



National Mental Health Commission Meeting
14 – 15 March 2019
Dubbo New South Wales

COMMUNIQUE

National Mental Health Commissioners welcomed engagement and discussion on what is working and what is not working in mental health and suicide prevention in the region. Commissioners valued hearing the experiences of consumers, carers, service providers and sector stakeholders at the Forum.

A summary of what Commissioners heard is below:

Emergency Services

- A significant amount of Police and Ambulance time and resources are spent responding to individuals with alcohol, drug and/or mental health issues across a large geographical area.
- There is limited access to services in the emergency department and local community.
- Many hours are spent transporting patients across the region to the emergency department for assessment, and then to Orange to access services.
- People are being taken away from their community and family supports to access services, and emergency services are away from the town for sometimes, long periods of time.
- Driving long distances is a safety issue for emergency services and there is a need to change drivers multiple times during the transport process to manage fatigue, which is not good for the patient.
- It would be beneficial to have increased specialist training in de-escalation, and the ability to use videoconferencing technology for assessment and accessing services.
- There is a need to trial different methods of providing services in regional and rural areas and to have access to a skilled workforce.
- Child and youth mental health services are limited in the emergency department and local community.

Education

- Teachers are providing support for students, which is taking away from the time available to teach. Some students have a lack of resilience and ability to manage their behaviour, particularly when things get hard, and teachers are managing explosive, abusive and sometimes violent students and need to complete significant reporting requirements which also takes away time from teaching.
- There are support units but the demand is greater than the resources available, resulting in students that need support being placed in mainstream classes.

- School counsellors are generally available 2-3 days per week but it is inconsistent and they are mostly performing assessments on students which limits the time available to provide counselling services and support.
- There can be a lack of parental engagement for some students, and some parents do not know how or where to get the skills to be able to support their children.
- Previous connections where parenting skills were developed, such as play group and community health centres, either no longer exist or end when a child enters pre-school.
- The area has a high representation of low socio economic families and out of home care children.
- There is a lack of culturally appropriate mental health support and resources.
- The Clontarf Foundation and Girls Academy models are two models that offer support and are excellent, and improvements have been seen in students that participate in these programs.
- There needs to be more specialist and culturally informed resources available to support student mental health and well-being.
- There needs to be more well-being roles to help run programs, manage issues, build resilience and educate and support teachers.

Royal Flying Doctors Service

- The region is a major hub in New South Wales and is under serviced and there should be much better access to mental health services and facilities.
- There are key challenges with drug and alcohol, methamphetamine and overdose on fentanyl patches, with many individuals not having dealt with trauma.
- An aquaponics education program is being run with students in the region.
- The aquaponics education program enables direct engagement with students and an opportunity to identify needs and bring alcohol, drug and other clinical and non-clinical programs to students, where there is an identified need.
- If there is a need for a service that the program is not able to provide, they will source one.
- Students are learning about more than aquaponics, through building relationships, education and competitions.
- There has been good feedback from Principals on the program including that it is delivered face-to-face, rather than via technology.
- Some regional and rural communities have limited access to fresh food and the program provides fresh fruit and vegetables to students and their families.
- There is a focus on traditional owners and growing native foods, providing opportunity to reconnect to culture.
- There is a monthly harvest that involves the students and schools, with identified students participating more and students are able to undertake cooking classes and take the food home.
- There are also challenges with funding being on a year-by-year basis which makes it difficult to do long term planning.
- There is a need for continuity, and funding should be provided for ten years so that long term improvements can be made.

Flourish Australia

- Barraminya and Panorama are two sub-acute mental health units located in Dubbo and Bathurst, where Flourish Australia and the Western NSW Local Health District have partnered to provide a step-up/step-down program.
- The partnership is working well, with Barraminya in Dubbo providing more of a step-down program and Panaroma in Bathurst providing more of a step-up program.
- Barraminya has a set program which is structured and based on needs.
- The average day involves participants having scheduled free time, visits and group sessions which are scheduled throughout the day.
- Group sessions are run by a nurse and a peer worker, and meals are prepared as a group in their own kitchen.
- The aim of the program is to raise the skill level and ability of people for when they go home.
- There is recovery follow up with people when they are back in the community, and also communication with carers.
- Each person has a recovery plan that includes housing, access to services, transport and other supports as needed.
- There are no set limits for the length of stay but the general time is three weeks, with the average length of stay being eleven days.
- The unit has non-clinical staff with a Certificate IV in Mental Health and two peer workers with a Certificate IV in Peer Work or working towards gaining the qualification.
- Panaroma in Bathurst provides more clinical support with a recovery focus. Occupational Therapists assess the group and a targeted and responsive program is tailored to meet the needs of the individual and group. Clinical and recovery staff are available 24 hours per day.

Primary Health Network and Western NSW Local Health District

- The Western NSW Primary Health Network (WNSW PHN) covers both Far West and Western NSW Local Health Districts across a total area of 433,379 square kilometres, making it the largest PHN in NSW (at 53.5%).
- The total population is estimated to be over 309,900 people, with 18.5% over the age of 65 years (ABS, 2016). Approximately 10.5% of people in the region identify as Aboriginal and Torres Strait Islander.
- A regional mental health plan is being developed using a place based methodology so that the plan can be tailored to suit each location.
- A three year needs assessment has been completed which involved an online survey, phone survey and workshops.
- The assessment showed that mental health was a top concern, with the already high level of psychological distress increasing, and that it was higher for Aboriginal people, and hospital treatment doubled for Aboriginal people.
- The surveys showed more age and gender specific services and programs are required, particularly for older and younger age groups, and services need to be more locally relevant and available.
- The methods for commissioning services are being tested and there are big challenges with the workforce. The WNSWPHN is using a competitive co-design approach, which produces a good outcome but takes longer.

- The WNSWPHN is working together with the Local Government, Aboriginal community controlled organisations and the Department of Prime Minister and Cabinet Social and Emotional Wellbeing unit, to not duplicate services and funding allocations.
- Work is also being done with Aboriginal community controlled organisations to understand what programs and workforce are needed.
- The extension of funding to periods of three years was welcomed but the funding has not been received yet.
- There is a need to map system navigation to identify the gaps, provide clarity of roles, reduce duplication and develop a plan.
- The suicide prevention trial is providing in community support which is valuable as it extends the reach of services and support.
- There are challenges with the lifespan model and stepped care which are harder to implement in a small town and the WNSWPHN is working with two of the Local Health Districts and the Centre for Rural and Remote Mental Health to develop plans.
- The WNSWPHN is funding one general practise to develop capabilities in mental health and suicide prevention, but there is a challenge with where patients can be referred to.

Farmers

- The Rural Financial Counselling Service covers a huge drought affected area in NSW and all Counsellors have training in Mental Health First Aid.
- Farmers are angry, lack support and have difficulty getting support.
- There are difficulties with accessing the Farm Household Allowance because the first stage requires a lot of paperwork or is completed online, where access to the internet is not always possible. The second stage of the application process must be completed online.
- There is a lack of coordination of the programs that are available for farmers and the benefits are not available for when farmers move off the farm.
- The people living in towns are also struggling as income derived from farmers has reduced. These include small businesses and local services.
- The drought is having an impact on Aboriginal spirituality with rivers drying up, fish dying and land deteriorating.
- Employment opportunities are decreasing as many organisations such as banks and government agencies are leaving towns and withdrawing services.

Indigenous

- The allocation of short term funding creates difficulties with staff recruitment and retention, and it creates barriers to building relationships as staff are seen as temporary and may not continue providing the service over the longer term. It is also seen as a lack of commitment from governments.
- A social and emotional wellbeing audit was conducted and a number of people were trained by Charles Sturt University in suicide prevention. The program was very successful but is no longer funded.
- There are gaps in services and connections missing such as no follow up when people are discharged from hospital.

- There is a lack of genuine Indigenous leadership and communities need to be skilled up, given opportunities and have support wrapped around them so they can lead and teach others.
- There needs to be flexibility, committed funding and support provided, and a long term sustainable commitment.

Forum

- There is phenomenal resilience in people with mental health challenges but there needs to be more of a focus on recovery, and assisting people to understand what works and what does not work.
- There is knowledge out there about what works, and there needs to be a system that focuses on what we know works and funding allocated accordingly.
- There is a need for increased access to psychiatrists as there is long waiting periods and most do not live in the town. If an appointment is cancelled, people can wait up to an additional three months. There are difficulties when there is a change in the psychiatrist, as people have to retell their story.
- There are effects on children when parents are in hospital and/or unwell.
- Care received in the private health system is significantly better than the care received in the public health system.
- There is a lack of mental health facilities in Dubbo and the facilities are small and servicing a large catchment area.
- There is a need to increase facilities, services and psychiatrists, and include somewhere safe and purpose built for people to go when they are in crisis. There also needs to be more facilities and services specifically for young people and that are separate to adults.
- There is not enough support with the interaction of drug and alcohol and mental health. A family who recently lost their 24 year old son had difficulties getting support across the police, medical and drug and alcohol services.
- Carers are not getting enough support, particularly when people are discharged into the care of the family.
- Many services have gone since the roll out of the National Disability Insurance Scheme (NDIS) and there are lengthy waiting times for non-government services and a lack of continuity of support. The NDIS does not provide respite for carers and people accessing My Aged Care do not have access to services since the NDIS rollout. Rehabilitation is expensive and successful programs such as Partners in Recovery are no longer accessible.
- Barraminya is working well and providing support for people. Resolve in Orange is also very good and provides 24 hour care and includes a telephone hot line for support.
- There is a need to have more services in the region with a consistent workforce so people do not need to tell their story over and over again as it diminishes trust in the system.
- There needs to be trauma informed services, particularly for childhood trauma and the services need to be recovery focused.
- There are challenges with stigma and discrimination in smaller communities for individuals and carers, with discrimination happening in employment.
- A recovery model and service orientation should be mandated, with services and programs required to be evidence based in order to be able to claim recovery orientated status. This will enable people to go anywhere in Australia and know what services they will get, and they will

know it is evidence based and works. There needs to be a national standard of what the benchmark is for a recovery model.

- There is a lack of coordination and communication between services in different geographical locations, with people receiving treatment in different places and services not knowing what treatment has been given previously.

Thank you to everyone who spent time with Commissioners and shared their personal and professional experiences and ideas. This information will be used by the National Mental Health Commission in its national monitoring and reporting role.