



# RURAL OUTREACH PROGRAM

## MARCH 2021



# ACKNOWLEDGEMENT

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## OF TRADITIONAL OWNERS

The Wimmera Primary Care Partnership acknowledges the Traditional Owners and Custodians of the land and waters on which we work and live, and pays respect to their Elders past and present.

We acknowledge their significant cultural heritage, their fundamental spiritual connection to country, and value their contribution to a diverse community.

We are proud to embrace the spirit of reconciliation, and learn more from the local Aboriginal and Torres Strait Islander community, how best to improve their health, social and economic outcomes.



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# PROGRAM BACKGROUND

Supporting individuals to navigate and access mental health & well-being services

Dealing with mental health and wellbeing is an ongoing challenge for rural communities. Data show that, although there is similar reported prevalence of mental health ill-health across Australia, the rates of suicide, self-harm and emergency admissions for mental health conditions, are higher with remoteness. In 2016, the suicide rates per 100,000 people in rural and remote Australia was 50% higher than in the cities (hazel et al, 2017).

The Wimmera and Southern Mallee region in northwest Victoria is characterised by small communities sparsely located within very large landmasses. It covers 28,000kms<sup>2</sup> and has a population of 38,400 people. It includes the local government areas of West Wimmera, Yarriambiack, Hindmarsh and Horsham Rural City.

The Rural Outreach Program is an initiative of an alliance of Wimmera Southern Mallee Health and Local Government Agencies led by the Edenhope District Memorial Hospital (EDMH) and supported by Wimmera Primary Care Partnership.

It commenced in December 2018 with seed funding from the Department of Health and Human Services (DHHS) Mental Health Branch, and collective Local Government Authority (LGA) drought funding. With additional funding through DHHS in 2019 the program will continue until June 2021. Currently there are three Rural Outreach Workers, intake workers and a Co-ordinator managed through the primary care director at EDMH.



# PROGRAM OBJECTIVES

Supporting individuals to navigate and access mental health & well-being services

The Rural Outreach Program is a Victorian rural mental health initiative, with local community based Outreach Workers responding to the needs of people living in the Wimmera Southern Mallee Shires. The program aims to improve the well-being of community members who are struggling with tough times and to support them with access and navigation of the service systems. There are currently three Rural Outreach Workers, Intake Worker, Coordinator and the program sits under Primary Health. The Rural Outreach Program commenced in December 2018.

The Rural Outreach Program has been developed to increase the capacity of services working with local communities to respond to, and support, community members who are in psychological distress and may be showing early signs of mental ill health. The Program is designed to respond to the person's need for immediate support, provide interim support whilst awaiting access into the broader service system and to

assist them to navigate and access services in a timely manner and before a crisis might occur.

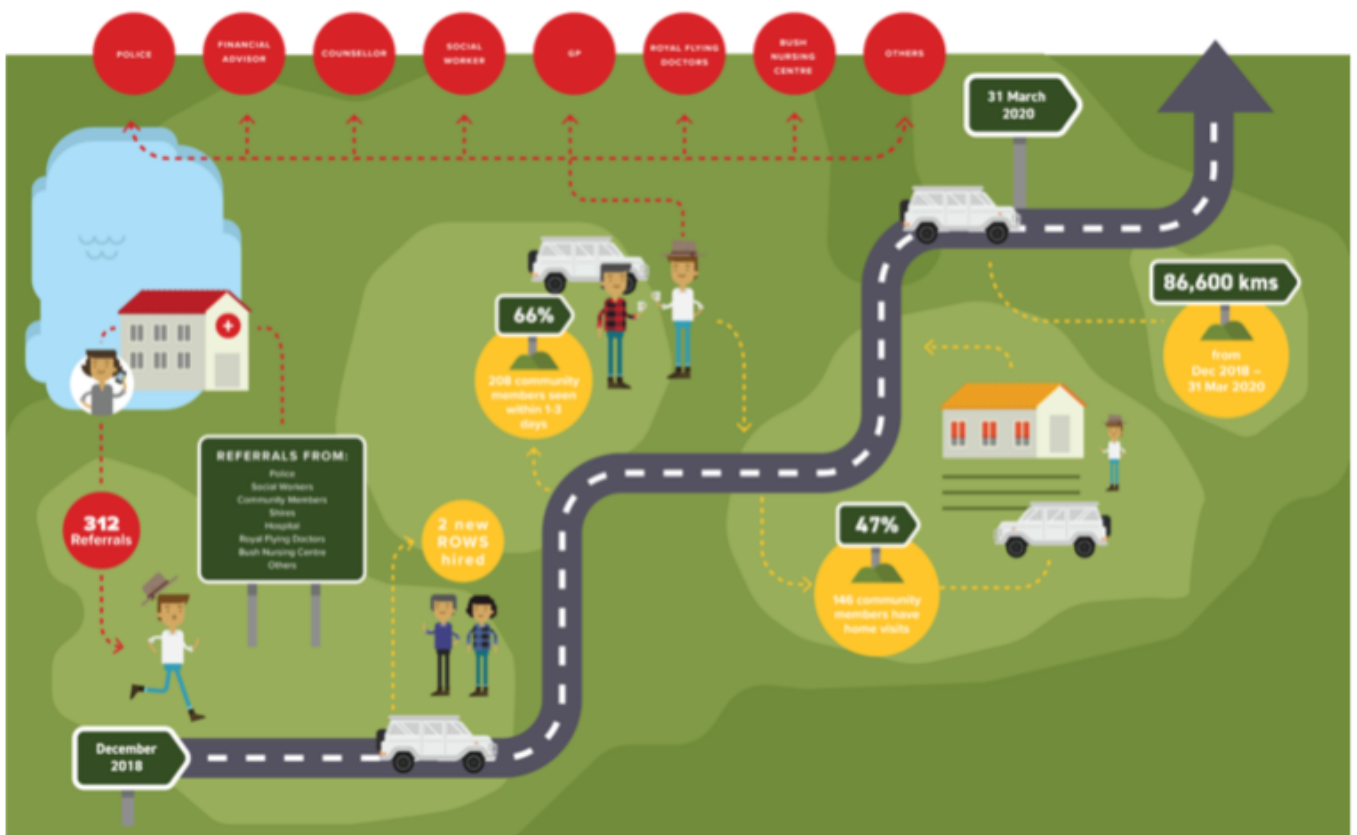
A further objective of the Program has been to build community resilience through education and community engagement via outreach activities. The Rural Outreach Program enables communities to engage with topics of mental health promotion, mental health well-being training, de-stigmatisation of mental health and access to and navigation of mental health service provision.

The Program is also available to provide support to both the primary care and tertiary health care service providers when access or availability of mental health services cannot occur in a timely manner. The Rural Outreach Program is not a substitute for mental health service provision but provides much needed support to individuals as they await access to the right services.

# PROGRAM STRUCTURE

Supporting individuals to navigate and access mental health & well-being services

'Seasonal Conditions Funds' were collectively pooled by four Local Government Areas (LGS's), to support local communities through the Rural Outreach Program. Agencies involved include: Edenhope and District Memorial Hospital (acting as the lead agency), West Wimmera Shire, Hindmarsh Shire Council, Horsham Rural City and Yarriambiack Shire Council and six additional health organisations, West Wimmera Health Service, Rural North West Health Service, Wimmera Health Care Group, Harrow Bush Nursing, Edenhope and District Memorial Hospital and Woomelang Bush Nursing Centre.

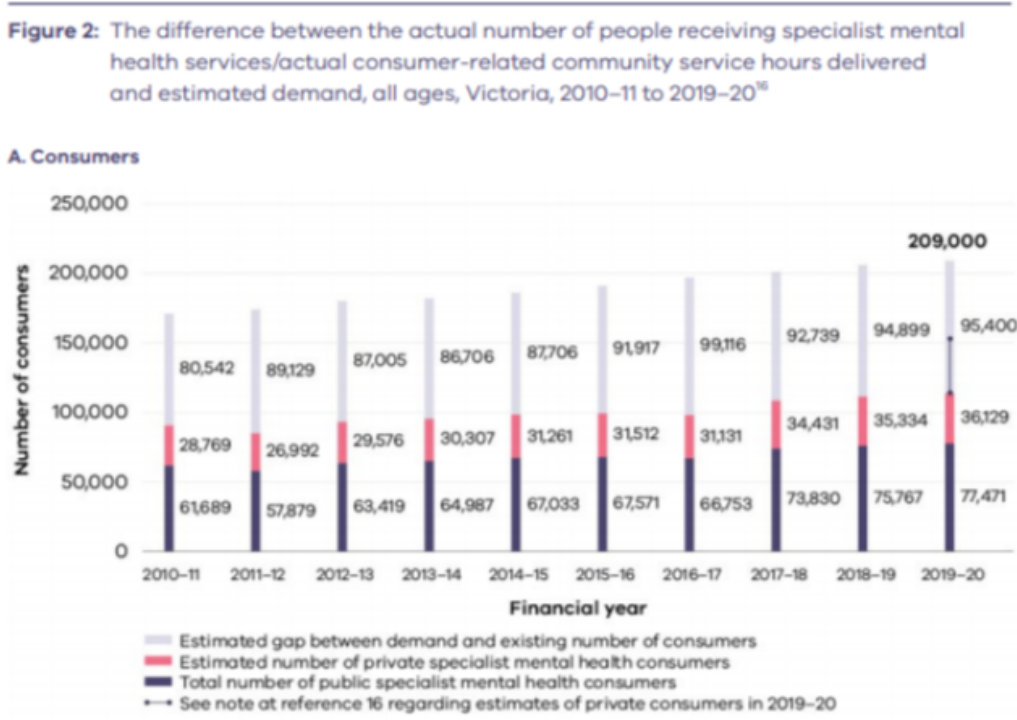


# ROYAL COMMISSION

Supporting individuals to navigate and access mental health & well-being services

**‘From the Royal Commission’;**

Recent events showed a client had a 6 month wait to see a psychiatrist, and according to the Mental Health Commission report this is not out of the norm, it is estimated that as many as 95,400 people are waiting to access services. The Rural Outreach team hold , monitor, support and provide practical assistance until they can discharge to an appropriate service.



# VALUE

Supporting individuals to navigate and access mental health & well-being services

The Rural Outreach Program commenced in December 2018 and has been producing significant value for clients, for local governments, and for the service systems. Value is assessed against three criteria; desirability, feasibility and viability.

**Desirability:** is the Rural Outreach Program viewed by the community, local government and the service system as the best way to meet the community's needs

**Feasibility:** is the Rural Outreach Program configured appropriately to best meet the community's mental ill health needs

**Viability:** is the Rural Outreach Program structured in a way that delivers value for investment and is viable in the long term



# VALUE FOR CLIENTS

Supporting individuals to navigate and access mental health & well-being services

**Desirability:**

- The Rural Outreach Program was easy to access as it was available in the local communities
- It is a face to face service that can be home based, telephone/telehealth, Health and Well-being Hub or community locations, with telephone follow up as required
- There is no wait list timeframe to access the program with access often occurring within 36 hours
- Appointments were made and support provided to individuals and families to access services
- The approach used by the Rural Outreach workers made engagement with the program a positive experience
- There was a clear plan and established actions as a result of participation in the program
- The Rural Outreach Program Worker followed up and checked in prior to and during access to other services
- The Rural Outreach worker supported individuals to navigate the service system

**Feasibility:**

- The Rural Outreach Program has made it easy for any community member to access the program (there are no limiting criteria which impact on the ability to provide support and service system navigation)
- The Rural Outreach Program was available in the community to provide services
- Little to no waiting time to access the service
- From January 2020- December 2020 there were 322 admissions and 204 discharges (these figures do not incorporate individuals that required follow up)
- In 2020 there were 1,162 visits

**Viability:**

- No financial impact to clients

# VALUE FOR LGA'S

Supporting individuals to navigate and access mental health & well-being services

**Desirability:**

- Ensured faster access for community members to immediate support
- Ensured community members accessed the right service at the right time (community advocacy within the service system)
- Ensured ongoing support for community members whilst awaiting access to a further service if required
- Ensured community members were supported as they are navigated through the service system
- Provided transport to access services
- Builds community member resilience
- Reduces stigma of mental ill health within the community through Mental Health programs

**Feasibility:**

- Local Government can easily promote the Rural Outreach Program
- The Rural Outreach Program has successfully conducted community education and health promotion activities to compliment the outreach service

**Viability:**

- Smart investment to pool funds across multiple local government areas to enable a service gap to be filled and provide support to community members locally
- Without pooling of funds no individual Local Government area could deliver the range or breadth of services provided under the current Rural Outreach Program

# VALUE FOR THE SERVICE SYSTEM

Supporting individuals to navigate and access mental health & well-being services

**Desirability:**

- Provides support to individuals whilst waiting to access services
- Ensures a clients mental ill health doesn't increase whilst awaiting access to a service
- Ensures clients are able to access service by providing transportation if required
- Reduces the stigma associated with mental ill health
- Understands the pathways and constraints of the local mental health service system
- Fast track connection into specialist services and clinics if required
- Fast track into primary care and local health services
- Streamlined process making it easier for service system to support clients within designated timeframes
- Non threatening environment, with supportive non-judgemental staff that focus on a community members strengths
- Wrap around services identifying services, beyond mental health needs
- Supports all family members to access services
- Telehealth during COVID-19 provided options for access, remote families
- Compliments the work of the Head to Help Hub

**Feasibility:**

- The Rural Outreach Program has been able to successfully establish an outreach program across multiple rural and remote communities
- The Rural Outreach Program has successfully used limited resource to deliver a community based service since December 2018
- The Rural Outreach Program has successfully conducted community education and health promotion activities to compliment its outreach services
- The Rural Outreach Program has successfully been able to transition from a face to face service to a telehealth service during the COVID-19 period

**Viability:**

- Without ongoing financial assistance the Rural Outreach Program is not financially viable

# PROGRAM FUNCTIONS

Supporting individuals to navigate and access mental health & well-being services

**At present the healthcare service system has a low threshold for mental ill health support.**



Diagram one: current state practice (low threshold of support)

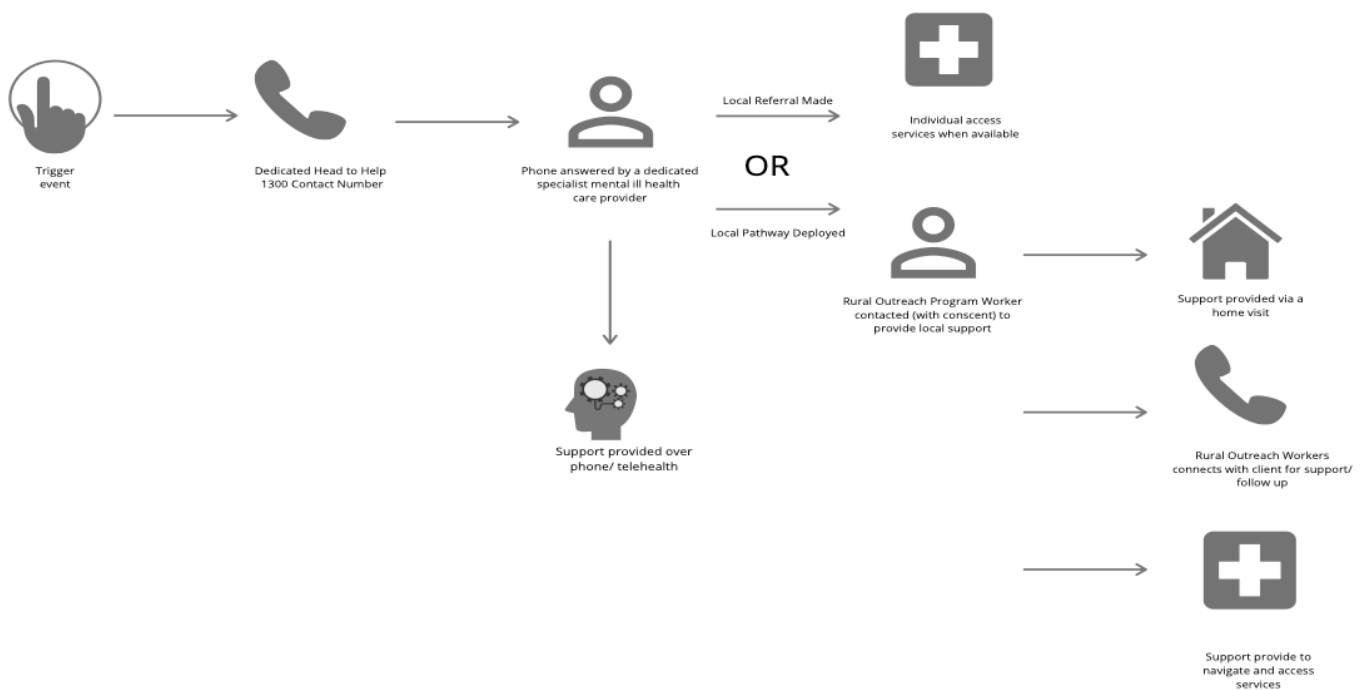
In September 2020 the Primary Health Network identified and funded the Head to Health intake line and hub for people in the Western Victoria experiencing mental ill-health due to COVID-19. However, it has since been clarified that any individual experiencing mental ill-health can contact the intake line. The physical Hub has been created in Ballarat where individuals will be able to access services from a multidisciplinary team of mental health workers, including psychologists, mental health nurses, social workers and alcohol and drug workers to provide extra support.

Individuals accessing this service will be able to discuss their needs and concerns before being directed to a package of mental health services in their local area that most appropriately meets their individual needs. This is a critical new service designed to offer a seamless service for guiding people in mental distress or feeling that they are unable to cope to access services locally.

However, many of the townships located throughout the Wimmera Southern Mallee are in excess of three hours from the new Head to Help Hub meaning services offered by the multidisciplinary team can only occur over the phone or via telehealth. Local mental health services across the Wimmera Southern Mallee region already have significant waiting lists and timely access is not always possible. This is where a service like the Rural Outreach Program becomes critical for the mental health of rural and remote communities and can support intentions and outcomes of the Head to Help Hub. Refer to diagram two.

# PROGRAM FUNCTIONS

Supporting individuals to navigate and access mental health & well-being services



**Diagram two: possible future state across the Wimmera and Southern Mallee Region**

A key point to note about the Rural Outreach Program is that its early intervention, preventative approach is consistent with the literature that identifies positive impacts for individuals, families and communities beyond identification, planning and referral.

# PROGRAM FUNCTIONS

Supporting individuals to navigate and access mental health & well-being services

**Literature shows that early interventions such as provided those provided through the Rural Outreach Program are, consistent and compliment the Head to Help Hubs. Without the Rural Outreach Program in place individuals from the Wimmera and Southern Mallee Regions:**

- May be in an unstable or deteriorated health and wellness space prior to accessing services directed by the Head to Help Hub due to limited service availability locally. Currently the Rural Outreach Program provides ongoing support to individuals awaiting access to primary and tertiary services
- May have increased difficulty in navigating and accessing services. Currently the Rural Outreach Program supports individuals to navigate and access services locally in a timely manner
- May not access services as directed by the Head to Help Hub due to financial or transport limitations. Currently the Rural Outreach Program provides transportation assistance for individual to attend appointments and links individuals into local services that can assist with financial and other matters that may impact attendance or participation in the necessary services
- May not access services as directed by the Head to Help Hub due to the referral and information not coming from someone they know and trust. Currently individuals are able to build trust and rapport with the Rural Outreach Workers. Individuals are then supported with a series of wrap around services
- May disengage from services due to a lack of follow up or support. Currently the Rural Outreach Workers follow up with clients to see how they are progressing and if there is any further support that the individual may require.

**Limiting access to vulnerable and at risk individuals to services such as the Rural Outreach Program increases the likelihood that these individuals may not be provided with the opportunity to reach good mental health.**

# PROGRAM OUTCOMES

Supporting individuals to navigate and access mental health & well-being services

**Swinburne Universities: Social Innovation Research Institute undertook a comprehensive evaluation of the Rural Outreach Program in July 2020. The evaluation key findings included:**

- Between 1 January 2019 and 31 March 2020, a total of 1044 forms were completed
- More than 60% of those using the Program, heard about it through word of mouth including from family members, friends or colleagues
- Men aged 31-70 was the group making the highest use of the Program
- Community engagement activities yielded over 100 referrals
- Initial visits and assessments occurred in one to three days for 67% of community members
- 52% of visits involved travel up to one hour, but 8% involved three hours or more travel
- The highest number of scheduled visits occurred in the community members home
- The Rural Outreach Workers made 93 referrals to other services on behalf of the community members during the January 2019-March 2020 time period
- There were 490 follow-up visits with community members. For over half of these, the community member said they had contacted the services recommended by the Rural Outreach Workers

# PROGRAM OUTCOMES

Supporting individuals to navigate and access mental health & well-being services

**Community satisfaction forms were distributed to community members and referrers at the discretion of the Rural Outreach Workers – 31 satisfaction surveys were returned. Responses showed that:**

**70%**

strongly agreed that they were satisfied with the service/ program

**73%**

strongly agreed that they were satisfied with the Outreach Worker

**80%**

strongly agreed that the services was timely

**73%**

strongly agreed that the service was easy to access

**70%**

strongly felt that they were listened to

**80%**

strongly agreed that they would contact or use the Rural Outreach Program

**76%**

strongly agreed that they would recommend this service to others

**For access to the full evaluation report please contact the Wimmera Primary Care Partnership.**



# PROGRAM NEEDS

Supporting individuals to navigate and access mental health & well-being services

**It is apparent that having the Rural Outreach Program is of value to clients, local governments and the health and well-being service system. Providing a local model that provides interim and follow up support, navigation and access is critical within a healthy service eco-system. The key problem is one of financial viability. The ability to address this issue requires the following to be in place:**

- An ongoing funding stream to support the Rural Outreach Workers and Program Coordinator
- An established set of Key Performance Indicators (outcomes) aligned to the identified funding stream
- Scale to enable greater efficiencies in service delivery and innovation. Without scale it become difficult to adjust the existing model and to create efficiencies throughout the process
- Recognition that financial investment in early intervention and prevention will reduce costs down stream in the healthcare system. For example, reduced emergency department and urgent care attendance, reduced after hours GP interventions, reduced reliance on primary and tertiary mental ill health services

# PROGRAM NEEDS

Supporting individuals to navigate and access mental health & well-being services

The Rural Outreach Program is a well-regarded service; it has met the needs of both clients, local governments and health services while creating a positive impact across the Wimmera and Southern Mallee region health service system.

The conclusion of the Rural Outreach Program would see these individuals referred directly into mental health services without any support whilst waiting to access and navigate the services system. It should be noted that individuals would potentially be waiting an extended period of time before accessing services where their mental health could further decline or where they withdraw and do not access the service.

Further to this Rural Outreach Workers were concerned that individuals may be further disadvantaged as the Rural Outreach Program currently incorporates community engagement, early intervention and mental health promotion and training activities. All of the community outreach work assists in building community resilience whilst reducing the stigma associated with mental ill health.

# RURAL OUTREACH PROGRAM

WIMMERA PRIMARY CARE PARTNERSHIP

