ISSUE 12 | MAY 2020

primary health matters

TASMANIA'S PRIMARY HEALTH MAGAZINE

IN THIS ISSUE

Continuing care for alcohol and drug recovery
Psychological treatment for Tasmanians in aged care
Communicating safely about suicide

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An Australian Government Initiative

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Cover image: Valerie Baxter and her greyhound Gus.

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.

From the CEO

IF I had to pick a theme that emerges from the stories in this, our 12th edition of *Primary Health Matters*, it would be this: help-seeking.

Help-seeking is more than a Google search. It's more than a crowded corkboard at the back of a general practice waiting room. Help-seeking is about looking for, and ideally finding, the support you need — and that differs for each person, and each situation.

In this magazine, you'll come across constructive stories of Tasmanians who have done just that. For people like Hobart's Valerie Baxter, it was a case of hitting a button on her iPad, and finally confronting the reality of living with asthma by engaging with Asthma Australia's COACH Program.

For others, like the clients of our commissioned alcohol and other drug service delivered by the Salvation Army, it was something that took time to develop and, in some cases, has meant multiple engagements with the Australian Government-funded after-care program.

That's worth noting: that help-seeking isn't always a one-off process. More often than not, purposefully reshaping our lives to support an enduring improvement in our health and wellbeing takes time and persistence, both in how we engage with the people qualified to deliver support, and in our own commitment to ongoing self-care principles.

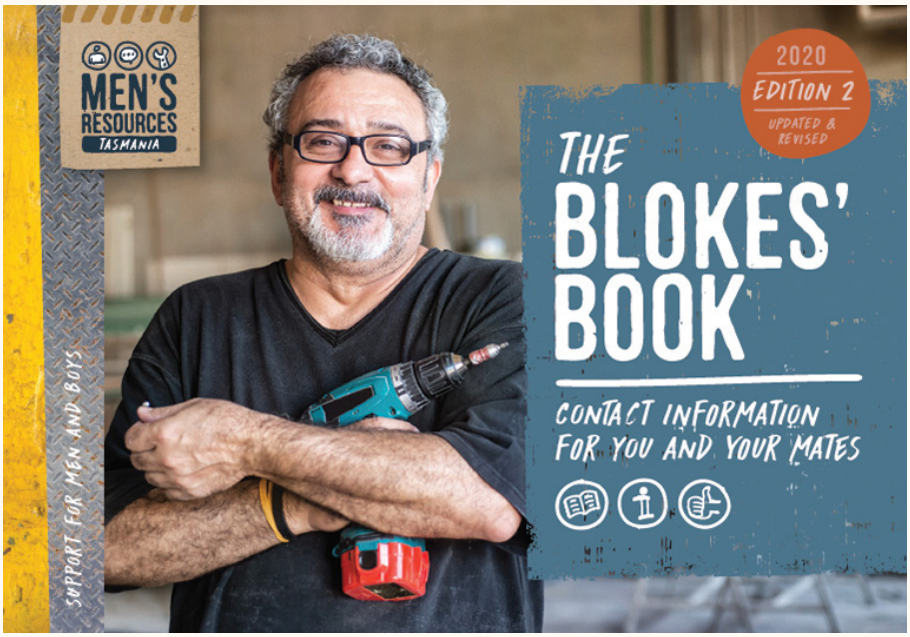
Seeking help also doesn't have to mean physically leaving your home or residence; it may mean something as simple as accepting an offer of support. In this issue of *Primary Health Matters*, we're thrilled to include a story about a new mental health program that brings mental health professionals into an initial group of Tasmanian aged care facilities. For the people living in these facilities, this program — delivered by Richmond Fellowship Tasmania — provides the opportunity to access a psychologist on site, and receive qualified advice about how to manage their mental health in the latter stages of their life. It's a great reminder that those of us in the health sector have a vital role to play in making it as easy as possible for all members of the community to seek help, should they want to, without encountering significant barriers.

Finally, I'd like to acknowledge that this edition of *Primary Health Matters* came about during an unprecedented time for Tasmania's health system, wider Australian society, and the world. At the time of writing, the COVID-19 outbreak is still front and centre on the national agenda, and along with other primary health networks, Primary Health Tasmania is doing its part to support the hardworking health professionals at the coal face of the state response. The spread of the virus has, so far, meant that many of our commissioned providers have had to investigate other methods for delivering their services — including those featured in this magazine.

It's a very challenging time. I hope by the time this publication reaches you all, it finds you and your loved ones safe and well. ■

Phil Edmondson
CEO
Primary Health Tasmania

A new chapter for *The Blokes' Book*



SMALL, but packed with valuable information, *The Blokes' Book* is a directory of services, contacts, support groups, current details, and commentary from services and men in our community.

It touches on important and sometimes tricky to navigate issues pertinent to the health and wellbeing of men, including alcohol and other drug addiction, mental health, fatherhood, and violence.

The first Tasmanian edition was produced by the then-Department of Health and Human Services in 2011.

In 2017, Men's Resources Tasmania took over the publication with support from the Tasmanian Community Fund.

The latest edition has been updated with the support of a Doing Better Together Grant, made available as part of Tasmania's involvement in the National Suicide Prevention Trial (read more about the trial on page 9).

The updated *Blokes' Book* includes a dedicated section about suicide prevention and mental health assistance, addressing the specific prevalence of male suicide, which accounts for six of the almost eight Australians who die by suicide every day.

"Our first *Blokes' Book* had information about mental health assistance and counselling but didn't necessarily name up suicide prevention as a key issue, outright," Men's Resources Tasmania executive officer Jonathan Bedloe explains.

"It was important for us to include information about suicide prevention, because male suicide is such a significant issue, and it can be hard to know how to have helpful conversations about suicide.

"Thanks to the Doing Better Together Grant, and other sponsors, we were able to able to add this content and cover the costs of additional graphic design, and a significant proportion of the costs of printing a new edition."

To support this, the Stop Male Suicide project allowed Men's Resources Tasmania to include easy-to-follow information about their "F.A.S.T" model — which stands for Facts, Action, Signs, and Talk.

As a result, the updated *Blokes' Book* includes statistics to shed factual light on the reality of male suicide — but also, pragmatic and evidence-based information about what someone can do about it.

"It was really important to share the F.A.S.T model, because it has been developed based on what we know works with and for men," Jonathan says.

> **"We wanted this *Blokes' Book* to be a resource that offers practical information directly to men, in a format that men can easily relate to."**
>
> **Jonathan Bedloe**

Importantly, the updated book also succinctly lists local and telephone-based suicide prevention and mental health services, to give readers a quick and easy way to find the help they need.

"We wanted this *Blokes' Book* to be a resource that offers practical information directly to men, and in a format that men can easily relate to," Jonathan says.

"We look forward to seeing it delivered to workplaces as well as health services across the state." ■

Want to know more? Go to
mrtasmania.org

Need help? Go to
tasafterhours.com/helplines

> "You can see it in their faces, in their interactions with others. There's been a reduction in self-isolation."
>
> Laree Triffett

Laree Triffett

Helping older Tasmanians stay mentally well in residential aged care

IMAGINE it's Christmas. You're at home, getting into the festive swing by putting up a tree and stringing tinsel through the house. Maybe you're humming the tune of *Jingle Bells* as you work.

Now, imagine it's Christmas, but you're not at home. You've recently moved into a residential aged care facility, leaving behind your spouse, who still lives in the family residence. It's the first holiday season you'll spend apart.

Would you feel like singing Christmas carols then?

Would you even feel like leaving your room?

Last year, Primary Health Tasmania received Australian Government funding to commission services designed to support aged care facility residents living with mild to moderate mental illness.

An open tender process resulted in local not-for-profit organisation Richmond Fellowship Tasmania being commissioned to deliver a program that gives residents access to a targeted course of psychological treatment services without out-of-pocket expenses.

Richmond Fellowship Tasmania started by partnering with three residential aged care operators with a presence in each region of Tasmania — south, north, and north west — to offer residents a range of evidence-based treatment options to be delivered within their facilities.

It's all about exploring a new model of care designed to improve access to psychological treatment services for people living in aged care facilities.

And so far, it's already yielding positive results.

In one case, a resident in their 80s was referred to the program in late 2019 after staff noticed depressive symptoms like crying, low appetite, and long periods alone in their room.

In their initial consultation, the person described feelings of frustration at their new living situation and a sense of isolation despite being surrounded by other residents, given some were experiencing symptoms of dementia.

Undoubtedly, they're relatable concerns.

But with the help of one of Richmond Fellowship Tasmania's psychologists, the resident was able to come up with a plan to improve the quality of their new life in residential aged care.

Just one method: 'mindful bubble popping', where the individual is invited to focus on popping bubble wrap with focused attention for a concentrated period.

They're seemingly simple interventions that can lead to significant steps forward.

And, in this case, steps like leaving their room and joining in the facility's communal Christmas carols.

Richmond Fellowship Tasmania clinical manager Lisa Toohey says there was a real and notable need for the program, which is the first of its kind for the state.

"Before, if people were in a residential aged care facility and they wanted to see someone about their mental health, like a psychologist, then they'd have to leave the facility, go to a GP, get a mental health care plan, and then book the appointment.

"That was quite a barrier for aged or elderly people."

Older people can also have different attitudes to mental health and seeking help for one's emotional wellbeing compared to younger members of the community, Lisa says.

"Oftentimes they minimise their mental health and try to just 'get on with it', but we're trying to break that down," she says.

By visiting facilities to conduct sessions on site, Richmond Fellowship Tasmania staff are able to explore behavioural symptoms that staff, or other referrers, may have noticed — things like someone struggling to leave their room, reacting to staff with irritation, or not forming relationships with other residents.

Notably, these behaviours don't automatically mean someone has a mental health condition: part of the program's value is that psychologists can review and pinpoint the residents most at risk, and most in need of their help.

Ageing, mental health and residential aged care in Tasmania

- Tasmania has an ageing population. The Australian Bureau of Statistics estimates 20 per cent of Tasmanians are aged 65 years and older, and by 2031, that will have risen to 25 per cent.
- According to Primary Health Tasmania research, there were 6,150 people receiving permanent residential aged care and 1,528 receiving respite residential aged care in Tasmania in 2016-17.
- Older Australians living in residential care are up to five times more likely to experience mental health issues than those living independently.
- Symptoms of depression in an older person can be subtly different from those in younger people. Older people are less likely to display affective symptoms (e.g. dysphoria, worthlessness, and guilt), and more likely to show cognitive changes, somatic symptoms (e.g. sleep disturbance, agitation and general loss of interest).

(L to R): Richmond Fellowship Tasmania staff Sarah Elder, Simon Green, and Lisa Toohey

> **"The majority of older people are very resilient — they've lived long lives through many challenges, they've faced adversity and come through it."**
>
> **Sarah Elder**

Likewise, they can refer people onto other more acute services if need be.

The program is proving particularly useful when it comes to supporting people who are new to living in a residential aged care facility, or otherwise struggling to adjust after a lifetime living independently.

Psychologist Sarah Elder says this transition is, by its very nature, more than 'moving house'.

"It's a very complex transition because as well as the stress around moving, you're also facing this being the last place you're ever going to live," she says.

"That's often accompanied by really dramatic changes in your health status.

"It might be a move that's made with very little choice, but even when there is choice, that doesn't necessarily negate difficulties with adjusting."

Just as importantly, Lisa stresses a person's adjustment period is often more of an emotional hurdle than a simple matter of time.

"Some people haven't adjusted after being in a facility for months or years, and other people embrace it quickly," she says. "It's very individualised."

While it's early days, fellow psychologist Simon Green says the collaborative relationships naturally forming between Richmond Fellowship Tasmania staff and those working at the facilities involved are crucial to the program's success.

"As times goes on, and working with the nurses and care managers, we're working out what to look for," he says.

"We're working together as a team."

The program has also had an unexpected, yet welcome, flow-on effect, with some residents' family members inspired to seek out support for their own mental health concerns after seeing their older relative get help.

Likewise, facility staff report feeling comforted by the knowledge a qualified psychologist will be on site at least once a week.

Laree Triffett, pastoral carer at the Sandown facility in Sandy Bay, says she feels relieved knowing she can bring in those with expertise if need be, and in a timely fashion.

"(Richmond Fellowship Tasmania staff) are trained professionals," she says. "It's reassuring that when I have reached my level of expertise I can pass our residents over to the Richmond program and know it's a soft and safe place for them to land.

"It's really nice to be able to have a sense of being able to refer on."

Laree says on the whole, the residents who have been referred into the program and engaged with it seem happier and more settled at the facility.

"I think they feel they've been listened to, and that someone's taken the time," she says.

"You can see it in their faces, in their interactions with others. There's been a reduction in self-isolation."

Pat Hall, senior care manager at the Ningana facility in Sorell, has also noticed good outcomes for program participants.

"I've seen residents' self-esteem improve," she says. "One gentleman, for example, was very focused on what he couldn't do and they've managed to turn him around so now he focuses on what he can do.

"And a lady was given helpful techniques on how to deal with underlying pain that she has all the time, and now she seems happier, and is engaging more with other people."

Pat says she and Simon have a good working relationship, and regularly discuss how residents already engaged with the program are tracking, and who else may benefit from it.

"It's made us more aware of what's going on with residents, mental health wise," she says.

"It's like a grieving process: losing your home, and losing the independence you had in your own home.

"It's a big thing for residents to get their head around."

But as Sarah explains, moving into aged care, and being in the latter stages of one's life, doesn't mean someone has to simply accept a certain level of psychological distress.

"There's a difference between something being difficult, and being depressed," she says.

"The majority of older people are very resilient — they've lived long lives through many challenges, they've faced adversity and come through it.

"They absolutely have the skills to do that again." ■

Want to know more? Go to
bit.ly/39nG3ep

Sending information safely with the Yellow Envelope

HOW do you improve transfer of care between aged care facilities and hospitals, without burdening staff at either end with an extra, time-consuming step in their processes?

You give them a Yellow Envelope.

Developed and recently reviewed by Primary Health Tasmania, the resource is exactly what it sounds like: a canary yellow A4 sleeve, designed to capture key patient handover information, and keep relevant health records safe and secure in a single spot.

The two-sided envelope is clearly and concisely labelled, and steps aged care facility staff through all the necessary information, such as service provider details, handover summary, a checklist of documents to be included, and more.

Southern-based general practice liaison officer Dr Annette Barratt says 90 to 100 per cent of aged care residents who come to the Royal Hobart Hospital's emergency department do so accompanied by a Yellow Envelope.

"The envelope is a template, so it takes the guesswork out of what information should go with the person, to hospital," she says.

"And because that information is there, the hospital staff know which pathway to put the patient through.

"The last thing you want is a little old lady sitting in the emergency department when she's better off going back to the nursing home, and to comfort.

"The fact is, the emergency department gets the information then and there in front of them.

"There's no wasted time with hospital staff waiting for the right information, so the patient spends the least amount of time possible in the emergency department."

Fellow southern-based general practice liaison officer Dr Liz Webber has been involved with the Yellow Envelope since its inception in 2017, and says the resource is fundamentally about maintaining a key standard of care: that information should accompany the patient in a transfer.

"At busy or stressful times, it's common for people to forget to supply an important bit of information, or miss a critical step," she says.

"The Yellow Envelope provides a portal for information to accompany the patient, incorporating a checklist so that nothing is forgotten."

Liz says the envelope also acts as a clinical governance tool by providing a record of what was sent with the patient, from one facility to the next.

"It's efficient, effective, low cost and easy," she says. ■

Want to know more? Get in touch via
providersupport@primaryhealthtas.com.au

"It's about reducing stigma, but it's also about education and improving health literacy."

Abbie Simpson

(L to R): Tammy Adler and Abbie Simpson

Putting up posters to prevent suicide in Break O'Day

"COMMUNITY is the answer to loneliness."

That's the simple message written on one of a dozen posters produced by the Break O'Day community as part of their involvement in the National Suicide Prevention Trial.

Simple, but important.

Casey Musicka — a former member of the trial site working group who now works as a project officer — says the posters were inspired by a similar campaign from the Council on the Ageing Tasmania, which prioritised local imagery.

"Our aim was to demonstrate that we wanted to start conversations that would reduce stigma and promote help-seeking behaviours," Casey says.

"We just felt that when people see the really clinical posters, they tend to think, 'Oh yeah, here's another one'.

"We really tried to capture local scenes. And I do think people take a lot more pride when it's their community, and they know the people that have done the work."

The posters direct locals to the Break O'Day Mental Health Directory — an initiative that pre-dates the municipality's involvement in the trial, but continues to play a key role in supporting help-seeking behaviour.

Training a community to recognise and respond to suicidality is one of the strategies of the Black Dog Institute's LifeSpan model, which all trial sites across Australia are using to guide their activities.

"Prior to this, I didn't know the amount of services we had here — I thought we had very little," Casey admits.

"But it turns out there's a huge amount if you know where to look and how to engage."

The models used for the posters are diverse, and include a fisherman, a leather-clad man on a motorbike, and a woman striding through the shallows with a rainbow-tasseled umbrella.

The pictures were captured by former motorsport photographer and local Wayne Reed, who says he tried to find ways to incorporate distinct visual elements of the east coast into the final product.

"It was difficult, because we needed something that was a bit uplifting, but then also could illustrate various aspects of what (the trial site participants) were trying to achieve."

Ultimately, they succeeded by mixing real Tasmanian imagery with concise, but supportive, quotes. For example, a group of people standing on a shorefront, watching the waves, combined with the message: "The tides will turn."

The Break O'Day region is home to many Tasmanians in the local trial priority group of 65 years and older — a group Casey suspects are more inclined to respond to a printed, tangible message they see in a local café compared to one shared through social media.

"Technology is awesome, but not everyone has it, or can afford to have it," she says, citing the example of her grandmother struggling to work the TV remote.

"We're hoping that the posters bridge the gap a bit more, and seeing them around town, just start that conversation."

Royal Flying Doctor Service mental health worker Abbie Simpson says it's a conversation supported by more resources than the 6000-odd posters, including fridge magnets and printed guides designed to help people learn more about mental health and wellbeing.

"We put explanations about the feelings you may get with anger, anxiety and depression on the back of the printed fold out," she says.

"It's about reducing stigma, but it's also about education and improving health literacy."

It's a sentiment fellow trial site working group member Tammy Fidler shares.

"We've kept the language very simple, and in plain English," she says.

"We're targeting the older population and they haven't had the education we've had, growing up, on these topics." ■

Want to know more? Go to bit.ly/3dlacse

The National Suicide Prevention Trial in Tasmania

Break O'Day is one of three Tasmanian trial sites for the National Suicide Prevention Trial.

The Tasmanian component of the Australian Government-funded trial is coordinated through **Primary Health Tasmania** across three locations: Break O'Day, three north west municipalities (Burnie, Central Coast and Devonport) and Launceston.

All three locations are using the **Black Dog Institute's LifeSpan** suicide prevention model — a community-led approach that is aimed at reducing suicide and suicide attempts by building the capacity of the community to better support people facing a suicide crisis.

Communicating about suicide

TASMANIA is the first state to adopt the National Communications Charter — a unifying resource for mental health, suicide prevention, government, business, and community organisations.

On a local level, the Tasmanian Communications Charter (the Charter) champions a safe and stigma-free approach to talking about suicide that is consistent across various branches of the community.

Here are just some of the ways signatories to the Charter have done it.

Acknowledge mental health and suicide prevention as priority issues for Tasmania

For Rural Health Tasmania, signing up to the Charter was a no-brainer.

"Rural Health Tasmania has always been highly proactive in reducing the occurrence of mental illness at a societal level, providing culturally appropriate and safe mental health services, and providing substantial professional development opportunities to clinicians in latest evidence-based practice," chief executive Robert Waterman says.

Even so, Robert says the Charter is a useful cue for Rural Health Tasmania to reflect on its social responsibility to destigmatise mental illness, improve education and health literacy about suicide prevention, and much more.

(L to R): Primary Health Tasmania's Swasti Shree Khanna and Liz Everard

Use safe language and respectful images

Empowering people to talk safely about suicide and mental ill-health is at the heart of what both the Tasmanian and national charters are trying to achieve.

Some people may want to talk openly about suicide but feel daunted by the sensitivity of the subject matter.

Likewise, they may be well-intentioned but not realise some phrases carry stigmatising connotations.

Building a common, safe language around mental health and suicide is a key priority for signatory West Moonah Community House, with all staff, Board members, and volunteers encouraged to read and reflect on the Charter.

Make the Charter's key messages part of your induction processes

Since signing up, Cornerstone Youth Services has made the Charter a central part of how new staff are welcomed to the organisation.

"The online training associated with the Tasmanian Communications Charter is now a part of our orientation process for new staff," chief executive David O'Sign says.

"In taking this step, the principles of the Charter have become embedded into our day-to-day practice."

Establish an organisation working group to put the Charter principles into action

At Primary Health Tasmania, a working group has been tasked with developing and managing an action plan to identify and enact activities to support each of the Charter principles.

The action plan includes things like Everymind training for existing and new staff, adopting a language guide to ensure safe and consistent communication across the organisation, updating our policies and resources to encourage help-seeking behaviours, and finding safe ways for staff with lived experience to contribute their expertise to our work.

"Our working group's main aim has been to bring the wisdom of the Charter to life in practical and visible ways," Primary Health Tasmania's Liz Everard says.

"Sometimes with this kind of subject matter, the amount of material can feel overwhelming, or simply a lot to take in during one sitting. That's why we've tried to create resources and make regular, succinct addresses to staff, to keep that conversation easy-to-follow, and ongoing."

Promote crisis services and help-seeking information in various communication forms

How can your organisation embed key information that makes it easy for staff to seek help?

There are many options: it may mean small tweaks, such as adding crisis service numbers to email footers, or in social media posts.

"Wherever possible, we need to be encouraging people to include help-seeking and crisis support information whenever they are communicating about mental health and suicide," Mental Health Council of Tasmania chief executive Connie Digolis says.

"This is a relatively simple way to ensure that people aren't left without resources when they are perhaps unexpectedly in distress or experiencing a mental health crisis. They know where to go and that help is at hand." ■

Want to know more? Go to tascharter.org

Living with asthma, and not in denial

WHEN a doctor told Valerie Baxter she had asthma, she had some choice words in reply.

"I said, 'no I haven't'," the 73-year-old recalls of the appointment some 30 years ago.

"It really wasn't until last year that I would have given it that acknowledgement."

Until then, Valerie says she'd made room for one 'A' in her life — arthritis — and despite being generally active and healthy, didn't feel ready to accept the reality of living with another chronic condition.

"The word 'asthma' has a dramatic ring to it," she says. "I think I only got help for it when I had no choice."

Last year, Valerie experienced a dramatic flare up after picking up a virus from her young grandson, compounded by a bad reaction to medication.

Operating on about an hour of sleep a night, the Hobart resident was desperate for help. She researched Asthma Australia on her iPad, and promptly requested a telephone consultation as part of the organisation's COACH Program.

The COACH Program is a confidential, free health service delivered over the phone by trained Asthma Australia coaches. It aims to help people with asthma, or those who care for someone with asthma, improve their general health and asthma control.

GPs and practice nurses can refer any of their patients with asthma, over the age of 12 years, into the program to receive education and support.

During the telephone consultations, an individual with asthma is supported to identify gaps in their treatment, and recommend a management plan that aligns with standards enshrined in the Australian Asthma Handbook.

> **"The word 'asthma' has a dramatic ring to it."**
>
> **Valerie Baxter**

For Valerie, a key takeaway was being empowered to take her asthma more seriously, without being preached at or scolded for not doing so already.

"I felt I was truly speaking to a professional," Valerie says of her consultations with Gemma Crawley. "I felt that all the messages were positive and encouraging, whereas I had been feeling fairly overwhelmed.

"I was ignorant about asthma — I didn't even really know the difference between a preventer and a reliever.

"But gradually, I was able to accept that it wasn't just going to go away."

Through COACH, and with the support of her regular GP, Valerie says she's taken charge of her asthma — she's accepted that it's up to her to manage it properly, and take sensible precautions against triggers like cold air and smoke.

"I think that the COACH Program encourages you to feel that you're not helpless — that you can be in charge of your asthma," she says.

"Whatever the chronic condition may be, I find it's really empowering that there's something you can do to help yourself, and I think that's what the COACH Program links into." ■

Want to know more? Go to bit.ly/3dmJGo1

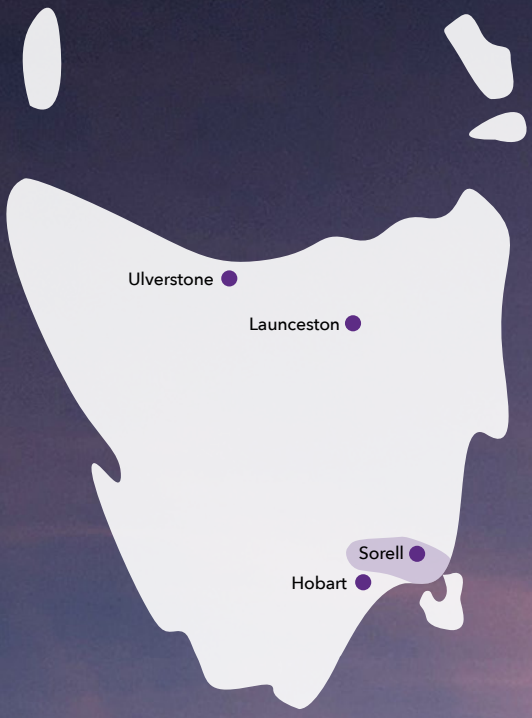
Valerie Baxter and her greyhound Gus

Asthma in Tasmania

- Asthma remains a major chronic illness in Tasmania, with 66,000 people living with the condition. This represents 12.9% of the population, which is higher than the national average of 11.2%.
- Asthma is one of the most common reasons for emergency department presentations in Tasmania. In 2016-17, there were more than 1,400 emergency department presentations for asthma.
- Asthma was responsible for 862 hospitalisations in 2016-17 in Tasmania, with 90% potentially preventable through the provision of appropriate health interventions and early disease management in primary care settings.
- There has been an increase in the number of potentially preventable hospitalisations for asthma in Tasmania.

Source: Asthma Australia

Sorell



Geography

Located in Tasmania's south east
Spans 583 square kilometres
Established in 1862
Major towns and locations include Dodges Ferry, Dunalley, Primrose Sands and the township of Sorell

Population

14,414 people – 50.5% female, 49.5% male
Median age 42 (same as state average)
People aged 65 and over make up 17.8% of population (state average is 19.4%)
Aboriginal and Torres Strait Islander people make up 4.2% of the population (state average is 4.6%)

Health risk factors

93.2% of population don't eat enough vegetables (state average 92.5%)
20.4% of population are obese according to body mass index (state average 24.3%)

Images courtesy of Sorell Council

Illness

20% rate their health as fair or poor (state average 19%)

92.1% of children are fully immunised by age 5 (state average 92.4%)

11.3% of people experience high or very high psychological distress (state average 11.4%)

Workforce

34 GPs

13 nurses

15 allied health professionals

2 specialists

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

Community health checks 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.

Primary Health Tasmania supporting Sorell

Commissioned services and other activity including:

- after hours medical support
- services for people with chronic health conditions
- alcohol and other treatment drug services
- mental health and wellbeing services
- suicide prevention services
- health and wellbeing services for Aboriginal people.

Clients and staff of the Salvation Army's alcohol and other drug programs

Courage and continuing care for alcohol and drug addiction

WHEN Jonathan* says the Salvation Army's alcohol and other drugs team saved his life, he doesn't mean it as a metaphor.

It wasn't that long ago that he, at his lowest ebb, walked into the organisation's New Town site, and got the help he desperately needed.

It was a turning point — but also, the latest in a series of attempts he's made to wrest his life back, and out of the murk of alcohol addiction.

And that's a message he wants others to hear: it doesn't matter how many times you need to seek help.

All that matters is that you do.

"I don't think people understand that you can come back," the 40-year-old says.

"I graduated (from the Bridge Program) in 2016 and was sober for two-and-a-half years.

"But then when I was drinking again, I didn't think they'd take me back — I thought I'd failed."

Eventually, Jonathan did return to the Bridge Residential Program, and move on to the subsequent After-Care Program, supported by Primary Health Tasmania through the Australian Government's PHN program.

"There's no shame in coming back," Jonathan reiterates.

"If people look at you and think, 'oh, you've done that three or four times', then it's more shame on them, for having that attitude, not on us.

"We're the bigger people for admitting we've got the problem and coming in two or three times."

The Salvation Army's alcohol and other drugs state manager Penny Chugg likes to think of the After-Care Program as 'continuing care': a vital step in someone's ongoing journey to recovery, rather than a brief epilogue to residential treatment.

"Alcohol and other drug support services fall on a continuum, but people tend to go straight to the highest level — residential rehabilitation — when they hear the term," she says.

"But what we do covers things like individual counselling, day programs, outreach services, and providing support to families."

It's a distinction Dean* agrees with. A self-described functioning addict for more than two decades, he says he used drugs like ice and cannabis to cope with the pressure of a full-time caring role.

"(Recovery) is just not a 10-week thing," he says.

"You've got to find yourself again."

And in doing so, find the support of others — people like fellow after-care participant Simon*, whose problems with substances followed a fraught childhood that saw him move between 15 different primary schools.

"I was like death warmed up when I came in here," he says of the New Town site. "I thought I was at the end of the line. Everything just folded in around me, and to me, it was over.

"But there was something deep inside me that was longing to change."

And so, Simon put in the work.

But it wasn't a quick fix.

At a glance

Supported by Primary Health Tasmania, the Salvation Army runs a drug and alcohol rehabilitation program, which includes:

- clinical assessments and referrals
- individual and group counselling
- medically supervised home-based withdrawal
- facilitating appropriate referrals for treatment
- secondary consultation and medication planning
- arranging and following up specialist health appointments
- case management alcohol and other drug interventions
- post-rehabilitation support and relapse prevention.

We also support Anglicare, Holyoake Tasmania, the South Eastern Tasmanian Aboriginal Corporation and Youth, Family, and Community Connections Incorporated to provide alcohol and other drug treatment services.

"Funding a range of alcohol and drug services for different people, at different points in their recovery journey, is vitally important," Primary Health Tasmania's Joyleene Abrey says.

"This is because Tasmanians should be able to access the help they need, in a way that suits their needs.

"It's all part of supporting a full continuum of care, which reduces the likelihood of someone 'falling through the gaps' in a service delivery landscape."

> **"There was something deep inside me that was longing to change."**
>
> **Simon***

"It took a few months, even leading up to when I graduated, but I'm not a zombie any more," he says.

"And it is what you make of it: for some people, it's easier to go back to the old ways because that's what they're used to.

"But if you stick at it, it's very rewarding. It's literally a bridge, to leaving the old life behind and becoming a whole new person.

"There's a lot of things that you start to realise you didn't like about yourself, but then you start to learn new things about yourself that you do like."

But just like someone struggling with addiction needs to see themselves as fully realised and multidimensional in order to confront their dependence, so too does the wider population, Penny says.

"There's a common misconception that people who use drugs are all from a lower socioeconomic background," she says.

"That's not true. We know that there are many, many people who are high-functioning, working people, and who do use these (illicit) drugs.

"They might not have spiralled out of control with it, but the more you use them, the more you need them."

Jeremy*, who has had multiple stays in the Salvation Army's residential program, agrees that a drug problem can become a debilitating addiction in a very short space of time.

"Things went downhill really quick," he says of his own experience.

"You gotta just keep coming back, because you will get it right, eventually.

"This place does a lot for you if you want to change."

It also doesn't matter what kind of substance someone's using, or if it's popularly conceived of as 'hard' or not, he says.

"They all mess with your mind," he says.

From her side of the fence, the Salvation Army's Majella Eales says after-care clients like Jonathan, Dean, Simon and Jeremy can be powerful motivators for those currently in residential rehabilitation.

"They have people to look up to — people who have gone through that transition, and moved back into the community, and are travelling well," she says.

And, Penny adds, this journey doesn't end at the service provider's property line.

"Alcohol and other drug treatment is not a magic wand," she says. "If we're serious about it, we need to see it as a community health issue.

"You don't need to have lots of qualifications and be an alcohol and other drug worker yourself — you just need to know how to ask the right questions.

"We can all help people." ■

**Full names withheld for privacy reasons.*

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

Navigating a safe care path during an environmental disaster

HAVING grown up in the UK, Dr Anna Seth didn't encounter her first bushfire until she was living and working in Tasmania's Huon region in 2013.

It was a formative experience.

"I guess I've always had an interest in environmental issues, but I probably only put that together with my role as a GP about a year ago," the John Street Medical Centre team member says.

"I'd seen through the bushfires we'd had in 2013 how our community had been affected, and in my work, seeing people presenting with general distress, to those with asthma and COPD complications, to those who had been displaced."

Keen to explore how she could mix her environmental and medical interests, Anna attended the 2019 Doctors for the Environment Australia conference, where she and other local practitioners decided to form the local Climate Resilience Network as part of their commitment to the national body.

Anna describes the group as a wide-ranging collection of environmentally conscious professionals with an interest in the psychological impacts of climate disruption, and investigating possible solutions.

> **"GPs are an amazing asset to have on the ground because we're here, and we know who is vulnerable."**
>
> **Dr Anna Seth**

With that in mind, Anna and fellow Climate Resilience Network members Dr Kate Bendall, Dr Jessica Kneebone and Dr Clare Smith sought out Primary Health Tasmania as summer approached.

They wanted to explore practical ways to help local health professionals get on the front foot when it came to anticipating environmental disasters and, ideally, mitigating their impact on the Tasmanian population and health system.

"We thought perhaps we could adapt Tasmanian HealthPathways to this cause," Anna says. "Because the Pathways are local, we can have our input into them, and there's a reciprocal relationship."

The collaboration — drawing in the Climate Resilience Network GPs under the leadership of GP clinical editor Sue Shearman — led to the creation of two new Tasmanian HealthPathways to help local general practices prepare and manage a disaster situation.

Published in early 2020 and drawing from existing resources created by mainland clinicians, the Pathways contain dedicated information about how to plan for an emergency situation (for example, how to prepare a disaster toolkit, practical advice for keeping communication lines open), succinct contact lists for the various emergency-related agencies, and much more.

As Anna explains, it was all about making it as easy as possible for time-poor GPs to get useful, accurate information that's tailored for the Tasmanian context.

"Anything that saves precious minutes in a consultation is good," she says.

"(Tasmanian HealthPathways) is easy, quick to access and localised."

The newly created Pathways for general practice complement pre-existing Pathways to support patient care after a natural disaster, as well as symptoms and treatment for heat-related illnesses.

Dr Anna Seth

But Anna stresses it's important to consider and look out for long-running impacts on people's health, even after the daily headline count about a disaster has whittled back down to zero.

"There's evidence to suggest in terms of the scale of the impact of a natural disaster, it's the mental health impacts that are the greatest," she says.

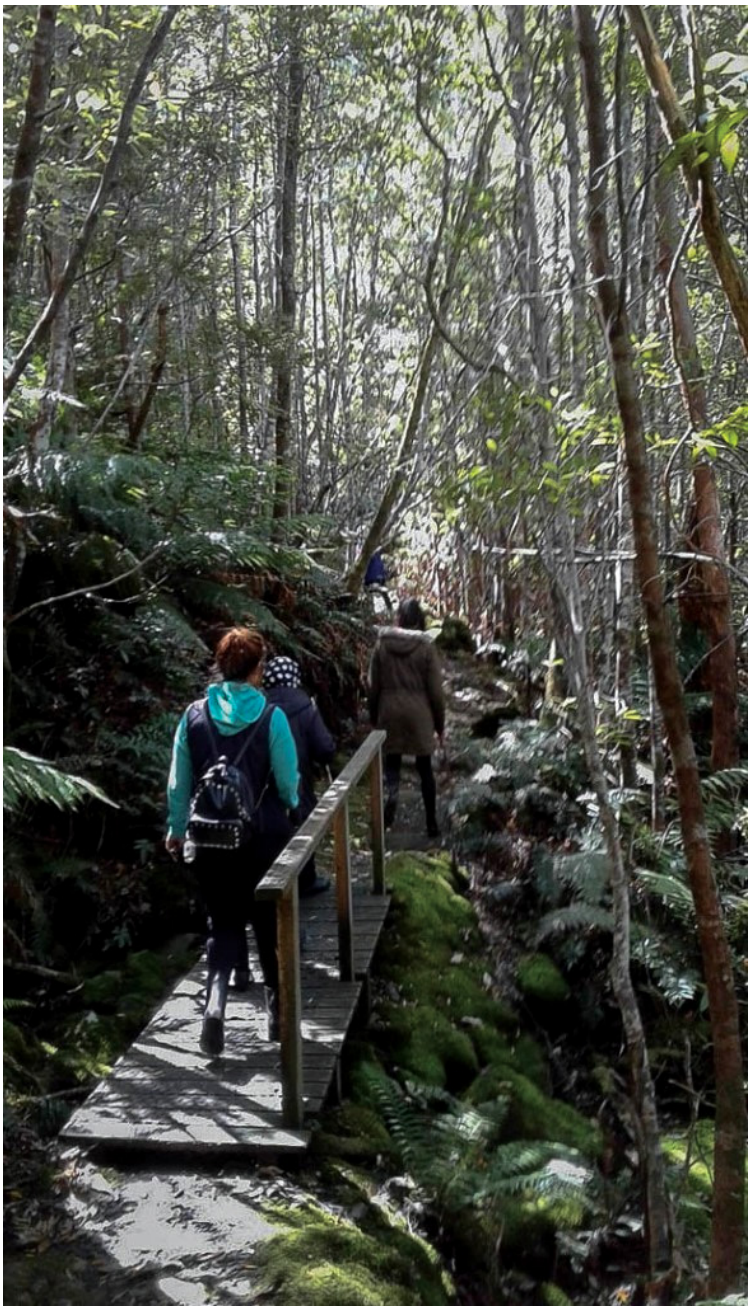
"So GPs are an amazing asset to have on the ground because we're here, and we know who is vulnerable."

Similarly, Anna says reading or watching news reports about natural disasters happening on the Australian mainland, or even other parts of the world, may still take a toll on a Tasmanian's wellbeing.

"I think that's something we need to be prepared to see, even if we're not working in a directly bushfire-affected area," she says, especially recommending the Australian Psychological Society's resources aimed at preparing children.

"GPs are there for the long haul, and in the nitty gritty of all that, for years to come." ■

Want to know more? Go to tasmania.communityhealthpathways.org



Bringing self-care to a community-minded culture

OPEN the Wellways to Health workbook, and you'll see a series of circles with one word stamped in the centre.

"ME."

Two capital letters, framed by a golden button, announcing themselves to the world.

It's a foundational graphic used to kick off the program and is designed to get participants thinking about what things contribute to their mental heatlh and wellbeing on a day-to-day level.

But it's also a fairly unfamiliar concept for someone who hasn't been raised in a Western society and, as such, doesn't necessarily approach these themes from an individualistic point of view.

That was the challenge for Maike Schacht, low intensity mental health program worker at Wellways Tasmania, when she was tasked with guiding a group of women from Hobart's Afghani community through the Wellways to Health program.

The pairing came about after Maike, keen to find gaps that could be filled with the program, reached out through her connections at CatholicCare Tasmania to try to find prospective participants from culturally and linguistically diverse communities.

Maike says the program, which is based on the Optimal Health Program developed by St Vincent's Hospital in Melbourne, gets participants to reflect on their own wellbeing, learn to recognise early warning signs of stress, and develop strategies to help them self-manage their mental health.

"It's not a clinical approach, but it is evidence based," she explains. "The underpinning framework is based on strength-based practice and a recovery focus.

"What works about working with a group with this program, is that it's also about building connections with each other, and the validation and normalisation that happens when people go through it together."

What is the Wellways to Health program?

As one of Primary Health Tasmania's two commissioned providers of mental health and wellbeing services, Wellways Australia delivers the Wellways to Health program across the state.

It's available to groups and individuals aged 18 years and over and aims to assist participants in improving their wellbeing by building on their strengths and values.

The program is delivered in small groups of between six to 10 people and consists of eight modules, explored across several weeks.

By linking in with CatholicCare Tasmania, Maike was able to connect with members of Hobart's Afghani community who had been part of the organisation's program for supporting newly arrived migrants.

Being able to engage with a non-clinical, group-based service was a key enticement for the women, Maike says.

"For this particular group, they were looking to learn more about health and wellbeing, particularly because there were high episodes of stress and anxiety they were experiencing. But because of their cultural needs and their way of doing things as a collective, it meant they weren't necessarily engaging with clinical services," she says.

"For them, it was important that they could do a health and wellbeing program that was suited to their needs."

Maike says the group of eight women knew each other before they started the Wellways to Health program but got closer as the course progressed.

"By the end, they were all a lot more connected, and what they were sharing in the sessions increased week by week," she says.

"They were really opening up and were 100 per cent engaged.

"And as the weeks went on, there was a lot more laughter."

But it wasn't always easy. Maike had to contend with multiple language barriers, given the group spoke four different dialects and required the assistance of a Farsi interpreter (who occasionally required their assistance, too).

The typical screening and data tools, even when translated correctly, also weren't always a natural fit for a non-Western cultural perspective.

"At one point I asked an attendee, 'how do you practise self-care?' and was told that, in her culture, one focuses on tending to the household and caring for her children, and that everything else is up to God," Maike says.

It became a challenge for Maike: how do you 'translate' the course concepts to fit the needs of the group, despite their unique cultural values and attitudes?

The answer she came up with was broadening her psychoeducational tool kit to include more creative processes, bringing program content to life with things like symbols, visual representations, and even serviette art.

Maike Schacht

"All of them had very strong backgrounds and skills in creative areas, but didn't necessarily know what each other could do," Maike recalls.

"So we had these discussions around the question — is there a way you can support each other through this creativity? And then they did go on to set up a group, that I suppose we'd call a 'craft group' but was more about sharing skills."

The women also took to the program's sleep-tracking log with gusto, reporting back that they found it highly beneficial to collect and consider concrete evidence of their night-time patterns.

As Maike explains, focusing on the tangible information collected in the log — hours of rest, namely — acted as a stepping stone for group discussions about their overall wellbeing and, in turn, solutions and self-care.

In the case of the "ME" diagram, Maike says she had to dust off her whiteboard marker and find a new way of visually representing the concept of individual needs, in a way that made sense to the women and gelled with their communitarian and spiritual views.

And her willingness to mold the course content to fit the group's unique perspective paid off.

At the end of the program, the women were able to tick off the collective goal of spending more time out and about in the Tasmanian environment, and enjoying nature.

"What they wanted as a collective was to be able to access areas of nature they could go to and de-stress," Maike says.

"But also a couple of the women had never been in a forest before, and were just really wanting to be in nature.

> **"As the weeks went on, there was a lot more laughter."**
>
> **Maike Schacht**

"We worked on setting goals that would help them achieve that, and through that, were able to organise for them to go on an excursion to a location on Mount Wellington (kunanyi) together."

It sounds simple: a walk in the woods.

But for a group who had never even heard the term 'self-care', it was a big step towards practising it.

Taking care of 'ME'.

But doing it together. ■

Want to know more? Go to bit.ly/2Ug41DJ

Left: Sandy Bay Clinic colleagues, Dr Robin Dubow and Dr Christine Cheong

Two GPs, two different points of the professional journey

IF you've been down to the Sandy Bay Clinic in Hobart, you may have met Dr Christine Cheong — a GP registrar and self-confessed Lego collector — and Dr Robin Dubow, who has worked in far-flung locations such as Papua New Guinea, Cambodia, Antarctica, and the Czech Republic. Two different clinicians, and two very different careers so far. But what lessons do they have to share, from one end of the professional journey to the other?

Robin: So, Christine — why did you want to be a GP?

Christine: When I was a student I had placements in general practices, and I liked the pace of the consults and something new to me at the time.

I like the general approach to everything, compared to the specialised departments in hospital where you are just looking at the brain alone, or the heart alone, and not caring about the patient as a whole. That's the part I like about being a GP. You manage the patient as a whole person. What about you?

Robin: That's true. It can be very varied. You get to see everything, and you know a little bit about everything.

Christine: What do you think is the best part of the job, and what's the most challenging part?

Robin: I think the best part of the job is that we get to see patients throughout their whole illness, and in fact, throughout their whole life, if we're lucky. We don't just see them for one episode, so we have knowledge about the patient, their previous illnesses, their families, their problems, their worries: everything. So, you get to know the patient. The most challenging thing is keeping up to date, and having the background and the knowledge to be able to handle whatever walks through the door.

What piece of advice would you give to a student who is thinking about doing medicine?

Christine: Well, when I was a student, I wasn't sure about which way to go forward, for a long time. So I would say, don't rush into things — this is what you're going to do for the rest of your career. Often, it's not an issue to just spend a few years working in a hospital as a resident, and just get a feel of all the departments. I did that, and I feel that it really helped me decide what I actually wanted and I found my calling in general practice. What about you?

Robin: It's a difficult career path, to become a GP. It's a difficult profession. It requires a lot of your energy, and you often go home at the end of the day feeling exhausted. So, if you're looking for something easy, don't become a GP.

Now you've been working with us for a little while, is there any advice you could give to us, looking at the situation with fresh eyes — any things we could do better?

Christine: Everything is pretty much new to me, but I would say probably keeping up to date with all the knowledge, is the main key. There's all these guidelines that come through and it's always updating, all the time. It's always hard to find where resources are, and I find that in a way, some older clinicians — not pointing to anyone! — they tend to stick to their ways or their guidelines that might not be up to date. In a way, everyone can practise however they want to, but then sometimes it might be worthwhile checking the guidelines every now and then. Otherwise, (senior physicians) are a wealth of knowledge that I would like to draw from and learn from, because as a new GP trainee, there's still a lot more for me to learn.

Robin: Medicine is changing a lot quicker now, than it ever has. New medications, new techniques, new procedures are coming along. When I first graduated, medicine was pretty stable — progress was slow. So keeping up now is a real challenge. I hope that if you see something that some of the older of us are doing, and you think there's something wrong, or something could be done better, I hope you speak up and tell us.

Christine: Robin, I hear that you're retiring in May. How do you feel about that?

Robin: It will be sad. I'll be retiring from full-time general practice, but I'll be back from time to time. I'll be doing locum work and keeping up to date, and keeping registered, so you may well see me around some more. ■

Get to know: Alison Salisbury

BORN and bred in Tasmania's south, Alison Salisbury is a nurse educator and recipient of SANE Australia's Hocking Community Award for 2019-20 — a research grant designed to support projects exploring the needs of people caring for others living with a complex mental health issue.

Alison's project will compare the lived experiences of carers in Tasmania, the UK and Italy, and explore how each jurisdiction's distinct models of mental health and carer support services affect those involved. She will also draw on her own experience of caring for her son, who died by suicide, aged 19.

What does it mean to be a 'mental health carer'?

An unpaid mental health carer is a family member or friend who provides ongoing psychosocial, emotional, physical, financial, behaviour support for a loved one with complex mental health issues.

I didn't realise I was a mental health carer until after my son died. I think that's part of the issue for a lot of mental health carers, particularly if they're in a parenting role — they just assume it's actually in-built, and this is just what you do when you have a child, no matter what the age.

Many people I've surveyed say they didn't realise they were a carer until someone else told them, or in retrospect they realised they were. I think that's different from other forms of caring. When it's a physical form of caring, like when someone has an overt disability or is overtly aged, that's very obvious to everyone and there's a very defined set of reasons why someone needs to be cared for. But the problem with mental health is, often the needs are very variable, and it depends on how well their mental illness is controlled and how functional they are on a day-to-day basis.

The measure of how much care someone needs is essentially about how functional that person is — so that determines the level of the caring role. So, it's not visible, it's very variable, and people are often incorporating it into a family responsibility.

In your experience, do people understand what it means for someone to be a mental health carer?

It really is just not well understood, or well accepted. It's interesting, because since my son died and when he was unwell, mothers my age who may have children with mental health issues would come to me as a resource person, as much as anything. But there's a huge amount of stigma and isolation. You can talk about your child with cancer, and you can talk about your cancer experiences but you can't talk about your mental health experiences.

People just cannot relate, until they've had a suicidal family member or next of kin. Mental illness is in a league of its own.

On that idea of caring for someone with a mental health condition, as opposed to an overtly physical one — to what extent does that mean mental health carers are in a state of constant assessment and hypervigilance, because they're looking for 'signs' to read their loved one's state?

You are constantly vigilant for how that person is reacting and responding. But it is so difficult, because you also don't want to disrespect their autonomy, and you don't want to disempower them. But, at the same time, as a carer, it's the most disempowering experience, because when you are trying to explain what you're worried about to a health provider about the one you're caring for, the behaviours can be subtle.

As part of your SANE Australia research project, you're doing a survey that asks carers about their experience of supporting a loved one with a complex mental illness. What are some of the things you've learned already, from the responses?

The project centres on carer stress, fatigue, and burn out. The reason I focused on that is because the reality is, the more fatigued and burnt out you are, the less you can continue in your caring role, and the less you can advocate for your loved one. So, what's coming through in the survey, is that a lot of people are physically and mentally in pretty dire straits. The lucky ones have lots of informal support, and are okay financially, but many of them don't have any super.

A lot are heading towards retirement age with 30-year-old, 40-year-old children they're still supporting, and are saying they won't be able to travel, because we don't have any income and can't leave our loved one. The level of need, to be around, can be a physical presence but is often a phone call, and just being hypervigilant and having to respond immediately. A lot are looking after grandchildren because of their unstable children. A lot of them have also never been able to fulfil their careers.

They've had to work part-time, or retire early, and take on more menial jobs, to work around their long-term caring role.

Basically, they feel disempowered and as though their concerns aren't heard — they don't feel like they have a voice, and there is a real sense of loneliness, on a day-to-day basis.

What do the survey respondents seem to be telling you, in terms of what they need to avoid burn out, fatigue and stress?

It varies a lot. Some of them will give very concrete answers about money and funding, and others will say they just want to be listened to, and respected. There's a really wide range of things that people would like, including access to counselling, peer support for carers, support groups respite, and practical support around the house, such as gardening and home maintenance. ■

Want to know more? Go to mhfamiliesfriendstas.org.au and carerstas.org

Note: Alison is undertaking her Hocking Community Award work in a personal capacity, and not as a representative of the Tasmanian Health Service.

The Triangle of Care model

One of the models of care Alison's SANE Australia project will explore is the Triangle of Care — popular in the UK and described as a therapeutic alliance between the consumer, their health professional and their carer. Like the name suggests, the model prioritises the role of the carer as integral and equal to that of their loved one and those entrusted with their clinical care.

The Triangle of Care model is based on six key standards:

- Carers and the essential role they play are identified at first contact or as soon as possible thereafter.
- Staff are 'carer aware' and trained in carer engagement strategies.
- Policy and practice protocols regarding confidentiality and sharing information, are in place.
- Defined post(s) responsible for carers are in place.
- A carer introduction to the service and staff is available, with a relevant range of information across the care pathway.
- A range of carer support services is available.

Source: The Triangle of Care — Carers Included: A Guide to Best Practice In Mental Health Care in England, 2nd Edition

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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