- \$1.45 million to Queensland Health for the development and implementation of additional mental health and wellbeing programs and services to support individuals and local communities across the State affected by drought
- \$3.9 million to the Department of Communities, Child Safety and Disability Services to provide information, support, case management and coordination of community resilience, building strategies for drought declared communities across Queensland.
- \$15.75 million to the Department of Agriculture, Fisheries and Forestry to provide freight subsidies and emergency water infrastructure rebates to support primary producers and communities affected by drought across Queensland.
- \$3.9 million to the Department of Natural Resources and Mines to provide rebates for land rental and waiving of annual water licensees fees for drought affected landholders and lessees.

Increased access to information

The initial Charleville meeting called for increased access to information about services within local communities.

Queensland Health has developed a webpage of content that aims to collate links to all the mental health and wellbeing services which are targeted towards people in rural and remote areas. The webpage sits within the Queensland Government [Health and Wellbeing](#) area with other relevant pages that are related to all aspects of mental health and wellbeing. This includes signs and symptoms, coping, caring for someone, financial counselling and finding assistance. This provides a broader context, and also reduces the likelihood of duplicating information. The information can be readily printed and provided to people who have limited internet access. The [mindhealthconnect website](#) is also considering building a similar rural and remote mental health webpage, with the aim of linking it with Queensland Government websites.

One of the key outcomes sought from the discussion in Charleville was an online searchable database of all local mental health services. A search box (or 'widget') has been placed on the Queensland Health [Find a mental health service](#) page. It is pre-configured to search mental health services and is accessing the [National Health Services Directory](#) (NHSD). People can enter their postcode/town and find services closest to them. The NHSD system provides results in map or list form, and can drill down to particular services and see opening hours, contact details and areas of speciality. The services search is mobile friendly, and allows access into a larger system with content management and maintenance systems in-built. This way the quality of the data is assured going forward, and maintenance effort is not duplicated. Queensland Health is currently working with HHSs to collate data on all readily available services across the private sector, non-government organisations and the public health service in each community, to be included in the database.

The Department of Communities, Child Safety and Disability Services has provided funding to AgForce for social media and newsletter communications to ensure communities are informed of available support services and community events.

The broader issue of developing the appropriate messages to increase the likelihood that people in rural and remote areas seek advice or assistance when they are having difficulty coping with extreme and stressful circumstances is an ongoing challenge. A further issue raised at the meeting in Mount Isa was the implications of having a mental illness on an individual's capacity to meet safety regulations in some industries. The Commission will work with the Department of Health to make inquiries as to any unintended consequences that may arise from safety regulations, and any steps that may be taken to ameliorate the situation without risking the safety of the individuals or others. Early recognition by the person, family and community members of the need for help with depression as well as the skills and judgement of trained clinicians are the keys to treatment and safety.

Utilisation of Telehealth in the rural and remote mental health and wellbeing context

A continued focus on the effective use of Telehealth will increase access to mental health services. Queensland Health has made a significant investment in the Rural Telehealth Service to enhance Telehealth models of care, improve access to specialist consultations and provide emergency management advice and support across Queensland.

As part of the Telehealth Service, the Telehealth Emergency Management Support Unit (TEMSU) provides local access to 24 hour, 7 day emergency support. Since Charleville, the TEMSU team has engaged with the Toowoomba Mental Health Consistent Assessment in Rural Emergency (MH CAiRE) to identify opportunities for service alignment. Synergies were identified between both services and they will now work together to optimise their effectiveness and develop appropriate pathways to integrate calls for after-hours mental health support in South West HHS. This is the precursor to expanding after-hours Telehealth mental health support capability with the other HHSs.

The Commission is currently working with consumers, families and carers as well as service providers to develop guidelines intended to improve the consumer experience of Telehealth.

Access to mental health expertise

Improving access to mental health expertise in rural areas is a key concern. Queensland Health is continuing work to develop vocational training programs which will include psychiatry trainees in rural rotations. Significant progress is being made to deliver Rural Generalists with advanced skills in mental health to rural, regional and remote Queensland with advice from Queensland's Mental Health Advanced Skills Training Consultative Committee. Metro South and Townsville HHSs have already agreed to establish training posts and a number of other areas have expressed interest.

Queensland Country Women's Association

Media coverage of the drought conditions has been the instigation of a range of mechanisms to support people in country areas. Both the Chamber of Commerce and Industry Queensland and the Queensland Country Women's Association (QCWA) have urged that more consideration is given to the impact of drought on small businesses in country towns. This view was strongly supported at the Roundtable. These businesses are vital to the on-going sustainability of our communities. The support from the cities for rural communities is appreciated and the best form of that support is spending money through these businesses. Some organisations provide an avenue for donation of funds that go directly to people in drought affected areas. For example the [QCWA Public Rural Crisis Funds](#) distributed

\$20,000 in the Richmond and Julia Creek areas in August this year. The Department of Communities, Child Safety and Disability Services is investigating strategies to partner with QCWA.

Through their Country Kitchens initiative to be launched on 30 January 2015, the QCWA is encouraging one small but significant change in eating habits. In alignment with this initiative, the QCWA hope to spread the message more widely about personal strategies to cope with the stress of ongoing drought.

Increased control of local services

The Charleville meeting also called for more local control of the services that are funded, especially short term interventions such as those in response to drought. The Department of Communities, Child Safety and Disability Services component of the 2014-15 drought assistance package has a strong focus on local ownership and decision-making. Twenty seven drought affected local shire councils have received funding to provide locally-determined community events, activities and functions, building resilience, capacity, promoting well-being and providing important information about support available.

Department of Communities, Child Safety and Disability Services funding to Uniting Care Community also provides case management support to help people recognise when they are under stress, develop self-care resilience plans and identify when things are getting too much. This includes face-to-face counselling and telephone support, as well as brokerage funds to access more specialised support when needed.

Funding has been allocated to support a regional collective led jointly by Central Queensland Rural Health and the North West HHS to develop a “tool kit” that helps local communities put strategies in place so that they are better able to help local people prepare for and cope with the on-going impact of the drought. The Statewide Rural and Remote Clinical Network will be invited to be part of the steering group for this project.

The ‘tool kit’ will include a mechanism for State and Commonwealth Governments to consult with local communities when resources are being allocated. The intention is that initially a commitment from the State Government agencies to support the process will be sought as it is developed.

Hospital and Health Services involvement

HHSs have taken a lead role in the development of a ‘Drought Information Assistance Pack’. It contains information about mental health including signs and symptoms, coping, finding assistance in addition to financial assistance and support services for the agricultural landscape.

HHS staff also coordinate and attend many community events and local drought support workshops to promote support services available to assist people affected by drought. A recent visit to Longreach by Queensland State of Origin players which included a Queensland Cup football game took place in Longreach was very successful in lifting community spirit. The Maranoa Council with the financial assistance from Department of Communities, Child Safety and Disability has run a successful program where volunteers have visited hundreds of properties, delivering food and toy packs or working physically beside farmers.

A number of HHSs continue to participate in well organised Drought Collaborative Groups with a range of local key stakeholders to ensure gaps or overlaps in services are identified and addressed, events and activities are well coordinated and to pool resources where

needed. This has been beneficial in providing linkages and guidance to drought support workers that have been funded for the current funding period and develop initiatives in the prevention/early intervention arena.

Next Steps

The Queensland Government through relevant departments will continue to support communities affected by drought. The Commission will use the issues arising from this Roundtable process to continue to promote interagency actions that can improve the mental health and wellbeing of rural and remote communities across Queensland.

While farmers and graziers have been the focus of these discussions, a broader conversation that considers the mental health and wellbeing of all people living and working in rural and remote areas is required. The mining industry brings its own challenges and there are also the different needs of Aboriginal and Torres Strait Islander people and those from culturally and linguistically diverse backgrounds, including asylum seekers and humanitarian refugees, to be considered. A formal process will commence early 2015. Individuals and groups with specific suggestions however are welcome to email them to the Queensland Mental Health Commission at any time by phoning 1300 855 945 or emailing info@gmhc.qld.gov.au.

Additionally, the Department of Health will commence the development of the Mental Health, Drug and Alcohol Services Plan in early 2015. The plan will govern service planning and delivery of the state funded mental health, drug and alcohol system in accordance with the principals and directions of the Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019. The projected vision for the plan is to facilitate access to a range of comprehensive, recovery-oriented mental health and alcohol and other drugs services to improve the mental health and wellbeing of all Queenslanders and minimise the impact of substance misuse in Queensland communities. The collaboration and partnerships between the stakeholders and sectors, including the private sector, not-for-profit organisations and other Government departments is pivotal in enabling enhanced health services delivery.

A final Roundtable meeting is planned for the end of 2014.

Attendees

Hon Lawrence Springborg MP	Queensland Minister for Health (Chair)
Mr Rob Katter MP	State Member for Mount Isa
Mr Ian Maynard	Director-General Queensland Health
Dr Lesley van Schoubroeck	Queensland Mental Health Commissioner
Mr Paul Woodhouse	Chairman North West Hospital and Health Board
Assoc Prof John Allan	Chief Psychiatrist Mental Health Alcohol and Other Drugs Branch Department of Health
Mr Dominic Sandilands	Area Manager (North West) Central and North West Queensland Medicare Local
Dr Stephanie De La Rue	Regional Manager – North West Royal Flying Doctors Service
Prof Sabina Knight	Director Mount Isa Centre for Rural and Remote Health James Cook University
Dr Sarah Lutkin	Senior Lecturer Mental Health Mount Isa Centre for Rural and Remote Health James Cook University
Dr John Hall	Past President/Management Committee Member Australian Medical Association Queensland Also representing the Rural Doctors Association of Queensland
Ms Nicola Jeffers	A/Regional Executive Director North Queensland Department of Communities, Child Safety and Disability Services
Ms Meg Trimble	State Vice President – Northern Region Queensland Country Women’s Association
Ms Leigh Vollans	Senior Online Editor & Usability Officer Marketing and Online Communication Queensland Health
Ms Michelle Garner	Director of Nursing Mount Isa Hospital North West Hospital and Health Service
Mr Josh Freeman (VC)	A/Executive Director of Community & Allied Health South West Hospital and Health Service
Ms Sandra Kennedy	Executive Director Mental Health Alcohol & Other Drugs Services North West Hospital and Health Service
Ms Josephine Otto (VC)	Clinical Nurse South West Hospital and Health Service