

primary health matters

TASMANIA'S PRIMARY HEALTH MAGAZINE



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Supporting men's health in Circular Head

Mentoring primary healthcare nurses

Sharing youth mental health stories

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Cover image: Back row (L-R): Bryan Anders, Michelle Deegan, Peta Templar, Bobbi Dillon. Front row (L-R): Ruby Millard, Hollie French, Judy Anders, Cianna Shearer, Sam Kluk

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

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Primary Health Tasmania ABN 47 082 572 629

From the CEO



FLICKING through the pages of this edition of *Primary Health Matters*, I'm heartened to see so many stories about Tasmanians getting vital support and care from the primary health sector.

When we read the newspaper, it's often a story of beds and new buildings — and that's important. But equally important is stepping back and appreciating the health system as a whole, encompassing primary, secondary, and tertiary levels of care.

When we do, we can start to understand the significant work being done, right up to the hospital door, to keep Tasmanians well.

Work like that of the Circular Head Aboriginal Corporation (CHAC), one of our Aboriginal health commissioned providers. As you'll read in this issue of the magazine, CHAC has had great success running a much-valued men's group, drawing inspiration from the Men's Shed model to improve and support the ongoing health and wellbeing of Aboriginal and Torres Strait Islander men in the region.

Down south, you'll hear from the team at Karadi Aboriginal Corporation about delivering the Deadly Choices initiative in Tasmania, and the enthusiastic participants soaking up key lessons and practices of health promotion (including our cover stars).

The theme of prevention, as it relates to stopping someone from becoming unwell, or stopping someone with an existing condition from experiencing further deterioration, also runs through a story about Rural Health Tasmania's service in Wynyard.

In client Jeff, we recognise someone who is engaged with specialist health care but benefits hugely from being able to access care within his local community, as a complement, in between appointments.

And with the expansion of headspace services in the state's north west, with a full centre opening in Devonport and satellite service in Burnie, we can also hope that young people will get support to reduce the likelihood of a mental health challenge intensifying into adulthood.

Compared to high-tech medical machines or complicated research breakthroughs, these may sound like humble measures. In many respects, they are. But Primary Health Tasmania believes that strengthening the state's health system at a community level will have a tangible benefit at the more acute end of the scale. We don't want people like Jeff being left without support as he waits to see his psychiatrist, and we don't want Aboriginal men living in Circular Head to let their chronic conditions slide because it seems easier to stay home than to go and see a GP.

We want to keep Tasmanians well, and out of hospital. And if we really want to do that, we need to appreciate the key role community-based care plays in preventing and mitigating the impacts of poor health. ■

Phil Edmondson
CEO
Primary Health Tasmania

Supporting the supporters in alcohol and other drug recovery

On 27 August 2020, Ingrid* sat down to write a letter.

"My association with the drug and alcohol rehabilitation program began in 2015," she informed the Salvation Army's Bridge Program Hobart team.

"My partner (at the time) was a day client for the 10 weeks, which was eventually 14 weeks.

"At that time, I was at a loss in trying to understand my partner's addiction and why he didn't want to 'get better'.

"I thought I had been encouraging and supporting him in a positive way but realised during the first family support group meeting that I was enabling him to continue drinking."

The nature of Ingrid's epiphany was not unique. Like many people trying to support a loved one struggling with alcohol or drug dependence, she had subconsciously assigned herself an at-best unrealistic, at-worst unhealthy level of responsibility for her then-partner's addiction.

The Salvation Army's family support group program changed that. A complement to the Bridge service, which is for the person requiring direct alcohol and other drug support, this family support group allows loved ones to share their experiences and learn practical strategies for dealing with the indirect effects of addiction.

Primary Health Tasmania supports both the Bridge and the family support group program through the Australian Government's Primary Health Networks Program.

"What fascinated me was that we were all doing the same thing, in our own ways," Ingrid, sitting in a Hobart café some months after writing her letter, recalls of her early days with the group.

"All the situations were different, but that was the thing that really hit me: we were all trying to save these people."

For Ingrid, that impulse was rooted in a long-standing personal relationship with her partner, whom she'd known since childhood, and a misguided — though well-intentioned — theory that if she created a loving and supportive home environment, his compulsion to drink to excess would cease.

But as she and her fellow group members learned, alcohol dependence is a lot more complex than that.

"Along with the alcohol drinking, there's also a lot of mental health issues that aren't always recognised," Ingrid says.

"So, the more I got to know him, the more I realised that the drinking occurred because of some inadequacy he felt about himself."

"I kept thinking, 'I'm going okay, I'm coping', but that emotional load was getting very heavy."

Ingrid*

Ultimately, Ingrid's partner decided he couldn't stop drinking — a resolution that forced her to weigh up her options and eventually decide to end the relationship.

The now 68-year-old kept attending the group sessions, given she still shared a home with her former partner, until she felt ready to leave the group in August last year.

But she couldn't leave the group, which had provided such a steady stream of support and education, without sitting down and writing an appreciative letter.



Bridge Treatment and Recovery Service clinical lead Richard Salewicz

Looking back, Ingrid says the wisdom imparted by the Salvation Army session leaders — which was driven by what the group members wanted to learn more about, such as the neuroscience behind drinking, communication and self-care — helped her gain a more accurate appreciation for how alcoholism had impacted her personal life.

"At the time, I was pretty exhausted," Ingrid says of her relationship.

"I kept thinking, 'I'm going okay, I'm coping', but that emotional load was getting very heavy.

"I was emotionally and physically wrung out."

Thankfully, she's a lot happier these days. She finds peace in her lovingly tended garden, and has a newly expanded brood of grandchildren to lavish with love and attention.

In the words she used in her letter, it's been a "rollercoaster ride".

"It has been very emotionally and mentally challenging, but I have been well cared for with the support of the program and its caring staff.

"With heartfelt thanks." ■

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

**Surname withheld for privacy reasons.*



Sam Kluk

Making Deadly Choices in the name of better health

What exactly is a 'deadly choice'? The answer depends on who you ask.

For some, it may mean getting behind the wheel when you know you're over the limit, or dallying with a prawn paella when you're highly allergic to shellfish.

For others, including many Aboriginal and Torres Strait Islander people, 'deadly' can mean something that's good or great — meaning a 'deadly choice' is actually one that's in someone's best interest.

That's the reasoning behind Deadly Choices: a strengths-based health promotion initiative that empowers Aboriginal people to make healthy choices, and has a strong focus on chronic conditions and their risk factors, such as nutrition, physical activity, smoking, and harmful substances.

Just one of the ways it does so is by encouraging Aboriginal people to access their local health service and complete an annual health check. Once they've had it, they get a free Deadly Choices t-shirt: a highly prized item within many Aboriginal communities.

Since kicking off in 2010, Deadly Choices has expanded to more than 35 primary health clinics across the country.

In mid-2019, it came to the island state after Primary Health Tasmania, with Australian Government funding, commissioned the Karadi Aboriginal Corporation to deliver the program at a local level.

Karadi's Deadly Choices project officer Hollie French says acquainting people with the health promotion message of the program was a bit of a challenge at first.

"Deadly isn't really a slang term used in Tasmanian Aboriginal culture, it's more of a mainland term," she says.

"But it's such a fun program, and it's really inspiring to see these people changing their habits and being more assertive about their health."

In her role, Hollie conducts regular sessions with young students to teach them about topics such as chronic disease, substance misuse, smoking cessation, and leadership as part of their involvement in the Deadly Choices education program.

"We've had some students be really proactive in trying to quit smoking after the Tackling Indigenous Smoking team joined us for a session," Hollie says.

"We definitely see that 'lightbulb' moment when we tell the students how smoking affects them."

Others grow in confidence over the course of the program's sessions, Hollie says.

"Some of the kids go from being really shy and quiet at the start, to being prominent leaders in the classroom," she says.

Beyond these structured sessions, Hollie believes the Deadly Choices program can become a powerful entry point for a young person curious about an Aboriginal community-controlled organisation such as Karadi, but unsure about how to make first contact.

"It's so important that the kids know me, so if they want to come along to Karadi, they can just ask," she says.

What is included in the Deadly Choices initiative?

- education programs
- community events
- tobacco cessation programs
- social marketing and media
- sport and recreation
- cooking programs
- leadership camps.

"We have quite a lot of students now attending our gym group and Blossoms program, and then once they're involved, we can also offer them other things like getting their eyes tested, or mental health support.

"It's all about getting them as involved as possible."

Deadly Choices is also making an impact at the other end of the age range.

"We've had a lot of our older clients come in to get their Aboriginal health check done who are now regular members of our gym group, which includes people in their 70s and 80s," Hollie says.

"And then once they're there, they've encouraged people in the gym group to go and get their health checks.

"Now the health tick t-shirts have become a kind of gym group uniform!" ■

Want to know more? Go to karadi.org.au/programs

Deadly Choices project officer Hollie French with a program participant





"Before I met them I wasn't going anywhere, really. They helped me through it."

Shane*

Shane* and Circular Head Aboriginal Corporation's Krista Mills

Finding friends, and better health, in a men's group at Circular Head

It's a blustery day in Smithton, and Shane* is measuring up some slats on a woodworking bench at the Circular Head Aboriginal Corporation's (CHAC) weekly men's group.

It's something of a new hobby — and one that can be pretty frustrating at times, he admits.

But it's nothing compared to the challenges he faced before joining the group.

"If I didn't have (CHAC registered nurse) Krista (Mills), and the men's group, I'd probably be in jail," the 48-year-old says.

"I was pretty down, before I met them. I wasn't going anywhere, really.

"They helped me through it, or else I wouldn't have even come this far, I reckon."

Now Shane is one of about a dozen regulars who take part in the Tuesday group, which meets at CHAC's tranquil Trawanna property for a cuppa, conversation, and spot of woodworking.

While they're all together, CHAC's Krista finds ways to include health checks and education, enlisting organisations like the Cancer Council and Rural Alive and Well to visit and promote wellbeing among the group.

ABORIGINAL HEALTH

For Shane, coming along to the group over a period of months — and having a sense of obligation to Krista, and the other members — has been a huge incentive to stay engaged with the health system.

"My health was pretty bad, with my lungs and all that, but meeting up with Krista and all that has been good, because I've been able to get things done," he says.

"If I was by myself, it just wouldn't have worked."

Leveraging off the men's group to support health outcomes is part of a concerted effort by CHAC to meet an identified local need: to connect with men as part of its integrated team care service, which is supported by Primary Health Tasmania.

"Men are one of the hardest groups to tap into, on the health front," Krista says.

"They don't discuss health well, and they don't go to GPs, because they're trying to be tough.

"Since starting the group, we've been able to help them with chronic disease as well as mental health, because they've been able to make friends with other men there who are going through similar things.

"A few have even supported and mentored the others."

Once that trusting environment is established, Krista says it's much easier to be able to "sneak in" regular health checks.

"I do a bit of a one-on-one with them, where we may go for a walk into the garden and have a chat about how they're going, and even do a few little health checks, like blood pressure."

In the case of one client, Krista says she was able to pick up an exacerbation of his existing heart condition and send him straight onto the doctor, who found that the man's blood medication wasn't working.

For another, the men's group has supported a reduction in his use of opioids and alcohol.

"We're making sure that he's getting to all his health appointments," Krista says of the client.

"But he wouldn't have gone if he didn't have the program to support him. It would've been too hard."

Cheryl Marshall, a fellow CHAC staffer who works in the integrated team care service, says the group is also a forum for participants to share and celebrate their Aboriginal heritage.

"They also bring their photo albums in and talk about their history, and the history of the area," Cheryl says.

Some members are relatively new — like Chris Maina, who came to Smithton about two years ago, or Chris Padman, who has lived in the town all his life, but only recently joined the men's group.

"I love it," Chris Padman, 72, says. "It gives us a chance to get away."

Fellow group member John Tatlow, 82, is one of the longest-serving members, and says he's never been part of such a happy, socially harmonious group.

"Never in my whole life have I come to a group where the members all get along so well," the former shearer, whose eldest son and wife have passed away, says.

"I sort of get a bit lonely, and the group gives me a bit of a lift.

"All the people here are people you can talk to." ■

Want to know more? Go to bit.ly/2QnG9yA

**Surname withheld for privacy reasons*

Primary Health Tasmania's integrated team care service

With Australian Government funding, Primary Health Tasmania has commissioned a range of providers to deliver the integrated team service across the state.

The service aims to help improve health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through access to:

- care coordination — qualified health workers help people access the services they need in line with GP care plans
- supplementary services — a funding pool which can be used to speed up a care coordination client's access to urgent allied health or specialist services, where they aren't publicly available in a clinically acceptable timeframe
- outreach workers — non-clinical staff with strong links to the community who help people access culturally appropriate services.

(L to R) John Tatlow, Chris Maina, and Chris Padman





(L to R) headspace Devonport's Claire Stucas joins Rebecca Wells and Ashley Murphy in cutting the tape at the centre launch

Mika isn't the only young Tasmanian living in the north west to benefit from boosted headspace services — comprising the full centre in Devonport, and a brand-new satellite in Burnie — in their region.

Like Mika, Ulverstone local Rebecca Wells is part of the Youth Reference Group that informs headspace services across the north west, which are delivered by lead agency Cornerstone Youth Services.

For Rebecca, the one-stop-shop nature of headspace services means that young people are less likely to become deterred or disillusioned by engaging with the health system in a piecemeal fashion.

"It's really important that young people don't have to re-tell their story more than necessary," the 22-year-old psychology student says.

"Because in the worst-case scenarios, doing that can prevent someone from seeking the service they need."

Fellow Youth Reference Group member Ashley Murphy agrees, and at the opening of the upgraded headspace Devonport site on 3 November 2020, spoke passionately about the importance of giving young people an active role in shaping the services designed to support them.

"The one thing I really love about headspace, and what makes it so accessible to me, is that it's a space designed by young people, for young people," Ashley said.

"It's completely inclusive. We have a say in how things are done, and a lot of the services that are offered are run through the Youth Reference Group.

"Sometimes services can be created, and young people don't get a say. So this is the point of difference that headspace has, which is why I've chosen to volunteer my time and participate."

The strengthened headspace services aren't just a welcome addition for the region — they're a vital one. According to Primary Health Tasmania research, young people living in the north and north west of the state experience the highest rates of psychological distress.

It's a statistical picture that persists into adulthood for north westers, so the data suggests, with adults living in the Burnie local government area reporting mental ill-health at a higher rate than the Tasmanian average.

Strengthening youth mental health support in Tasmania's north west

For Mika Sward, making the move from Launceston to Devonport to live with her partner wasn't just a matter of packing boxes, jumping in the car, and heading down the Bass Highway.

It also meant moving away from an established group of health professionals — in particular, the team at headspace Launceston — who had been a source of invaluable support for Mika over a period of years.

"I have major anxiety, and I originally went to headspace Launceston for a counselling session but then ended up also booking in with Dr Sarah (Shepherd), who helped me get diagnosed with fibromyalgia," Mika says.

"I'd been to a couple of private places, but they're not really catered to the youth space.

"That's one of the best things about headspace. It's not just the therapy and doctor stuff — they've really helped me with my work goals, and my future."

Understandably enough, Mika had reservations about how she'd keep up with the service, either through commuting back to Launceston for appointments, or going to the then-headspace Devonport satellite.

But in November 2020, the 24-year-old says she felt a sigh of relief after the headspace Devonport satellite was upgraded to a full centre.

"It was just really exciting," says Mika, who, along with other young headspace volunteers, helped inform the design of the upgraded site, including Tasmanian-themed artworks and a deliberate lack of visual clutter.

"It's inviting, it's comforting — a nice bright setting where you can talk about your health stuff, but also goal setting. And like with Launceston, it's all in one spot."

MENTAL HEALTH

Cornerstone Youth Services chief executive David O'Sign says offering a safe, youth-friendly service to young Tasmanians, while also having a highly visible place within a local community, is a critical part of effective, early intervention.

"The one thing I really love about headspace, and what makes it so accessible to me, is that it's a space designed by young people, for young people."

Ashley Murphy

"We knew young people in the state's north west needed a greater level of support, and now we feel we're in a better position to deliver it," David says.

"By growing our service, we've also been able to recruit even more team members who are passionate about providing young people in the north west with direct, sensitive, and tailored support.

"Because it's not just about having a new or bigger building — it's about putting the right people in it."

One such person is Dr Josephine Woodman, who is part of Family Planning Tasmania's outreach sexual health clinic

that can now run at the larger headspace Devonport site.

Josephine says the outreach clinic is able to capture walk-ins, as well as young clients visiting headspace for other forms of support, and assist them with their sexual health concerns, such as contraception and preventive testing.

"One of the really great things is that it's a bulk-billed service for the young people, and they can just turn up and get all of the services that they need in one place," she says.

For centre manager Deirdre Brown, being able to cover as many supportive pillars in one location — mental health, alcohol and other drug, sexual health, and vocational support — is key to the success of the headspace approach.

And in Burnie, she says being co-located with the Cornerstone Youth Services office means referrers and other organisations have habituated to having a 'youth space' within the community.

"It's not just the matter of a shared postcode," Deirdre explains.

"It means that together, headspace and Cornerstone Youth Services are able to cover the spectrum of mental health services within the same building — headspace handling the early intervention and prevention, and Cornerstone, the more severe cases."

For Mika, the notion of early intervention is key. She wants young Tasmanians living in the north west to relish the chance to get the kind of help she has, and find the right support to meet their needs.

"Persevere, and go check it out — I know it can be scary, but they'll cater to you and find someone you are comfortable with.

"You can talk to them about anything." ■

Want to now more? Go to bit.ly/3ktzM7R

Supporting expanded headspace services in the north west

The Australian Government provided funding through Primary Health Tasmania under the national Primary Health Networks Program to expand headspace services in Tasmania's north west.

Under this expansion, the headspace Devonport satellite was upgraded to a full centre, and the former satellite service transferred to Burnie.

A headspace satellite is effectively a smaller version of a headspace centre that offers certain core services — in this instance, headspace Burnie offers mental health, alcohol and other drug, and education and vocational support.

Unlike many other headspace satellites, headspace Burnie is open five days a week.

The new headspace Devonport opened in November 2020, with headspace Burnie following in January 2021.

This service expansion means it's now easier for young people (aged 12 to 25 years) in the north west to get the mental health support they need, when they need it, within their local community.

It also means each of Tasmania's three regions — south, north, and north west — now has its own full headspace centre.

"You can't underestimate the power of visibility," Primary Health Tasmania's Grant Akesson says.

"By opening the full centre in Devonport and the satellite service in Burnie, we're signalling to young people in the north west Tasmania that their mental health matters."



Centre manager Deirdre Brown in a headspace Devonport counselling room



"One of the best things about peer work is that ability to empathise."

Ivan Zwart

The value of peer workers, and psychosocial support

Peer workers. Psychosocial support. The potentially intimidating prospect of completing a National Disability Insurance Scheme access request.

They're things that may or may not sound familiar, and on a local level, they're all things that Primary Health Tasmania is involved in.

So let's hear from some Tasmanians actually putting peer work and psychosocial support into practice, and break down what it all means.

What is psychosocial support?

When we talk about psychosocial support, we're talking about programs and activities designed to help people with a severe mental illness increase their functioning in day-to-day life.

It may mean supporting people with:

- developing social skills and friendships
- building family relationships
- managing money
- finding and looking after a home
- developing work goals
- improving educational skills
- staying physically well, including with exercise
- support with drug, alcohol and smoking issues
- building broader life skills including confidence and resilience.

How does Primary Health Tasmania support the delivery of psychosocial support?

Under the Australian Government's Primary Health Networks Program, Primary Health Tasmania has commissioned the delivery of three psychosocial support services in Tasmania, through local not-for-profit Bapcare:

- **Horizons (National Psychosocial Support Measure)** — a non-clinical support service available to Tasmanians with a severe mental illness and an episodic need for short-term psychosocial support to help maintain their daily living. This service is for people who are not suited to the NDIS.
- **Connections (Continuity of Support)** — support for Tasmanians with serious, ongoing mental health needs who were previously part of Partners in Recovery, Day to Day Living and Personal Helpers and Mentors programs and not receiving support through the NDIS.
- **Mental Health TasConnect** — a free and confidential phone line which aims to connect someone with a severe

mental illness with the psychosocial support services that best meet their needs. Available to people of any age, the helpline can also link people to a peer worker if they need help applying for psychosocial support through the NDIS.

These services sit within our wide range of commissioned mental health programs, and are funded by the Australian Government.

What is a peer worker?

As defined in the *Tasmanian Peer Workforce Development Strategy*, peer workers are “people with a lived experience of mental ill-health and recovery, as either a consumer or family, friend or carer of someone with mental ill-health.”

“Peer workers are employed in designated work roles to use their skills and knowledge acquired from their personal experience of mental ill-health and their use of mental health services.”

Primary Health Tasmania commissioned Bapcare to deliver an interface service aimed at helping Tasmanians with a severe mental illness connect to the psychosocial support service that best meets their needs.

At the same time, the primary health network contracted the Mental Health Council of Tasmania to train mental health consumers and families and friends to actively support clients in gathering information required to complete an access request for the NDIS.

The idea was to deliver the kind of training that would start these consumers and families and friends on the path of becoming peer workers, so they could in turn offer their newly acquired professional skills, mixed with their invaluable personal experience, to the Tasmanian health sector.

Who did the training?

The Mental Health Council of Tasmania conducted online training for consumers, friends, family members, and carers with lived experience in 2020.

Afterwards, 100 per cent of participants reported the course content improved their understanding of the role of a peer worker, both in a broad sense and in the context of supporting a client to access the NDIS.

This group includes now-retired health management professional Tim McCarthy,

who says the training was an opportunity to build his knowledge about the NDIS application process ahead of unveiling his volunteer-run information hub in Burnie.

“I’ve set up a health information hub in Burnie, in response to the fact that there’s nowhere for people to go to find out about services that are available unless they have online access, which 25 per cent of the local population don’t,” he says.

“The hub is run by volunteers and has whatever printed material we can get, as well as information we access off the internet to answer people’s queries, to help them get what they need.”

Tim already had a bit of experience doing training courses, including a mental health first aid program, but says he soaked up techniques and insights from John Clark, who was enlisted by the Mental Health Council of Tasmania to conduct the peer worker training.

“What came out of the training really clearly, was how important reflective listening is,” Tim recalls.

“That is where you actually let the person talk rather than interrupting, and let them finish what they have to say.”

Where are peer workers working in psychosocial support at the moment?

As mentioned earlier, Primary Health Tasmania supports a free and confidential phone line called Mental Health TasConnect, which aims to connect someone with a severe mental illness with the psychosocial support services that best meet their needs.

The initiative sees commissioned service provider Bapcare working with Flourish, Carers Tasmania, and Mental Health Families and Friends Tasmania to facilitate access to the trained peer workers to support people with NDIS access requests.

Ivan Zwart oversees the Flourish Peer Work Service, which includes the five-strong team of peer workers employed to help out when a caller needs support applying for the NDIS. Ivan also has mental health lived experience himself.

In his view, peer workers aren’t just a key component of person-centred care delivery.

For someone struggling with a mental health challenge, they’re also a symbol of hope.

“They’re able to, through their own lived experience, provide hope for the person that they’re working with,” Ivan says.

“They’re a living example of someone who has been unwell, who has learned to manage their condition, and is then able to share (insights) about how they got better.

“One of the best things about peer work is that ability to empathise and truly understand where someone has been — that’s not to say of course that other professionals don’t have that ability — but there is something unique about having been through a challenging time, and being able to relate in that way, with someone.”

What should people think about if they’re interested in engaging with a peer workforce, or setting one up in their own organisation?

In Ivan’s view, there’s one piece of advice that service providers should abide by when going about engaging with peer workers or setting up their own peer workforce.

Don’t rush.

“The last thing you want to do is set up a service and not plan appropriately, and make sure everything’s in place,” he says.

“You have people who are fabulous individuals, who have all been through a tough time, and who may potentially at times still be a bit wobbly.

“Everyone needs to be looked after at work, but with peer workers, it’s doubly important.”

Ivan has taken the time to set up a support structure with the Flourish peer workers that includes having a senior peer, distinct from Ivan, available to support the team with regular check-ins and debriefs.

The other vital ingredient?

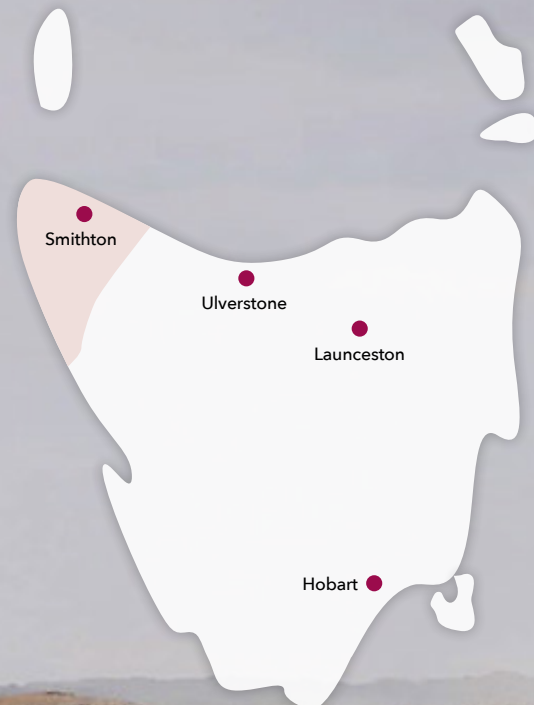
Passion.

“People don’t go into peer work just to make a dollar. They do it because they have a deep sense of purpose, and wanting to make a difference, and I think if you’re going to take these people on, you have an obligation to look after them.” ■

Want to know more? Go to www.primaryhealthtas.com.au/for-the-community/programs/mental-health

You can also read the *Tasmanian Peer Workforce Development Strategy* by going to bit.ly/3e6NbSd

Circular Head



Geography

Located in Tasmania's north west

Spans 4917 square kilometres

Local council incorporated in 1908

Notable locations include 'The Nut' in Stanley, Smithton, Arthur River, Rocky Cape, and the Hunter, Three Hummock and Robbins islands

Population

8,078 - 49.2% female, 50.8% male

Median age is 41 (state average 42)

People aged 65 and over make up 17% of the population (state average is 19%)

Aboriginal and Torres Strait Islander people make up 16% of the population (state average is 4.6%)

Health risk factors

17% of the population rate their own health as excellent or good (state average 37%)

70% of the population are overweight or obese (state average is 59%)

26% of the population do insufficient moderate or vigorous physical activity (state average is 11%)

Images supplied: Circular Head Council



Primary Health Tasmania supporting Circular Head

Illness

Cancer and cardiovascular disease are the leading causes of death in the Circular Head LGA (and Tasmania as a whole)

Immunisation

98% of children in the Circular Head LGA are fully immunised by the age of five (state average is 96%)

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

Commissioned services and other activity including:

- after hours medical support
- services for people with chronic health conditions
- services for Aboriginal people with chronic health conditions (read more on pages 6-7)
- health and wellbeing services for Aboriginal people
- diabetes education and support
- alcohol and other treatment drug services
- mental health and wellbeing services
- suicide prevention services.



(L to R) Johanna McShane, Olivia Smith, and Eleena Liong

Forging deep bonds through nursing education

Tasmanian nurse Olivia Smith has worked across a wide range of fields within her profession: oncology, intensive care, and ongoing stints in the Royal Hobart Hospital emergency department.

But even with a diverse resumé and years of clinical experience under her belt, Olivia found the move across to general practice nursing a challenge because — in her words — she “didn’t know anything about primary health at all”.

So, she did what nurses do best.

She found a practical solution.

Olivia applied for one of the Primary Health Tasmania-supported spots in the Australian Primary Health Care Nurses Association (APNA) Transition to Practice Program, which matches new primary healthcare nurses with experienced mentors over a 12-month period.

Ever since starting the program, Olivia says she’s got into the habit of asking herself a simple, yet critical, question: “What would Jo do?”

"The benefit of the program is that it gives you the ability to build your own autonomy through the relationships you build with each other."

Johanna McShane

By Jo, she means her program mentor, Johanna McShane — a University of Tasmania alum with almost three decades' worth of experience who specialised in midwifery before making the move to general practice.

While Jo has imparted many lessons — the importance of being ceaselessly thorough, for example — Olivia says the best thing about having a dedicated mentor is the positive impact it has had on her professional self-esteem.

"I have a greater sense of autonomy as a result of educating myself, and really feel empowered," Olivia says.

For her part, Brighton Doctors Surgery staffer Jo says she applied to be a Transition to Practice Program mentor because, with her teenage children no longer demanding as much of her time, she felt ready to "give back" to her profession.

It's been a rewarding experience so far.

"I think that having a mentor outside your own workplace gives you the freedom to soundboard, and know that it is completely confidential and completely independent," Jo says of her role mentoring Olivia as well as fellow practice nurse Eleena Liong, who both work at the Long Beach Medical Centre.

"The benefit of the program is that it gives you the ability to build your own autonomy through the relationships you build with each other."

In Eleena's instance, being matched up with Jo and Olivia wasn't just a professional win, but also a personal one after moving to Tasmania from Melbourne in January 2020 without knowing anyone on the island state.

"I think the relationship we now all have, I treat Jo and Olivia as more than colleagues. It's something that I really appreciate," Eleena says.

"Olivia and I don't feel like we are alone, at all."

Eleena, who trained as a hospital nurse in Malaysia before moving to Australia, says one of the best things about her involvement in the program was the opportunity to have Jo come to work at the Long Beach clinic for two days.

She relished the opportunity to observe Jo's way of assessing patients, including the kinds of questions she asked them.

What is the Transition to Practice Program?

Primary Health Tasmania was proud to sponsor 16 local nurses, with Australian Government funding, to take part in APNA's coveted Transition to Practice Program between July 2020 and June 2021.

The program, which is funded by the Australian Department of Health, is designed to deliver an accessible and structured transition support program through intensive clinical and professional mentoring.

The overall aim is to increase the confidence, competencies, skills and knowledge of nurses commencing work in primary healthcare settings.

Primary Health Tasmania sponsored the 2020 placements as part of its Primary Health Workforce Support program, which encompasses events, educational opportunities, digital health support, data sharing, and direct engagement across the state's primary health workforce.



"This program has given me a whole new exposure to what 'GP Land' is about," Eleena says.

For Olivia, moving over to 'GP Land' was a way to 'future-proof' her career ahead of starting a family with her partner — a life milestone that got underway a little earlier than expected.

And as a testament to the bond forged over the course of the program so far, she even asked Jo to join her at a two-day hypnobirthing workshop.

"At the end of the workshop, I was like, 'do you want to be part of my birth?'" Olivia says. "She's just such a nice, calming presence."

Thankfully, Jo agreed.

"I felt very humbled." ■

Want to know more? Go to www.apna.asn.au/education/transitiontopractice



Dr Emily Ware

Providing a Pathway for pregnancy care

Tasmanian HealthPathways is an online portal that provides clear and concise guidance for assessing, managing, and referring patients with a particular symptom or condition.

Each Pathway has been localised for Tasmanian primary health professionals and may cover discrete conditions such as atrial fibrillation, general topics such as medication management, or specialty areas like cardiology.

When multiple Pathways come under a single medical theme — things like pain management, or deprescribing — they're referred to as a 'suite'.

In mid-2021, Tasmanian HealthPathways will complete its final suite of Pathways, focused on pregnancy care, to round out the more than 900 Pathways available via the online portal.

Hobart-based GP obstetrician Dr Emily Ware helped develop the content for these Pathways, drawing on professional expertise in general practice, obstetrics, and gynaecology gathered from working stints in locations such as Tasmania, Melbourne, and Bangladesh.

Emily hopes local GPs will relish the different Pathways — categorised under pre-pregnancy care, antenatal care, pregnancy loss, pregnancy medical

conditions, pregnancy genetics and obstetric requests — when supporting their female patients around the time of pregnancy.

"GP care, before the pregnancy, through the pregnancy, and after the pregnancy with newborns, is a special space to be working in, for both the doctor and the patient," Emily says.

"Considering that the GP is providing care to the pregnant patient throughout her journey, or until she is either under the care of a private obstetrician or the hospital, that time under GP care is quite significant."

Emily says the Antenatal First Consult Pathway is designed to make it as easy as possible for time-pressed GPs to include all the necessary components of a first consultation with a pregnant patient, while others provide guidance about common complaints during pregnancy, such as nausea and vomiting.

Meanwhile, the Antenatal Screening Pathway endeavours to simplify a rather difficult area of pregnancy care, including

comparison of different tests, links to request forms and patient information handouts.

"There's also a Pathway on miscarriage and ectopic pregnancies, including navigating difficult scenarios such as intrauterine pregnancy of uncertain viability and pregnancy of unknown location. This helps the GP organise appropriately timed ultrasound and beta HCG tests, and how to interpret the results," Emily says.

Screening tests that are considered routine in some areas of Tasmania, such as vitamin D, HIV, ferritin, and chlamydia, are also reflected in the Pathways.

It's hoped the new suite will support and facilitate greater shared and evidence-based care for pregnant women, Primary Health Tasmania's Catherine Spiller says.

"The great thing about Tasmanian HealthPathways is that it's free, it's local, and it distils the complexities of case management into an online one stop shop," she says.

"When it comes to supporting Tasmanian women through pregnancy, that coordination and collaboration can help make their pregnancy as calm and reassuring an experience as possible." ■

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

Pregnancy Tasmanian HealthPathways

- **Antenatal care:** includes Pathways on first consultation, screening for aneuploidy, second and third trimester care, and anti-D prophylaxis in pregnancy
- **Miscarriage:** includes a Pathway on recurrent pregnancy loss
- **Pregnancy medical conditions:** includes Pathways on anaemia, nausea and vomiting, skin conditions, thyroid disease, Type 1 and Type 2 diabetes, and hypertension
- **Obstetric requests:** includes information about acute obstetric assessment, obstetric advice, fetal medicine assessment, and routine pregnancy care.

A supportive gem in the heart of Wynyard

Not that long ago, Jeff Millar would have walked straight past Rural Health Tasmania's Goldie Street office in Wynyard, totally unaware of what was on offer inside.

Now, if someone asked him where they could get mental health support, he'd "walk them down there, hand in hand".

"We have this gem, sort of hidden amongst the main street, that I didn't know about and it's a really good thing," the 53-year-old says.

So, how did Jeff unearth the hidden gem?

It all started when the registered nurse got chatting with a patient during his 6am round. The patient mentioned Rural Health Tasmania and the work they do, and Jeff, keen to learn more, "fleece'd" them for information.

Armed with the Wynyard office's telephone number, Jeff contacted the rural health service provider and, within a couple of days, had organised a time to drop in.

It was a fortuitous act of contact. At the time, Jeff had sought an appointment with a psychiatrist for support with his major depressive disorder, but was looking at a three-month wait before being able to go in.

But in Rural Health Tasmania, he says he found a way to 'bridge the gap'.

"I really went in open minded, not knowing what to expect," Jeff, who is originally from Canada, says.

"What I did find was that, first off, they made you feel really at home. One of the first things they asked was would I like a tea or coffee.



Rural Health Tasmania psychiatric nurse Jane E.M. Nelson

"I was like, 'really?'"

As Jeff came to hear, the staff at Rural Health Tasmania's Wynyard office — including registered psychiatric nurse Jane E.M. Nelson, who works with Jeff — purposefully try to create a warm, welcoming atmosphere, in contrast to the more clinical environments some of their clients may be used to.



"These wonderful people will sit, and listen, and help. So please, don't suffer in silence."

Jeff Millar

Staff also offer to meet people at home, or in local cafes and parks, to conduct their sessions in familiar and non-threatening settings.

It's all part of their service for people in Tasmania's north west living with a chronic health condition — things like respiratory illness, heart conditions and diabetes, as well as mental health conditions such as Jeff's — which is funded by Primary Health Tasmania under the Australian Government's Primary Health Networks Program.

For Jeff, being able to contact his Rural Health Tasmania staff member at any time via phone or email provided an invaluable level of accessible community-based support as he waits to see his psychiatrist.

"I know from past experience that if I wasn't gleaning anything from it, I'd stop going, and I haven't," he says.

"I actually look forward to the appointments, and I think my mood's been better."

In fact, Jeff was so impressed by the Rural Health Tasmania service, he took to a local Facebook group in January to help spread the word.

"Wynyard has a little gem, a saving grace, as it were," he wrote.

"Right there on the main strip is a little building, next to the post office, with a sign that reads Rural Health Tasmania.

"Inside is a great group of mental healthcare professionals.

"These wonderful people will sit, and listen, and help.

"So please, don't suffer in silence." ■

Want to know more? Go to bit.ly/2OSsEX5



Wayne Frost, Healthy Tasmania's Penny Terry, and Martina Wyss from Primary Health Tasmania pose with young interviewees at the launch of the Get Psyched podcast

Sharing digital stories and mental health wisdom

From the front of the classroom, Ella might look calm and studious. Her textbook is splayed on her desk, her nose pointed at the spine as she follows along.

But inside, she's spiralling.

"How do I function on a face level? How do I respond to a teacher's question, and be around my classmates while I'm having all these emotions, and the feeling of wanting to run as fast as I can away from everyone?"

The questions keep coming.

"If I've gone in frozen, how the heck do I get myself out of this frozen moment enough that I can bend my head down so it looks like, at minimum, I'm reading what I'm meant to be reading?"

All this effort, thought, and worry is happening under an apparently relaxed exterior. And Ella's experience isn't a rare one.

"You don't need to be on a mission to find out about mental health. You just need to be on a mission to listen to someone's story."

Penny Terry

So how are classmates, teachers, and loved ones supposed to offer help, if it's not even clear a young person needs it?

It's a complex question, with a variety of answers.

One of them is by engaging with psychoeducation — that is, education centred on a particular mental health condition or challenge associated with psychological distress.

It's a way for people without lived experience to gain insight into what someone is thinking or feeling when they're struggling with their mental health, as well as a powerful mechanism for clinicians and carers to share their expertise.

Which is why Ella's story is so important. Her lived experience is just one of a number featured throughout the six-episode run of the Get Psyched podcast, produced by headspace Launceston in partnership with local health promotion company Healthy Tasmania.

The podcast was supported through Australian Government funding from Primary Health Tasmania as part of its digital innovation grants program, which was designed to help local organisations pursue innovative digital projects aimed at improving Tasmanians' health and wellbeing.

Listeners hear from young Tasmanians such as Lis who, like Ella, articulates the experience of seemingly simple, day-to-day tasks becoming imbued with an immobilising sense of effort and dread.

"You know you have to get out of bed and brush your teeth, but some things just seem like a big effort," Lis says in the podcast's third episode.

"Small things just build up to be a big task. Everything just builds up to a big mountain, and that's before you've even gotten out of bed for the day."

For Luke, even summoning the energy to speak to his mother started to feel like a "hassle".

Penny Terry — who is the creative director of Healthy Tasmania and serves as Get Psyched's at-once curious and sensitive host — says the choice to showcase these real stories in a podcast was a deliberate one.

"We really wanted to make learning about mental health easier," she explains.

"We know that podcasting is just booming and that we're in the era of 'ear-fluence', and we also know that stories stay in our minds more than facts.

"You don't need to be on a mission to find out about mental health. You just need to be on a mission to listen to someone's story."

Penny also hopes the podcast will help people self-educate about common symptoms of mental ill-health, and encourage them to seek out support.

"That process of realising that your mental health isn't great came up with a lot of people we spoke to as part of the podcast process. It's that whole notion of, 'I've had a great life and I have all this good stuff around me, so what's wrong with me?'" she says.

"While we often hear about the outcomes of going to get help, but we don't as often hear about that time before you realise you might need help.

"That's part of what this resource helps explain."

Mental health clinicians were in the room as the young interviewees discussed their experiences for the podcast recording, to make sure the conversations unfolded in a safe way.

The end result is a suite of well-crafted conversations that then-headspace Launceston manager Wayne Frost hopes will become an additional, locally produced tool to support early intervention.

"Rather than having to book an appointment or scroll through pages and pages of information online, this resource provides real people, telling real stories of what it was like for them," he says.

"And importantly, that's backed up by strategies from our clinicians."

Primary Health Tasmania's Martina Wyss says the Get Psyched podcast is a great example of a big issue — mental health

— being unpacked in an accessible, engaging, and informative way.


"It also represents one of a number of creative and digitally innovative projects this grant program has supported to help Tasmanians stay healthy and well, from using new equipment to conducting on-the-spot blood tests, to trialling app-based personal health records." ■

Want to know more? Go to bit.ly/3d0tsmB

Primary Health Tasmania supporting digital innovation to keep Tasmanians healthy and well

In addition to the Get Psyched podcast, Primary Health Tasmania provided digital innovation grants to:

- boost access to ergonomic assessments for people working in rural and remote locations
- purchase practice insight software to support timely medical reviews and other follow-up checks
- enhance existing software so it integrates with the Tasmanian Health Directory, as well as secure clinical communication between nurse care teams and GPs
- trial an app designed to help people manage their diabetes
- purchase devices that can conduct finger-prick blood tests and produce results on the spot
- develop educational videos for health professionals about a type of clinical software
- support the integration of online booking system HotDoc with a provider's existing clinical software.

A man with a short buzz cut, smiling, wearing a dark navy suit, light blue shirt, and a blue tie with a white floral pattern. He is holding a Tasmanian Police ID card in his hands. The background shows a building with large windows and a stone archway.

"The fact QPR gives people the confidence to question, persuade and refer people on is what makes it a good system."

Detective Senior Sergeant
Nathan Johnston

Equipping Tassie's first responders with online suicide prevention training

Please be aware this story contains reference to suicide, which might be distressing for some, particularly those with lived experience.

If you need help or would like to talk to someone, please call Lifeline on 13 11 14 or the Suicide Call Back Service on 1300 659 467.

"For every first responder who has taken his or her own life, there are others—their number unknown—who live approaching, near or on the brink of a mental health abyss."

The people behind 000: mental health of our first responders report is a sobering read.

Released in February 2019, the report draws from more than 160 submissions to a Senate inquiry into the high rates of mental health conditions experienced by first responders, such as police, firefighters, and paramedics.

From the outset, and perhaps unsurprisingly, the report emphasises the "solemn responsibility" our first responders assume for public safety, and the inherent risks that come with shouldering that responsibility day-in, day-out.

"In many ways, their mental health concerns mirror those in the wider community, where the prevalence of mental illness is beginning to be discussed more openly," it reads.

"The difference is that, unlike most other professions, first responders' jobs are known to discernibly increase the risk of mental illness — no plausible contrary argument has been made."

This higher risk of mental ill-health is just one reason why Tasmanian locals

involved in the Australian Government's National Suicide Prevention Trial were determined to involve frontline services in their work.

And according to Detective Senior Sergeant Nathan Johnston, the feeling was mutual.

"When the trial kicked off (in Launceston), I went to the initial function because I've got a bit of an interest in the suicide prevention area," he says.

"With all frontline workers there's a risk, and it's something that I think we need to talk about and normalise."

In his work to achieve this goal, Nathan has advocated for the inclusion of an online suicide prevention education program as a standing feature on the Tasmanian Government's health and wellbeing hub for emergency services personnel, MyPulse.

The program, called Question, Persuade, Refer (QPR) training, aims to teach people the warning signs of a suicide crisis and has been made freely available to all Tasmanians by Primary Health Tasmania as part of work under the national trial.

Participants can work through it at their own pace, as the training explains basic facts about suicide, common warning signs, and information on how to question a person who is having thoughts of suicide, persuade, and refer them for help.

"The fact QPR gives people the confidence to question, persuade and refer people on is what makes it a good system," Nathan says.

"If it gives them the confidence to speak to one person, then that may prevent one person from suicide.

"We've also got a large proportion of our workers who are shift workers, so they can complete it whenever they like — they can decide to do it at a time that is right for them, and when they're in the right place themselves."

How does Question, Persuade, Refer training work?

Question, Persuade, Refer (QPR) is an online training program that participants can work through at their own pace, stopping and starting as they like.

In a nutshell, QPR begins with a survey then provides:

- basic information about suicide
- some warning signs of suicide
- examples of how people might let you know they are feeling suicidal
- information on how to question a person who is having thoughts of suicide, persuade and refer them for help.

As of March 2020, the free QPR training program supported by Primary Health Tasmania had been accessed almost 700 times.

For Nathan himself, being involved in the local suicide prevention activity has also illuminated the power of lived experience.

"I've learned it can really help to develop someone's understanding to hear from people who have gone through this, and come out the other side," he says.

"It tells them that this is a conversation that you can have, and to have the confidence to speak about it." ■

Want to know more about QPR?
Go to bit.ly/3glwVpW



Rebecca and Jim Berryman

Get to know: Saunders Street Clinic

Wynyard's Saunders Street Clinic is a low-key general practice with a big reputation — it's won three national awards, including the RACGP's 2020 General Practice of the Year gong. Amongst other things, the practice is notable for its rejection of white paint, old magazines, and other sterile hallmarks of a traditional clinical environment.

Here, practice principal and co-owner Dr Jim Berryman — who also took out the 2020 RACGP GP Supervisor of the Year award — explains how the practice's eclectic and welcoming ethos extends beyond design aesthetics, and shares his advice for others keen to challenge the clinical environment status quo.

When it comes to the look and feel of your clinic, where did you get the idea from? Had you seen something similar that inspired you?

It was kind of out of the blue. (Practice co-owner Rebecca Berryman) and I decided that we'd work together and set up a surgery that was a nice place to work — that was the first thing — as well as a nice place for patients to come to. We made the assumption that nobody wants to go to the doctor, unless they can help it.

A lot of the interior design was Rebecca's work. She did an amazing job. We just got ideas from all the places we'd been to, travelling in Australia and New Zealand, and sort of put them all together to get away from the clinical feel. We knew what we didn't like from when we've had to go to the doctor ourselves — so that's white chairs, everybody wearing uniforms, and staff who don't seem to know the patients.

Our place had to be staff-friendly, and patient-friendly.

How does this aesthetic approach align with how your staff conduct themselves?

It's all to make people, first of all, feel welcome. It's as much about the approach by reception staff to patients, to make them feel welcome, as it is about the atmosphere of the place.

As a clinician, why is it important that people are relaxed when they come to see you?

If people are relaxed, then they're more likely to open up. It makes it a lot easier when we're seeing them in our rooms, and it's part of a holistic approach to medicine. If they're relaxed and they trust us, and feel like they're welcome, I think you're more likely to build up a good relationship quickly and be able to encourage them to come back.

Also, word of mouth in a small town is amazing. If you get a name in the community for being a practice that welcomes people and encourages them to come back, then that's known by other people who may hesitate to come to a doctor.

So a lot of it is about positive feedback in the community. I think it's important to encourage people who would not normally come in to see us, to try to get on our books — families, young adults, middle-aged men — and we've certainly got a lot of people coming into us by word of mouth.



What is some of the feedback that you've had from patients about the clinic's interior design? How do people react when they step into the building?

We're kind of used to it, but people do react in awe when they come in. We've had people from Sydney and Melbourne, even overseas, come in, and say they really appreciate it. Many people are very complimentary and say that it helps them relax.

You know what it's like going to a doctor's or a dentist's office and there's all these magazines that are 10 years old and plastic seats — we avoided that, as well as medical posters and medical television.

A lot of people really appreciate not having a focus on ill health, and having a place that they can come and feel welcome and relaxed, instead of feeling fearful before they even get into the doctor.

We wanted to make people feel like it was a different space, and we had tried to avoid the 'clinical feel'. On the whole, 99.9 per cent is positive feedback.

If another general practice or health organisation wanted to reconsider their interior aesthetic, and the patient experience, what advice would you give them?

A lot of people are in rented buildings so they can't make physical changes, but a coat of paint and some carefully chosen artwork can make a big difference. It's about just making the vibe of the place friendly and casual, while at the same time, making it a good place for staff. We have very low staff turnover, because people are really happy coming to work.

We've learned as we've gone along. These are our own ideas and they work well for us. Sometimes you've got to just take a risk and do it. ■

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

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