

MEDIA RELEASE

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COLLABORATION AND EARLY INTERVENTION PRESCRIBED AS THE BEST BUSH MEDICINE FOR MENTAL ILLNESS

QUEENSLAND FIRST: Landmark Longreach Roundtable - mental health services join forces to open more doors for outback support in the Central West.

A landmark Mental Health Roundtable will hear that better integration between hospitals, GPs and other health providers, along with meaningful community engagement, are keys to responding to the disturbing impacts of mental illness in rural and regional Queensland.

The Queensland-first meeting will bring together a range of service providers operating at the coalface of rural hardship, where outback communities are battling high rates of anxiety, emotional trauma and depression, exacerbated by the prolonged drought.

"The statistics around mental illness and its consequences in Western Queensland are well-known and complex, but they also mask some fantastic, collaborative work already being done on the ground," Western Queensland Primary Health Network (WQPHN) CEO Stuart Gordon said.

"Our patch covers almost a million square kilometres, more than half of Queensland, and we are working with health providers across the region to promote new partnerships and foster real innovation that will open better access to customised healthcare, better suited to the individual needs of people experiencing mental distress."

The Central West Mental Health Roundtable, held in the heart of drought-ravaged Queensland in Longreach (17/09/18), will bring together stakeholders from Local Government Authorities, Rural Financial Counselling Services, WQPHN Commissioned Service Providers and State Government Mental Health Services.

"We know that the key to taking the fight up to mental illness in the bush is harnessing the resilience and strength of outback communities, not only through GPs and allied mental health professionals, but also through integrating non-clinical people to enhance access to the right care, at the right time and in the right setting," Mr Gordon said.

"In addition to the many services currently commissioned by the WQPHN, people who don't necessarily have a clinical background, but have valuable life experience, can make a significant contribution to build a more comprehensive mental health service."

Page 1 of 2

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"Our research shows that local, trusted individuals are essential to providing a safe, early entry point to care, and can help remove the unfortunate stigma that still exists with seeking assistance for mental illness, an issue that's magnified in regional towns where 'rural stoicism' is often a huge barrier."

"Mental illness is not 9 to 5 and this Roundtable is a pivotal opportunity to draw on the collective experience of a wide range of stakeholders."

"Combined, these stakeholders provide a unique insight into realities on the ground, but also reinforce a preparedness to be agile and willing to redesign and innovate our local services to shift the agenda to prevention and wellbeing in the bush," Mr Gordon said.

The Roundtable will also include representatives from the Remote Area Planning and Development Board (RAPAD) which encompasses seven shires in the Central West and co-ordinates financial counselling in the region.

"Rural Financial Counsellors (RFCs) are financial experts who are trained to triage budgets and financial statements; they are not mental health providers," RAPAD CEO David Arnold said.

"However increased mental health problems are an unfortunate associate to drought and financial pressure and RFCs can help their clients who need support accessing other services by opening the gate with a referral to one of the mental health providers for further assistance," he said.

"Both RAPAD and RFCSNQ fully support the development of a streamlined, unduplicated system for the local community to access mental health services and see it as crucial during times of drought," Mr. Arnold said.

The Roundtable is part of a three-day mental health forum in Longreach including Queensland's Mental Health Commission and members of the Queensland Mental Health and Drug Advisory Council.

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