

MATCH SUMMARY

Name of Match: Rural and Remote Mental Health and Primary Care

Location of Match: Orange and Molong, NSW

Summary: The Centre for Rural and Remote Mental Health (CRRMH) hosted this Match in partnership with Molong HealthOne, a rural primary health service that provides integrated care to the small rural community of Molong and surrounding villages. The Match allowed participants to look closely at mental health and wellbeing in rural and remote communities, which face distinctive challenges due to environmental, economic and demographic factors and access to services, implying a distinctive approach to mental health promotion, services and suicide prevention. The CRRMH provides evidence-based solutions and researches the effectiveness and impact of services in partnership with rural and remote communities and addresses three questions: how can I be mentally healthy; how can mental health services be improved; and how can we address suicide in rural and remote communities? Leaders from CRRMH, Match delegates representing Neami National and Ministry of Health New Zealand Mental Health Service Commissioning, along with other local stakeholders from Western NSW Local Health District, Orange Aboriginal Medical Service, Mission Australia and LikeMind, came together over the two days to share information and ideas. Sessions included presentations by the delegates, visits to Molong HealthOne with GP Dr Robin Williams focusing primary and integrated care, Orange Aboriginal Medical Service, and the Mental Health Emergency Care Rural Access Program (MHEC-RAP), as well as presentations and discussions about rural suicide prevention from both research and service perspectives. It was a relatively small group of up to 12 people at any one time, but this enabled robust discussion and plenty of question-asking in an intimate environment where all participants were comfortable to express their knowledge, thoughts and experience, resulting in positive outcomes in achieving the objectives of the Leadership Exchange.

Resources used in the Match:

See Appendix 1 for presentations and other resources

See Appendix 2 for photos from the Match

What knowledge was shared in the match?

The Match allowed opportunities for participants to share knowledge about the strengths, challenges and issues facing rural mental health. The provision of rural mental health services, rural suicide prevention services and training, Aboriginal mental health services, integrated rural primary care, and different models of care and best practice were discussed over the two days. A common thread among all participants was discussion around new ways to approach suicide prevention, and information was shared about how these various approaches worked. Participants learnt about current research in mental health and the role that research and evaluation has in assisting to solve rural and remote mental health problems. A session with a rural GP also involved discussion around the importance of GP engagement in rural communities and how individuals do make a difference.

What innovations were discussed? How have they been validated?

Participants in the Match were very excited to learn of some of the innovative projects and work taking place in the rural and remote mental health space, in particular those that are evidence-based. These include some of the work coming out of the Centre for Rural and Remote Mental Health where translational research underpins the programs they deliver. One of these programs is the Rural Adversity Mental Health Program (RAMPH), which has a strong evaluation, analysis and reporting tool supporting it in the form of an online app which validates the effectiveness of RAMPH in improving the mental health and wellbeing of individuals and communities throughout rural New

South Wales. Other innovations discussed were the delivery of suicide prevention workshops, including the development of workshops customised for Aboriginal people that reflected their cultural needs; the production of an annual publication sharing the stories of rural people facing challenges in their life and how they overcame these; the Australian Rural Mental Health Study; and the success of an Integrated Care pilot site in the small town of Molong. The use of e-therapies in improving the mental health and wellbeing of clients was discussed at length and the group were excited to learn of a recent evaluation of these by the CRRMH. A highlight of the Match was a session with a local Aboriginal Medical Service who face funding and resource challenges – the mental health team from this service were very happy to learn about research and evaluation published around low intensity services using technology which they may be able to utilise in providing services to its clients, and to take advice around the most appropriate web and app based therapies. Through the innovative use of technology they are now confident that they can provide a better service despite their limited capacity.

How do participants plan to use and share this knowledge?

Participants have provided feedback that they will now consider the relevance of the models of care observed and discussed in the way they provide rural and remote mental health services, and will make the effort to maintain information sharing through regular exchange contacts and communication. One participant reported that the information shared and observed during the exchange will be very helpful in considering the next three year strategy for mental health addiction and suicide prevention in his organisation. Participants indicated they will take back new innovations discussed as a way to apply different ways to old issues such as suicide prevention. They will also share the various publications and resources provided.

Who are the key actors and change agents you are trying to influence?

Information and knowledge gained in the Match will be used to influence policy developers across all tiers of government in primary and community care for mental health, District Health Boards and other Boards of governance, funding bodies, cross-agency partners and stakeholders, individuals and communities. The need to all work together with government to address issues was emphasised and discussions that took place during the Match will be brought to the attention of Ministers.

How has your match built leadership for the future

The Match reinforced the need for courage in leadership to enable and support people to act upon innovation and implement improved models of care. Participants of the Match, already leaders themselves, were able to build upon their knowledge base, and gain confidence to now take this new knowledge back to their organisations and further develop their leadership as they introduce new ways of doing things. The development of professional relationships within the group participating in the Match will also be something they can draw upon, as they continue to share knowledge, mentor and coach one another. Because of the small size of this Match, the participants developed a lot of trust and mutual respect for one another over the two days, and were able to have frank and open discussions about the challenges they face in their work and talk about solutions to these problems. The group agreed that to be strong leaders we need to be part of the solution, rather than being a part of the problem.

APPENDIX 1

Presentations (attached)

- About CRRMH presentation (David Perkins)
- Neami National: Creating Spaces for Recovery presentation (Glen James)
- Ministry of Health NZ: New Zealand Mental Health and Addiction presentation (Derek Thompson)
- About RAMPH presentation (Tessa Caton and Sarah Maddox)
- Rural Suicide Prevention presentation (Trevor Hazell)
- Low Intensity MH Service Rapid Review

Other Resources

Highlights regarding **e-therapies**:

StayStrong App - http://www.menzies.edu.au/page/Resources/Stay_Strong_iPad_App/

From the Menzies website: The AIMhi Stay Strong App (iOS version) is a structured mental health and substance misuse intervention using Indigenous specific content and imagery in a computerised (iPAD app) format.

The app will assist therapists to deliver a structured, evidence based, and culturally appropriate intervention to their Indigenous clients. More background on this project is available [here](#).

My Compass (CBT-based mobile, computer, tablet) from the Black Dog - <https://www.mycompass.org.au/>

from ANU - **e-couch** <https://ecouch.anu.edu.au/welcome> and **MoodGYM** <https://moodgym.anu.edu.au/welcome> - has great evidence base, but other apps may be more user friendly, sequential module completion can be a barrier for some.

Reachout <http://au.reachout.com/> has great resources including reviews of apps and online programs from user and clinical perspectives, also reachout for professionals site.

e-clinic Mindspot has good evidence base and is clinician supported and I believe free. <https://mindspot.org.au/> - things to note - both rural and remote and Aboriginal and Torres Strait Islander (ATSI) populations access *MindSpot* at a level that reflects their representation in the Australian population. . *MindSpot* offer an online **Indigenous Wellbeing course** (<https://mindspot.org.au/indigenous-wellbeing-course>) for ATSI adults which they report was well accepted by users and resulted in a 40 to 50% reduction in anxiety and depression symptoms on average.

Videos tailored to heavy industry scenarios “[Supervisor Support Skills for Heavy Industry](#)” and “[Talking to someone you are worried about](#)” etc from the CRRMH YouTube channel - <https://www.youtube.com/channel/UCTyKF-qXG1g1hND6tiTZdw> .

APPENDIX 2

Photos from the Match

