

primary health matters

TASMANIA'S PRIMARY HEALTH MAGAZINE



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Getting sober with the right support
Working together to prevent suicide
Tasmania's palliative care future

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Cover image: Philip Burrows

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Primary Health Tasmania ABN 47 082 572 629

From the CEO

WHEN we talk about substance dependence and abuse, the phrase "slippery slope" often crops up.



It's the idea that one glass of red after dinner can become two, then three, and eventually snowball into a chronic, compulsive disorder.

While there's certainly something to be said for investigating how these downward spirals unfold, it's also worth considering the slippery slope in reverse: the hard-fought journey back up.

As we find out in this edition of *Primary Health Matters*, severing the bonds of an entrenched addiction can be a years-long process, and one that rarely follows a linear upward trajectory.

Someone may understand the root of their dependence and have practical ideas about how to address it. They may have even gotten sober for a time, before lapsing back into old habits.

But the single factor that, according to these case studies, helps them make a permanent, tangible change to their health is having someone in their corner they value and respect.

Put simply: you can't go it alone.

In this respect, it's crucial to have people working in the local alcohol and other drug sector who are knowledgeable, uncritical and sensitive to the individual's cultural background.

We had the latter in mind when we commissioned the Drug Education Network (DEN) to build the capacity of the drug and alcohol treatment sector to provide safe and appropriate care to Aboriginal and Torres Strait Islander people.

The role of the wider community in supporting someone struggling to kick an addiction also shines through in this issue, as we explore the Tobacco Free Communities pilot happening in Glamorgan Spring Bay.

The pilot project encourages people to quit smoking with real-world incentives that help to reward behavioural change for good.

It's an admirably pragmatic, collaborative idea that is bolstering community ties and yielding real health results in the process.

Because substance abuse is never really about the substance itself – whether it's drained out caskets of wine, or an ever-present packet of cigarettes. It's about the individual, and how they choose to take ownership of their health and wellbeing.

They may have tumbled down the slippery slope, and they might have tried and failed to climb back up.

But with the right support, they can make it, one step at a time.

Phil Edmondson
CEO
Primary Health Tasmania



Hannah with headspace Hobart's community health educator Shelagh Curtain

Heard, not judged: Hannah's story

HEADING into Year 9 in 2013, Hannah* wasn't happy. Two years before, she'd moved back to Hobart from Ulverstone to live with her mother.

But the change took a toll.

"Following the move, I was finding life very difficult," the now 20-year-old says.

"I felt like I had been replaced in my old friendship group.

"I felt isolated."

But Hannah's life changed when headspace Hobart's community health educator visited her sport class to talk about services available to help young people manage their mental health.

Hannah specifically remembers being told about eheadspace – a confidential, free and secure space where young people aged 12 – 25 can chat by email or phone with a qualified youth mental health professional.

It's designed to be a judgment-free zone young people can go to talk about the challenges in their lives.

"I accessed eheadspace until I got used to being back at home," Hannah says.

The following year, around Christmas, Hannah's life changed again: she found out she was pregnant.

She began to feel "isolated and overwhelmed", so once again, reached out to headspace for help.

This meant a youth engagement worker at the Hobart office was able to refer her to a clinical psychologist on site - one who has been instrumental in helping Hannah take control of her mental health.

With their support, Hannah decided to join the Youth Reference Group to work with other young headspace clients and people passionate about youth mental health to promote events, present in schools and provide input into how the centre runs.

Members of the group even take part on staff interview panels and attend planning days.

In 2017, Hannah's long and fruitful association with headspace developed further when she took up the opportunity to be part of a new program to support young people into work.

It's called the Individual Placement and Support Program (IPS) and is funded by the Australian Government. The program is being trialled at 14 headspace sites across the country and has already helped scores of young jobseekers find work and training.

For Hannah, the program provided invaluable support with things like refining her résumé and practical advice about how best to approach potential employers.

"I have heard stories about the work the IPS team have done with other young people who have not been as confident as I was – young people who just need to feel that someone is on their side, supporting them," she says.

These days, Hannah is working in retail and studying with the University of Tasmania. She's enjoying her new employment and has even donated clothes to headspace so other young clients who can't afford clothes for job interviews can use them.

"Young people just need to feel that someone is on their side, supporting them."

Hannah*

She's come a long way since that Year 9 sport class, and she knows with the right help, other young people can too.

"Hopefully, I can encourage other young people to get help before things get really bad for them."

headspace is supported by Primary Health Tasmania under the Australian Government's PHN program. ■

**Surname withheld for privacy reasons.*

Want to know more? Go to <https://bit.ly/2Q32pbD> or contact headspace Hobart on 6231 2927



“Where I am now, I’m much more in control of what I’m doing.”

Philip Burrows

Sobering up with the right support

WHEN he was a young man, Philip Burrows opened the front door of his North Melbourne flat and got an unexpected glimpse of the future.

“There was an alcoholic at the door with a bottle in his hand in a brown paper bag, just staggering all over the place,” he remembers.

The drunken man had mistaken Philip’s unit for a similar-looking neighbourhood shelter, which was about 400 metres up the road.

“It took me an hour to get him up there. Every step we took, he’d step backwards or fall over,” he says.

“That to me was an alcoholic.”

Decades later, Philip found himself consulting Google for a proper definition of the word after empty wine bottles started mounting up in his St Helens home.

"The guidance I got off the internet was that if you can't go from one day to another without a drink, you're an alcoholic. Simple as that," he says.

Until then, the self-confessed "heavy drinker" never really thought of himself as an alcoholic – that title, he'd figured, was preserved for the likes of his unannounced caller all those years before.

The 67-year-old came to Australia from England as a teenager under the Big Brother Movement youth migration scheme and trained as a metal worker in Sydney before moving to Victoria.

"Growing up, drinking was just an intrinsic part of my life," he says.

"It was quite normal in the 70s to finish work at half past four and go up to the pub, have a few beers with your workmates and a game of pool."

His drinking continued when he retired, bookending a résumé that included jeweller, disc jockey and owner of a Wangaratta convenience store.

Eventually, he found himself filling his glass just to fill up the days.

"When you're home all day, you can start drinking earlier," he says. "That was me – I could have a drink at nine o'clock in the morning."

Over time, the habit became so entrenched that Philip was putting away 42 standard drinks a day.

"It just built up to the point where I did it unconsciously," he explains. "Now, of course, I realise that alcohol is not only a poison, it's a drug."

One person was critical to helping Philip realise this simple, yet difficult truth: Anglicare's Kat Bester.

He first met the community services social worker in 2016 after a blood test result caught the eye of his GP, who referred him to the Anglicare Drug and Alcohol Treatment Service (ADATS).

The service employs allied health professionals to provide tailored treatment and support to people trying to live free from substance dependence.

Reducing the risk of harmful drinking over a lifetime

- Drinking no more than two standard drinks on any day reduces risk of harm from alcohol-related disease or injury over a lifetime
- Drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion
- Factors such as gender, age, mental health, drug use, and existing medical conditions can change how alcohol affects someone
- Drink serving sizes are often more than one standard drink (10 grams of pure alcohol)
- For children and young people under 18 years of age, not drinking alcohol is the safest option
- Maternal alcohol consumption can harm the developing fetus or breastfeeding baby.

Source: National Health and Medical Research Council's *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*

It's funded through Primary Health Tasmania under the Australian Government's PHN program, and clients in the Break O'Day region can access the service for free, without needing a referral.

When they met, Philip says Kat was open to continuing a process of recording his drinking in a detailed spreadsheet that made it easy for him to chart "windows of drinking" throughout the day.

The premise was simple: break the day into brackets of time, and try to steadily eliminate drinking in those time periods.

The tables came to also include ways to measure mood, calorie intake, number of bottles and cost.

Notably, Philip had used the record-keeping method before but it wasn't until he had someone to share the results with that he really started making progress.

With Kat's help, he also filled in a ledger called My Drinking Reduction Journey that, earlier this year, reflected Philip's achievement of bringing his daily drinks down to zero.

"We did that by knocking out one window at a time, and it worked," he says.

"Where I am now, I'm much more in control of what I'm doing."

While the ingenious spreadsheets provided a practical measure of his progress, Philip says Kat's knowledge and support were critical to keeping him on track.

"I couldn't have done it without her," he says.

According to Kat, the feeling is mutual.

"It's really special to me that I can hear these stories and then find some different strategies to help people through," she says.

"You do need to have a lot of knowledge and skills to do this work, but one of the simplest things that we can do for people is to actually sit and listen.

"For a lot of people, they don't have anybody they can share their stories with without being judged."



“I became more aware in the moment that I was making a choice, and I could do this or not do this.”

Iluwka

“Back then, I would’ve been paranoid,” she says of the time. “But something about Kat made me feel comfortable and safe.”

Together, they took stock of Iluwka’s habits: smoking cigarettes and knocking back about a dozen drinks a day, usually in the form of whisky and Coke.

Kat – who says she’s “so proud” of both Iluwka and Philip’s determined efforts – gave her practical tools like a laminated card listing grounding techniques, and explained the chemical nature of addiction in a way that was easy to understand.

And, much like to Philip, Iluwka says Kat became someone worth sobering up for.

“I had someone there who cared,” she says. “I became more aware in the moment that I was making a choice, and I could do this or not do this.”

Iluwka says it’s a huge help the service is free given that, at one point, she couldn’t afford to keep making visits to a Hobart-based psychiatrist when she was living on the land.

These days, she is medicated for her mental health condition and completely abstains from alcohol and tobacco.

There are still things she needs to sort out, like finding a new home to reunite her “scattered” animals.

She’s even got a new addition – a spring-loaded pup called Biddy.

Iluwka says she’s a challenge to control at times.

But nothing she can’t handle. ■

**Surname withheld for privacy reasons.*

Want to know more?
Go to <https://bit.ly/2O4HbNo>

“I LOVE animals,” Iluwka* says, sipping tea from a mug stamped with a picture of her dogs. “I love nature.”

These long-standing passions were in part behind her decision to buy a rural property near Swansea in the mid-1980s and home animals she had rescued over the years.

At first, things went well. Then, the rain stopped.

“It was absolutely horrific,” she says. “It didn’t rain for seven years.”

The longer the drought persisted, the harder it got for Iluwka to provide for her animals and before long, she was going without too.

The stress of the situation intensified to the point where she became clinically

depressed, with a psychiatrist later diagnosing her with bipolar disorder.

Looking back, she says drinking became a method of “deadening” the manic highs that would follow her depressive lulls alone on the land.

“I was drinking pretty much every day. I just couldn’t keep any order – everything was difficult,” she says.

“It must have just taken the edge off. But I was starting to spend so much money (and) I needed to buy food for the animals.”

While her memory of that time is incomplete, Iluwka remembers finding out about Anglicare’s ADATS program and meeting Kat after she left the Swansea property and came back to St Helens.

Primary Health Tasmania's work for alcohol and other drug services

ALMOST one in five Tasmanian adults drink alcohol at a rate that can lead to long-term health risk, and about 15 per cent have used an illicit drug such as cannabis, ecstasy, ice or cocaine.

Primary Health Tasmania has commissioned six organisations to deliver alcohol and other drug treatment services and projects across Tasmania, including services specifically designed to benefit Aboriginal and Torres Strait Islander peoples.

They are:

- Anglicare Tasmania
- The Salvation Army
- Youth, Family and Community Connections (YFCC)
- Holyoake
- South East Tasmanian Aboriginal Corporation (SETAC)
- Drug Education Network (DEN).

Anglicare Tasmania, YFCC and SETAC have been commissioned to provide services focused on early intervention, counselling, case management, and preventing relapse.

The Salvation Army runs a program for men and women requiring comprehensive intervention for alcohol and other drug use, while Holyoake offers support for young carers as well as adults seeking help for substance abuse.

Meanwhile, DEN's role is to coordinate and promote statewide education and training to the drug and alcohol treatment sector on safe and appropriate care for Aboriginal and Torres Strait Islander people.

In this, DEN works with the Tasmanian Aboriginal Centre, in its capacity as a registered training organisation, to deliver elements of the industry-endorsed training programs (read more about it on page 8).

"Our logic with this funding from the Australian Government was to build the capacity of Tasmania's relatively small drug and alcohol treatment sector and give providers themselves the chance to strengthen their skills with local training," Primary Health Tasmania's Mark Broxton says.

"Overall our goal for these funded services is to contribute to building a more integrated, sustainable system to support people who wish to take early steps to avoid alcohol and drugs impacting their life through to those struggling to regain control of their lives after developing a substance dependence."

"It's no secret that substance dependence can take a variety of forms, and so it's critical that Tasmanians have access to a full range of services – from early intervention, when the warning signs start to show, to more specialised treatment aimed at preventing a relapse." ■

Want to know more? Go to <https://services.primaryhealthtas.com.au>

Working towards a statewide alcohol and other drugs service framework

EVERY year, it's estimated up to 6,500 Tasmanians receive treatment for alcohol and other drug (AOD) issues.

While research suggests these treatment services meet expectations, it also points to a broader sector that can be confusing and disjointed for the people seeking help.

So how do we make it easier for them to get the support they need?

Primary Health Tasmania has teamed up with government, private and community representatives to develop a framework to guide the planning, funding and delivery of alcohol and other drug services in Tasmania.

The Reform Agenda for Alcohol and Drug Services in Tasmania will ensure all Tasmanians struggling with substance issues can access the support they need in a timely, seamless way.

To do this, some of the main challenges present in the Tasmanian AOD system will need to be tackled: things like a lack of consistent information about how to access services, better integration between them, and sometimes restrictive eligibility criteria.

"As it currently stands, Tasmania's AOD service system is complex and fragmented," Primary Health Tasmania's Grant Akesson says.

"There's no doubt the coal face workers are passionate about helping those struggling with substance use, but the system itself needs to evolve to ensure its complexity isn't deterring those who need the help in the first place."

Some of the reform agenda's key objectives will be to encourage closer bonds between a range of treatment and support providers, better integrate public and private services, and reduce unnecessary duplication.

"It's really just about making things more collaborative across the board and, in doing, easier for the person who is seeking help and their family" Grant says.

A consultation draft of the reform agenda was released in September, with feedback now being reviewed.

When completed, the reform agenda will assist the Tasmanian Department of Health, the Tasmanian Health Service and Primary Health Tasmania in the commissioning, funding and delivery of AOD services in the future. ■

Want to know more? Contact Grant Akesson on 6213 8200 or gakesson@primaryhealthtas.com.au

Training Tasmania's future Aboriginal health workers

LEARNA Langworthy loves living in Cygnet, a small hamlet nestled in the Huon Valley's apple, cherry and berry district.

But the 31-year-old isn't blind to her hometown's shortcomings.

"It's a small community, and at one stage we had three pubs," she says.

"We have three bottle shops now, two pubs, an RSL ... the golf club is licensed, the tennis club is licensed.

"It doesn't matter what you're doing, alcohol is available."

Tackling alcohol and other drug dependence in her local community is a cause she and her South East Tasmanian Aboriginal Corporation (SETAC) colleagues are devoted to.

As part of her role as an Aboriginal alcohol and other drugs worker, Learna has been completing a Certificate IV in Alcohol and Other Drugs through a statewide training program supported by Primary Health Tasmania.

The Drug Education Network (DEN) collaborates closely with the Tasmanian Aboriginal Centre to deliver the training – known as the *wungana makuminya* (meaning creating or changing a path) program – across Tasmania.

Unveiled in September 2017, the program aims to build the capacity of the local drug and alcohol treatment sector to provide safe and appropriate care to Aboriginal and Torres Strait Islander people.

The training push has helped Learna broaden her professional skill set and carve out a new career path with SETAC after starting out as a disability support worker.

Now, she works in a team made up of SETAC staff, Holyoake and Anglicare counsellors and representatives from the Cygnet Family Practice.

"I'm very passionate about my work, and I love to assist people to achieve their goals," Learna says.

So far, she says learning about counselling techniques such as motivational interviewing has helped her refine her understanding of how to empower people struggling with substance dependence.

"At the end of the day, it's about helping them give themselves the answers," she explains.

She's also relished the opportunity to find out more about brief interventions and the relationship between mental health and substance use.

Learna says the training, which is made possible through an Australian Government funding package in response to National Ice Taskforce recommendations, also covers topics like when different illicit substances arrived in Tasmania.

Under the training program, enrolment priority is given to Aboriginal people working in the alcohol and drug sector, and people providing services to Aboriginal people.

It's an approach Learna supports.

"If I had the opportunity, I would probably decide to see an Aboriginal person as well, just because they have the knowledge of the culture," she says, highlighting the importance of culturally appropriate spoken and body language.

"I just think it's important to have Aboriginal-specific training to be able to work with clients who are of Aboriginal descent."

Importantly, going to regular training on Country has allowed her to meet with other local workers from a range of organisations who are completing the course.

"I think we all feed off each other – it's gone really, really well," she says.

And as a single parent to two young daughters, Learna also wouldn't be able to undertake equivalent training with her own money or without heading over to Melbourne.

Upskilling local workers like Learna is a critical step to addressing substance misuse in Tasmania's Aboriginal and Torres Strait Islander communities, Primary Health Tasmania's Mark Broxton says.

"This training will help provide a foundation for a sustainable drug and alcohol treatment system into the future," he says.

For Learna, anything that reduces the stigma and judgment of addiction, and encourages people to get help, is welcome.

"When you're in that space, you can feel helpless, guilty and ashamed.

"You're stuck, and you don't know how to get out.

"But it is an achievable goal, and it can be done, with the right help." ■

Want to know more?
Go to <https://bit.ly/2PXOmUG>



"It's important to have Aboriginal-specific training to be able to work with clients who are of Aboriginal descent."

Learna Langworthy



Allyce Cox

How an incentives-driven pilot is helping East Coasters quit smoking

ALLYCE Cox smoked her first cigarette as a teenager but managed to kick the habit after her grandfather, who had emphysema, passed away in 2015.

It wasn't a clean break.

"Friends were having a coffee and a smoke, and I thought, I really want a coffee and a smoke," the 32-year-old Triabunna local says.

"And so then it was just one, and then another one."

She wanted to quit again – this time, for good – but needed help.

She found it during a visit to her local pharmacy, when staff suggested she participate in a new incentives-based pilot project designed to help people give up smoking.

The Tobacco Free Communities pilot project began in the Glamorgan Spring Bay area on 1 May and has so far seen roughly half of participants quit.

Smokers are given shopping vouchers for local businesses if they can prove they haven't smoked by undertaking regular carbon monoxide breath tests.

Successful participants get a voucher a week for the first month, then another at the end of the second and third months.



Emma Shepperd

All up, it amounts to \$310.

"On my third day, I completely stopped having any cigarettes," Allyce, who would typically smoke up to six a day, recalls.

"I wanted to stop, and the vouchers were an added bonus."

Five weeks into the program, Allyce says she has drawn motivation from the pharmacy's enthusiastic and supportive staff.

"I get excited when I go down there because I know I haven't had any cigarettes," she says. "And then they're also excited to see what my reading is going to be."

For their part, managing pharmacist Emma Shepperd says the Triabunna Pharmacy team is relishing the opportunity to engage customers in a program that could change their lives.

"Word of mouth has spread, and even if people aren't ready to quit, they're considering it," she says.

"It's a conversation around town."

She says participants range from lifelong smokers to younger people who may only smoke in social settings.

"Our society is soaked in tobacco."

Marion Hale



Marion Hale (left) and DEN chief executive Shirleyann Varney (right)

University of Tasmania academic Mai Frandsen, who helped get the pilot off the ground, says incentives-based programs of this nature are typically conducted in research settings.

"What's not well tested is whether or not you can plonk the design into a community and see if it works out there," she says.

"This is an Australian first, as far as we know."

Key to the trial is the idea of creating a "social contract with the community" by ensuring people earn vouchers that can be spent at local businesses, Mai says.

"One of the other reasons for using vouchers for community businesses was to take advantage of the notion that people are more likely to quit if they have a quit buddy," she says.

"Once you tell someone you're going to do something, you're more likely to do it."

The project is a partnership between the Drug Education Network (DEN), the University of Tasmania, the Royal Flying Doctor Service (RFDS) and the Cancer Council, and funded by a Healthy Tasmania Community Innovation Grant.

Researchers initially applied for funding to run the pilot across five rural communities but only Glamorgan Spring Bay was green lit – in part due to the considerable community support for the idea, DEN educator Marion Hale says.

She says it was also helpful the RFDS already had a presence in the area with its rural primary health program, supported by Primary Health Tasmania under the Australian Government's PHN program.

"Our society is soaked in tobacco – there's so much benefit to be had in assisting people to quit," Marion says.

"Hopefully we're embedding that idea that tobacco cessation is part of anyone's job if they're working in health." ■

**Want to know more?
Contact the Drug Education
Network on 1300 369 319**

Break O'Day



Geography¹

Spans 3809 square kilometres

Extends along Tasmania's east coast from Eddystone Point, south to Denison River, and west to the eastern portion of the Fingal Valley

Natural attractions include Bay of Fires, Mt Victoria, St Columba Falls

Population²

6104 people - 49.3% female, 50.7% male

Grows to more than 15,000 people in summer months

Median age 54 (state average 42)

People aged 65 and over make up 28.5% of the population (state average 19.4%)

Aboriginal and Torres Strait Islander people make up 3.8% of the population (state average 4.6%)

Health risk factors³

31% of population are obese (state average 24.3%)

97.8% of population don't eat enough vegetables (state average 91%)



Background image courtesy of Pete Harmsen. Inset images courtesy of Tourism Tasmania and Rob Burnett.



Illness and death⁴

47.2% of people aged 18 or older have three of more chronic conditions (state average 21.5%)

91.8% of children are fully immunised by age 5 (state average 92.4%)

Primary health service centres⁵

2 hospitals

4 general practices

2 pharmacies

5 aged care facilities

Primary Health Tasmania supporting Break O'Day

Commissioned services and other activity including:

- diabetes education and support services
- rural primary health services for people with chronic health conditions
- services for Aboriginal people with chronic health conditions
- alcohol and other drug treatment services
- mental health and wellbeing services
- suicide prevention services

Data profiles for every Tasmanian local government area are available at www.primaryhealthtas.com.au. Just search on the full LGA name.

Working with the community as a trial site location for Tasmanian component of national suicide prevention trial (read more on page 14 to 16)

¹ Break O'Day Council Annual Report 2016-17

² ABS 2016 Census, Break O'Day Council Annual Report 2016-17

³ DHHS, Tasmanian Population Health Survey 2016

⁴ DHHS, Epidemiology Unit Data 2017

⁵ As listed publicly in the National Health Services Directory. Doesn't include visiting services



Some of the north west working group members

Working together to prevent suicide

FROM 2007 to 2016, Tasmania averaged six deaths by suicide every month.

Understanding these losses – why they happen, and what local communities can do to prevent them – is the motivation behind the Australian Government’s national suicide prevention trial.

The Tasmanian component of the trial runs until June 2020 and is funded through Primary Health Tasmania across three local sites: Break O’Day, three north west municipalities (Burnie, Central Coast and Devonport) and Launceston.

These communities will specifically focus on men aged 40 to 64, who have the highest rate of suicide in the state, as well as people over 65, of which Tasmania has the highest proportion in the country.

All three sites are using the Black Dog Institute’s LifeSpan suicide prevention model – a community-led approach that encourages health, education, frontline services, business and locals to work together to support people facing a suicide crisis.

“(Suicide) hurts the people very close, but the shock waves can hurt others just as much”

Len Blair

Communities adopting LifeSpan follow nine evidence-based strategies to create a local safety net that, according to scientific modelling, can prevent 21 per cent of suicide deaths and 30 per cent of suicide attempts.

With this in mind, we spoke to Tasmanians who have joined their local suicide prevention trial site’s working group about why they wanted to be involved, the lessons they’ve learned so far, and the value of working together to reduce the incidence of suicide in their communities.

North west (Burnie, Central Coast and Devonport)

LEN Blair knows what it's like to feel suicidal.

The 64-year-old, who came to Tasmania from central New South Wales as a shearer in 1972, suffered serious injuries after a nasty accident just shy of his 50th birthday.

"The accident left me with paralysis in my legs," the Ulverstone local says. "I was very badly depressed – I'm not ashamed to admit that I was suicidal.

"But I joined the Men's Shed, and it saved my life."

Since then, Len has devoted his time and energy to giving back to the Ulverstone community, and when the opportunity arose to join the north west site's working group, he jumped at it.

So far, Len says he's enjoyed hearing insights from the other members of the group, which include representatives from the police, suicide prevention and mental health services and local councils.

"It's a really good mix," he says. "They're quite aware of my past and my life experience and are receptive to my opinions."

Len loves living in Tasmania's north west and understands how suicide and the sudden loss of loved ones can impact residents of tight-knit communities.

"It's like a bomb going off," he says. "It hurts the people very close, but the shock waves can hurt others just as much."

Fellow north west working group member Dr Alison Whishaw became involved in the trial in part to offer up her insights after 12 years working as a GP, plus another 12 as a specialised GP counsellor.

She recommends the Black Dog Institute's Advanced Suicide Prevention Training – made available in Tasmania through the trial – which highlights practical tools and strategies for health professionals managing people at times of high emotional crisis.



Throughout her career, Alison has also seen how those working in medicine can encounter the same difficulties as their patients.

"I've had personal experience of a severe episode of depression lasting almost three years, during which time I was unable to work," the current program manager at New Mornings says.

Alison says she's been heartened by the passion shown by the other members of the working group in their effort to address some of the target population risk factors, such as isolation, unemployment and lack of help-seeking behaviour.

For the north west site's three local government areas, a key concern will also be how to improve the systems that sit behind referrals, treatment and aftercare to make sure vulnerable people don't slip through the cracks.

"Suicide affects everyone in the community, therefore prevention must also involve the whole community," Alison says. "We all have a role to play."

Break O'Day

WENDY French is no stranger to the issue of suicide prevention in the Break O'Day region.

She was enlisted by the local mental health action group in 2016 to train members of the community – known

"It's very grassroots. And really, that's where suicide prevention has to live."

Wendy French

as "community champions" – with the necessary skills to intervene if they noticed someone in need of support or who they felt may be at risk of suicide.

"Because of my knowledge of the local community, I was invited to be part of the working group," she explains.

"I was really keen to see how the trial added to the work that the community was already doing by giving them some sustainable skills."

So far, she says it's been an interesting and, at times, challenging experience working alongside such a diverse group of community members, many of whom have never been actively involved in suicide prevention before.

But the experienced mental health consultant also appreciates that the LifeSpan framework grasps the importance of the whole community, and not just the established experts, taking ownership of the issue.

"It's very grassroots. And really, that's where suicide prevention has to live," she says.



Some of the Launceston working group members

“We need more coordination of what we already have, and I think that’s what we’re really lacking.”

It’s a sentiment echoed by fellow working group member Stephen Jones, who is one of Break O’Day’s trained community champions.

The 69-year-old, who mentored graduate recruits during his corporate career, became interested in suicide prevention after becoming passionate about youth suicide issues when he retired to St Helens.

While the Tasmanian trial focuses on men aged 40-64, as well as men and women over the age of 65, Stephen hopes the evaluation will yield some common strategies that can be applied across a range of demographics.

“Some of the issues we deal with in St Helens aren’t unique,” the local Rotary president says.

“Across all age groups, unemployment is high and, though it’s not as severe as the mainland, we’ve been through a period of very low rainfall.

“So, if we can get our minds around (the impact of) those sorts of issues, and give people channels of communication and support, that could make a real difference.”

In this, Wendy agrees. She says it’s especially important that support for people at risk of suicide is embedded throughout the community as well as through local health services.

As part of the trial, a new cohort of community champions is being trained, including tour operators and post office workers.

“It comes back to that sense the community can do a lot for itself, and they do rally together really well,” Wendy says.

Launceston

KELLI Charles made a deal with herself when she moved to northern Tasmania from Queensland about three years ago: say yes to every opportunity that came her way.

So when the chance arose to be on the Launceston trial site’s working group, the former Lifeline worker signed herself up.

At first, the counsellor and suicide prevention officer at the Migrant Resource Centre Tasmania’s Phoenix Centre says she wasn’t sure her work with people from culturally and linguistically

“It’s really, really nice to be part of something that’s entire purpose is collaboration.”

Kelli Charles

diverse backgrounds who have fled persecution, torture and war would be relevant to the trial’s target populations.

“With our cohort we’re often a little bit gentler when we’re talking about suicide, just because there are some cultural and language sensitivities,” she says.

“And in the trial site we touch on that, because we’re focusing on older people and older men, which is a group who don’t necessarily seek help.

“So, both approaches involve thinking about how we can have those conversations in a subtler way.”

Kelli says many of her clients settle in Launceston’s northern suburbs, which is a focus for the local council and trial site’s suicide prevention efforts.

Finding hope after hitting rock bottom

While living in a smaller community can foster a beneficial sense of belonging and connectivity, she says residents concerned about their privacy may avoid seeking help for fear of being seen.

"People often know everybody and might be wary to go to areas where certain people work, or just be worried it'll find its way back to people," she says.

Kelli's working group peer Barbara Hill, a regional manager with the Australian Red Cross, says social withdrawal and loneliness can be a dangerous combination for people over 65.

"A lot of people tend to think that all older people are in nursing homes, but we're looking at 70 to 80 per cent who stay in their own home," she says.

"And it's often those people who lose their partners, or other family and friends, and become very lonely, isolated and depressed, and think – well, what have I got to live for?"

Unlike Kelli, Barbara had been on several working groups before but never one with a focus on suicide prevention.

She says it took a little while for her to see what she and the Red Cross could bring to the table, but now the trial site's plans are developed, she thinks it's a good fit.

"It's about mobilising the power of humanity," Barbara says, adding she's made new connections within the group with organisations like Anglicare and the Launceston City Council.

Kelli agrees the LifeSpan emphasis on bringing the health and community sectors together rather than pursuing a top-down solution has been an enriching experience.

"It's really, really nice to be part of something that's entire purpose is collaboration," Kelli says.

"Hopefully we can put some things in place that will be a bit of scaffolding, for whatever might happen in the future." ■

Want to know more?
Go to <https://bit.ly/2OT3Uc8>

GAYLENE Webb returned to her home state of Tasmania when her physical health started to decline. But when she got here, the challenges of managing her chronic conditions in rural isolation began to take a toll.

One chronic condition diagnosis has the potential to derail someone's life. Gaylene Webb got five in about as many years.

"I was so sick of being diagnosed with something new every year," she says. "I was willing myself not to be here six months ago."

The Tasmanian-born disability worker had been living in Melbourne when her health started to deteriorate. After her capacity to work diminished, she decided to sell a property in Healesville and buy outright in Maydena, in the Derwent Valley, in 2011 to shore up her long-term finances.

But her initial optimism about access to services to help manage her various conditions – which include type 2 diabetes, osteoarthritis, chronic respiratory disease and bilateral leg lymphedema – vanished upon arrival.

Gaylene says a lack of specialists in the area and the high turnover of local doctors made it hard to get consistent care.

"It was all downhill from there ... I hit rock bottom," the 57-year-old says.

"I couldn't even walk down the aisle of a supermarket."

In early 2018, a conversation with a neighbour changed everything. She'd recently taken up water aerobics with Corumbene Care as part of its rural

primary health program, and Gaylene thought it could be a good way to restore some strength to her legs.

She self-referred to the program – which is wholly supported by funding from Primary Health Tasmania through the Australian Government's PHN Program – thinking she'd just get access to the classes with physiologist Michelle Garland. Instead, she got an array of resources and information.

"In a week they came here, and the following week I had this technology," she says, gesturing to the lunchbox-sized bag containing her telemonitoring equipment.

"It was unbelievable."

Healthcare technology company Tunstall has been subcontracted by Corumbene Care to supply the telemonitoring devices and the IT platform on which the data and files of telemonitored clients are stored.

The client is provided with medical equipment in their home (e.g. ECG, lung monitor, blood pressure monitor) along with an app to download onto their phone or tablet.

This means the client can take their own readings, which are sent via Bluetooth to the app, and these readings are then instantly available to the nurse monitoring team via a secure Integrated Care Platform (ICP).



“In a week they came here, and the following week I had this technology. It was unbelievable.”

Gaylene Webb

Corumbene’s nurses are able to view this data remotely via ICP and respond immediately to any abnormal readings, as well as pass this data onto the client’s GP or other medical professionals who are involved in the client’s coordinated care.

Gaylene demonstrates the process by opening up the pre-loaded app on her Samsung tablet, and complying as an automated female voice chirpily asks her to complete tasks like measuring her blood pressure and glucose levels.

“They’re not replacing doctors, they’re enhancing the care of the people who need it,” she says.

If the recorded results show any “red flags”, she confirms it’s only a matter of time before a Corumbene Care staffer is on the phone following up.

“It is really good, because when you’re having dizzy spells, it could be nothing, it could be serious. You don’t know,” she says.

Chief executive Damien Jacobs says Corumbene Care investigated a variety of different telemonitoring systems in a bid to pick the most user-friendly option.

“This equipment sits in the home and you wouldn’t know it’s there,” he says.

“It’s also portable, which means people can take it with them to an exercise class or on a plane.”

Importantly, he says the equipment is helping clients increase their understanding of their chronic condition.

“It’s a restorative and health literacy focus, in that we’re supporting people to become independent,” he says.

That’s something Gaylene can understand. While she still faces considerable health challenges and relative isolation, she no longer feels trapped in a cycle of despair.

In fact, she’s even started to see some tangible, positive results, such as the reversal of her non-alcoholic liver disease.

“Corumbene has given me hope,” she says

“What they do for people living in remote areas is just absolutely amazing.” ■

Want to know more?
Go to <https://bit.ly/2xN4YXY>

The irony of eReferral attitudes in Tassie's north west

THE staccato whirr of the fax machine – it's a sound synonymous with general practice.

But for some, it's time for the faithful facsimile to be replaced by the new kid on the digital block: eReferrals.

Put simply, eReferrals are electronic letters sent between healthcare professionals via secure means.

In an article published in the *Australian Journal of General Practice*, Dr Chris Hughes and study co-authors Michael Bentley and Penny Allen explored users' experiences and attitudes towards eReferrals.

Importantly, it's a term that can mean different things in different contexts – for the purposes of their study, Chris and his collaborators used it to describe electronic letters sent by secure means, as a functionality offered by a number of secure messaging services.

To get a picture of how local health workers felt about this type of digital communication, they analysed the anonymous survey responses of 204 doctors and allied health staff from Tasmania's north west.

"Somewhat ironically, the key barrier to eReferral use was peers not using eReferrals," the researchers found.

"Most respondents indicated a desire to send and receive more letters electronically. By contrast, most respondents indicated that their current primary mode of communication was paper-based."

In all, the study – which noted the majority of respondents opted to complete the survey via an online



Dr Chris Hughes

link – identified four important themes affecting eReferral uptake.

These were: peer behaviour, software factors, security and workplace culture.

Notably, researchers found some of the concerns raised about eReferrals could just as easily apply to the incumbent fax machine. For example, not knowing if the correspondence had been successfully received at the other end.

Chris says while it's a good thing that health professionals are mindful of the security of sensitive medical information, secure messaging services like eReferrals are arguably the more secure option.

"I think a watershed moment will be the public outpatient clinics mandating eReferrals for communication between clinics and general practitioners," he says.

"This will allow health professionals to try the software, sample the cost and time savings it can provide, and perhaps drive further adoption in their private practice."

Chris, who is based at the Saunders Street Clinic in Wynyard, says the expansion of other digital innovations such as My Health Record could help further support local practitioners' digital habits.

"I think it has great potential," he says of the online summary of a patient's health information.

"Currently each health professional and hospital has their own silo of digital information, only shared when correspondence is sent between practitioners.

"This correspondence should certainly be digitised in the form of eReferrals – but the My Health Record has potential to go further and to become an online interconnected patient information hub."

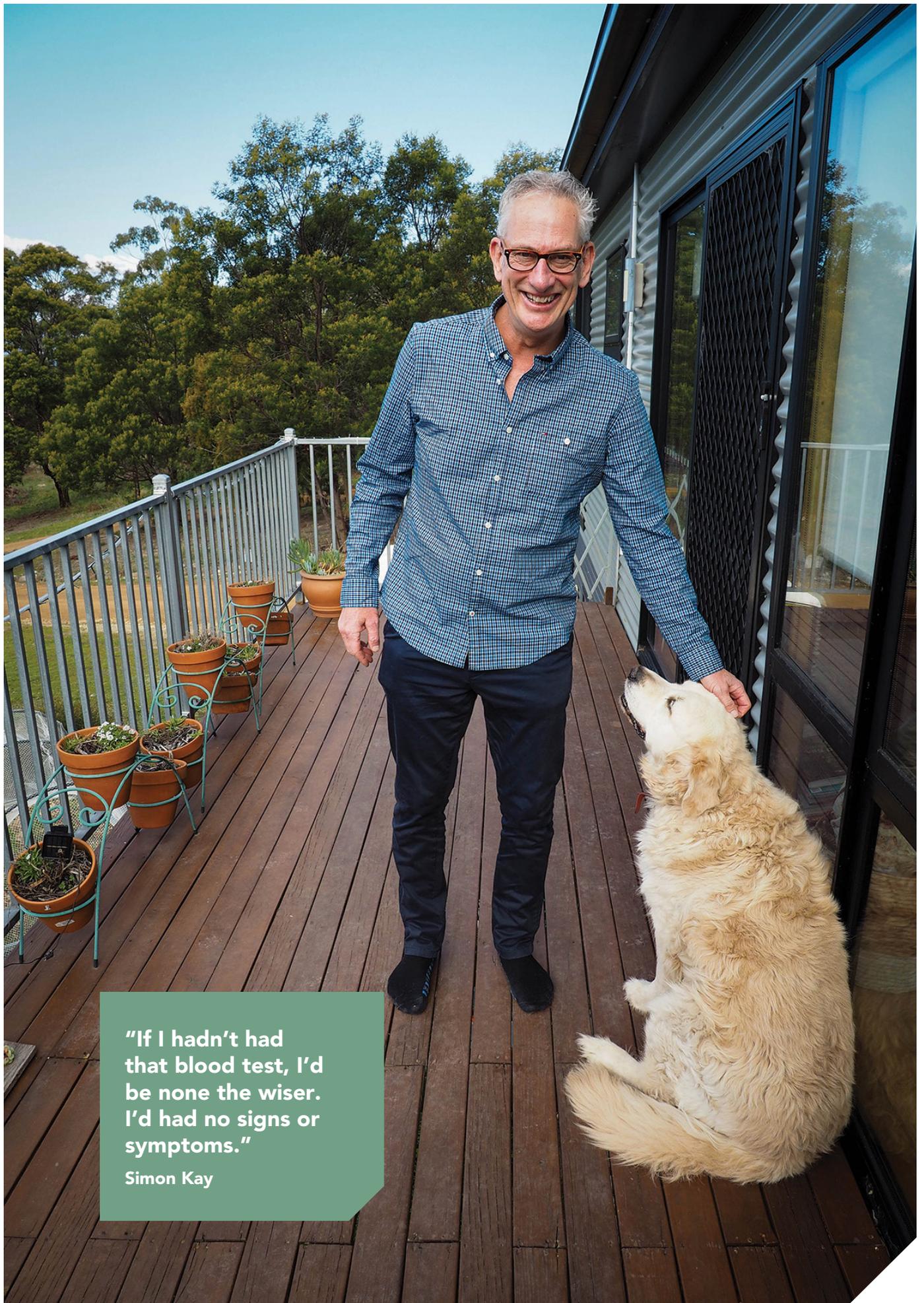
While Chris' study focused on electronic communications themselves, Primary Health Tasmania is currently exploring how an eReferral system may work in the state.

The aim is to develop a powerful, holistic tool that can help all health providers deliver digital referrals in an efficient and streamlined way. Crafting a standard, statewide primary care referral template will be a key ingredient.

"At the moment there are several systems in place across Tasmania, but they're all quite isolated," Primary Health Tasmania's Russell Bowden says.

"If we can move towards integrating them with a statewide eReferral system, the type of streamlined communication the research suggests providers actually crave will be more possible than ever." ■

Want to know more? Contact Russell Bowden on 6213 8200 or rbowden@primaryhealthtas.com.au



"If I hadn't had that blood test, I'd be none the wiser. I'd had no signs or symptoms."

Simon Kay

An age-old condition meets the digital era

AS a young man, Simon Kay liked to donate blood. His father had done it, and with another family member working as a paramedic, it just seemed like a good way to give back.

He kept it up for about a decade but stopped after a diagnosis of supraventricular tachycardia (SVT).

The condition involves episodes where a person's heartbeat speeds up due to disruptions to the heart's electrical impulses.

People with SVT can also experience low levels of ferritin - the protein that helps our bodies store iron - and so when Simon went to a GP appointment, his doctor sent him off for a blood test to check.

The result was unexpected, to say the least. Simon's ferritin levels were high, not low, and after undergoing a few more tests, he was diagnosed with haemochromatosis.

"If I hadn't had that blood test, I'd be none the wiser," the 56-year-old says.

"I'd had no signs or symptoms."

Until then, the only encounter he'd had with haemochromatosis was spotting an old acquaintance in a TV awareness campaign a few years earlier.

People with haemochromatosis absorb too much iron from their food, causing an internal build up that can lead to organ damage.

It's a problem that can't be rectified by changing one's diet.

It's all because of a genetic mutation that originated some 2000 years ago when the Celts and Vikings journeyed through the world, maintaining diets with limited iron content.

Weakness, lethargy, apathy, weight loss, abdominal pain and joint aches – in particular, aches within the joints of the fingers – are just some of the general symptoms of increased levels of stored iron in the body.

But it can be a tricky condition to diagnose, given these warning signs are vague or easily mistaken for other things, like chronic fatigue. And in one's earlier years, they can be non-existent.

Simon's GP, Dr David Knowles from Eastern Shore Doctors at Howrah, says the condition can contribute to serious health complications such as liver impairment, heart disease and diabetes.

"I think it's significantly underdiagnosed," he says, adding the practice would typically see a couple of cases a year.

"You don't get significant symptoms until the iron deposits in the organs as an adult, so it presents a long time after it starts."

But digital resources like the Australian Red Cross Blood Donor Service's High Ferritin App help facilitate treatment by allowing GPs to refer patients for therapeutic venesection, David says.

The mobile and web-based tool also allows doctors to determine the eligibility of patients for the procedure, as well as providing education on other possible causes for an excessive level of ferritin.

What is haemochromatosis?

- Haemochromatosis is a common genetic disorder
- It affects about one in every 200 Australians of European origin
- Symptoms include fatigue, abdominal and joint pain, and usually occur after 40
- If untreated, it can cause iron overload in the body and damage organs.

Source: Haemochromatosis Australia

"It does make the process more efficient," David says of his experience using the app, which replaced paper-based referrals.

"I found that the patient gets contacted very quickly, sometimes on the same day."

David used the app to refer Simon to the local blood bank, where he now donates every two months.

The clinician also finds the hereditary haemochromatosis Tasmanian HealthPathway a useful resource.

The Pathway was consulted by more than 270 other health practitioners between November 2016 and March 2018.

It provides a good source of clear, reputable information about the condition to help a GP map out their patient's journey forward.

"Ferritin is not a perfect test, so this pathway is really useful," David says.

"I think in the end people don't want heaps of clinical stuff - it is about a pathway forward.

"I've made a diagnosis, so how do I make the journey of the patient as simple as possible?" ■

Want to know more? Go to www.haemochromatosis.org.au



“It’s so logically and succinctly laid out.”

Dr Daniel Kulbac

“And it gives me confidence knowing it’s prepared by local clinicians.”

The database, which had its fourth birthday in September this year, is constantly expanding and will soon include Pathways on domestic violence, as well as maternity and gynaecology.

For Daniel, Pathways covering specialised topics within women’s health would be particularly useful.

“I’m a pretty stereotypical male GP, in that my obstetrics knowledge is limited in comparison to my female counterparts,” he says.

About 80 additional Pathways are in the process of being localised for the Tasmanian health system, while Primary Health Tasmania also enlists subject matter experts to review hundreds of existing ones.

While it’s useful to his own day-to-day practice, Daniel is keenly aware of Tasmanian HealthPathways’ potential as a learning tool to help train the next generation of local GPs.

“When I start teaching registrars, the way I’m going to start is to say to them pick a complex medical condition, go to Tasmanian HealthPathways and teach me what they say.” ■

Want to know more? Go to <https://bit.ly/2Eoc0Je>

Pathways to success for digital native doctors

A MAN in his 60s with worsening symptoms of heart failure was sitting in Dr Daniel Kulbac’s office in March last year.

The Lenah Valley-based GP – and self-confessed digital native – had 15 minutes to figure out how to help him, so decided to consult an online database he’d used a few times before.

It’s called Tasmanian HealthPathways and is a web-based information portal developed by Primary Health Tasmania, alongside the Tasmanian Health Service, to help primary care clinicians plan local patient care through primary, community and secondary healthcare systems.

It is designed to empower clinicians with locally agreed information to make the right decisions, together with patients, at the point of care.

There are currently more than 660 live Pathways that cover topics ranging from endocrinology and sexual health, to pain management and preventive care, along with many others.

Daniel says things “clicked” after he searched for the heart failure Pathway and successfully swapped his patient’s medication for one that abated his symptoms.

“There are certain things you do once and then you’re fine to do them every time, like certain skin conditions,” the 33-year-old, who works at Augusta Road Medical Centre, says.

“Heart failure is at the other end of the spectrum – you’ve got a million things you’re juggling, and it’s a specialist-level medical condition that you’re dealing with in general practice in a fifteen-minute consultation block.”

These days, Daniel says it’s become part of his clinical routine to run a quick search through Tasmanian HealthPathways when he encounters a tricky case.

Until then he’d refer to a self-created bank of notes stored on Google Drive, but found these less useful once he became accustomed to seeking detailed information on Tasmanian HealthPathways.

“It’s so logically and succinctly laid out – what tests you need, who to refer to and contacts,” he says.

Pathway facts

- There are currently 665 live Tasmanian HealthPathways
- More than 500 are being assessed by subject matter experts as part of an ongoing review process
- Recent additions include acute bipolar disorder, fever in returned travellers and a recently restructured and updated suicide risk pathway.

Tassie toolkit helping families get healthy

NINETY-EIGHT per cent of parents search the web for information about their child's health, but less than a quarter regard their findings as safe and reliable.

So says a 2015 study by Canadian researchers entitled *Are Parents Getting It Right? A Survey of Parents' Internet Use for Children's Health Care Information*.

Their proposed solution was simple.

"Healthcare providers should begin to focus on improving access to safe, accurate, and reliable information through various modalities including education, designing for multiplatform, and better search engine optimisation."

It's a message taken on board by a project happening half a world away: Tasmania's Healthy Kids Toolkit.

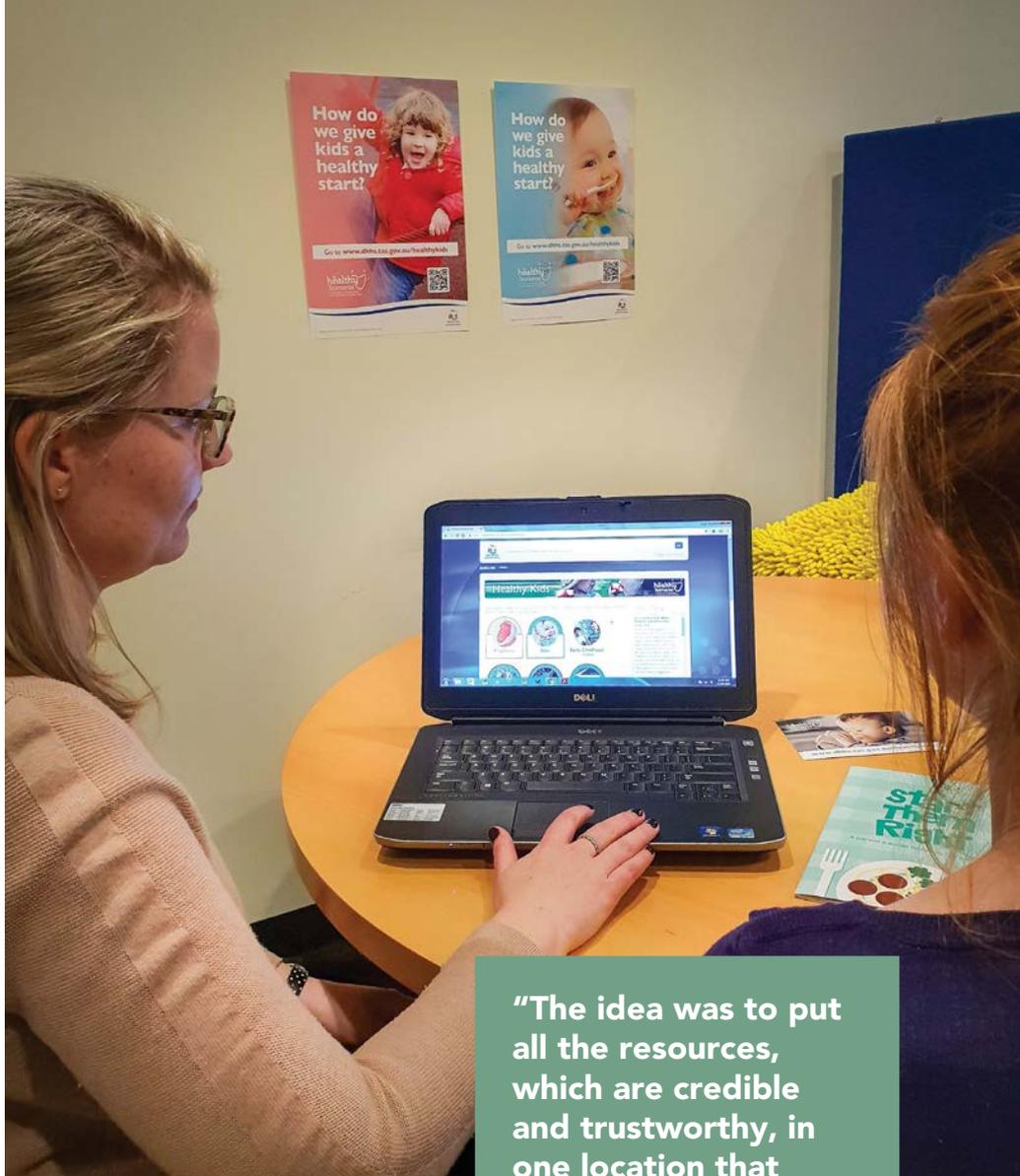
The toolkit, created by the Department of Health and Human Services as part of the Healthy Tasmania strategy, is designed to bring together in one location useful information about food, nutrition and physical activity for Tasmanian parents.

It covers a range of topics, from breastfeeding to encouraging positive body image in the early teenage years, and is easily organised according to the age of the child.

Community dietitian Alison Ward says crafting a digital database of parenting tips specifically geared towards Tasmanian families was an obvious thing to do, given modern parents instinctively seek out information online.

"This is how people access information now. If we'd put it in a book, people wouldn't have found it," she says.

"The idea was to put all the resources, which are credible and trustworthy, in one location that parents can go to directly."



"The idea was to put all the resources, which are credible and trustworthy, in one location that parents can go to directly."

Alison Ward

Alison says a real effort was made to ensure the content was accessible, practical and local, with material written in plain English and in line with the Tasmanian Government's health literacy guidelines.

"Everything on the toolkit has been produced in Tasmania," she explains.

"We also tried to make it a safe space to explore – it's inclusive, so you can explore it without feeling judged."

At the end of the day, she says parents want clear, direct advice about things like what to pack in their child's lunchbox, or physical activities to get the whole family moving.

While developing the toolkit itself took about a year, Alison says sharing and promoting the resource via social media is an ongoing priority.

It's one that involves thinking creatively about how to present information to give it the best chance of standing out in a crowded newsfeed.

A recent example involved a cartoon clip of a rabbit and bear demonstrating how parents can be positive role models for their children in their own relationship with their body and eating habits.

"(Social media) is how parents are sharing information, so the content needs to be in a format that people can share," Alison says.

She says more information about maternity and youth is expected to be added to the toolkit, as needed, and there are also plans to build up culturally and linguistically diverse materials for families who may have moved to Tasmania from overseas.

"It's evolving," she says. ■

Want to know more? Go to www.dhhs.tas.gov.au/healthykids

Having the choice to die at home

ABOUT 70 per cent of Australians want to die at home, but only 14 per cent actually do – fewer than in New Zealand, the US, Ireland and France.

That's according to Grattan Institute research, which also found that despite their wishes, about half of people die in hospital and a third in residential care.

They're statistics that could change under *The Greater Choice for At Home Palliative Care* measure – an Australian Government initiative that intends to improve access to safe, quality palliative care at home.

The measure aims to support at-home palliative care by improving coordination and integration of end-of-life care across primary, secondary, tertiary and community health services.

A number of Primary Health Networks across the country, including Primary Health Tasmania, have been tasked with implementing the measure, which boosts federal funding for palliative care coordination.

It's hoped the measure could have a real impact in Tasmania, which has a higher rate of multimorbidity – that is, people with three or more self-reported chronic conditions – compared to the rest of the country.

"Up to 90 per cent of people at the end of life prefer to be cared for and to die comfortably at home, provided their symptoms can be properly controlled," Primary Health Tasmania's Rebecca Moles says.

"We're looking to build networks across communities and promote the integration of services so people have greater choice about where they access palliative care."



Dr David Dalton

Primary Health Tasmania is now working with the Tasmanian Greater Choice Working Group to identify local rural communities to take part in the project.

COTA Tasmania chief executive Sue Leitch is part of the group and says people are less accustomed to having frank discussions about palliative care than they are the legalistic aspects of dying.

"If people knew the sorts of supports they may be able to access to make it easier to die at home, they could head down that path."

Sue Leitch

"It's a quality of life issue," she explains.

"There's almost a stigma around the use of the term 'palliative care', and it's a conversation we shy away from, as a community."

Greater communication across an entire community about end-of-life care could help people pass away according to their specific wishes, she says.

"Often, if people knew the sorts of supports they may be able to access

to make it easier to die at home, they could head down that path," she says.

It's also a conversation that may continue over a period of years, in the experience of fellow working group member and Sorell Family Practice partner Dr David Dalton.

"Things are often long and drawn out," he says. "I had one patient with breast cancer who was palliative for years, really."

"But cases come in all different shapes and sizes, and with all different sorts of timelines."

As a GP who has often gone out to people's homes and provided palliative care outside of the typical practice setting, David welcomes the more flexible approach to end-stage treatment endorsed by the Greater Choice measure.

"It's a great idea that there could be more organisations to call on, to help," he says.

"It all comes down to how you can help the ones doing the coal-face caring – and it doesn't stop once the person dies."

"For someone who has lost someone that way, support afterwards is crucial." ■

Want to know more? Contact Rebecca Moles on 6213 8200 or rmoles@primaryhealthtas.com.au

Young GPs learning palliative care lessons in the north west

ON the first day of Tim Andrewartha's GP registrar placement in Wynyard, a patient walked through the door and changed the course of his professional life forever.

"I saw medicine as a way to walk with someone along their healthcare journey."

Dr Tim Andrewartha

"The first patient I ever got sat down in front of me and essentially, presented with a complaint that led to a cancer diagnosis with a very poor prognosis," the 28-year-old says.

"I saw quite early on that GPs, particularly in rural areas, can really foster a close doctor-patient relationship if they are able to provide that kind of care to the patient and their families."

"That kind of care" is palliative care. It's a broad term used to describe supportive care for people with incurable illnesses and their families.

In Burnie, the Specialist Palliative Care Service (North West) has been offering placements to GPs and registrars for roughly four years thanks to a funding partnership between the University of Tasmania and the Tasmanian Health Service.

Registrars who have completed the six-month placement gain experience in hospital, aged care and community environments and provide education to medical students through the university's Rural Clinical School.

Feedback from previous participants suggests they develop confidence and knowledge that enables them to manage more complex palliative cases effectively, and enjoy the multidisciplinary approach to care planning.

For Tim, the placement was a way to pursue his evolving interest in palliative care after setting his sights on a career in general practice about

halfway through a three-year stint at the Royal Hobart Hospital.

"It's a cliché answer to say, 'I want to help people' – most vocations are about helping people. But it's really got to form part of what motivates you as a health professional," he says of his chosen path.

"I saw medicine as a way to walk with someone along their healthcare journey."

His experiences as a GP registrar at Wynyard in 2017 led to the placement with the Specialist Palliative Care Service (North West), where he says he's experienced cases which challenge the perception that palliative care starts when health professionals "don't have anything left for the patient".

"Palliative care is most effective and leads to the best outcomes for patients and their families when we get involved early," Tim says.

He's also learnt patients can be more willing to discuss the reality of their prognosis than practitioners may think.

"Talking about end-of-life is often the elephant in the room, but I think one of the best things we can first do as health professionals is to invite the patient talk about where they think their disease trajectory is taking them," he says. "Patients are usually more open to discussions surrounding end-of-life and advance care planning than we assume them to be.

"Sometimes we need to just take a step back and be sensitive to the extensive amount of information the patient is getting, usually from multiple medical specialties."

On the other side, Tim says it's also important for practitioners to learn to navigate the fine line between supporting their palliative care patients and maintaining their own mental welfare.

"Every day we're seeing patients who have incurable illnesses, so you've got to have outlets," he says, commending the support of the rest of the Burnie-based palliative care team.

"We're able to convene and debrief on a daily basis and share the often heavy psychological burden that goes with caring for very unwell people. This way you don't feel like it's all on your shoulders and is much more sustainable."

Tim says he wants to stay in regional Tasmania when his placement is over and plans to work full time at a general practice in Smithton for the second half of 2018, where he envisages his exposure to challenges and benefits of providing palliative care will flow into his day-to-day clinical work.

"Whether it's a special interest or not, palliative care will become a large component of what I do as a rural or remote GP," he says. ■

Want to know more? Go to <https://bit.ly/2N0I30N>

Richmond Fellowship Tasmania

THE vision of Richmond Fellowship Tasmania (RFT) is to inspire a healthy community, where people are leaders in their own lives. RFT is an independent, non-religiously affiliated statewide organisation, which has been supporting people facing mental health challenges and social disadvantage for over 32 years.

RFT recognises people as people, not as their mental health diagnosis. Across the state RFT offers outreach services, clinical services and recreation programs as well as community-based mental health residential recovery programs which promote recovery and wellbeing, hope, choice, build resilience and grow individual self determination

To complement RFT's clinical services team, in the south it delivers the mental health nurse program (funded through Primary Health Tasmania) to provide clinical care and treatment services for adults with severe and complex mental illness. This program offers care coordination, medication management and support, recovery-based interventions, the provision of referrals to other services and programs and education.

To support Tasmanians accessing and transitioning to the NDIS, Richmond Futures has been established. A wholly-owned subsidiary of RFT, Richmond Futures helps people exercise choice over their NDIS support needs, as well as control over how they are provided. This is intended to help these people achieve their goals through the provision of person-centred professional supports and services.

At RFT, each person's unique journey is embraced and people are supported to become leaders of their own lives. ■



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**richmond
fellowship
tasmania**

AMA Tasmania

The AMA provides vital industrial representation for medical practitioners employed in the state's public hospital system whether salaried or visiting medical practitioners, as well as doctors providing services in community health centres in the rural and remote parts of the Tasmania.

For doctors engaged in private practice, industrial services are also available to deal with human resource issues involving clinical, nursing and administrative staff within those individual practices, along with practice management and contract negotiations.

The AMA provides imperative representation with government both at the federal and state level, providing a voice for the medical profession and the community on a vast range of essential health and related policy issues affecting medical practitioners and their patients.

The processes followed by the Tasmanian AMA facilitate and encourage active participation and communication with the government on those central issues of concern to the medical profession.

The AMA has no political affiliation and is recognised by all sides of politics and the community as a credible, diligent and hardworking advocate for the needs of the medical profession and the patients it serves.

Tasmania AMA Branch encourages members of the medical profession to be active in the AMA and take full advantage of the professional benefits and commercial opportunities which will arise from there.

AMA Tasmania is a member of the Tasmanian General Practice Forum, alongside Primary Health Tasmania, the Australian College of Rural and Remote Medicine, RACGP and the Rural Doctors Association of Tasmania. ■



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Primary Health Tasmania has 32 Tier 1 members which are statewide health and social care organisations. The full membership list is available at www.primaryhealthtas.com.au/who-we-are/getting-involved

Primary Health Tasmania

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

We are one of 31 Primary Health Networks (PHNs) established nationally on 1 July 2015 as part of the Australian Government's Primary Health Networks Program.

We engage at the community level to identify local health needs and work with health system partners and providers on innovative solutions to address service gaps, including through commissioning services.

We support general practice – as the cornerstone of the healthcare system – and other community-based providers to deliver the best possible care for Tasmanians.

We are driving a collaborative approach to ensure people moving through all parts of the health system receive streamlined care.

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Our Board

More information about our Board is on our website at www.primaryhealthtas.com.au/who-we-are/our-board



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Your feedback matters

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