The Rural Outreach Program

Rural & Regional Mental Health Initiative

Rural suicide and mental health issues cause enormous distress to individuals, families and communities and the focus must be on its prevention. This application provides real life feedback, data and research outcomes from the past three years of the Rural Outreach Program, all relevant reports can be viewed at www.edmh.org.au

Provide a timely service

We listen

Easily

accessable

to everyone in the

community

How we

help

Help those in need to understand and navigate the mental health system

Make getting support both for those in need and their family easy.

Follow up to see how they are going Link in and work with other services providers 'as we recover from this pandemic, we can't lose sight of what matters most—the health and wellbeing of our families, friends and communities.'

VICTORIAN PREMIER DAN ANDREWS

source: Royal Commission into Victoria's Mental Health System report p13

What we need

To provide assistance for those in need in the right place and in a timely manner. We are seeking a further three-year funding agreement to continue the community-based service provision of the Rural Outreach Program. Allowing it's continued capacity to respond to the immediate needs of people living in rural communities across the Wimmera and Southern Mallee region.

Total Investment \$570K per year

Why we need it

The Rural Outreach Program is a well-regarded service; it has met the needs of clients, local government and health services, schools, agricultural and small business creating a positive impact across the Wimmera and Southern Mallee regions.

This model has been developed as a place-based response, lead by Edenhope and District Memorial Hospital serving Yarriambiack, West Wimmera, Horsham Rural City and Hindmarsh local governments and their surrounding communities across regional Victoria.

This model is accessible in design, responsive to community need and is able to be duplicated in any setting with minimal tailoring. The program has been be underpinned by cross-sector partnerships and co-designed with rural communities to obtain best-practice consumer-centred care

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

Further to this, the Rural Outreach Program currently incorporates community engagement, early intervention and mental health promotion and training activities. All community outreach work assists in building community resilience whilst reducing the stigma associated with mental ill health.

We ask you to embed the Rural Outreach Program into our health workforce as the frontline first responder agency for those most at risk of situational distress and suicide.

How the investment would be allocated

Budget Item	Year	Amount
Operational Funding	Year 1	\$532,575.00
- 3 FTE Rural Outreach Workers		
- 0.8 FTE Program Management	Year 2	\$583,437.00
- Research and development to include evalutation and validation		
- All staffing on-costs	Year 3	\$593,988.00
- Motor vehicle and expenses		
- Ongoing IT support		
- Staff development costs		
- Resources for community engagement and education		
TOTAL 3-year Investment		\$1,710,000.00

For more information please contact:

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This program is a collaborative effort from the following organisations























1336 Visits

3.85% supported people with complex mental & medical needs

987
hours of support to the communities

27.42% supported mental wellbeing

26.41% concerned family issue or illness

4.16% were experiencing grief or loss

The Rural Outreach Program

January 1 2020 -February 28 2021 2.59%

were to people at risk of suicide, their family & friends

4.67%

were about financial worries

0.82% involved family violence

3.33%
were about
work
concerns

1.11% involved loneliness & isolation

2.42%

were drug & alcohol related

9.17%
assisting with COVID-19 related issues

9.15%
were supporting people on waitlists and during referrals

4.94% concerning legal issues