

**Briefing paper - 22/09/2016**

**Wimmera Southern Mallee Mental Health Mapping Project:**

Wimmera PCP works within a challenging environment supporting our communities to remain well. The funding environment and layered approach of Commonwealth, State and Philanthropic funded health programs coupled with the impacts of climatic conditions, political change and economic restraints make it difficult for even those within the system to navigate those in need of appropriate services.

These concerns were highlighted at the Seasonal Conditions Meeting conducted by the Horsham Rural City Council in October 2015. The emerging signs of anxiety were also emphasised as a high and detrimental risk to the wellbeing of those in rural communities by Regional Council Community Development workers. These workers have reported that following recent changes to the mental health intake and funding models it is now difficult to discern which service providers delivered mental health programs in their catchment. Other concerns included:

- Variance between State and Federally funded models
- Differing service delivery areas crossing over traditional shire boundaries
- Eligibility criteria; and
- Capacity of the agency to deliver services to a community in a timely manner.

There was strong support to map these programs and produce a directory of current service providers within the respective catchments in conjunction with the creation of a mental health provider's network, aiding the provision of service. The network would serve as a communication platform enabling providers:

- The opportunity to understand one another's service,
- Where they may cross-over,
- Introduce new providers to the region;
- Make clear the synergies between programs;
- Develop a platform for co-ordinated care to consumers across the region; and
- The opportunity to discuss system changes to programs such as HACC and the NDIS.

Stage 1. Service mapping Report included

- Summary of Service Capacity
- Mental Health Service Directory

**Key issues:**

1. The Changing landscape due to reforms by the Commonwealth and State to the mental health services are funded and delivered that details of the transition outcomes are unknown. The issues faced in meeting community need by already stretched services would compound if further reductions occurred. In the Wimmera Southern Mallee in particular what the commissioning of the ATAPS/MHSRRA/MHNIP programs.
2. Wait lists and access to service especially to specialist services.
3. Crisis support
4. Roll out of the NDIS

**Community Health and Wellbeing: Mental Health First Aid Instructor training**

The development of a sustainable and proactive model of delivering Mental Health First Aid Training in response to community need

Shared vision and action from the Seasonal Conditions Meeting where agencies identified a community need. 15 agencies in the room responded by contributing to raise \$48000 required to train eleven local deliverers of the Youth Mental Health First aid.

**Outcomes:**

- With the assistance of State and Commonwealth drought funding the delivers have delivered 13 sessions across four shires to 224 people.
- There are also 6 more sessions planned as outlined in the papers supplied.
- These courses at the request of agencies and community.

**Feedback:**

- Great course but is there a shorter version for those that can't take off the time from work as unable to commit to two days course. Need for the development of shorter education sessions;

**Outcome:**

- Let's talk proposal incorporated in papers supplied

**Other drought initiatives;**

The invitation to bring to our region the Regional Mens Health Program; These sessions delivered to/and at local council front of desk staff and agri business/Landcare sessions

Short 45 min presentation Distress and Why Mental Health Matters:

A simple message about looking after yourself first and foremost. Listen to others and look after/talk to your mate. Further details of the program along with supporters of the program included in information.

**Comment:**

- These are preventative actions to prevent people from heading down the path of clinical treatment.
- Funding models support only the clinical treatment.(PHN/State funding streams)
- No effective rural or regional response considered i.e.; the recent suicide prevention dollars (\$27Million over 4 years administered by PHN note state funded) did not have a regional or rural model considered, either clinical or preventative. Our PHN, Ballarat and Geelong pilots hardly would be considered regional or rural.
- Funding is reactive not proactive; after the event and response to fire, flood, drought. Always chasing our tail
- Need to develop a Community Based Model to meet the need of our Victorian Rural Communities.
- Other models in other states that are rurally focussed and have sustained success but we seem to have no luck in being able to develop a rural and regional sustainable model for rural Victoria but need has clearly been identified by our community.