

primary health matters

TASMANIA'S PRIMARY HEALTH MAGAZINE



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Supporting migrant mental health

Honouring lived experience perspectives

Celebrating rural health achievements

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Cover image: Phoenix Centre Friday Village participants at Glenorchy Tennis Club (story on page 4)

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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From the CEO



In conversations about health, the word 'sustainability' comes up a lot.

How do we make sure Tasmanians can access the support they need, when they need it, and enjoy long-lasting benefits to their health and wellbeing?

This issue of *Primary Health Matters* offers up some inspiring responses to that question. In our 16th issue, we hear from a wide range of voices — clients, service providers, community leaders and more — about the work they're doing to embed sustainable health practices in their day-to-day lives and services.

On a personal level, that includes community members such as Scottsdale's Bobby Young, whose admirable commitment to turning around his mental and physical health with the support of Royal Flying Doctor Service Tasmania (pages 8-9) made headlines in March. Through our rural health commissioned services, Bobby has lost almost 60 kilograms and re-engaged with the wider community through a self-started charity event.

It's a similarly self-motivated story for the mindfulness practitioners known as the Mindful Benders, who participated in an eight-week Mindfulness Programs Australasia course supported by Primary Health Tasmania in late 2018, and have been meeting to practise the stress-reduction skill ever since (page 16).

On a professional level, the insights of those involved in the Tasmanian component of the National Suicide Prevention Trial (pages 6-7) invoke similar themes of taking the key lessons from a funded activity, then embedding them in ongoing community practices.

Likewise, our work trying to map and deftly support health services in the local government area of Tasman (pages 10-11) aligns with the notion of finding long-term and practical ways to improve health access and outcomes for Tasmanians living outside the state's major cities and towns. This relatively new project poses exciting opportunities for deeper collaboration with community members, service providers, and the Tasmanian Government.

On top of all this, a second and equally vital theme emerges from this issue of *Primary Health Matters*: the power of lived experience expertise, and how to measure and embed it in primary health services. We explore the lauded work of Greg Taylor, who we supported to develop the Lived Experience Participation Tool (page 3) with our friends at the Alcohol, Tobacco and other Drugs Council Tasmania. The tool is a thoughtfully curated research aid that aims to help alcohol and other drug treatment providers to evaluate their current level of lived experience input and find opportunities to enhance it into the future.

Sustainability and lived experience are two hugely pertinent issues to our health sector.

They're also key ingredients for a more ethical and accessible system that serves the needs of all Tasmanians. ■

Phil Edmondson
CEO
Primary Health Tasmania

Capturing lived experience perspectives on Tasmania's alcohol and other drug services

The Lived Experience Participation Tool is a gentle, practical resource for improving lived experience participation within alcohol and other drug treatment services.

Launched in 2021, the tool has been positively received by both staff and people with lived experience who appreciate the way it promotes healthy dialogue and alignment among staff and people accessing services, offering up an exemplar for meaningful engagement.

The tool is the work of Greg Taylor on behalf of the Alcohol, Tobacco and Other Drugs Council Tasmania, supported by Primary Health Tasmania, and helps users examine:

- the experience of those accessing the service
- the experience of those working at the service, including its attitude to lived experience participation
- how people accessing the service can influence the service, including design and delivery
- how people accessing the service can influence the sector.

The Lived Experience Participation Tool is deliberately designed to step both clients and staff through these four sections, while at the same time, creating transparency and encouraging vulnerability in a supportive space.

Greg, who was asked to present the tool at the Australasian Professional Society on Alcohol and other Drugs (APSAD) conference in November 2021, says the value of measuring — then elevating — lived experience

participation in an alcohol and other drug service setting can't be overstated.

"When you first go into an alcohol or drug treatment setting, it really helps to see someone who's been through that same service because it creates this 'walking with' philosophy," he says.

"Often, people who enter these treatment settings have lost a lot in their lives, and we know that in the alcohol and drug sector, it might take people a couple of decades to reach out.

"A negative experience can cause people to bounce off the system and not trust it. But if you have that perspective of lived experience in the service at all levels, it can be very, very powerful."

Emily Ebdon from Anglicare Tasmania's needle and syringe program used the tool as part of Greg's research into its function and impact, and says its capacity to facilitate an open and constructive discussion was valued by staff and clients alike.

"I thought the people involved really appreciated having their say and having a seat at the table, so to speak," she says.

"I got the impression that people were really honest about their opinions on the service."



Emily Ebdon

While it's always nice to get positive feedback, Emily says the insights the tool elicited from clients about what the program could do better have given her a richer understanding of their perspectives.

"It was good to talk about our feedback processes as an organisation and have our clients be part of that conversation with transparency," she says.

"I would love to see the Lived Experience Participation Tool utilised more often, and more broadly.

"I think it's extremely valuable for all involved." ■

Want to know more? Contact the Alcohol, Tobacco and other Drugs Council via www.atdc.org.au

"If you have that perspective of lived experience in the service at all levels, it can be very, very powerful."

— Greg Taylor



"It's all about establishing the connection between their mental health and their overall wellbeing, while at the same time supporting social cohesion."

— Thir Bahadur Thapa

(L to R) Gulbibi Ahmad-Hussin and Norouz Ali Mohammadi

Rallying behind Tasmania's migrant communities to strengthen social connection

Gulbibi Ahmad-Hussin doesn't like staying home.

When she's there, she says it's hard to avoid news reports of war in her home country of Afghanistan, as well as the Russian invasion of Ukraine.

"When I'm home I listen to the news and it's all about war, and it makes me anxious," she explains through an interpreter.

Content warning

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.

"But I'm not healthy physically — I've got a backache and I can't walk much, so I have to stay home a lot."

But Gulbibi gets a reprieve by coming to an initiative of the Migrant Resource Centre Tasmania's Phoenix Centre called Friday Village, which is a wellbeing group open to anyone from a culturally and linguistically diverse background.

Friday Village participants do a wide range of activities including practising their English, visiting the Botanical Gardens and — thanks to a collaboration with the Glenorchy City Tennis Club — striking a few balls on the court.

It's part of a service commissioned by Primary Health Tasmania, aimed at preventing suicide in the state's culturally and linguistically diverse communities.

"It's such a good opportunity to get out of the house and leave the negative news behind," Gulbibi says.

Fellow Friday Village participant Norouz Ali Mohammadi, who also originates from Afghanistan, says he enjoys learning about managing one's health and wellbeing through the information sessions Migrant Resource Centre Tasmania staff run alongside the weekly activities.

"When we come here, it's fun," he says.

"We have a good time, and we learn things."

The Hobart group currently numbers roughly 15-20 attendees and includes people from Afghanistan, Bhutan, Burma and Korea.

Phoenix Centre officer Thir Bahadur Thapa says he makes a concerted effort to combine social activities with short, focused presentations on health and wellbeing topics that support good mental health.



"It's all about establishing the connection between their mental health and their overall wellbeing, while at the same time supporting social cohesion," Thir says.

Phoenix Centre manager Jane Carlson says participants of Friday Village can find it difficult to understand and navigate the health system.

"Often they've come to a place where they don't know local services and they don't know the protocols about how they even access local services, and that contributes to a sense of isolation," Jane says.

"We look at Friday Village in terms of building protective factors, in terms of health broadly as well as social relationships.

"It's about connecting to something that's in your community and hopefully then creating some pathways for people to have that ongoing connection."

Admittedly, facilitating social interaction in a group that speaks a variety of languages can be tricky — which is where conversation-light activities such as tennis, plus language support workers, come in.

Traditional music is also played as the group members are guided through drills by the Glenorchy City Tennis Club's Sahil Sahil, who took up the head coach mantle in February this year.

The club has a strong focus on celebrating and facilitating multiculturalism, captured in a stunning mural by Tasmanian-based artist Jamin that serves as a vibrant backdrop to the clubhouse and courts.

"This mural celebrates diversity and multiculturalism through its depiction of birds and flowers from Sudan, Nepal and Tasmania," Jamin explained on his Instagram.

"On the left is the Sudanese Secretary Bird and Hibiscus, on the right is the Nepalese Monal and Rhododendron, and in the middle is the Tasmanian Wattle Bird and Waratah.

"These elements are joined by circular geometries that hint at the wall's use — it's a hitting wall for tennis!" ■

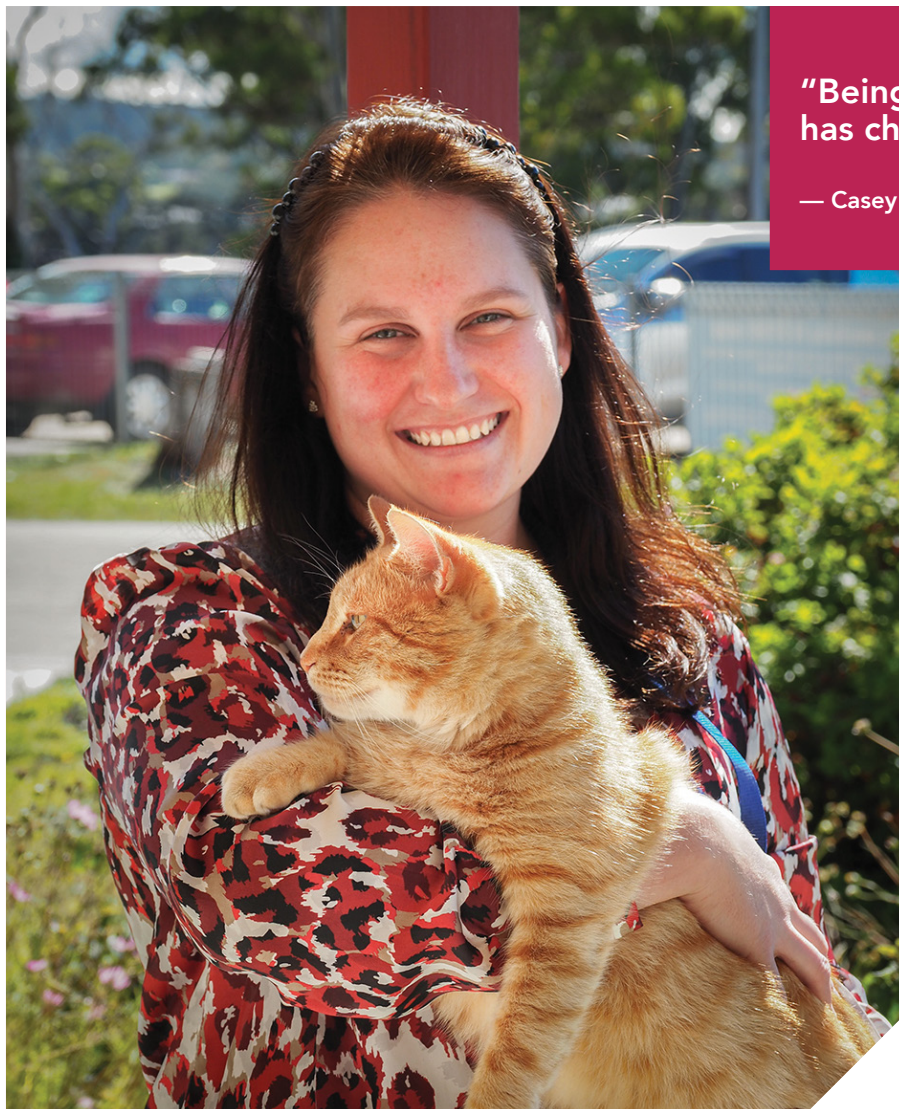
Want to know more? Go to tasp.hn/3tlZU9u

Primary Health Tasmania supporting cultural and linguistically diverse individuals and communities

Primary Health Tasmania has commissioned the Migrant Resource Centre Tasmania to provide the Culturally and Linguistically Diverse (CALD) Community Connections Project.

It aims to build resilience and increase capacity to respond to suicide risk within CALD individuals and communities living in Tasmania.

It's available to CALD individuals and communities seeking support and/or community capacity building to improve awareness and responsiveness to suicidality.



"Being involved in the trial has changed my life hugely."

— Casey Musicka

Now, she's glad she didn't.

"Being involved in the trial has changed my life hugely," she says.

"I have never worked in anything like this in my life before.

"The best part of this job is when you're out and amongst people and being able to say — and not in a pitying way — that I hear what you're saying, and I can't imagine what it's been like for you."

Casey first got involved in the trial in 2017 when she joined the local working group as a volunteer and went on to take the lead as the Break O'Day coordinator in 2019.

Asked to reflect on what the past five years have taught her about community-level suicide prevention, she talks emphatically about the vital role of relationships, commitment, and planning — all key ingredients for Break O'Day's Community Suicide Response Plan.

"The Community Suicide Response Plan was one of the key things that the trial managed to get up and running, and brings together all the key stakeholders such as police, education staff, sporting clubs, and so on," Casey explains.

"In the event of a suicide, we will be advised we all need to meet — we won't be told who has died, or how, or anything — but rather, we determine which areas of the community most need support and who is best placed to provide that."

In a lot of ways, Casey says the plan formalises and streamlines (through the St Helens Neighbourhood House) a well-meaning desire by community members to provide support and assistance to fellow locals.

"We really needed to make sure there was a proper framework about it, so we didn't have an inundation of well-meaning citizens trying to do something but not achieving much," Casey says.

"Because it's all hosted by the Neighbourhood House, we can send out the support, and make sure it's all coordinated."

Drawing sustainable lessons from the National Suicide Prevention Trial

Break O'Day local Casey Musicka admits there were times when she felt like walking away from her role in the National Suicide Prevention Trial.

Content warning

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

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SUICIDE PREVENTION

Beyond the plan, Casey says the trial has instilled valuable lessons about both the power and necessity of including lived experience voices in suicide prevention activity, as well as the vital contributions of local volunteers.

But you also need one or two key people driving things and documenting it, she says, otherwise there's too high a risk that inevitable staff movement will disrupt momentum, meaning hard-won relationships with service providers will fall to the wayside.

"Service collaboration is super powerful when it happens, but with a lot of services having regular changes to their staff structure, it's quite hard," Casey says.

"So, it's really about making sure that you're putting in the time and work to constantly maintain the networks."



John Davis spent four years participating in the National Suicide Prevention Trial in his capacity as a community development team leader at the City of Launceston, and while he's since retired, he's confident the lessons and insights from the trial will endure in how the council operates into the future.

Mental health and wellbeing is now explicitly named up in the council's community development framework, and position descriptions for community development officers are being developed to incorporate working within the local mental health 'sphere' as an ongoing part of their work.

Broadly, John is particularly proud of the work the Launceston trial site has done to equip people with safe language around suicide so they feel comfortable engaging with others on the topic.

"I think one of the main takeaways has been that when we started the trial, there was a fair bit of ignorance around how to speak about suicide," John says.

"People were very shy about it, or they just didn't want to feel like they were triggering anybody by having a suicide conversation with them if they were worried about them.

"That was an important thing that we developed a lot of training around."

Community education proved a cornerstone of the Launceston trial site, with a strong focus on lived experience training such as that provided by Roses in the Ocean, as well as Flourish Tasmania.

"Building community awareness was very, very valuable: I think we've had over 1000 people been through some form of suicide prevention or suicide intervention training, which has been amazing," John says.

"That's a fairly good percentage of the 45,000 people who live in the municipality."

Like Casey, John credits the active involvement of people with lived experience — both in the working group and trial activity broadly — with sharpening the focus and impact of the Launceston site's suicide prevention work.

"Having lived experience representation on the working group was really, really good. It was like a barometer for the group, where if we started to talk about something that we thought was a good idea and they didn't, they'd call us on it."



Small doesn't mean insignificant.

That's one of the key insights Relationships Australia's Simon Reeve has taken away from his involvement with the north west's suicide prevention activity which, unlike its Break O'Day and Launceston counterparts, spanned three distinct local government areas: Burnie, Central Coast, and Devonport.

While the muck-work of managing local government logistics was a challenge at times, Simon says the local trial activity gained real traction when it turned its attention to empowering grassroots organisations such as local sporting clubs.

"When the extension of funding was announced (in January 2020), there were caveats on top of that of saying we couldn't do anything completely new — it had to be something that was sustainable," he says.

"What brought out more small community groups within the north west.

"So things like the East Devonport Blokes' Group: all they wanted was boys' football shirts that had the

The National Suicide Prevention Trial in Tasmania

In 2016, the Australian Government launched the National Suicide Prevention Trial — an initiative focused on trialling a collaborative and system-based approach to suicide prevention in 12 regions across Australia.

The trial aimed to test how community-led approaches can help reduce the rate of suicide attempts and deaths through the Black Dog Institute's LifeSpan model.

Tasmania was one of 12 sites around the country that took part in the trial and focused on men aged 40-64, as well as men and women over the age of 65.

Three Tasmanian locations took part in the trial:

- Break O'Day
- Launceston
- Burnie, Central Coast and Devonport.

appropriate logos and that had a (suicide prevention) message on them."

These homegrown initiatives became even more powerful when the COVID-19 pandemic arrived in Tasmania in 2020, with a hospital-based outbreak taking a particular toll on the north west.

"At that time, with COVID, we discovered a whole lot of little hidden things that were often really small — like one was the RSL Club delivering cupcakes for kindness for people who were in lockdown in their own homes, and with that, also delivering some information about where to get support," he says.

"I was really surprised at the variety of projects that we came up with, or that came to us.

"It was very individualised." ■

Want to know more? Go to www.primaryhealthtas.com.au/suicide-prevention-trial-tasmania



"Bobby's transformation has been huge. I'm very proud of him."

— Scott Tomkins

"I want to at least see my kids grow up. He never had that chance with all of us, and my mother's mum died of a massive heart attack, so there's risk on both sides."

Since making the decision, Bobby has made huge strides in improving his health and wellbeing.

After his GP referred him to Royal Flying Doctor Service (RFDS) Tasmania's rural health program for mental health support, he's shed almost 60 kilos over 12 months and is well on his way to sustainably achieving his goal weight of 100 kilos.

RFDS Tasmania is one of two service providers supported by Primary Health Tasmania to support people such as Bobby who are living with chronic health conditions in rural parts of northern Tasmania.

To celebrate his health achievements, Bobby walked from the top of Billycock Hill to the Scottsdale Recreation Ground on Sunday 20 March as part of the 'Bobby on the Billycock' event, which raised money for RFDS Tasmania and autism not-for-profit Giant Steps Tasmania.

It was a major milestone in a journey that began when Bobby met RFDS Tasmania physical health worker Scott Tomkins, who has been instrumental in guiding and motivating Bobby along his health journey.

"Bobby's transformation has been huge. It's life changing," Scott says.

"We set a goal of five kilos a month, and that's achievable. In the longer term, that's also going to be more sustainable, rather than a fad diet where you drop weight suddenly and within a few months you just put it all on again."

(L to R) Royal Flying Doctor Service Tasmania physical health worker Scott Tomkins and Bobby Young

Making life-changing transformations in northern Tasmania

There wasn't a specific moment or set of circumstances that inspired Scottsdale local Bobby Young to turn his life around.

Rather, at roughly 186 kilos, and with a family history of heart disease and two young children of his own, he simply decided it was time to make a change.

"I was fourteen when my father died of a heart attack," Bobby, who developed high cholesterol and fatty liver disease, says.



Bobby finishing his Billycock walk

And while Bobby's physical transformation is impressive, Scott says it's matched with huge inroads with his mental health, including a marked reduction in his experience of panic attacks.

"You think you're dying, really," Bobby says. "In reality, you're not, but at the time, if you don't know what's going on, that's what you're thinking."

"You wouldn't go anywhere because you'd be frightened you'd have one."

"Now, I do have some days where I'm probably down more than others, but it's definitely a lot better."

Scott says he's immensely proud of what the 37-year-old has achieved so far and wants him to continue carving out the next chapter of his life in a goal-oriented way.

It's a chapter that Bobby hopes will involve pursuing his own studies in fitness and personal training, so he can help motivate others to chase their own health goals.

Bobby says it's an aspiration he says wouldn't have been possible without Scott, who also lives in Scottsdale, being there to provide support and keep him accountable.

"If I didn't have Scott, I would have quit ages ago. But he said, 'You won't be quitting, or I'll be knocking on your door!'" ■

Want to know more? Go to <https://services.primaryhealthtas.com.au/chronic-health-conditions-rural-areas-north>

Primary Health Tasmania supporting rural health in northern Tasmania

Primary Health Tasmania has commissioned two organisations to support people living with certain chronic health conditions in the local government areas of Break O'Day, Dorset, Flinders Island, George Town and Glamorgan Spring Bay:

- Royal Flying Doctor Service Tasmania supports people living with mental health conditions, cardiovascular disease, chronic obstructive pulmonary disease, and dementia
- Diabetes Tasmania provides diabetes education and support services, as well as support for GPs and other healthcare providers delivering diabetes care.

"This project has been great because it's gotten us together and talking."

— Leeanne Triffitt

Working with the
community to improve
health outcomes in
Tasman

Casey Garrett

The Tasman Project is a collaboration between Primary Health Tasmania, the Tasmanian Health Service, and Health Consumers Tasmania.

It is aimed at conducting thorough community and workforce consultation on the healthcare needs of the Tasman community and using the findings to inform future planning for health services in the region.

What are some key features of the Tasman local government area (LGA), including the health of people who live there?

- The Tasman LGA is located on Tasmania's south east coast and comprised of the Forestier and Turrakana/Tasman peninsulas.
- It has a population of roughly 2500 that is regionally dispersed, with most people living in and around places such as Nubeena, White Beach, Highcroft, and Port Arthur.
- The median age of residents is 57, compared to Tasmanian average of 42.
- More adults in the Tasman LGA are likely to experience high or very high levels of psychological distress compared with Tasmania overall.
- During 2015-19, coronary heart disease (12.8%), dementia including Alzheimer disease (9.8%), lung cancer (6.8%), chronic obstructive pulmonary disease (6%), and stomach cancer (3%) were the leading causes of the 133 deaths in the Tasman LGA.

What has the Tasman Project done so far?

At this stage, the project work has involved:

- thirteen 'kitchen tables' conducted by Health Consumers Tasmania, involving more than 80 community members, about their health needs
- a consultation session with 19 local primary health providers
- an environmental data scan conducted by Primary Health Tasmania, that provided insight into population health data, the different services visiting or operating in the region, and any environmental factors that influence the health and wellbeing of residents

- briefing the Tasman Council on the purpose of these consultations and an overview about the project's next steps.

What were the key themes that emerged from the consumer consultation process?

- The most important primary healthcare provider is a consumer's local GP followed by their local community pharmacist.
- Consumers said calling an ambulance, family or friend, or driving to an after-hours GP clinic located in Hobart were the most common ways to access after-hours care.
- Bulk-billing rates were raised in many sessions and the cost of Medicare gaps was of concern for a population that was at the lower end of the economic scale.
- Tasman locals felt a genuine need to upskill community representatives in first aid and mental first aid as one way to address the current shortage of medically skilled people located in their community.
- There was a high focus on mental health issues for all age groups and genuine need for more knowledge on how to respond to those expressing the need for support and an expressed desire for more mental health services for the area.
- Consumers wanted to take charge of their health care needs by being proactive. They wanted an increase in low-cost preventative health measures which included allied health services, home help and access to aged care packages, but also items such as exercise classes and other ways to meet that diminished isolation.

What insights have community members and healthcare providers taken away from their involvement in the Tasman Project?

Casey Garrett, Tasman Councillor:

"One thing I've really taken away from this process is just how hard our health professionals work and their dedication to what they do. I've also been given a lot of food for thought around the opportunities to utilise our existing workforce to provide support services to our allied health professionals. It is a really great way to upskill our local community and to help provide continuity of care and services."

Leeanne Triffitt, facility manager at Huon Regional Care:

"I wasn't surprised by the things that have come out of the kitchen tables, especially the point about after-hours support on a local level. But this project has been great because it's brought us together and got us talking, so we know each other. That's important because I don't think that the help is going to come from anywhere but within — within the community, and within the services that already exist in Tasman."

What are the next steps for the Tasman Project?

The project work thus far has enriched the partner organisations' understanding of the health needs of Tasman, and provided invaluable ideas about opportunities for improved service delivery in the area, such as:

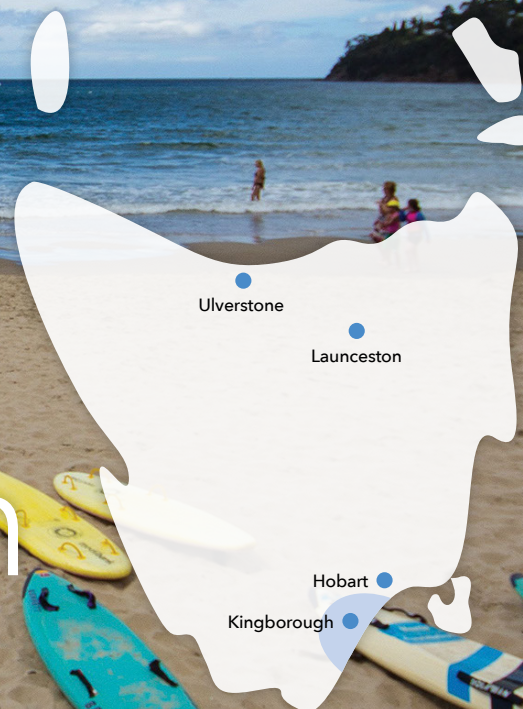
- facilitating active conversations about how services are funded into the future to support better coordination of care, and consistency of service delivery
- reviewing how better access, both in-hours and after-hours, to services contributes to better health outcomes
- working on improving access to health-related information by consumers and health professionals
- working towards having an integrated, connected, and supported workforce that is able to work to the full scope of its practice.

The next phase of the project will see the Tasman Clinical Services Action Group (led by the Tasmanian Health Service and Primary Health Tasmania) and the Community Health and Wellbeing Advisory Committee (led by Health Consumers Tasmania) working to support the implementation of initiatives and activities over the coming years in line with the lessons learned. ■

Want to know more? Go to www.primaryhealthtas.com.au/what-we-do/how-we-help-the-community

¹ Source: Health Needs Assessment Tasman Peninsula, February 2021, Health Consumers Tasmania

Kingborough



Geography

One of five municipalities that comprise the Greater Hobart region

Home to one of the longest coastlines in the state, stretching 336 kilometres, running from the northern boundary of Taroona down to Verona Sands

Kingston is the major commercial, retail and administrative centre for the municipality, with other towns including Taroona, Blackmans Bay, Margate, Snug, Kettering, Woodbridge, Middleton and Alonnah on Bruny Island

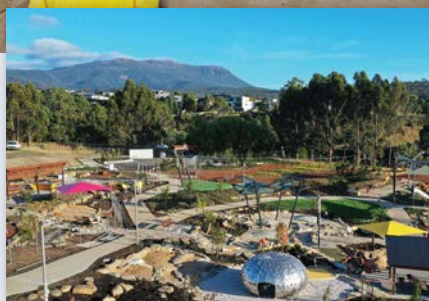
Host to the headquarters of the Australian Antarctic Division.

Population

38,628 people

Median age is 42 (same as state average)

Aboriginal and Torres Strait Islander people make up 3.6% of the population (state average is 4.6%).



Health risk factors

46% of residents rate their health as 'excellent' or 'very good' (state average is 37%)

57% of the population are overweight or obese according to Body Mass Index (state average is 58%)

93% eat less than two serves of vegetables per day (state average is 91%)

20% consume two or more alcoholic drinks per day (state average is 19%).

Immunisation

94% of children are fully immunised by the age of five (state average is 96%).

Primary Health Tasmania supporting Kingborough

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
- health and wellbeing services for Aboriginal people
- alcohol and other drug treatment services
- mental health and wellbeing services (see more on page 16)
- suicide prevention services.



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

Images courtesy of Kingborough Council

Persistent pain in Tasmania

Pain is a protective response that makes you do — or not do — something to protect the painful body part.¹

We've all experienced it. But when does pain go from an experience to a medical condition?

Here, we unpack Tasmanian health data that informs clinical pain management, and explain what we mean when we talk about 'persistent pain'.

How is pain defined and what does it mean when it's described as 'persistent'?

There are two main categorisations of pain: acute and persistent.

Acute pain is typically short-lived and sudden, fading once the underlying problem (such as an infection or sprain) has been properly mended.

But persistent pain — also known as chronic pain — is consistent and enduring in nature. Clinically, it's defined as constant daily pain for a period of greater than or equal to three months, experienced within a six-month window.

Most people with persistent pain have a diagnosis other than cancer that is associated with their pain.

How does Tasmania compare to other Australian states when it comes to people living with persistent non-cancer pain?

According to the Australian Institute of Health and Welfare (AIHW), persistent non-cancer pain is a major cause of disability and affects approximately 20% of our national population.

Rates of persistent non-cancer pain are higher in the Tasmanian population than Australian rates.

What co-morbidities are most likely to occur when someone is living with persistent non-cancer pain?

The AIHW suggests people living with persistent non-cancer pain are more likely to also be living with one or more long-term health conditions, including:

arthritis
asthma
cancer
chronic lung disease
diabetes
effects of a stroke
heart disease
high blood pressure
a mental health condition
osteoporosis.

How is persistent non-cancer pain managed?

Management of patients with persistent non-cancer pain is complex. Collaboration is really important to get the best outcomes for the patient.

As an initial step, serious causes of pain need to be excluded. Once they have, pain is managed with a multi-pronged approach that includes patient education and self-management support, physical therapies and managing psychological wellbeing.

Sometimes medication, procedures or surgery may be needed.

What evidence-based, preventive measures can be taken to reduce the risk of developing persistent pain?

General approaches to the prevention of persistent non-cancer pain include, wherever possible, identifying and treating the underlying cause of the pain.

It's important to make sure acute pain is treated adequately because inadequate acute pain management is a risk factor for developing persistent non-cancer pain, and assessing and managing risk factors for developing persistent non-cancer pain.

Lifestyle factors also play a big role. Protective factors, such as exercise, healthy diet, sleep, good coping skills, positive patient beliefs (e.g. perceived control over pain), and social support, reduce vulnerability to persistent non-cancer pain and can create more positive outcomes. ■

[References available on request](#)

¹ Pain Revolution 'Pain is always real' resource



Vera Nickson

Seizing digital opportunities to improve Tasmanians' mental health

From little things, big things grow.

They're wise and well-known words from Paul Kelly and Kev Carmody — and also a good way to think about improving your health and wellbeing, according to North Motton local Vera Nickson.

"It's about all the little things you do, the little changes that you want to make, but that you sometimes need that little bit of extra motivation to get there," she says.

Vera has found that motivation through the Ulverstone HealthCi program.

HealthCi is a holistic program that supports people to make positive changes to their health and wellbeing. It aims to address early symptoms or indicators of poor health and wellbeing that may indicate a risk of mild mental illness.

In practice, this means blending one-on-one support from allied health and wellbeing coaches with a dedicated mobile app featuring information and guidance about:

- mental health
- physical health
- lifestyle habits
- sleep and fatigue.

Primary Health Tasmania has commissioned Healthy Business to pilot the program for adults living in the Ulverstone area (7315 postcode) until December this year.

For Vera, it's a great way to get the support she needs to stay on track with her health goals without needing to wait for or commute long distances to appointments.

"Taking on something new for your health is about working towards the life that you want to have," the 32-year-old says.

"It's great that HealthCi is easily accessible, free, and focuses on your individualised goals."

And Healthy Business isn't the only organisation taking up digital arms in the fight against mild mental illness, or the risk of it — several of Primary Health Tasmania's other commissioned providers of low intensity mental health services either use, or are entirely delivered via, digital means.

This includes Mindfulness Programs Australasia, which delivers Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) group sessions to communities around the state.

While the program has always offered a telehealth option, Mindfulness Programs Australasia co-founder Christine Hiltner says the peaks and troughs of the COVID-19 pandemic have seen a rise in online sessions.

"When we had to change to fully online to accommodate COVID, I didn't think for a moment that the format would have the same sort of outcomes — but it absolutely does," Christine says.

MENTAL HEALTH

"I was really amazed, and pleased.

"I would have sort of thought the opposite, but because we run online sessions with fewer people, when we go around the room, everyone contributes."

Christine says the flexibility and accessibility of telehealth — while by no means ubiquitous in Tasmania — can be a decisive factor in securing the engagement of people who live in rural and remote areas.

"People that are really rural say, 'Thank goodness this was online, because I can do it'," she says.

"There's also the people who can just stay at work, or go home and do it, without having to drive a long way.

"It was also quite interesting during COVID, because a lot of organisations allowed their staff to do a course whilst at work, just on their own in a private room."

Christine says even clients without experience using videoconferencing software have found ways to adapt to Zoom-based sessions as part of the MBSR course, including a widowed elderly woman who had never used the program before.

In turn, the woman was able to use her new mindfulness skills during a visit to the emergency department for a suspected broken ankle, to avoid becoming agitated and overwhelmed while waiting to receive an X-ray.

"Another 50 minutes later, after being seen by a nurse, doctor and being X-rayed, I was told I had not broken my ankle but had a severe sprain," the client recalled.

"Throughout this experience I had remained calm and positive."

Telehealth is also a key component of headspace's work in early intervention mental health support for young people, both insofar as conducting local appointments via telephone or online, as well as the national eheadspace service.

The latter is particularly powerful as an entry point for young people who are seeking help for the first time, headspace National's Carsten Schley says.

"When we had to change to fully online to accommodate COVID, I didn't think for a moment that the format would have the same sort of outcomes — but it absolutely does."

— Christine Hiltner

"We know that for about 40% or so of people coming to eheadspace specifically, for which we have the data, they have not had contact with mental health services before," he says.

"So it is a really good way of enabling people to reach out for help, where they are still fairly pre-contemplative, and might not have walked into a GP clinic or into a headspace centre."

But fully integrating these first moments of digital contact via eheadspace with the localised work of Australia's 148 headspace centres is still a work in progress, Carsten says.

"In the future, what we're certainly hoping to be able to achieve is to marry the two up so it's not 'either you're doing digital or you're doing face-to-face work' — rather, you can do an 'and', and augment the two.

"For example, some centres have trialled integrating online assessments so when young people have first made contact, they're being sent a link to a form to complete in their own good time, that gives the headspace centre a heads-up.

"That means the centre can already start making recommendations on the basis of that assessment before they have even seen the person face-to-face or via telehealth."

Online assessment and treatment is the entire remit of Remedy Healthcare, which delivers free online and telephone-based mental health support, including its MindStep program and the culturally informed equivalent for Aboriginal and Torres Strait Islander people, Healing Minds services.



Christine Hiltner

The two services — developed in partnership with Flinders University — aim to reduce psychological distress and improve quality of life by helping people self-manage their mental health and wellbeing.

Remedy Healthcare spokesperson Helen Matthies says telehealth-enabled mental health interventions can also benefit the workforce, as well as the clients.

The telehealth format means sessions can be recorded with client consent and used as a training resource later on.

While digital interventions have clear benefits, they're most effective when used as a complement to — rather than replacement for — face-to-face therapies, Primary Health Tasmania's Grant Akesson says.

"Whether it's in person or via an app, the most important thing is that the person is getting the help they need, in the way best-suited to their needs," he says.

"We're proud to work with providers who are flexible and innovative in their use of digital technologies to support Tasmanians living with, or at risk of, mental illness." ■

Want to know more? Go to services.primaryhealthtas.com.au/mental-health-and-wellbeing-adults

Creating a long-term mindfulness practice from a short-term course

When Nick Bakker did an eight-week mindfulness course back in 2018, he had no idea the experience would evolve into an enduring element of his daily life.

The Kingston-based teacher had signed up for Mindfulness Programs Australasia's Mindfulness-Based Stress Reduction (MBSR) program on the recommendation of a colleague and hoped it would reduce the impact of work-related stress.

"My work as a teacher can often feel super overwhelming, and I often use the skills I learnt in the course to handle these situations," Nick says.

"I also understood and appreciated the importance of building a commitment to mindfulness practice.

"My thought at the completion of the course was to establish a 'routine' in my practice for it to last."

To say Nick succeeded in this goal would be an understatement. After completing the course in mid-2018, Nick and about 10 other participants decided to meet on a weekly basis to continue their fledgling mindfulness practice in a group setting.

For Nick, creating a weekly meet-up was a way to protect and sustain the skills and lessons about self-managing one's mental wellbeing he had gleaned from the eight-week course.

"I steered the progress of the group as I felt that without a commitment and routine of practising, the benefits of the MBSR course would be simply lost in the standard 'busyness' of daily life," he says.

Now known as the Mindful Benders, the group meets in Kingston every Tuesday night and has a core group of about five members, with participants' ages ranging from 15 to mid-60s.

In addition to the weekly meet-ups, Nick says the Mindful Benders get together for weekend trips throughout the year to commit to longer sessions of mindfulness, as well as complementary activities such as mindful movement and sustained silence.

Primary Health Tasmania supports the Mindfulness Australasia Programs course with Australian Government funding as part of its commissioned low intensity mental health services, which aim to provide support for Tasmanians with or at risk of mild mental illness. The course is offered throughout Tasmania.

The enduring and self-governing group illustrates the long-term lessons that can be extracted from relatively brief engagement with mental health and wellbeing services, Primary Health Tasmania's Grant Akesson says.

"I felt that without a commitment and routine of practising, the benefits of the course would be simply lost in the standard 'busyness' of daily life."

— Nick Bakker

"Our low intensity mental health services are designed to encourage people to self-manage their mental health and wellbeing, and what better example of how that can take shape than this dedicated community-based group," Grant says.

"It's an important reminder that looking after your mental health doesn't mean receiving one-off or short-term support from an external agency — it can also mean creating spaces and routines within your personal networks to support long-term outcomes."

For Nick, the trick is to find people who share your dedication and commitment to the health goal in mind, and get connected.

"Commitment to regular mindfulness is tough on your own, but a group of like-minded individuals will help you maintain your practice, gratitude, and enjoyment." ■

Want to know more? Go to services.primaryhealthtas.com.au/mental-health-and-wellbeing-adults



The Mindful Benders

Connecting Tasmanian carers to the support they need

Helen* is a registered clinical counsellor and an experienced educator who came to Tasmania with her husband Geoff six years ago.

On their arrival, Geoff had a heart attack and then a stroke a year later. Since then, he's also developed diabetes and dementia.

Looking back, Helen can't pinpoint where her role as a wife morphed into that of a full-time care and an 'aged care nurse'.

"I was like a frog in water on the stove, taking each step into my stride, until I realised I was gradually being boiled to death," she says.

Helen had previously cared for her mother and her husband's parents, but says nothing prepared her for the intensity and pressure of being a full-time carer for an ageing partner.

And her situation is not unique. The most recent Australian Bureau of Statistics research suggests more than 80,000 Tasmanians are providing informal care — about one in six, which is the highest ratio in the country.

"Most carers don't appreciate that they are a carer, meaning they're less likely to reach out for support."

— David Brennan

Carers Tasmania chief executive David Brennan says factors such as being the most aged state, having the highest rate of chronic conditions and, on average, lower salaries than mainland workers contribute to a "pretty bleak picture" of carer experiences in Tasmania.

"On top of that, most carers don't appreciate that they are a carer, meaning they're less likely to reach out for support," David says.

Even so, making it as easy and efficient as possible for carers to identify and access the supports available to them is the key focus of a collaboration between Primary Health Tasmania and Carers Tasmania.

This shared project aims to raise awareness of online and in-person supports available to carers, such as:

- **Carer Gateway** — an Australian Government initiative delivered through Carers Tasmania/Care2Serve, where carers can access counselling, coaching, advice, respite and in-home support, and connection with other carers.
- **Carer Gateway's online resources** — providing tips and tools for carers, free short courses, online coaching, and information.
- **Tasmanian HealthPathways** — Primary Health Tasmania's online clinical pathway portal that helps primary health professionals plan care alongside local services, including the referral of carers to support services.

The collaboration also involves the development and dissemination of research, such as:

- **an annual mapping of services for carers across Tasmania**
- **sharing Primary Health Tasmania's Tasmanian Health Needs Assessment reports.**

"We didn't want to reinvent the wheel. It was more about identifying gaps that we could fill in what's already out there," David says.



David Brennan

"It's not easy having to deal with multiple systems — whether that's Centrelink, advance care directives or My Aged Care. There's a whole range of things that carers can get lost in."

Primary Health Tasmania's Martina Wyss says a key achievement of the project so far has been connecting the different resources on the various platforms, such as Tasmanian HealthPathways' clinical pathways, the Carer Gateway (through Carers Tasmania staff) and carer-related information on FindHelpTAS.

FindHelpTAS provides a central online directory of services that support the health and wellbeing of Tasmanians. By clicking on the Carers tile, users are connected to a searchable inventory of support services that they can filter according to their local region, council, or suburb.

"While it's a simple change, adding the tile to FindHelpTAS helps Tasmanian carers quickly and easily figure out what's out there, on a local level, for them," Martina says. "On top of that, service providers can consult FindHelpTas too, and use it to scan the local options for a carer they may be engaging with.

"It's also really important to raise visibility of caring as a distinct role that sits out the usual realm of being someone's loved one." ■

**Surname withheld for privacy.*

Want to know more? Go to www.carergateway.gov.au



"In many ways, they're homeless while they're at home, because it's not a safe place either."

— Dr Catherine Robinson

(L to R) Life Without Barriers' Romilly Davis and Amanda Burley from the #synergy program

Putting the 'hidden' Tasmanian kids experiencing homelessness in the research spotlight

A 15-year-old girl who has experienced intimate partner violence including coercive control, physical abuse, and sexual assault.

Content warning

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.

A 16-year-old boy who was physically abused by his stepfather and sexually abused by his step-grandfather.

A 17-year-old boy whose primary caregiver — his grandma — died by suicide.

A 15-year-old girl who witnessed her father's self-harm.

Reading through the 15-strong list of young Tasmanians who participated in Dr Catherine Robinson's research on unaccompanied child homelessness and mental ill-health, one word appears next to almost every name.

Abuse.

As part of a qualitative research project conducted through Anglicare Tasmania's Social Action and Research Centre, Catherine spent three months conducting in-depth interviews with young Tasmanians with lived experience of unaccompanied homelessness and mental ill-health. She also interviewed a wide range of predominantly community sector and school-based professionals who provide health, mental health, outreach and accommodation support to children and young people.

The purpose of this research is to better understand the mental health experiences and service needs of children who experience homelessness alone, without a parent or guardian present.

The research has a particular focus on the system and service changes needed to ensure this highly vulnerable group of children have access to appropriate care, including mental health care.

Primary Health Tasmania participated in the multi-agency, cross-sector reference group contributing to Catherine's research, that she says "challenges the easy narrative within the community that child and youth homelessness is about naughty kids who can't handle discipline".

"It's not like these kids have had a happy, well-supported childhood and then as they've gotten older, they've developed mental health problems and become homeless," Catherine says.

"These are kids who from day one, experience some form of abuse, neglect, grief and family conflict.

"In many ways, they're homeless while they're at home, because it's not a safe place either.

"Fundamentally, the best way to think about it is that these are children who have experienced often profound childhood adversity."

The project report illustrates that the outcomes of this adversity include homelessness and worsening, complex mental health issues experienced during adolescence.

While there are multiple agencies and providers with responsibility for child and youth homelessness and mental health, Catherine says unaccompanied children are often let down by a sector-wide bystander effect.

"These are kids who are sitting in the middle with this enormous array of different government agencies around them, and they're just falling through every single one of them," she says.

"They touch every system and are held by none. Their lack of effective guardianship and homelessness paradoxically can make them ineligible for the care and mental health service provision they so urgently require."

Primary Health Tasmania spokesperson Lou Cornish says Catherine's research is vital because it thoroughly examines why children and young people experiencing homelessness in Tasmania are at higher risk of developing mental health challenges compared to other young people in the community.

"We acknowledge the adverse health outcomes young people experiencing homelessness face, and the challenges they have to contend with if and when they try to access basic health care," Lou says.

Primary Health Tasmania's commissioned providers participated in the research, including Life Without Barriers social worker Romilly Davis and clinical psychologist Amanda Burley from the #synergy program.

The program works with a diverse group of young people, many of whom experience difficulties with housing, Amanda says.

She says the wraparound nature of the program means she's often trying to help young people find stable and secure housing as part of first therapeutic steps.

"We work with young people for up to twelve months, so we're on a journey with them, but (homelessness) can significantly impact what we are able to do," she says.

"It's really difficult for a young person to engage in therapeutic work without having stable accommodation.

"Having basic needs met first is essential to good mental health. It's also needed so the young person can focus on their mental health and not whether they have somewhere to sleep that night — it's Maslow's Hierarchy of Needs — so we have to take that into account in the work we do with the young person."

For this reason, Romilly says she's really heartened by Catherine's work, and hopeful about its longer-term impact.

"When I heard this research was happening, I was so glad, because youth homelessness has been and continues to be such an enormous problem," she says.

"It's such a tricky one, too. How do we get behind and support these young people, especially around their mental health, when instability and homelessness and everything that comes with that is part of their picture, as well?"

It's a question without an easy answer. But as Catherine suggests, there are strides to be made in terms of strengthening frontline worker access to multi-agency secondary consults.

What does that mean?

In a nutshell, boosting and upskilling on-the-ground social workers in mental health training so they can identify early opportunities to seek advice from a range of specialised health and child safety services.

"On-the-ground workers don't have to be mental health practitioners," Catherine says.

"They just need to know that when their young clients are struggling or unwell, there'll be someone with specialist mental health skills that they can bring into a child's circle of care." ■

Want to know more? Go to www.anglicare-tas.org.au/research-category/sarc

Delivering COVID-19 vaccinations in a culturally safe way

"Five minutes out of your day is better than five minutes in hospital."

That's the no-nonsense message from Aboriginal Elder Judy Swan about the benefits of rolling up a sleeve and getting your COVID-19 vaccination.

Judy was one of almost 900 people to get her jab through an in-reach clinic at a Tasmanian Aboriginal health provider, set up with the support of Primary Health Tasmania.

In addition to our work supporting vaccination of aged care residents and through local general practices, Primary Health Tasmania has played a role in supporting COVID-19 vaccination of vulnerable people across Tasmania.

This includes Aboriginal and Torres Strait Islander people through our commissioned providers of Aboriginal primary health services.

A total of 14 in-reach clinics took place throughout the latter half of 2021, involving four Aboriginal health providers:

- Circular Head Aboriginal Corporation
- Karadi Aboriginal Corporation
- No. 34 Aboriginal Health Service
- South East Tasmanian Aboriginal Corporation.

"Without the support of Primary Health Tasmania to deliver these clinics, they simply would not have happened."

— Emma Robertson



Judy Swan

Primary Health Tasmania also used its general practice networks to source immunisation providers for these clinics where needed, and helped with promotion.

For Judy, getting vaccinated was the quickest and simplest way to get back to doing the things she loves.

"I decided to get vaccinated so hopefully I could go back to doing the things I was normally able to do, like going on a plane, have my granddaughter come over for holidays," Judy says.

"I've got friends in Melbourne, so being able to see them, or go and see a film, go out and have a meal.

"If you're not vaccinated, you're not going to be able to do that."

Judy was joined by fellow Elder Bobbie Dillon, for whom getting vaccinated was a no-brainer — especially after seeing the toll a COVID-19 infection had on a friend on the mainland.

"A friend in Melbourne had it, and she said she would rather die than have it again," she says.

"I wanted to get vaccinated because I want to live."

Getting vaccinated for the benefit of the wider community, especially those with underlying health conditions, was also a key motivation for community members like Lynette Cross.

"It's not just you or your family — it's the people that you mix with as well, where you go. You've just got to think of the outer circle," Lynette says.

Experienced aged care support worker Annette Day agrees. Before retiring, she saw first-hand the negative impact the COVID-19 pandemic was having on older people, including social isolation and loneliness as a result of lockdowns.



Bobbie Dillon



Annette Day

"You may be well, and you may believe that you've got good health, but it's about the contact you have with people that are very vulnerable, whether they be aged or frail, relatives, family members, people in the community," Annette says.

"It's about thinking outside your own personal views, and thinking about what's good for everyone else in the community.

"Just be unselfish for a change."

Elders, in particular, can have a considerable influence on younger Aboriginal community members who may be unsure about whether or not to get vaccinated, South East Tasmanian Aboriginal Corporation's Margie Kirk says.

"We had an Elder at our Cygnet clinic, by chance, who was getting his grandkids vaccinated," she says.

"I saw a lot of community engagement with him, because he's well-known and respected."

Increasing access to vaccines in a friendly, culturally safe space was vital to strengthening the community's defences to COVID-19 infection, according to Karadi Aboriginal Corporation Senior Care Coordinator Emma Robertson.

"We have received great feedback and people are keen to re-book in now for their boosters," she says.

"Having them in our service means that we can ensure people are understanding the process, getting all the information they need and helping to address barriers such as transport.

"Without the support of Primary Health Tasmania to deliver these clinics, they simply would not have happened." ■

Want to know more? Go to tasp.hn/3sO0rB5



Lynette Cross



(L to R) Naomi Simpson-Kitt and Tricia Ashton

Get to know: Launceston Head to Health's peer concierges

Tricia Ashton and Naomi Simpson-Kitt know what it's like to go through tough times with your mental health and come out on the other side. Now, they're both sharing their lived experience with adults living in the Launceston area as peer concierges at the new Launceston Head to Health centre.

Why did you want to get involved with Launceston Head to Health as a peer concierge?

Tricia: I was looking for work, and when I saw the email advertising the peer concierge role at Launceston Head to Health, I felt like it was saying, "Dear Trish, this job is for you!".

I feel there's huge value in having people with lived experience in mental health services. It helps to reduce stigma and provides hope, because peer workers can say to people, "I've come through this, and you can too".

I'm also so excited to be working with a service that is all about improving the delivery of mental health services in the Launceston area by connecting people with the right providers, which is so important, because it can be really confusing when you're trying to navigate it yourself.

Naomi: The advertisement for this role drew my attention because I have lived experience of trauma and mental ill-health, and also have had experience caring for someone with mental ill-health. I think having non-clinical staff with lived experience as a complement to clinical staff is critical when it comes to providing holistic, person-centred care.

Why do you think the Launceston Head to Health service is a powerful addition to the Launceston area's mental health service map?

Naomi: I think it's valuable because it's wide-ranging, and not only for people with a specific diagnosis. There are a lot of people who need support, but may not have a mental illness, but are still experiencing stresses and bumps in their life. Sometimes it takes talking to

What is Launceston Head to Health?

Launceston Head to Health is an adult mental health centre that commenced service delivery in January. It offers a 'no wrong door' entry point for people who need:

- immediate mental health support
- support to navigate to other suitable mental health services in the local community
- information and advice for family and friends of people experiencing mental illness.

Adults can access the centre without a referral, mental health plan, or appointment.

Lead agency Stride is currently operating the service from an interim site on Paterson Street while a custom-built permanent centre is built on Canning Street.

Primary Health Tasmania (Tasmania PHN) has been overseeing the establishment of Launceston Head to Health under the Australian Government's Primary Health Networks program.

someone to let off that steam, and you can get through those times.

Tricia: Yes, it's more relaxed, because you're not launching straight into a clinical intervention.

Naomi: And if you do need that, then it's really valuable to receive or be connected with support that's tailored to you, and what you need.

Tricia: Which means you're less likely to have to re-tell your story, and risk re-traumatising yourself as a result.

Neither of you encountered mental health peer workers in your own experiences of seeking help. What difference do you think it could have made, if you did?

Naomi: I would say, looking back, that there's only so much your friends can do.

GET TO KNOW

So if I had been able to go to a service and had an informal chat to someone with lived experience, that would have been a really good entry point. It would have been good to chat to someone and have the discussion about what you were actually seeking, at those low times in my life.

Tricia: For me, I imagine what would have been beneficial was if someone with a shared or similar experience had said, "I hear you, I've been there". Just to see someone in that place would have instilled a lot of hope in me.

How do you make sure you're looking after yourself while performing peer work, given you do have a lived experience understanding of what clients may be going through?

Tricia: Both myself and Stride are really big on self care. We've done training about it, including things like mindfulness, and I certainly have my own self-care strategies. Stride are very big on health and wellbeing.



Members of the Launceston Head to Health team

Naomi: It really is like they say: you've got to secure your own oxygen mask before you try to help anyone else. ■

Want to know more? Go to
www.stride.com.au/who-we-help/adults/head-to-health

Primary Health Tasmania

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



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