

primary health matters

TASMANIA'S PRIMARY HEALTH MAGAZINE



IN THIS ISSUE

Local training for mental health consumers

Supporting safe transition from child to adult care

Improving diabetes management in residential aged care

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Cover image: Jack Dyson and Jennifer Summers, paediatric cystic fibrosis clinical nurse at Royal Hobart Hospital.

Primary Health Matters is produced by Primary Health Tasmania twice a year. It shows how innovation in primary health and social care is making a difference and contributing to healthy Tasmanians, healthy communities, and a healthy system. It focuses on the work of Primary Health Tasmania's member and partner organisations, as well as our own activities.

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Primary Health Tasmania ABN 47 082 572 629

From the CEO



WHEN we talk about health, it can sometimes sound like something that sits to the side or even hovers above everyday life.

We talk about needing to get 'back on the wagon', or go on a 'health kick', as if being and keeping well is a fast-moving treadmill we all struggle to stay on. We tell ourselves this week was a write off, but in the next, we'll really — truly — put our health back on the agenda. We read news articles about antioxidant research, and nod along. We check our step count app as we wait for the lift to arrive.

But as the wide-ranging collection of stories in this edition of *Primary Health Matters* shows, health isn't a tangent of daily life. It's the animating force behind it.

Or, to labour the metaphor: health isn't the treadmill, it's the electricity.

The ways in which health flows through all aspects and chapters of life — from adolescent experiments in independence, to keeping up hobbies and social networks in older age — is on full display in our 11th issue.

In these pages, we explore everything from Tasmania's engagement with the national Greater Choice for At Home Palliative Care Measure, to transitioning children with lifelong chronic conditions from paediatric to adult care. We find out about the risks and safeguards against depression and suicidality in older age, as well as the best way to help young jobseekers overcome the challenge of social isolation and anxiety.

For our main features, we speak to locals who have benefitted from Primary Health Tasmania's commissioned mental health services, at both the acute and at-risk ends of the spectrum. Diabetes, heart health, and the importance of making one's health service a safe and welcoming space for LGBTI people also contribute to our final magazine for 2019.

It's a diverse table of contents. It's also one with a clear message: health isn't something that can be categorised neatly, or put to one side of an individual's experiences and daily life. It's as complicated and unique as each and every one of us.

Perhaps it's no accident, then, that so many of the pictures sitting beside these stories show groups, and not just individuals. It follows. Good health is holistic, and achieving it means productively engaging with the ties we form with our families, friends, clinicians, and communities — not as a 'bonus', in our bid to live better, healthier lives, but as the foundation from which we set off to do it.

So don't worry about getting back on the wagon — you're already on it.

Grease up the wheels by embracing all aspects of life that can help you stay happy and well. ■

Phil Edmondson
CEO
Primary Health Tasmania

Capturing conversations about death, loss, and choice

A KEEN-EYED magpie. Six rooms filled with woollen fleeces. A Star Trek badge.

It's an eclectic mix of objects. It's also just a small snippet of Bicheno artist Louisa Jenkinson's evolving new work, exploring death, dying, and loss.

Louisa is just one of the Glamorgan Spring Bay locals who has taken part in the Greater Choice for At Home Palliative Care Measure, which was brought to Tasmania after Primary Health Tasmania successfully applied for Australian Government funding to run it from July 2018 to June 2020.

The aim of the measure is to strengthen community connections, improve knowledge of palliative and end-of-life care, promote locally available services, and support conversations around death and dying.

Louisa, who studied sculpture at the Victorian College of the Arts before working for a commercial gallery in Melbourne, signed up for the Glamorgan Spring Bay working group, which draws in members from Orford, Triabunna, Swansea, Bicheno, and Coles Bay.

"I went along not knowing what I could bring," she says of her first meeting with the other group members.

"But then we went around the room, and people said, 'I'm a nurse' or 'I'm with the parish'.

"I said, 'I'm an artist. It's not the only thing I can bring, but it's what I bring'."

While she's since stepped away from the group, Louisa still supports the project through the ongoing creation of her *Catalogue of Important Objects* artwork, which asks people to nominate an important object to illustrate a personal experience with death and loss.

"It all starts with the conversation I have with the person," Louisa, who has set up stalls at local markets to collect stories, says.



Louisa Jenkinson working on her art project in Bicheno

"People say things like, no-one wants to talk about (death). But turns out if you sit down with them, they do.

"I was stunned. People have the most amazing stories."

For example, Louisa explains the Star Trek badge once belonged to a girl who would tap it and pretend to 'beam out' whenever her experience of terminal cancer became too painful.

"Some people start their stories with, 'I'm really glad you're here, because I've never told anyone this'," she says.

"This project wouldn't have started unless I got involved with Greater Choice."

During her 15-minute conversation with the person, Louisa will do a quick sketch of the object they've brought in (such as a necklace gifted to their mother during a short-lived love affair) using plain paper and pencil.

The next step is to reproduce the sketch as a work of pen and ink, as part of a plan to eventually combine all the drawings with Louisa's annotations in a single book.

It's this ability to involve and inspire locals with a wide range of skills and experience — and not just those already embedded in the health sector — that makes the Greater Choice for At Home Palliative Care project unique.

While it began in Glamorgan Spring Bay in April, the local component of the national initiative has now expanded to include Circular Head and Waratah-Wynyard, given collaborative work already underway between the two councils in health and wellbeing.

So far, the communities involved have organised and run educational activities, book and film clubs looking at narratives around life-limiting illnesses, art projects, as well as more formal education and awareness activities.

"In many ways, this project is about changing the way people view palliative and end-of-life care," Primary Health Tasmania's Christine Materia says.

"It's about the community, service providers, carers, friends, and family coming together as a compassionate community of support." ■

Want to know more? Go to bit.ly/2YsUhZT



Prospect Medical Centre mental health nurses (left to right) Glen McQuade, Sue Aylett, Sue Bain, and Linda Buggy

“If somebody tends to stagnate with their condition, they can get lost in the system — what we do is hold on to them, and stay with them through the ups and downs.”

Sue Bain

The mental health nurses delivering care across Tassie

BEFORE he got help, David’s* life was falling apart.

A prolonged childhood trauma was taking a daily toll on his job, education, and relationships.

The 26-year-old was barely keeping it together. Unsure what to do next, he reached out to a friend, who encouraged him to seek mental and emotional support.

He found it in a Rural Health Tasmania office where, after an initial consultation, David was guided to engage with a local GP, psychologist, and psychiatrist.

David was diagnosed with post-traumatic stress disorder — something his Rural Health Tasmania case worker was able to help him unpack, and navigate treatment

for, as part of the provider’s mental health nurse program.

While he used to put up emotional walls and shut others out, David now feels better equipped to seek support from close family and friends, and reduce his anxiety without resorting to methods such as drinking or self-harming.

It’s a relationship that’s changed his life: a new, stable foundation that provides consistent care and support.

And he’s not the only Tasmanian getting help.

What is the mental health nurse program?

David is just one Tasmanian to benefit from services commissioned by Primary Health Tasmania, and delivered by

mental health nurses, to support adults who have been diagnosed with complex and severe mental health conditions such as psychosis, schizophrenia, or severe and prolonged depression.

In particular, the mental health nurse program is available for Tasmanian adults living with a mental illness that affects their ability to function on a day-to-day basis, and who have previously been admitted to hospital for treatment.

Primary Health Tasmania has commissioned three providers to deliver the Australian Government-funded program: Prospect Medical Centre in the north, Rural Health Tasmania in the north west, and Richmond Fellowship Tasmania in the south.

At Prospect Medical Centre, nurse Sue Bain says the program is well placed to offer ongoing, consistent care to people living with a severe and complex mental illness.

“If somebody tends to stagnate with their condition, they can get lost in the system — what we do is hold on to them, and stay with them through the ups and downs,” she says.

It’s something her colleague Linda Buggy can attest to, citing an example of a young male client she first met in his late teens.

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"At first he was suicidal, and very obsessive," she says.

"Now he's gone on to complete his building apprenticeship, but he's still, as he puts it, 'stuck' on this level where he gets lost in that type of thinking.

"He knows he no longer needs to be swallowed up by that, but he ... needs reminding that he is not (defined by) his thinking.

"I do wonder — what would happen to someone like that, without that regular input?"

Fellow nurse Sue Aylett says the program can act as a safety net for people who may, without consistently available support, need to be readmitted to hospital.

But likewise, she says her workload includes short-term interventions supporting those who have recently completed an inpatient stay, or former clients she's discharged in the past, who need a bit of extra help.

"We might discharge them for a period of time, but then something else comes along and they may come back to get on their feet again," she explains.

In this regard, the program can act as a complement to the public health system — and similarly, engenders a strong and collaborative working relationship with local GPs.

"We all work really well with the GPs," Sue Aylett says.

"And the first port of call for someone with a mental health condition is usually their GP."

Her colleague Glen McQuade says the program's flexibility means that when she sees her clients across West Tamar and the Deloraine region, they may meet at the person's home, or a coffee shop, or even the local park.

"It's just whatever works best for them."

What do GPs think about it?

On their side of the fence, local GPs say the service model helps them paint a more comprehensive picture of the severity of someone's mental health concerns, and what a range of practitioners can do to help.

Wynyard Medical Centre's Director Dr Chiechefulam Ajaero describes his interactions with Rural Health

Tasmania's mental health nurses as "rewarding for all involved" — a sentiment shared by his colleague, Dr Dhanesha Gunawardena.

"I totally rely on (Rural Health Tasmania's) Mental Health Nurses Access Program to cover all my bases to provide an all-round care for my patients," Dhanesha says.

"The mental health nurses have been amazing.

"It is so easy to communicate with them, and I think the ultimate winners are our patients."

How are Tasmanians and their families benefitting?

Tracey* became a Richmond Fellowship Tasmania client after spotting the organisation's brochure in a waiting room and asking her GP for a referral.

In her mid-50s, Tracey lives in a rural part of the state's south and has been diagnosed with depression, post-traumatic stress disorder, and agoraphobia.

Being able to regularly meet a mental health nurse in her own home, or a local café, has already had a tangible positive impact on her Kessler Psychological Distress Scale scores (the widely used checklist for assessing anxiety and depression levels).

Since engaging with Richmond Fellowship Tasmania, Tracey has also bought herself a dog to help her tackle loneliness and physical inactivity, and is more focused on her future and overall wellbeing.

And it's not just the clients' lives that change.

The mother of another client, Sarah*, contacted the Richmond Fellowship Tasmania team to thank them for helping her daughter, who has struggled with post-traumatic stress disorder, anxiety and depression:

I have a feeling that our paths will cross again, but if not, I want to say the hugest thank you to you and send you my blessings.

You have been amazing and one of the most caring therapists Sarah has ever had. ■

*Names changed for privacy reasons.

Primary Health Tasmania's work for people with complex and severe mental illness

Primary Health Tasmania has commissioned multiple service providers across the state to support adults who have been diagnosed with complex and severe mental health conditions.

These conditions may include psychosis, schizophrenia, bipolar disorder, severe and prolonged depression, or similar conditions.

The services are:

- the mental health nurse program (delivered by Rural Health Tasmania, Prospect Medical Centre and Richmond Fellowship Tasmania)
- tailored clinical case management for young people aged up to 25 years (delivered by Life Without Barriers and Cornerstone Youth Services)
- psychosocial support services (delivered by Baptcare).

This wide range of commissioned mental health services is designed to reflect the different models of care that can be used to support people living with a severe mental health condition.

"Our intention in commissioning services for Tasmanians with mental illness that are at the more severe end of the scale is to eliminate as many gaps in the primary health picture as we can," Primary Health Tasmania's Mark Broxton says.

"Naturally, that picture includes more organisations and services than the ones we commission. But by trying to build on the variety and service style that's available across the state, we hope to reach Tasmanians who benefit from a range of clinical interventions." ■

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Paul Haigh and Clea Eykelkamp practise their mindfulness skills

How mindfulness is helping Tasmanians get mental space

PAUL Haigh's relationship with meditation and mindfulness has had its ups and downs.

He first gave the practice a try in Brisbane in the early 2000s, and it became an integral part of his life until the demands of full-time study saw it slowly slip down his to-do list.

Fast forward 20 years and Paul, now living in Launceston, felt inspired to try to take it up again after his partner spotted a Mindfulness Programs Australasia poster at her workplace.

It was an opportune sighting — Paul's professional life in aged and disability services had recently ended, and he was adjusting to retirement's initial lack of routine.

"I don't see it as a negative, but you do have to restructure your whole life, so it's not easy," he says.

"At the time, I did feel the tank was on empty. I was pretty tired and a bit run down."

Throwing himself back into meditation felt like a good way to recharge, so Paul signed up for Mindfulness Programs

Australasia's Mindfulness Based Stress Reduction course.

The course comprises weekly sessions of two to two-and-a-half hours over eight weeks during which participants practise self-regulation and insight skills through mindfulness, and non-judgmental activities and discussions.

Courses are free and supported by Primary Health Tasmania under the Australian Government's Primary Health Networks Program.

The statewide service is intended for adult Tasmanians experiencing or at risk of mild to moderate stress, anxiety or depression.

Paul says while he doesn't have clinical anxiety or depression, the course was a way to "recharge the batteries" after a demanding professional life.

"I think during the course I noticed that I felt more resilient — the issues in your life don't necessarily go away, but your relationship to them changes," the 64-year-old says.

"More than that, it really does replenish. You start appreciating things more, and all of a sudden, you're stopping to smell the roses."

The regularity of the group sessions, which Paul says were about 20-strong when he took part in the program, helped strengthen the mindfulness muscle he had first developed years ago in Brisbane.

"It was great to have a beautifully guided sit," he says.

"At home, it's a bit of a slog at times, but in a group I find I can go much deeper."

Paul is now at the stage where he can take part in day-long 'booster' sessions from time to time, to strengthen his skills.

"I find it does need to be practised, otherwise the benefits do drop off over time."

Mindfulness Programs Australasia director Christine Hiltner says mindfulness is about learning how to be fully in the present moment, without responding or reacting in our usual or habitual ways.

"Mindfulness allows us to respond to our stressors rather than to react," she says.

"This is especially important when we are feeling stressed or overwhelmed, as our habitual reactions or behaviours to stress may not be the most suitable, neither serving ourselves or others."

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Christine says one participant — a middle-aged man who had struggled with depression for more than a decade after a successful corporate career — benefitted significantly from trying the course, despite an initial reluctance.

“Once this participant realised that he was not alone in his experience with depression, nor was he ‘inherently flawed’ as others in the group had similar experiences through their depression, he started to connect to others in the group and from that point he made significant progress,” she says.

“Before the eight-week course ended he had started driving again and has now taken up a new hobby which brings him great joy and pleasure. He told us that he ‘got his life back’.”

She says the courses are best suited to adults who have the time to attend in a group setting, and who are genuinely motivated and dedicated to learning new ways to manage stress.

Just like Clea Eykelkamp.

The 58-year-old found out about the course after spotting flyers at her local medical and community centres, and thought it could be a good way to alleviate seasonal depression.

“The classes were great,” she says.

“My fellow participants were all engaged with the course, and very honest about their thoughts and feelings.

“It’s given me another way to combat depression.”

Clea, who lives near Exeter, says she is keen to build on her mindfulness practice by following Christine’s suggestion to take part in another course designed specifically for people with depression.

“I’m keen to do that,” she says.

For Carey Mather, who did the course in the first half of 2019 and lives in Tasmania’s north, trying the eight-week program was a way to offset some “subliminal signs

of stress”, such as a problem with grinding her teeth (a condition known as bruxism).

“I guess I was also curious about the growth in mindfulness, given my work in health sciences, as well as about how it could help me in my own life,” the 55-year-old says.

“It’s given me another way to combat depression.”

Clea Eykelkamp

As someone who is, in her own words, “always thinking”, Carey didn’t expect to pick up mindfulness practices — things like doing a ‘body scan’ by mentally noticing different parts of one’s body — as quickly as she did.

“I took to it like a duck to water,” she says.

“It’s really changed my outlook. Not that I was particularly insular before, but I guess I’m making that extra effort to be outward-focused.

“Now, before I start the day and literally before I get out of bed, I do a body scan (and) I’ve turned my stretching exercises into mindful movement.”

It’s important to note, however, that the courses aren’t designed or suitable for anyone who is suicidal, experiencing significant trauma symptoms, or has psychosis or a serious drug or alcohol addiction.

“Being fully present allows us to experience the inherent goodness of what’s right in front of us, things that we often miss, like the smile on someone’s face, our natural environment or the person that just gave way to you in traffic,” Christine says.

“Small things that we often miss or just don’t notice because we may be busy thinking, planning, reacting, or ruminating, thus being in our thoughts and not open to everything else that is around us.”

Or as Paul puts it — creating mental space.

“It gives you a bit of space in your mind, so then you don’t feel so crowded in by everything.” ■

Primary Health Tasmania’s work for people with mild mental illness

Primary Health Tasmania has two commissioned providers, known as low intensity mental health services, offering support for Tasmanians with or at risk of mild mental illness.

They are:

- Wellways Australia
- Mindfulness Programs Australasia.

Wellways Australia delivers the Wellways to Health program across Tasmania for individuals and groups, and participants also have access to the Wellways Helpline — a telephone support service delivered by Wellways volunteers on weekdays from 9am to 9pm.

Mindfulness Programs Australasia delivers Mindfulness Based Stress Reduction and Mindfulness Based Cognitive Therapy group sessions to communities around the state. The program is available via face-to-face sessions, community workshops, and telephone and internet sessions.

These services are designed to encourage people to self-manage their mental health and wellbeing.

“Sometimes when we talk about mental health services, we tend to focus on the more acute end of the spectrum,” Primary Health Tasmania’s Grant Akesson says.

“But a key principle in providing joined-up, integrated care is ensuring that someone can access the right type of support at the right time, ideally preventing their illness from becoming more acute in the first place.”

With that in mind, Primary Health Tasmania’s commissioned mental health and wellbeing services are free to eligible people and available statewide.

“It’s all about taking that first step that may seem small, but can make a big difference down the path,” Grant says.

“Ultimately, we all go through periods of stress or change. These commissioned services help Tasmanians learn practical skills to maintain good overall mental health and wellbeing during those times.” ■

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Giving a voice to Tasmanian mental health consumers

READ the minutes. It might not sound like an earth-shattering piece of advice, but for mental health consumer representative Louise Hollingbery — one of many Tasmanians passionate about taking their lived experiences, and contributing to sector improvement — it is a critical place to start.

"It's about defining your role in the committee, or whatever it is, so that they know you have a right to be there," she says.

"You're not a token."

Being prepared, assertive when necessary, and knowing you have a legitimate place at the table are just some of the principles underpinning a consumer leadership course brought to Tasmania by lived experience mental health advocacy group Flourish.

Initially run in Hobart in mid-2018, the Primary Health Tasmania-supported course was the first time local mental health consumers had undertaken nationally accredited training designed to give them a stronger voice in service development and improvement.

Delivered by Dr Tere Dawson from Melbourne's Health Issues Centre, the course provides participants with the foundational skills and knowledge to work collaboratively across a range of settings to facilitate and promote consumer engagement, both to other consumers, and relevant health services personnel.

It's also aligned with the Australian Commission for Safety and Quality in Healthcare's *Partnering with Consumers Standard*.

A total of 15 men and women graduated from the Hobart session, with northern-based participants given an opportunity to do the same in Launceston in July this year.

Tracey Boyden was one of them, and says she wanted to do the course so she could learn how to take her lived experience with mental health, and as a mother to a child with a mental illness, and use it as a basis for consumer representative work.

"I chose to do the course because it gives me that option of being able to get accredited and hopefully get into some sort of consumer representative work, where I can help make a difference, and I can help get the system more suited to people with mental illness," Tracey says.

Fellow participant John Clark works for Rural Alive and Well (RAW) as a peer support worker and trainer, and has been a lived experience speaker with organisations such as Beyond Blue.

"As a RAW worker, I work across rural Tasmania with rural people, who are more at risk of suicide, particularly males in those areas," he says.

"This course will enable me to have the skills and knowledge to be able to better represent those people, who I think definitely need a voice."

While he's well-practised at drawing from his personal experience in his work, John says the course has given him specific strategies designed to make sure that involvement is targeted and effective.

"It's really put some frameworks around that, and it's filled gaps on things I've

never really thought about, such as coming at things from a human rights perspective," he says.

Julia Westland, a Flourish staffer, has completed both the Hobart and Launceston courses, with a view to running her own consumer representative sessions for the not-for-profit organisation.

"I do think you need to be confident, because if you're sitting at the table with eminently qualified people, with degrees upon degrees, you've got to feel you have a place at that table and see yourself as equal."

John Clark

A consumer representative perspective can illuminate opportunities for improvement from the language used every day, all the way up to questions of state or nationwide importance, consumer representative and lived experience speaker Mark Davis says.

"It's things like when the receptionist calls out, 'the bipolar bloke, he's here to see you', to, at the other level, talking about funding for mental health as a whole for state or federal government," he says.



Consumer representatives (left to right) Mark Davis, John Clark, Louise Hollingbery, Julia Westland, Tracey Boyden, and Kathy O'Brien

"And at those levels, your own lived experience may give you a bit of authenticity."

For Kathy O'Brien, a peer worker and existing Flourish consumer representative, the opportunity to complete face-to-face, nationally recognised training was incredibly exciting.

"Lived experience is absolutely a form of expertise," the Wellways worker says.

"We've been there and done that, we know what it's like — we've got that empathy going for us."

Claiming that expertise, and one's legitimate place in the conversation about improving Tasmania's health system, was a key takeaway from the course for Louise.

"In this world, where everybody's got to have a degree, accreditation is an incredibly important thing," she says matter-of-factly.

"Going to a meeting and being able to say, 'look, I have this accreditation' — it puts me on a more equal footing with the people that I'm meeting with."

John agrees, and says the course has helped people feel more confident

about their right to be involved in big-picture discussions about Tasmania's mental health system.

"And I do think you need to be confident, because if you're sitting at the table with eminently qualified people, with degrees upon degrees, you've got to feel you have a place at that table and see yourself as equal," he says.

"If you're not confident, you can get lost." ■

Want to know more? Go to flourishtas.org.au



Sonya Williams and Jo Moore

Building better links between Brighton's care providers

WHAT does someone looking for love have in common with a community trying to build stronger links between local health services?

Admittedly, not a lot. But as the Brighton Care Collective shows, both can benefit from a spot of speed dating.

The collective was formed in 2017 after the Brighton Council received Australian Government funding through Primary Health Tasmania.

It's made up of 20 member organisations, including local pharmacies, Aboriginal health organisations, and medical clinics which, despite their diverse remit, all believe in helping people get the right services at the right place, at the right time.

But just because you have a common purpose in a specific community doesn't mean you necessarily know each other: hence the speed dating.

"Service systems are notoriously complicated and hard to navigate.

But sometimes something as basic as introducing people to each other can help," says Jo Moore, a TasCOSS team member who supported the project for six months.

"The speed-dating was really well received."

It's just one of the ways the collective has gone about bringing services together to learn more about each other and devise ways residents can overcome the barriers they may experience when trying to access the health services they need.

Members also created an easy-to-use directory of local services to help the various member organisations quickly access information about what their peers could offer.

It's all about making a difference in a relatively low socioeconomic area that struggles with health issues like diabetes, mental health, heart problems and smoking.

Since joining, organisations have gained greater understanding of the health needs of Brighton people, project officer Sonya Williams says.

"The collective has given them a place to discuss health data and share information about the issues people are seeking assistance with," she explains.

Youth services are more aware of the need to physically deliver services in Brighton, and the local Priceline Pharmacy knows more about funds available for eligible people through Diabetes Tasmania and the Tasmanian Aboriginal Centre.

Relationships Australia Tasmania chief executive Jan Wallace says the provider increased its availability in a local GP clinic from two days a week to four during its involvement in the collective.

"Being part of the collective, we were able to tell the other service providers how it can be easier to build your business by being present in the office space, and not just relying on outreach," she says.

Relationships Australia Tasmania psychologist Clare Lord works out of Greenpoint Medical Services in Bridgewater, and says being embedded in her clients' local area makes a big difference — especially given the role financial stress can play in their mental health.

"We see people with anxiety and depression, and a lot of life stress, to put it simply," she explains.

"We certainly see the stress and mental health impact of financial hardship — even just week to week, paying for petrol and bus fares can be an added stress.

"So we allow them to avoid a bit more by being able to provide a good service here, in a familiar setting."

From her perspective, Clare says being based in a local general practice means clients are challenged by the content of their sessions — not the barriers they have to navigate to get to their appointment.

"It doesn't take a stressful car ride or difficulty finding a park. So because getting here is easy, the therapy itself can be the new skills."

They seem like small, practical steps. But Jo is hopeful they'll reap tangible benefits to the local health system.

"We're hoping to have an impact, down the line, on ambulance call outs and hospital admissions," Jo says. ■

Want to know more? Go to bit.ly/329WEiQ

Dealing with data, the right way

IN THIS digital day and age, data is one of the most valuable resources around. But it all comes down to how it's used. The process must be safe, secure, and used to gain a richer picture of how things are, and how they could be improved.

Health data is no different.

It can be a contentious topic, and recent conversations about digital health information have homed in on data at an individual level. By comparison, they've focused less on the way broader statistical patterns can help facilities identify trends occurring at a local level.

In Tasmania, that's where the Primary Health Information Network comes in.

Established by Primary Health Tasmania, the network provides summaries drawn from patient data provided by local general practices who have volunteered to take part.

Critically, the data is de-identified: no individual patient names or specific characteristics are shared.

Instead, the summaries map anonymous patient data to describe and monitor trends that transcend a single individual patient, such as common diseases, and the way they're managed in particular regions of Tasmania.

The 111 local practices that are currently part of the network are encouraged to pose targeted questions to the Primary Health Tasmania data team so the summary reports can be tailored to their specific needs. For example, focusing on how patients requiring mental health treatment are managed, and for which conditions.

Glebe Hill Family Practice's Dr Alice Frampton says she and her team signed

up for the network in late 2018, and were keen to learn if there were already any discernible patterns in the relatively young practice's data landscape.

"Data is motivating for us," she says. "We were interested for internal purposes, but also to get a reflection of differences between our practice, and the rest of Tasmania."

"We had a really interesting visit from (Primary Health Tasmania's) Dr Sarah Ahmed, and she was able to show us graphs and tables comparing our patient demographics to our local area and community.

"It was so good to get that detailed information, compared to looking at whole-of-state statistics, where it can be hard to derive what we need to do as an individual practice."

Ultimately, Alice says the reports have confirmed her team's clinical instincts about its patient cohort, and how to manage it.

"What we thought was happening has been validated by the data. It's consolidated our hunches and made us more confident to move forward with strategic planning and improvements in patient care."

Reflecting on its data has also contributed to the practice tweaking its chronic condition management processes to include more follow ups, Alice says.

"What we thought was happening has been validated by the data. It's consolidated our hunches and made us more confident to move forward with strategic planning and improvements in patient care."

Dr Alice Frampton

"I just think, we're living in the past if we're not dealing with data," she says.

It's a view Dr Jerome Muir Wilson, of the Launceston Medical Centre, shares.

"I think we've been good at capturing individual health data of our patient



Dr Jerome Muir Wilson

population, but I think we heavily underutilise that to make informed, evidence-based decisions," he says of why the practice got involved.

Much like his professional peers at Glebe Hill, Jerome believes the network affords the opportunity to take population-wide data and drill down on locally applicable trends.

In his words: taking the big data, and making it small.

"There's no point having a huge casting net of data, on a state level, if you can't break it down to apply to the patient in front of you," he says.

"That's why we challenged the Primary Health Tasmania team to look at mental health, which can be a really tricky area to get data on.

"They were able to give us some good practice and post code data around mental health diagnoses, and how they're matched to different medications."

While it's early days, the bigger goal of the network is to inform service safety and quality improvement, and contribute to the development of smart, actionable health service policies and plans, on both a state and local level.

It's a road that stretches out far ahead — but, as Jerome puts it, at least we're not blindfolded anymore.

"If we can un-blindfold people and say, 'Ok, last time you did this for a patient, and the road straightened out', I think it'll mean we've come to a point where data can help us make better decisions." ■

Want to know more? Go to bit.ly/2kAWXCE

Waratah-Wynyard



Geography

Spans more than 3500 square kilometres

Located in Tasmania's north west

Formed after Waratah and Wynyard municipalities merged in 1993

Major towns include Wynyard, Waratah, Savage River, Sisters Beach and Somerset

Population

13,578 people - 50.5% female, 49.5% male

Median age 46 (state average 42)

People aged 65 and over make up 22.2% of the population (state average is 19.4%)

Aboriginal and Torres Strait Islander people make up 7.6% of the population (state average is 4.6%)

Health risk factors

90.6% of population don't eat enough vegetables (state average 92.5%)

18.4% of population are obese according to body mass index (state average 24.3%)



Main image: F Hulme
Images courtesy of Waratah-Wynyard Council



Illness

18.4% rate their own health as fair or poor (state average 19%)

94.3% of children are fully immunised by age 5 (state average 92.4%)

13.7% of people experience high or very high psychological distress (state average 11.4%)

Workforce and primary health service centres

61 nurses

22 GPs

19 allied health professionals

1 pharmacy

For the full list of local health services, go to bit.ly/2kV93qs

Primary Health Tasmania supporting Waratah-Wynyard

Commissioned services and other activity including:

- diabetes education and support services
- the Greater Choice for At Home Palliative Care project (read more on page 3)
- services for people in rural and remote areas with chronic conditions
- services for Aboriginal people with chronic health conditions
- social and emotional wellbeing services for Aboriginal people
- alcohol and other treatment drug services
- mental health and wellbeing services (read more on pages 4 - 7)
- suicide prevention services.

Data profiles for every Tasmanian local government area, including references for the information on these pages, are available at www.primaryhealthtas.com.au. Just search on the full LGA name.



Jack Dyson

Ensuring continuous care with the Moving on Up framework

'THAT guy with CF.' It's a label Jack Dyson actively avoided when he was a teenager, in and out of hospital for cystic fibrosis treatment at a time when his schoolmates didn't have to worry about managing a chronic health condition.

"For a long time, I didn't really give a damn about my health, and put it on the backburner," the now 22-year-old says.

"I never really, for lack of a better term, gave a shit."

The attitude took a toll. When he was about 15, Jack was just 55 kilos, with 70 per cent lung function and, in his words, a terrible body mass index.

Something had to change: Jack was getting closer to the point where he'd have to leave the Royal Hobart Hospital's paediatric cystic fibrosis service and transition over to adult care.

"It was a long process to figure out what was going on," he remembers.

Eventually, Jack stepped up. He started to take his health seriously and, when the time came, felt ready for the transfer from child to adult services.

It's a critical moment for people who grow up with a chronic condition and one that, if not managed well, can pose significant risks to their ongoing treatment and care.

That's why Primary Health Tasmania, alongside the Tasmanian Government and Tasmanian Health Service, produced

YOUTH HEALTH

Moving on Up — a practical framework to support the transition of young Tasmanians with chronic conditions to adult care.

Updated in 2019, the framework aims to provide health professionals, parents, carers, and patients with easy-to-follow guidelines for a safe transition of care, from birth to young adulthood.

It recognises that transition isn't a one-off, administrative event — it's a complex process that must be tailored to meet each young person's unique needs.

"It's really about a shifting of responsibility."

Nicole Saxby

The framework is designed to support young people with chronic conditions such as cystic fibrosis, congenital heart disease, diabetes, mental illness, as well as those with experience of childhood cancer or disability.

Research suggests chronic conditions affect the everyday lives of almost 64,000 young Tasmanians, Primary Health Tasmania's Sal Bucksey says.

"For some, the transition to adult services can be a challenge — one that coincides with an already transformative period of life," she says.

"We hope the framework, as much as it can, may help clinicians, carers, and young people navigate that process in a safe and supported way."

Dietitian Nicole Saxby was instrumental in the development of the first incarnation of the framework and is completing a PhD broadly based on its principles.

In her work as the Tasmanian Health Service's statewide paediatric cystic fibrosis coordinator, she says roughly 10 per cent of her patients are approaching the point where they need to transfer to adult services.

That's 'transfer', as distinct from 'transition'.

So, what's the difference?

"There's the transfer that happens between paediatrics and adult, then there's transition, which can start at a much younger age, by getting kids

involved and learning about their condition," she says.

"It's really about a shifting of responsibility."

That might sound aspirational or complementary when compared to the strictly medical aspects of a young person's care.

But, as Nicole explains, supporting a well-developed transition years before the transfer to adult services can have significant, tangible benefits.

"We have proven in the cystic fibrosis service that it can improve a patient's quality of life, their social and emotional wellbeing, their relationship to school, their body image," she says.

"And if we don't manage it well, then we lose them, and they're not on the radar."

That said, Nicole says it's quite normal for adolescents with chronic conditions to go through a period where they engage less because they "just want to be normal" — something Jack, naturally enough, understands.

"Nothing really helped me get through (that stage) but in my head, I sort of just realised that I was going to get older, and people were going to realise you have CF sooner or later," he says.

"My headspace was basically to batten down the hatches.

"I still get people whenever I'm coughing asking if I have a cold, though. It still does my head in, to this day, but it's just one of those things."

Paediatric cystic fibrosis nurse Jennifer Summers says adolescence is a trying time for anyone, let alone a child with a chronic condition, and it can be real challenge for clinicians to find ways to keep teenagers engaged with their health and wellbeing.

"But with Jack, we didn't have the luxury of giving up," she says.

"We had to keep coming up with new ways to try to engage him — the thing that possibly helped with Jack was going to the gym."

So much so, Jack now works at a gym and has carved out an Instagram profile that mixes weight training and progress shots with unflinching insights into the reality of his condition (including selfies in hospital bathroom mirrors).

Jennifer says she even refers some of her current young patients to Jack's posts — which are often accompanied with frank

hashtags like #f***CF — to give them an idea of what's possible.

It's a small act, but just one of the tactics she employs to try to get young people to start taking responsibility for their condition.

Other techniques may sound innocuous — things like encouraging young patients to make their own appointments at the front desk or starting to manage their own scripts — but can form the behavioural bedrocks of good self-care.

"It just becomes their normal — chronic health care is their normal," Jennifer explains.

"So we just try to set them up with small, achievable goals."

According to Jack, the habit of setting and attaining his own health-related goals persists beyond those developmental years, and into fully fledged adulthood.

"I'm still learning to this day — it's not a process that ends," he says.

"It keeps going." ■

Want to know more? Go to bit.ly/2yYwYJ8

Primary Health Tasmania's Moving on Up resources

- **Moving on Up framework** — including methodology, transition stages, care components and consideration for specific groups.
- **Moving on Up framework summary** — an A3 chart outlining the key aspects of the Moving on Up framework.
- **Moving on Up key transition stages** — an A4 chart outlining the key transition stages of the Moving on Up framework.
- **Moving on Up checklists and care plan** — a series of practical checklists for clinicians, parents, carers, and patients.

Helping Tassie youth tackle mental health and the workplace

WE'VE all heard of 'troublemakers'. But how about a Troublesmith?

Troublesmiths started as a pilot program under the Australian Government's Empowering YOUth Initiatives scheme, and recruits 15 to 24-year-olds who are at risk of long-term unemployment.

In their own words, the journey of a Troublesmith is about:

... creative thinking, problem solving, tenacity and self-belief. That's why 'Smith' is a good analogy — it brings to mind a masterful worker who takes pride in what they do. A 'Smith' takes something (like Trouble) and makes something beautiful and valuable out of it.

The 'Smiths make a range of wares, from homemade soap cubes to 'Bushy Beard Oil' and upcycled homewares — all now available to purchase at a bricks-and-mortar store in Hobart, which opened in July.

Manager Mark Boonstra says poor mental health can be the 'trouble' some young 'Smiths have come up against when trying to break into the workforce.

"We see a lot of anxiety and depression, and a lot of social anxiety," he says, adding that the organisation refers many young people to headspace.

"One young lady, when she came to us, couldn't even introduce herself, and just recently she got a job at Woolies."

Mark says Troublesmiths is founded on positive psychology and prioritises goal-setting and the pursuit of practical solutions for the young people who volunteer to take part.

It's this sense of ownership over one's choices that can help a young person take responsibility for other parts of their life, like their health.

"It's about winning for yourself, on your terms," Mark explains.

"The young people are constantly setting small, actionable goals, so they're always winning."

To keep track, there's even a Goal-O-Meter that tallies progress, and has so far clocked 16,000 goals achieved.

One example? Young jobseeker Fiona Smith, who succeeded in summoning the nerve to cold canvas local businesses.

"Fiona initially presented quite shy and reserved, and like many of the young people in the initiative, experienced social anxiety when putting herself outside her comfort zone," Mark recalls.

"But after completing the career coaching module of Coaching Young People For Success, she was determined to explore new ways to look for work

instead of just going through the online job application process. She started researching companies looking for administration and retail workers, tailoring her cover letter and resume to suit them, and set herself the goal to cold canvas the companies directly."

By challenging her anxieties, Fiona managed to move past her fears and visit local retailers with the support of Troublesmiths' employment coach, gradually gaining confidence with each visit they ticked off their list.

Chemist Warehouse was particularly impressed by her initiative and confidence, and invited Fiona to come in for an interview — she did, and by the end of the day, had been offered a job.

"So, in the space of one week, Fiona was able to go from down on her luck and not sure what was around the corner, to taking ownership and proactive steps to achieve her goals," Mark says.

"She's now been employed with Chemist Warehouse for over six months and is planning a trip to Europe this year."

Even if they don't get a job as quickly as Fiona, many young Troublesmiths appreciate how the program sets and enforces boundaries.

"They'll say things like, 'thank you for telling me to pull my head in', or 'that was the kick up the bum I needed'," Mark says.

"We say, lack of work, or the fact they didn't finish school — don't let that label you."

Or, if a label is necessary, scratch out 'troublemaker'. Make it Troublesmith. ■

Want to know more? Go to troublesmiths.com.au





Rural Health Tasmania nurse Elesha Fromm with the Happy Heart mascot in Wynyard

Boosting heart health in Waratah-Wynyard

IN APRIL this year, Tasmanian nurse Elesha Fromm was sitting in an Adelaide conference room when the speaker picked an Australian region with a high rate of heart disease as a workshop case study.

The area they chose was Waratah-Wynyard — Elesha’s own backyard.

“When I saw they picked my area as their case study, I thought, I need to do something big,” the Rural Health Tasmania team member says.

Elesha was already committed to the cause of good cardiac health, having completed the Heart Foundation’s 12-month ambassador program.

But she says going to the Australian Primary Health Care Nurses Association (APNA) conference, and seeing her hometown used as a high-prevalence case study, inspired her to try something new.

So, she came up with an idea: Paint the Town Red.

Over 5 and 6 August, the Paint the Town Red campaign saw Elesha and her supporters spread the message of good cardiac health all over the Waratah-Wynyard region.

Elesha gave talks at libraries and childcare centres, was interviewed by the local media, and encouraged local shopfronts to get involved by displaying red paper hearts in their front windows.

“It’s a really sobering fact that 51 Australians die each day due to heart disease,” Elesha, who was one of seven nurses sponsored by Primary Health Tasmania to attend the APNA conference, says.

“That’s one person every 12 minutes.”

All up, Elesha and her team handed out almost 350 showbags full of easy-to-understand information about how to improve the health of one’s heart.

They also made brochures detailing good local walking tracks to encourage people to get moving.

At a talk at the local library, Elesha explained the difference between good cholesterol (high-density lipoprotein) and bad cholesterol (low-density lipoprotein),

“It’s a really sobering fact that 51 Australians die each day due to heart disease. That’s one person every 12 minutes.”

Elesha Fromm

and the role diet can play in improving the health of one’s heart.

She told attendees many people may be oblivious to the “ticking time bomb” of their own rising blood pressure, otherwise known as hypertension.

“I was at Yolla Co-Op the other day, and I took 18 blood pressures. Fourteen of those people were high risk,” she told the group.

“None of those people actually could feel their blood pressure.”

Reducing stress and anxiety, limiting sedentary behaviour, and asking one’s GP for regular check-ups are all good ways to offset the risk of heart disease, Elesha says.

“Heart disease is largely preventable,” she says.

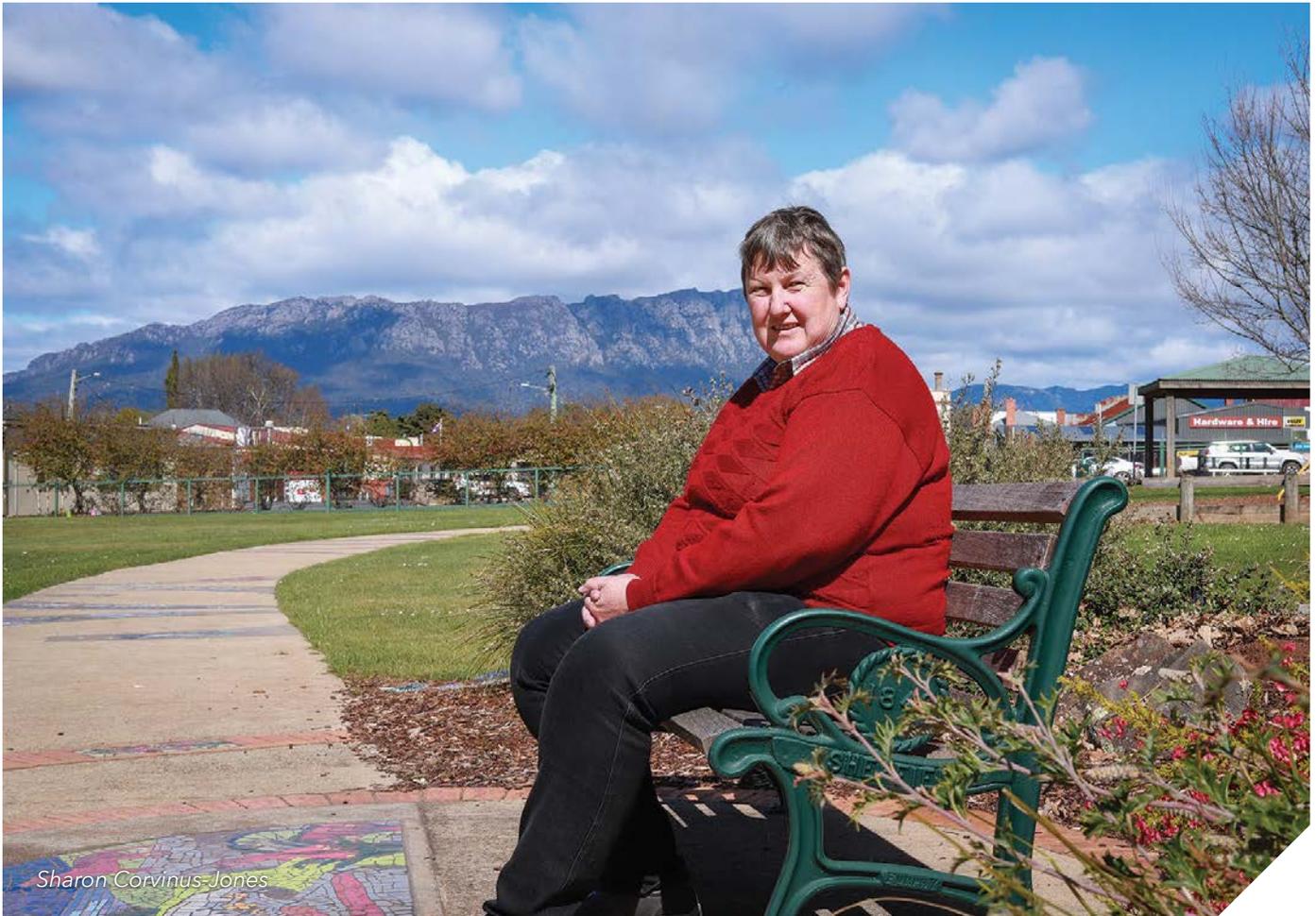
“It’s about making small changes, but being consistent and accountable for your own health.” ■

Want to know more? Go to heartfoundation.org.au

Ways to reduce your risk of heart disease

- be smoke-free
- manage your blood cholesterol
- manage your blood pressure
- manage your diabetes
- be physically active
- maintain a healthy weight
- eat a variety of nutritious foods
- look after your mental health.

Source: Heart Foundation



Sharon Corvinus-Jones

What does an LGBTI-inclusive general practice look like?

PUTTING up a poster in a general practice waiting room may not sound like a huge step forward in the march to greater social inclusivity.

But award-winning LGBTI educator Sharon Corvinus-Jones knows the details — even those as simple as a poster on a wall — can make all the difference.

“If I’m sitting there in the doctor’s office, and I’m 12 years old, thinking this is really weird and I see that up on the wall, I know that if I need to have that conversation, I can,” she explains.

“Even now, if I go to do training somewhere and see the rainbow family poster on the wall, I feel myself physically relax.”

Sharon grew up in outback Queensland — in her own words, one of the most homophobic parts of Australia to spend your early years. She came to Tasmania as a shearer when she was about 18, and found she couldn’t stay away.

Now, she’s the executive officer of the Kentish Regional Clinic, which is registered to deliver three programs — the CORES Australia program (Community Response to Eliminating Suicide), the HIPPY Kentish program

(Home Interaction Program for Parents and Youngsters), and tailored LGBTI professional development sessions.

Sharon herself identifies as gender non-confirming. She’s frank about the hardships she’s endured in her own personal history, and acts as a lived experience speaker for Suicide Prevention Australia.

This year, Primary Health Tasmania teamed up with HR+ to run a series of workshops throughout the state for receptionists and practice managers, including a session with Sharon speaking about how to make practices more inclusive for LGBTI people.

Participants were given guidance about how to best offer a sensitive and welcoming service for LGBTI people, information on definitions and preferred pronouns, and explored how negative attitudes can be changed over time.

The workshop also encouraged general practice staff to critically reflect on their own values and behaviour, and the ways in which homophobia and heterosexism can work to exclude LGBTI people.

PERSON-CENTRED CARE

On paper, it sounds like a lot — a wide-ranging social issue, often tied to hotly contested headlines and breakfast television conversations.

But as Sharon explains, making a health service more accessible for LGBTI people means mixing decency, empathy, and respect with a good dash of clinical common sense.

First things first: don't presume to know how someone identifies.

"Appropriate questions and responses are really useful and important," she says.

"So someone may open up to you, as a GP, about sexuality or gender, and your head may be spinning about what to say next.

"But you can just say, 'Thank you for sharing that with me', and use that time to think about your next step.

"It's simple, but you've already started developing that trust, and given them permission to speak more."

When dealing with young people especially, Sharon says the principle of always keeping one's radar up for signs of family violence, trauma or self-harm is pertinent to issues surrounding sexuality, gender identity, and intersex status.

The statistics back her up: according to the National LGBTI Health Alliance, young LGBTI people aged 16 to 27 are five times more likely to attempt suicide.

Clinicians can help in the bid to bring these numbers down by looking out

for tell-tale body language cues that suggest a young person may need help, Sharon says.

"It's the classic case of a young person with their head down, who won't look the GP in the eye," she says.

"So it's about providing a sense of safety, and once the child is talking about some issues, then normalising them to their parent or caregiver.

"A GP may have to educate the family that sometimes people don't fit under binary genders, or feel like they 'fit' in their bodies.

"And then, it's about finding a way to get both the child and the caregiver all the support they need."

It's important to remember that an intervention doesn't need to be early to be valuable, and that older people can also benefit from a health professional's support when it comes to sexuality, gender identity, and intersex status, Sharon adds.

"Older people are often the ones who are more frightened of services, because they have maybe had a bad experience, or feel less comfortable talking about these things," she says.

"But really, that's what providing an inclusive service is about — making sure people know you're there, and feel comfortable coming to you, at whatever point they're at." ■

Want to know more? Go to cores.org.au

Sharon's recommended reading

■ Q Life's QGuides

Available on the QLife website, QGuides are designed to support health professionals working with LGBTI people. They discuss a range of common, often complex topics, to help people feel able to work with all kinds of people on LGBTI matters, including coming out, self-worth, suicide prevention, resilience and more.

■ National LGBTI Health Alliance's Inclusive Language Guide

Available under the 'Communities' part of the Alliance's website, this guide concisely summarises what inclusive language is, how to use it, and a list of basic terms that health professionals may find useful.

■ Beyond Blue's Families like Mine resource

Families like Mine is a multimedia guide for parents and families of young people who are lesbian, gay, bisexual, gender diverse, or who are questioning their sexuality or gender diversity.



Preventing suicide in later life

PEOPLE over 65 years of age are more likely to self-harm with suicidal intent than younger people.

To build local knowledge about preventing suicide in older age, Primary Health Tasmania hosted a series of forums with Professor Brian Draper in August.

Brian is a psychiatrist who has researched suicidal behaviour and mental illness in older adults, and presented at events for health professionals as well as community organisations.

The forums were held in Tasmanian communities participating in the National Suicide Prevention Trial: Launceston, Devonport, Ulverstone and St Helens.

Funded by the Australian Government, the Tasmanian component of the trial focuses on men aged 40-64 as well as men and women over the age of 65, and will run until June 2020.



Liz Everard, Professor Brian Draper, and Samina Alam in Launceston

Risk factors for self-harm and suicidality in later life

- poor physical (such as neurological disorders, cardiac disease, falls)
- disability
- social isolation and loneliness
- relationship issues (including elder abuse)
- childhood adversity
- poor or insecure accommodation
- financial concerns
- substance misuse
- medication
- heredity.

Source: Wand et al, July 2019, Volume 20, Number 7, Medicine Today

Speaking to health professionals in Launceston on 1 August, Brian said declining physical health, social isolation, childhood adversity and financial concerns were among the key risk factors for depression, anxiety and suicidality in later life.

“Unfortunately, there is a degree of ageism — people mistakenly believe it’s normal to be old and depressed,” he says.

“In fact, if you’re healthy in late life, you’re least likely to be depressed. Centenarians when asked, ‘when was the best time of your life?’ said age seventy.”

He says a challenge for clinicians can be discerning the psychological undercurrent present in the self-reported symptoms of an older person.

“Older people don’t interpret their symptoms as much as a psychological problem as younger people do,” he says.

In an article published in the *Medicine Today* journal, the professor and his co-authors argued encounters with GPs can also present a prime opportunity to identify and mitigate self-harm behaviours.

But communication is key.

“Interestingly, carers and GPs of older people who have self-harmed identify similar reasons to patients for the self-harm, but carers may not communicate their concerns to GPs,” the article states.

“Carers may, often erroneously, assume their relative has disclosed depression of suicidal ideation to their GP.”

While the risk factors are notable, the professor says there are straightforward, practical ways to offset the likelihood of mental ill health, self-harm and suicide risk in older age.

It’s all about getting a head start.

“Looking after your health when you’re younger makes a huge difference,” he says.

“To improve your mental and cognitive health in late life, you’ve got to start looking after your health earlier in life — and that means mental stimulation, physical exercise, social activity, relationships, friends, and so on.

“If you want to prevent, you’ve got to start early.” ■

Want to know more? Go to bit.ly/2TxTTUN

Supporting Tasmanians with diabetes in aged care

AROUND one in four people in Australian residential aged care facilities has diabetes.

It's a significant number, and one that means facility staff often provide ongoing support and care to people with or at risk of developing diabetes.

On a Tasmanian level, they're not alone.

Primary Health Tasmania commissioned Diabetes Tasmania in mid-2017 to assist a targeted number of residential aged care facilities across the state evaluate and improve the quality of diabetes care for their residents.

The brief was simple: a diabetes nurse educator worked with each facility to assist them in reviewing their diabetes policy and systems against recognised guidelines, delivered in-facility staff training and provided advice and resources to support the delivery of optimal diabetes care.

Dana Endelmanis, care manager of Uniting AgeWell's Latrobe Community, Strathdevon facility in north west Tasmania, said staff relished the opportunity to have quick, face-to-face training sessions with Diabetes Tasmania educator Anne Acheson.

In particular, she says staff were keen to learn about how to best manage sick days — namely because a resident's eating habits may change if they're feeling unwell.

"Anne came in and did some specifics on sick day management, and now we've linked our policy with the information (Diabetes Tasmania) provided," Dana says.

Nursing staff were keen to capitalise on Anne's short, sharp sessions, which Dana says gave the team the opportunity to ask questions and discuss specific cases.

Strathdevon was involved with the project between February and April this year, during which time about 14 of the facility's 37 residents had a diabetes diagnosis.



OneCare's Rubicon Grove clinical care manager Annette Beechey at the facility

"One of the big things we also discussed was how to manage diet, and we ended up having a special meeting with Anne and the head kitchen staff to give them more information," Dana says.

Over in Shearwater, OneCare's Rubicon Grove clinical care manager Annette Beechey agrees the face-to-face, on-site training was a great way to refresh the nursing staff's existing knowledge about managing diabetes.

"For us, managing known diabetes is not actually that difficult, it's more recognising residents who may have undiagnosed diabetes that is more of an issue, and building an awareness around that in the nursing staff," she says.

Since engaging with the project, Annette says the facility's hyperglycaemic and hypoglycaemic screening processes have improved, as well as updating their falls protocol to include a check for any diabetes-related issues.

It's also helped build the relationship between Rubicon and the local Diabetes Tasmania educator, Elisa Williams, who impressed staff as a knowledgeable and accessible speaker.

Elisa attended over two days, running four 20-minute sessions for staff, and says the nurses were very interested in

medication management and practical tips on insulin therapy and safety.

"It was great talking with the whole team, including carers, kitchen staff, and activity leaders, as well as nursing staff and the management team so that everyone was aware of how to know when someone has or is at risk of diabetes, and how to respond," she says.

"It was obvious that they saw the link between identifying signs that someone had hyperglycaemia or hypoglycaemia, how to treat them appropriately, and when to seek further treatment."

Since Elisa's visits, the facility has strengthened its diabetes management skills with new systems such as screening all new residents for diabetes on admission.

"Diabetes is a complex condition which is often associated with multiple conditions," she says.

"Likewise, a residential aged care facility is a busy, demanding environment for nurses, who need support to identify what is actually needed within their systems and policies that direct that care." ■

Want to know more? Go to diabetestas.org.au

Get to know: Primary Health Tasmania's Community Advisory Council

THE Community Advisory Council ensures the community perspective features strongly in Primary Health Tasmania's decisions and investments.

It supports the organisation to respond to community issues and improve the healthcare system to the benefit of all Tasmanians, with a focus on the vulnerable and disadvantaged members of our community.

The council comprises community members from populations with unmet health needs, as well as experience in a range of community primary care roles, including aged care, local government, work skills and education, advocacy, rural and remote, mental health, and the social determinants of health.

We spoke to some of the council's members about what it represents and how it contributes to Tasmanian primary health care.

What does the Community Advisory Council do? How does this work fit into the bigger picture of Tasmania's primary health sector?

The Community Advisory Council promotes collaboration between consumers, clinicians and community members in the design and delivery of services in the primary health sector.

Members of the Primary Health Tasmania Board attend the advisory council meetings, which assists in closing the communication loop between the Board, senior executives, and community members.

This ensures that everyone's voice is heard at the planning, implementation, and evaluation of service delivery.

Nicole Grose

How did you come to be involved with the council, and why did you want to be part of it?

I was nominated to join the Community Advisory Council having been involved in the establishment of the Waterbridge Food Co-op, in my role as manager of the Jordan River Service Inc.

The community food initiative was set up over a two-year grant-funded period about six years ago and is based at two community centres in Gagebrook and Bridgewater.

Waterbridge Food Co-op improves the understanding of and access to healthy food options through community ownership, engagement and participation, encouraging social inclusion and community cohesion.

I enjoy my engagement on the council, and have gained knowledge and information to support my work through my membership. I also feel that I contribute valuable information from a community perspective.

Helen Manser



Chair Stuart Auckland

What experience of Tasmania's health system do you bring to the council?

My decision to become involved in the Community Advisory Council is based on my years of employment with the Department of Health and Human Services.

My experience includes management of rural health services, and since retiring from that arena, I realised I have a strong interest in the health status of our Tasmanian community. I believe that accessibility and affordability are two major concerns of the isolated and marginalised members of our communities.

I am buoyed by the enthusiasm and commitment of the current membership of both councils. I remain confident that I can contribute positively in the discussions at the table in the interests of enhancing the health status of the Tasmanian community.

Patsy Burgess

How does the work of the Community Advisory Council align with your own health-related interests, as well as the bigger picture of primary health care service delivery?

The Community Advisory Council supports and enhances my interest in the issue of social determinants of health through both the composition and structure of the council itself, as well as through the processes and discussions that occur at our quarterly council meetings.

Through its membership, the Community Advisory Council brings together a mix of experienced individuals who, through their formal and informal connections to community or consumer networks, bring differing perspectives and understanding on how to best address the social determinants of health.

The meeting processes enable conversations between council members and Primary Health Tasmania staff, providing an opportunity for council members to bring a community perspective to the design and delivery of commissioned work.

While it may be difficult for a council to have a direct influence on the overarching priorities of primary health networks more broadly, it is the contributions these councils make at the Primary Health Tasmania program and operational level that make the difference to the Tasmanian health system.

Stuart Auckland

Want to know more about the Community Advisory Council? You can express your interest at any time, and find out about any vacancies, by going to: primaryhealthtas.com.au/who-we-are/our-advisory-councils

How does your involvement in the Community Advisory Council tie in with the work you already do for your local community?

My background is that I originally trained and worked as a registered nurse, but due to farm and family commitments at Bothwell, this eventually became less and less.

Sadly, there was a cluster of suicides in our tiny town about four years ago. With the help and support of many government and non-government organisations, we organised a mental health forum to help educate and support our community through this difficult time.

This one-off project was known as "Lift the Lid", and after it was completed, I became involved in other local projects, until I eventually heard about and applied for the Community Advisory Council position.

Being on the council has been an extremely rewarding and positive experience. I've enjoyed meeting so many other people keen to try to work together to find ways to provide Tasmanians with better primary health care.

Since being elected to the Central Highlands Council, one of the projects I've become involved in at local government level is helping to establish a health and wellbeing plan for the area. This is something that has certainly been lacking but will make a difference in the long term.

Education is a big part of improving health care, and I have no doubt that when organisations and governments at all levels can work collaboratively, great outcomes can be achieved.

Anita Campbell

Primary Health Tasmania has two advisory councils: the Community Advisory Council, and the Clinical Advisory Council. What do you think are the benefits and challenges to having a two-council structure?

The Primary Health Tasmania model of having both a clinical advisory council, and a community advisory council, is one I strongly support. I believe having two councils brings the best to the table when examining public health issues, and planning the commissioning and delivery of services.

That said, the model comes with a number of challenges. Members of the different councils may approach the same issues from very different perspectives, due to things like the diverse backgrounds of members, training experiences, position in the health sector, and relationship to the individual or the community.

But the skills the two councils bring to the table are invaluable. The best outcomes will be achieved where there is mutual respect, open listening and conversation, active learning, and an open exchange of ideas.

Therese Taylor ■

Members

- Stuart Auckland (Chair)
- Mark Boonstra
- Patsy Burgess
- Anita Campbell
- Nicole Grose
- Sue Leitch
- Helen Manser
- Miriam Moreton
- Therese Taylor

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Primary Health Tasmania

Primary Health Tasmania (Tasmania PHN) is a non-government, not-for-profit organisation working to connect care and keep Tasmanians well and out of hospital.

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Your feedback matters

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