July 2022 Update Report - Wellbeing Gap Analysis Legatus Group Northern Councils

1. Introduction

The Central Local Government Region of SA (the Legatus Group) are a Regional Organisation of 15 member councils. In July 2021 the Legatus Group released a **Wellbeing Gap Analysis Legatus Group Northern Councils** report which identified the gaps in knowledge in the region to better understand what the future and current wellbeing needs and issues are. Wellbeing as an issue has been identified throughout Regional South Australia and the Legatus Group raised this as a matter as one of high significance in 2019 because relevant communities continued to be affected by the Drought.

This has been further impacted in rural SA especially given the increasing threats of drought, other climate-related hazards and Covid-19, which have all gravely affected the socio-economic wellbeing of regional communities. The increasing need for mental health support has further deteriorated and currently overwhelming mental health systems in rural SA. Recent studies clearly document that community wellbeing is a prominent concern throughout the regional communities (FRRR, 2021; RDA, 2022; SA Drought Hub, 2021).

Since the initial report has been released the SA Drought Innovation Hub has been established with its main office in Roseworthy and a node in Orroroo and the Northern and Yorke Region Drought Resilience Plan is being completed. There has been extensive if not unprecedented consultation across this region for the past 18 – 24 months on the issues around drought. The need for improved services for mental health continue to be a major if not the highest response from the region.

Lifeline Country to Coast have established a Lifeline Clare Connect Centre and they are seeking funding support for a Connect Centre in Port Pirie and a satellite on the Yorke Peninsula (refer attached report). The Legatus Group and Lifeline Country to Coast established an MoU to support the centralised model to support this occurring.

Plus, the Australian Rural Leadership Foundation – Regional Australia Institute Building Regional Resilience Initiative with support from the Legatus Group are developing a Resilience Leadership project being delivered through the Leaders Institute of SA.

The Legatus Group have engaged Christie Lam the author of the initial report to provide further research which has led to this report. This has attempted to provide an up-to-date wellbeing report for the Northern Councils areas and particularly people's ability to access mental health services. A mixed methods approach was used by Christie, and it included interviews, case study and documentary reviews.

The main findings were that **the local need for mental health services has increased** but such services are virtually absent; what exists fails to provide timely support to patients in the region. Difficulties in navigating the system and lack of coordination among service providers remain the two major barriers heavily compromising the ability to deliver timely and appropriate mental health services to people.

This report concludes that there is an **urgent need for supporting and expanding the connect model** that focuses on service navigation and non-clinic-based counselling to improve the overall mental health of people in the region. The connect model not only can benefit the patients and lighten the pressures on the current mental health system, but also in the long-term, play a significant role in building vibrant and resilient communities.

2. Background

In 2021, the wellbeing analysis, including where the discrepancies in where knowledge lies, was undertaken to assist the Legatus Group, so that they better understood what the future and current wellbeing needs and issues are (Lam & Nursey-Bray, 2021). A mixed methods approach was employed and it included interviews, and three surveys to identify the key issues. The key findings were:

1. Mental Health in the regions is very complex and accessing support services is difficult and overall fragmented.
2. Current Mental Health Services in the Legatus Group Northern Councils are very different.
3. It is very evident that the drought and COVID-19 are having long-term impacts on the wellbeing of people in the Northern Legatus Group Communities.

Building on this, the key failures identified in the mental health services for these communities are as follows:

- Service inappropriateness: it is hard to reach local people and especially farming communities.
- Lack of outreach efforts.
- Face-to-face vs on-line/ telephone counselling services.
- Pride or a sense of shame stops people seeking help.
- Increasing use of on-line/ telephone counselling services is occurring due to practitioners being unable to provide face-to-face help in rural areas.
- Referral paths are hard to navigate.
- There are long waiting times.
- The way the funding system works means that services are not reliable in terms of actually being able to operate.
- Drought-affected communities are not prioritised.

In summary, the first study indicates the introduction of **region-specific, culturally appropriate mental health services with more outreach efforts, face-to-face as well as non-threatening services** are urgently required to improve the effectiveness of current mental health services.

Based on the findings, the Legatus Group successfully requested for the extension of the Family Business Program (FaB mentors) which offered a trusted channel for rural residents who experienced hardship and anxiety, to seek for advice and guidance.

However, it was disappointing that the region has not received further proactive support from the health agencies. This report, thus, aims to update the current mental wellbeing situation in the region, and clarify what needs and action plans to be taken in response to the alarming suicide rate and mental health distress.

3. Methodology

This report is based on semi-structured interviews of key stakeholders, documentary review, and case study. The study focuses on the 7 Legatus Group Northern Councils including the Flinders Ranges, Goyder, Mount Remarkable, Northern Areas, Orroroo/ Carrieton, Peterborough, and Port Pirie Regional.

The semi-structured interviews were conducted from the end of May 2022 to June 2022 via Zoom/phone. Interviews were held with service providers, health professionals, charity organisations as well as local communities in the region. The interview questions were based on two key themes: 1) the present availability of mental health services in the areas; and 2) challenges and recommendations of delivering mental health services.

For the documentary review, updated information was collected of mental health services and other relevant projects in the region. A case study of Lifeline Clare Connect Centre to analyse its potential contribution to the rural mental health system.

The project was constrained by time. There was less than 4 weeks to undertake this work due to a level of urgency. Interview invitations for key stakeholders were sent a few times, yet by the time the report was prepared not all stakeholders had responded or could arrange interview time. Although the report could not include the voices from all stakeholders, by talking with health professionals and service providers who worked at the frontline to support people in mental stress, this provided the researcher with critical insights on the current mental health situation.

4. Key Findings

4.1 No Access to Mental Health Services in the Region

Compared to a year ago, the need for mental health services in the region has been growing continuously due to better health awareness and the recent economic and social challenges.

More people are now willing to seek for help and advice for their mental health struggles.

The impacts of drought and COVID-19 have also further deteriorated regional communities' mental wellbeing, many have suffered depression and anxiety because of financial difficulties and social isolation. According to some of the health professionals who have worked in the region for more than 20 years, they noticed that the number of clients seeking mental health support rose by 20% to 30% compared to pre-COVID-19 times. Nonetheless, the available services especially counselling and psychotherapy remain the same or even shrinking.

The largest NGO service provider in the region is the State-based *Country and Outback Health (COBH)* which has offered at least 7 mental health service projects commissioned by Country SA Primary Health Network (CSAPHN). Another State-based NGO known as *Sonder* has also started its regional service through the CSAPHN-funded Triple C program "Clinic care and Coordination" last year. The region-based NGO Uniting Country SA (UCSA) and Centacare Catholic Country SA also run some social support programs for mental health patients. A national-wide NGO known as On the Line has provided a 24/7 counselling hot line service (Regional Access) funded by CSAPHN. Telehealth for mental health funded by SA Health provides support for people who suffer mental health issues. In July 2022, followed by NSW, ACT and VIC, CSAPHN will launch the Head to Health (H2H) intake and assessment phone service (1800 595 212) in South Australia and two H2H centre will be established in Mount Gambier and Mount Barker. The new service aims to promote consistent triage and enable transfer and referral to the most appropriate service (CountrySAPHN, 2022).

According to the interviews, almost all interviewees [1][2][3][4][5][6][7][8] point out that the waiting time for accessing the mental health services has drastically increased, from 3 months to now at least 6 months. Most patient referrals were rejected and no clients received the public-funded mental health services.

This study also found that the funding for support face-to-face mental health services in mid North region reduced significantly. For example, CoBH's *"Understanding Me"* program used to provide outreach psychotherapy service to moderate mental service patients in regional towns like Peterborough, Jamestown and Orroroo but the service was finished by the end of June 2022 due to no funding. Another program *"Coaching for Life"* will reduce the capacity from 5 days to 3 days in mid North region because there is no secure funding. While *"My Resilience"* program targets people at risk and mild mental illness will no longer require the GP referrals, the services are only delivery via telephone.

Long Waiting time for Psychotherapy Services in the Region

"Unfortunately, PNH last year cut the funding, we have 130 mental health patients, they are no longer get any help. We used to have good mental health nurses. Sorry to say, the current agent is not easily accessible. As we don't have funding to support the patients, they need to look for other mental health services provided by other agents like CoBH, this also caused the long waiting list. The waiting time used to be 6 to 8 weeks, now the waiting time seems rise 2 to 3 times (from 4 to 6 months)" [**Interview 2]**

"I think accessing the mental health service can be very confusing to the people, even myself I got confused. Basically, what happens is that some people go to the GPs; GPs may say they need to see psychologists and need to get the referrals. If it is through the Medicare, they can't pay the private, technically, in here, they get a referral to the CoBH, and now they have a 4 to 5 months waiting list." **[Interview 5]**

"The short funding system has affected our capacity to delivery timely service. It is difficult for our workforce. Also, I think the problem [long waiting time] is that funding received in this area [mid North] doesn't really match to the need. The area is underfunded." **[Interview 8]**

The Poor Cannot Access Public-funded Mental Health Services

"In the past 3 to 4 months, I have done several referrals but none of them receive any initial service yet from the CoBH. I don't think Sonder covers Peterborough, Jamestown, Orroroo. Maybe they provide service in Port Pirie. In our region, we only have CoBH. We have a private psychologist who came to Jamestown, 2 days per fortnight. He is currently busy, and he is booked out at least for 1 month. A lot of our GPs also use Telehealth across the State (psychological service). Still, it has a 3-4 weeks waiting time. But in the rural area, people really prefer to face-to-face. They don't want to see someone on the internet and telephone."

"Regarding the face-to-face, there is no service for not out of pocket service here. If they want to see counsellors and psychologists, they need to be able to afford the gap to see the private psychologist in Jamestown or they are happy to pay to see the telehealth. The gap is $40-50 minimum and can be up to $100 for one session. If you don't live in Jamestown, you also need to pay the transportation. For example, if you live in Peterborough, the rates of unemployment and disability are very high; they are very struggling to travel to Jamestown, and also need to pay out-of-pocket costs." [**Interview 3]**

"The CoBH has now a 9 to 10 months waiting list. In Port Pirie and Clare, they do have psychologists available. But our clients don't have funds to go for private and they just can't afford it. Alternatively, we can also link up services from the interstate, from Adelaide, but you know, one-on-one on psychologist and psychiatry. It is really difficult to do over the computer screen, so lot of people don't want to do that either. The biggest difficulty here is people getting the expert service they need." [**Interview 6]**

"Mental health service in mid North has become very limit. We used to receive the specific fund from CSAPHN to support the outreach service to the regional towns, however, the service has no longer be funded because it does not fit to current funding framework…. Which is very disappointed as in there the face to face service is really needed. As a service provider, we are struggling with the limited number of people we can really delivery the service." **[Interview 8]**

The Early Intervention Menth Health Services were Under Pressure

"It is actually very dangerous. If someone has an acute mental health crisis, they present to the hospital. Although these people will get to see the psychiatry via Zoom, but still, they need to see a psychologist. Where can they go? And sometimes the community mental health team referred these people to us, but we are not therapists. We can help to talk them but not about the acute mental crisis. At the end, we end up with dealing these clients who need psychological services. People in the high spectrum are not getting the right service, while people at the low spectrum (not in acute crisis) are left of on this list because we don't have time and resources to look after both. Everything is stressed out - I often heard government putting the funding in supporting mental health, but where is the money spent?" **[Interviewee 6]**

4.2 Referral paths are hard to navigate and lack coordination

The research found that the difficult referral path and lack of coordination among service providers have not been improved. These have placed a greater strain on already resource-scarce and fragmented mental health service system in the region. Most interviewees pointed out that patient referrals to NGOs' socio-psychological counselling services were all rejected. They described the referral system as "extremely difficult", "frustrated" and the people who had mental struggles were put in and out the system. The long waiting time and rejection had not only escalated the mental illness of the patients, but the fact was also that even though they received appointments, due to the lack of care coordination, these patients were asked to retell their stories which further traumatized them. One of interviewed service providers explained that most of rejection was miscommunication between health professions. She pointed out that not all GPs had good understanding of mental health, sometimes they did not complete all required documents (e.g. mental health treatment plan, suicide and self-harm assessment) for referrals, this might cause further service delays. Tight funding and excessive workload made communication difficult among different health professionals. Lack of coordination and ineffective communication is confusing to patients, carers, and health professionals. Consequently, it is resulting in poor mental health outcomes.

Referral path - hard to navigate

"Their [service provider] referral process is difficult, and it is also hard to engage the people who have worse mental health problems." **[Interview 2]**

"It is really difficult - even the CoBH website; it is very confusing what patients can be eligible, whether we should refer to CoBH or not. For us the system is extremely difficult; we don't know

the criteria. For the patients they already waited for 6 weeks to see a GP, then they need to wait another 12 weeks plus to see if can get to see counselling, then already 4-5 months, then at the end, the service provider decides they won't get help." **[Interview 3]**

"The confusing part is that a client come to me had a real history of suicide. She was a young lady but already made several time suicides when she was 12 years old and she has long self-harm history. She came to me for counselling, and I was concerned and I rang the community mental health team and got an appointment for the next day. She asked me to come with her; to me I thought she would meet the criteria because she had history of suicide and high-risk behaviour. The outcome was that she needed to see the psychologist. To do this, she actually had to go back to her GP. I don't have a criticism of the team because they just follow the process. But what an awful process for the people to go with and not have a direct referral from them! When people get really stuck. It is really a strange process for people to go with. You are in the system and out of system and go around and around…I think it is all kind of these issues that make really challenges for people to access the mental health services. You can't imagine if a person has a suicide history and has self-harm behaviour needs - having to wait for 5 months to see the psychologist!" **(Interview 5)**

Lack of Coordination Among Service Providers

"The service agents never come to us. In the past, there was a staff member from CoBH who cared about the patients and used to contact me. Nowadays, I never meet anyone from CoBH and Sonder. I think this is something we should do; push them to come out and meet with us to discuss what happen to the patients and referrals." **(Interview 3)**

"After referring to the service provider, we just got an initial call, after that my client (a young girl) was just waiting and waiting. Finally I am sure she would get the appointment. I have worked with her for 6 months; I have a lot of information. But they (service providers) never came back to me to get the information**.** I think this is a shame as she has to retell all her stories. Asking people to tell their traumatic stories again can be very stressful and frustrating." **(Interview 5)**

"I never know if these people are doing the same things as me or not. I don't really know, and it is hard to catch up. There seems to be more help out there, but just not really good coordination…. If we can have stakeholder meetings with everyone turns up, everyone who has government funding and work in this system, we all sit in the room, we get to know each other, make a connection. When I have problem, it turns up where I should pass on instead of… I passed someone to a service provider a year half before and found out they really didn't look after this person. I feel hurt – a selfish point of view – but my reputation is ruined because I told this lady in all good faith that these people would help her." **(Interview 1)**

"We often hear people say there are not enough services there, but if you try to look at it, there are quite few services there. But the problem is that they are not talking to each other, they don't know what others are doing." **(Interview 4)**

When asked what action should be taken as top priority to the problem, the interviewees urge for stronger stakeholder coordination and especially GPs, FaB mentors, mental health service providers (clinical, psychological and social support), provision of face-to-face and timely counselling support to assist the people. They point out that the assistance for people navigating the services is crucial in improving the region's fragmented mental health services.

5. Case Study: Lifeline Clare Connect Centre

Due to the rural adversity, regional and rural communities often present a higher level of mental stresses, however, they have the least access to mental health services (Center for Rural & Remote Mental Health, n.d.; Social Innovation Research Institute, 2020). Studies indicate that a strategic approach is needed to make these services more accessible to regional communities (Social Innovation Research Institute, 2020). This includes community-wellbeing initiatives, early intervention initiatives, skills enhancement, and service integration initiatives.

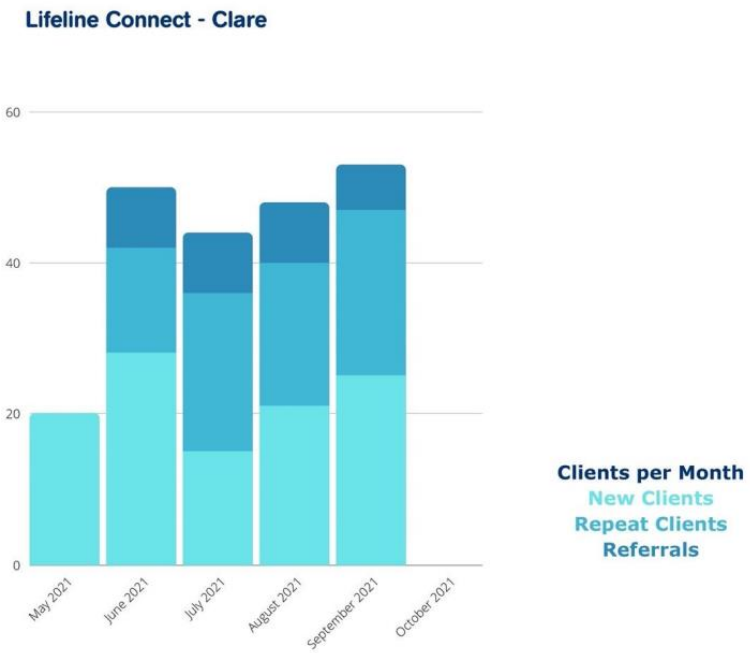
In response to this, in 2014, Lifeline Broken Hill Country to Coast (LLBHC2C) developed the first Connect Centre in Broken Hill focusing on early intervention and suicide prevention specifically for regional communities. The Connect Centre Model incorporates multiple key elements, including a localised and co-designed approach concentrating on early intervention and an emphasis on connecting people with services. It also draws from the evidence base around service provision by incorporating access to a non-clinical psychoeducational program and supports for those who have attempted suicide.

The entire idea for the model is: **"We refer people, we assist people, we connect all service providers in our areas, we integrate all services, referring in and out"** (see the figure below). The Connect Model also provides an integrated approach to suicide prevention aimed at helping people before they reach a crisis point. It combines counselling services, suicide prevention programs, and activities to increase community connections and reduce isolation. Early intervention and non-clinical counselling can prevent the rapid flow of cases to acute care, and subsequently reduce pressures on the local mental health services.

With the success in Broken Hill and the growing mental health concern in regional SA, LLBHC2C decided to establish the first Connect Centre in South Australia in 2021. The Clare Connect Centre started with one counsellor and a few volunteers. Since its establishment, face-to-face counselling has been provided at the centre, as well as an outreach service. Online appointments are also available via Microsoft Teams to remove the barriers of distance and travel for people living on stations and farms out of town. Since the Clare Connect Centre opened in May, there have been approximately 33-38 clients per month. This is growing each month. Up to now, the Centre offered assistance to over 300 clients, with 80 clients coming for counselling (see the table below). Like the Broken Hill centre, there is no waiting list since the Clare centre tries to help people straight away, especially assisting them to navigate the complex social security and health service system. With 2-year funding from CSAPNH, the centre now has two more counsellors.

To respond the worsening mental health situation in the region, LLBHC2C has proposed to establish Lifeline Connect Centre in Port Pirie with outreach to Moonta, Peterborough or Jamestown identified as a future satellite sites.

The Lifeline Connect model includes the following attributes:



Evidence: Early Intervention and Reducing Pressure on the Current Mental Health System

Since 2007, Clare Medical Centre (CMC) had provided services for adults who have mental health issues. Funding was channelled and commissioned through the SA Country Primary Health Network who refer to it as the Triple C program – Clinical Care and Coordination. The services include psychological therapies and a lot of care co-ordination for patients who otherwise did not have access to services through the local mental health service. At that time, they serviced about 130 patients. However, the Triple C program for adults was put back to tender in early 2020 and CMC's application was unsuccessful, so consequently CMC handed over to Sonder which won the tender. Due to the PHN's funding model, Sonder reduced the FTE from 1.8FTE to 0.8FTE in Clare because they had to spread the service across a broader region. Sonder advised that the services were now only available to patients at the severe end of the spectrum. In the transition, approximately 30 CMC patients were referred to Sonder to maintain their services. Yet none of these patients received any services from Sonder. CMC also tried to refer its patients to CoBH but it had a waiting list more than 6 months long, which was double that of before. This has created a huge burden on GP services:

> "We try to manage ourselves by GPs (130 patients) but we really don't have time to do so. The new service from the Lifeline Clare Connect Centre is really helpful; they can give support to these patients at the right time, and we also try to refer them to the CoBH. But this is a really long waiting time." **[Interview 2]**

Finally, Clare Connect Centre provided the support to these CMC patients when they were waiting for psychological services. It is clearly evident that timely non-clinical counselling helped prevent the rapid flow of cases to acute care.

The Connect Centre Model is well aligned to the specific needs of the region:

> "I think this kind of service will definitely help. People don't need intensive counselling and support. Many patients just need supporting counselling, someone available to listen to them, to be directly to help them to navigate the system. You know there is a FAB program which is very helpful because they don't need any GP referrals; I know many people know about their service. The patients are already in stress, then they found out they were rejected, which makes the situation even worse." **[Interview 3]**

> "Ineffective communication is confusing and is resulting in poor mental health outcomes. As the mental health service system is fragmented here, we need a central communicator between the patient, the referring doctor, psychologist, and other mental service providers who can coordinate/ follow up referrals from GPs to psychologists and other service providers." **[Mid North Suicide Prevention Network]**

> "From the service provider's point of view, I think increasing the level of access, giving people the option to have face to face service that will be a good thing for the people…..Sometimes when we do the outreach service, we have challenges in finding a suitable room to do the service, or our clients seem hesitate for clinic treatment, I think if there is a central hub, the staff can assist us to reduce the clients' anxiety and better engage the service." **[Interview 8]**

6. Conclusion and Recommendations

In this update report, it shows that:

1) Firstly, mental health stress in the region has been increasing but the current mental health system consistently fails to provide timely and appropriate service to people who live there. Particularly for areas such as Peterborough, Jamestown and Orroroo, there was no service available at all.
2) Secondly, ineffective communication between health professionals, carers and service providers has created further problems for patients trying to access the right service.

Timely and appropriate intervention is a key factor in reducing the severity, duration and recurrence of mental illness. Extensive delays are evident in trying to access treatment, which will exacerbate metal health distress in the region and cause future pressures on the healthcare system.

This report recommends introducing the Connect Model, one that focuses on service navigation and non-clinic counselling as a response to the growing mental stress in the region. The model serves as an important step for responding to our first report recommendation: "the introduction of region-specific, culturally appropriate mental health services with more outreach efforts, face-to-face as well as non-threatening services are urgent, in order to improve the effectiveness of current mental health services in the region."

Immediate benefits of this will include:

- Timely support to people who are experiencing mental or psychological problems.
- Assist people to navigate the service system so that they get the right service.
- Provide non-clinic-based counselling services to mild mental health patients.
- Support those patients who are waiting for psychotherapy service.
- Effectively support GPs and service providers by networking and information sharing.

Long-term benefits include:

- Reduce the rise in acute mental illness cases and lighten the pressure on the mental health system in the region.
- Support community-based wellbeing groups through capacity building and meaningful training.
- Mobilise people in the community to volunteer for programs that help building a vibrant and resilient community.

Finally, it is also important to have research collaboration with the universities or research institutions to look at qualitative mental health service experience in the region and evaluate the impacts of emergent mental health initiatives. These ongoing evidence research can help update the service needs, and to drive the local co-design and partnership using co-design to achieve place-based solutions. A healthy community has greater capacity of resilience and can more easily build resilience (RDA, 2022, p.84).

Note that this report has yet to be presented to the Legatus Group and as such is not yet a public document – For further information contact Simon Millcock Legatus Group CEO 0407819000 ceo@legatus.sa.gov.au

2021 Census results Mental Health

2021 is the first time the Census has collected information on diagnosed long-term health conditions and the results of the 2021 Census on Mental Health by State Electorate Boundaries in the Legatus Group Region show a regional average of 11.28% close to 2.5% above the SA average and 3.5% above the Australian average.

Electorate	Ave	SA	Aust
Stuart	11	9.8	8.8
Light	12.8	9.8	8.8
Frome	10.8	9.8	8.8
Narungga	10.5	9.8	8.8

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