

# primary health matters

TASMANIA'S PRIMARY HEALTH MAGAZINE



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**Supporting workforce health and wellbeing**

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**Cover image:** 'Barber for Life' Alex Toscan (story on page 8)

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Primary Health Tasmania ABN 47 082 572 629

# From the CEO



**Tasmanians receive community-based care from around 864 GPs, 374 practice nurses, 551 pharmacists, 298 mental health professionals, and 1045 allied health professionals.**

This primary care workforce is under increasing pressure as demand for their services rises, and as recruitment and retention continue to be challenging – especially outside of our major population centres of Hobart and Launceston.

So how are these care-givers supported when their health and wellbeing suffers?

In this issue of *Primary Health Matters*, we profile a general practice and a physiotherapy practice (pages 17 to 21) who have put the welfare of their employees front and centre – with the philosophy that happy and healthy practitioners provide better care.

We also speak to GP Annette Barrett about DRS4DRS (pages 22 to 23), a free service set up to support doctors, medical students and their families with concerns about their physical and mental health. As Annette says, a lot of doctors try to manage their own health, and don't like to ask for help from their peers – DRS4DRS provides an avenue for confidential advice.

Solutions to workforce shortages in rural areas are explored in an article set in the Tasman local government area in the south (pages 6 to 7). In the last issue of this magazine, we wrote about clinical and community consultation in the Tasman which identified local health needs and possible next steps. In this issue, we report on one of the many successful activities born of that consultation process – targeted training to upskill the existing workforce, improving access to services locally and reducing trips to Hobart.

There is a growing understanding and appreciation at a state, national and international level of the role that lived experience peer workers can play in supporting service delivery. Our article on pages 10 to 11 shows how peer workers Trish Ashton and Naomi Simpson-Kitt have made a difference to young Tumanako, a client of the Head to Health adult mental health centre where they work. This article also shows how the centre connects clients with other services, in an excellent example of integrated care.

On the topic of peer workers – Primary Health Tasmania is finalising work in partnership with the State Government and the Mental Health Council of Tasmania to develop a lived experience peer training and development hub. This hub will support the peer workforce through ongoing support, supervision, coaching and professional development. We'll bring that story to you in a future issue of this magazine.

This is just a sample of the articles in this edition of *Primary Health Matters*. Happy reading! ■

**Phil Edmondson**  
CEO  
Primary Health Tasmania



# Cultural awareness aids best-practice care

**Hasnain Ashraf smiles broadly, handing over a home-cooked curry. "I hope it's not too spicy for you," he laughs.**

The podiatrist, better known to his clients and colleagues as Hassy, has a bright personality and positive outlook.

He applies this outlook to his role as an allied health provider at the Karadi Aboriginal Corporation – a position facilitated through the Medical Outreach Indigenous Chronic Disease Program (MOICDP), which is administered through TAZREACH.

TAZREACH, managed by the Tasmanian Department of Health, is the Tasmanian fund holder for Australian Government-funded outreach health programs which provide specialist and allied health services to rural and remote communities.

According to the 2021 Census, 30,000 people identify as Aboriginal and Torres Strait Islander in Tasmania – representing 5.4% of the state's total population. This is above the national average.

And Primary Health Tasmania's latest needs assessment report states that Aboriginal people continue to experience inequities in health outcomes.

Primary Health Tasmania provides funding to Karadi to help Aboriginal people with chronic (long-term) health conditions, and to support social and emotional wellbeing. Some of these clients are referred into MOICDP.

TAZREACH and Karadi prioritise cultural consciousness to provide best-practice care.

TAZREACH supports service providers to exercise cultural consciousness in providing best-practice care by ensuring those providers funded under the Australian Government's Indigenous Australians' Health Programme undertake cultural awareness training.

Originally from Pakistan, Hassy is proud of his culture, and his personal experience and understanding of how it impacts his identity led him to investigate and seek further education on Australian Indigenous culture.

He has worked in multiple states around Australia and heard from Indigenous patients about their trauma relating to common stereotypes and narratives that invalidate their experiences and ultimately act as barriers to good health and wellbeing.



*Hasnain Ashraf*

"There are some discrepancies and mistruths that add to the generational trauma of someone who is asking to be recognised and respected for who they are," Hassy says.

He says some of his clients have received inappropriate treatment in the past due to providers failing to consider their cultural perspectives and needs.

"We know that the evidence suggests that trauma spans generations, so when we undermine the preferences of patients in that context, we're perpetuating it. It's so important to have shared decision-making with patients."

Hassy believes a lack of genuine care integration increases frustration and decreases patient adherence to care plans.

"Sometimes it is hard for my patients to put themselves first – they just want to look after their families and community. But following the plan and adapting to their needs will help them to do that," he says.

Hassy feels his approach benefits both parties: patient and practitioner alike.

"I have gained so much from learning about Indigenous culture and practices. As someone who was not born in Australia, and as a health worker, I see that we have a lot of space to cover with respect to certain communities, specifically Aboriginal and Torres Strait Islander communities."

His person-centred and patient-empowering approach has made the clinician much loved by his patients and colleagues.

"The thing that I remind myself, and others, is the most important part is always the patient's experience. It's their life." ■

“Many people are very confused and lost in the healthcare system. I help them coordinate their health and social care when they have obviously fallen through the gaps.”

— Neeta Oakley

**Shane had been working with his diabetes dietitian for some time when he revealed he couldn't actually make the meals she had been recommending to him.**

A vascular condition meant the single dad from Rocky Cape suffered from a mix of intense pain and loss of feeling in his hands that made pushing a shopping trolley and driving a car difficult – at times impossible.

“The hardest thing is trying to eat healthy – it's only a half-hour drive to Wynyard, but fresh stuff doesn't last that long and it's so bloody expensive as well,” Shane says.

“My oldest son does probably ninety per cent of the cooking, because my hands just can't take too much of it.”

Cue Neeta Oakley – social worker with Diabetes Australia in Tasmania.

That's right – social worker. Not a common member of a diabetes clinical team but, for the organisation, an increasingly critical member.

Diabetes Australia introduced this new role as part of its Primary Health Tasmania-funded clinical services in early 2021, in response to feedback from clinical staff about an increase in psychosocial issues that were preventing clients from achieving diabetes self-management.

The complexity of some clients' situations was felt to be beyond the clinicians' own scope of practice, and immensely time consuming.

Neeta says as with any chronic (long-term) health condition, the core focus of diabetes health care is enabling self-management.

Neeta Oakley

# Social worker removes barriers to diabetes care



## CHRONIC CONDITIONS

"The aim is to support people to be able to live well with their diabetes and there are certain skills, knowledge and behaviours they need to be able to do that," she says.

"But there can be a lot of barriers to people in our community achieving self-management.

"A diabetes educator can ask someone to start doing finger pricks, but if you've got a major life event happening like a separation or caring for a sick relative or you have your own mental health challenges going on, that's going to be fairly low on your list of priorities.

"If your personal life is in chaos, your diabetes management generally will be too. It's important to provide coordinated support at those times and prevent a crisis.

"Social workers can support people with those challenges so they can get through that time then say OK, now I can think about food, or I can think about getting a blood test or seeing a doctor.

"Everyone wants to be healthy and look after themselves, but it is seriously hard for some people."

Interviews with Diabetes Australia clinicians and clients identified poor mental health, limited access to services, and financial distress as key psychosocial barriers to diabetes self-management.

"There will be a newly diagnosed woman who can't face having to look after her diet or even actually turn up to health appointments because her husband recently died," Neeta says.

"Or someone in chronic pain who can't afford to get from their rural home to their doctors, who have now stopped bulk billing.

"Or someone who is temporarily homeless and has nowhere to store their insulin, which needs to be refrigerated."

Neeta, who had previously worked with cancer and palliative care teams, took the qualitative data from the interviews and developed a social work service providing brief counselling and short-term care coordination via telehealth.

"Our team is skilled at working collaboratively with all people with diabetes and working out if their barriers to health are low health literacy, a complex social or personal situation, or a very complex set of medical demands," she says.

Her support might be in the form of arranging a referral into one of Primary Health Tasmania's funded mental health services; ensuring safety for older people at home by connecting them to a falls prevention program and home services; finding a pharmacy willing to store insulin on behalf of a community member; or counselling a carer in distress who is trying to look after their own diabetes.

"Many people are very confused and lost in the healthcare system. I help them coordinate their health and social care when they have obviously fallen through the gaps," Neeta says.

A large focus of her role is linking people into the range of high-quality but often siloed services that exist across the state.

"I help people build a bridge into their local services and communities and make sure they're totally connected in and using those services before I say goodbye."

As well as her direct contact with clients, Neeta facilitates psychosocial educational workshops and offers formal peer consults with her 15 clinical team

colleagues across the organisation's offices in Hobart, Launceston and Devonport.

"They can just ring me to go through a case and they don't necessarily have to hand it over – we will brainstorm the best pathway together. Or we might decide that actually, that is quite serious and needs someone like me with mental health training to respond immediately," she says.

Both clinicians and clients have reported significant benefits from the inclusion of a social work service in diabetes care.

Neeta presented on the service at the Australasian Diabetes Congress in 2022, where she told delegates that 80% of staff had reported the addition of a social worker had enhanced the team approach to diabetes care. The ability to respond to complex cases and improve referral pathways was seen as allowing the whole team to focus more on their core practice.

"I work pretty much with everyone, including the admin team, because they're front-of-house and they sometimes take calls from people who are very distressed," Neeta says.

"Our educators and dietitians establish such strong relationships with their clients, they're talking with them sometimes for an hour every month; they discuss things that their GP often wouldn't have time to know, which we can act on with them."

Which brings us back to Shane, whose diabetes dietitian connected him with Neeta when he disclosed his lack of progress on the meal prep front.

After talking to Shane about the challenges he was facing, Neeta helped organise home care services including some cooking support, cleaning and yard work. Young

carers support was arranged for his son, and Neeta helped fill out forms and arrange medical reviews to support an application for the disability support pension.

"They've been absolutely marvellous – I've been extremely grateful," Shane says.

"Unless someone tells you what help's out there, you don't know.

"Without their support, I would have gone crazy by now. I can't thank them enough – that's for sure." ■

**"Our educators and dietitians establish such strong relationships with their clients, they're talking with them sometimes for an hour every month; they discuss things that their GP often wouldn't have time to know, which we can act on with them."**

— Neeta Oakley



Leeanne Triffitt

# Boosting health skills in rural Tasman

**Targeted training focussed on areas of need in the Tasman community is helping local healthcare providers deliver better health outcomes for patients.**

Primary Health Tasmania, the Tasmanian Health Service and Health Consumers Tasmania have been working with two local groups, the Tasman Voice for Health and the Tasman Clinical Services Action Group, to better understand the area’s health and wellbeing needs and the services currently available.

Faced with a local shortage of medically skilled people and recruitment challenges, one of the needs identified during a community consultation process was targeted training aimed at upskilling the existing healthcare workforce.

The Tasman Clinical Services Action Group of service providers subsequently organised workforce training in areas including wound care, dementia and palliative care. The Tasman Voice for Health also organised mental health first aid training for community members.

Huon Regional Care Tasman manager Leeanne Triffitt is a member of the Tasman Clinical Services Action Group.

Several of her staff were among the 30 locals to complete the two-day Mental Health First Aid Australia training course, facilitated by mental health first aid trainer Amity Deans.

“When we assess a new resident or hospital patient or community client, it’s important that we’re not just looking at their physical issues – their mental health is part of the whole package of caring for them,” Leeanne says.

## RURAL HEALTH

"The training has made the staff more aware, and they've been able to share a bit of what they've learned with their colleagues.

"I sent care staff as well as nursing staff to the training because it's not just up to one person to pick up on those things that are of concern, it's the whole team."

Leeanne provides frequent opportunities for her team to learn and improve their skills, so they are better prepared to meet both the current and future needs of the local community.

A group of Huon Regional Care and Tasman Medical Practice nurses completed a wound care course, which consisted of a full day of training plus an online component facilitated by external provider The Benchmark Group.

**"...if we are able to handle it down here, or can touch base with somebody who can give us advice, that's great for the community."**

— Clare Turner

"It was quite an intensive course covering a lot of different types of wounds, how to manage them, and the appropriate dressing for them," Leeanne says.

"We did some debriding as well for chronic wounds, and learned about gluing – which is definitely the way to go, especially in aged care.

"I've put a lot of stitches in; they're traumatic for younger people and there's not a lot of flesh to stitch for older people.

"So gluing is a really great alternative, and now all my staff can use that."

Leeanne is already seeing benefits from the training, which is leading to better results for patients.

"It has actually led us to treat skin tears in a way that allows us to observe the wound without disturbing it, and our wound healing times have greatly improved," she says.

"Staff generally just have more confidence in assessing a wound and choosing what to put on it, and in using glue instead of suturing.

"Having both the Huon Regional Care nurses and the Tasman (Medical Centre) nurses involved in the training means that two different groups who look after the same cohort of people received the same education, so they're doing the same things to support patients' wound care."

Community and aged care registered nurse Clare Turner jumped at the chance to take part in the wound care training, keen to learn anything that could help improve her skills and lead to better

outcomes for local patients.

"I feel like we got a lot out of it, learning about complex wound care, assessing wounds and which products to use," she says.

"I think it's important that we keep our skills up and take advantage of any training

opportunities that come along.

"A lot of the wounds we treat down here are quite straightforward or are post-op, so we've already got a plan. But occasionally we'll get an ulcer or something that isn't healing.

"It doesn't matter where you work or the volume of clients you've got, if you've got a wound that's not healing it's costly and debilitating. So it's important to have knowledge on how to treat it or where to go if it's not getting better.

"The lady who took the training said we could contact her at any point with questions, and I think she was a great resource in that respect. Just having that feedback, being able to contact someone is fantastic.

"There is a wound care clinic in Hobart, but they're very busy and our clients often don't want to travel from Nubeena all the way up to Hobart to have a wound assessed.

"So if we are able to handle it down here, or can touch base with somebody who can give us advice, that's great for the community."

Clare recently left to embark on a mainland adventure with her family but plans to continue working in health care elsewhere, using the skills she honed on the peninsula to support a new community.

Primary Health Tasmania's Claire Prior says the workforce training opportunities are great examples of tangible actions to address needs identified by the experts – local service providers and community members.

"The saying 'you do the same things, you get the same results' was part of the thinking in coming up with solutions for some of the local workforce challenges," Claire says.

"This approach to upskilling the healthcare workforce is reaping rewards for the local community in a way that's sustainable, and will have other rural communities watching Tasman with interest." ■

### Working with the Tasman community

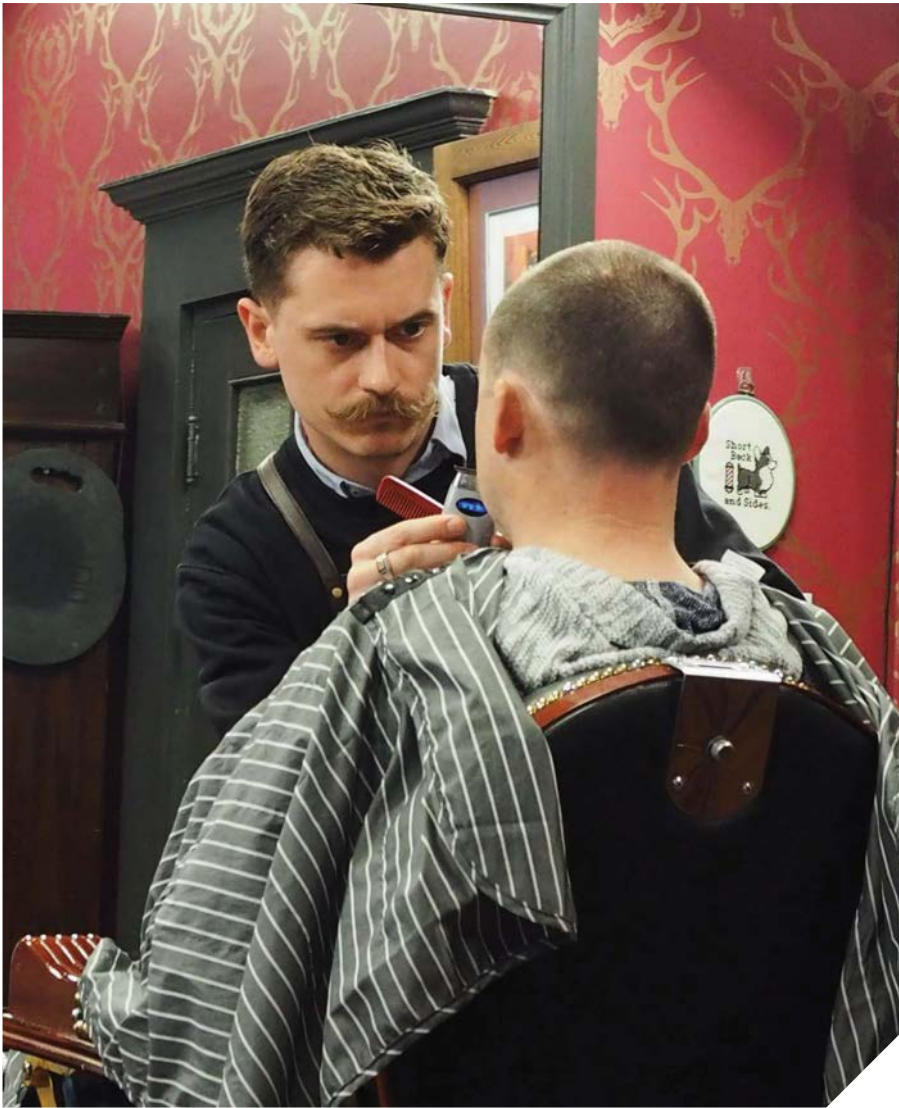
People living in rural and remote areas often face additional barriers to effective health care. Some factors that contribute to poor health outcomes include limited access to health services; a higher prevalence of health risks associated with socioeconomic status; and environmental conditions.

Primary Health Tasmania, the Tasmanian Health Service and Health Consumers Tasmania have been working with community members and service providers in the Tasman local government area to better understand current health and wellbeing needs and the services available. They have then worked together to come up with ways to address immediate, medium, and long-term needs and challenges.

Developing solutions with the local community and tailoring them to the local area gives them the best chance of success in the long term.

**Want to know more?  
Go to [tasp.hn/tasman](https://tasp.hn/tasman)**





Alex Toscan

# Footy, weather and mental health in the barber's chair

**Barber shops have long served as gathering places where men come not just for haircuts, but also to socialise and share their experiences.**

**The Barbers for Life project builds on this cultural aspect, making community members mental health advocates and providing them with tools to engage in open conversations about mental health.**

#### 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.

## The buzz of clippers and chatter creates a low hum in The Kingsway Barbershop.

It's a typical morning in the parlour. Resident shop dog Charlie greets customers at the door before finding a comfortable spot as the barbers chat with clients about their work, their footy team's latest performance, what's on the agenda for the upcoming weekend, and the weather.

It might not strike you as the setting to discuss matters of life and death. But this shop in particular is precisely that.

Staff here have completed mental health first aid and suicide prevention training as part of the Barbers for Life initiative – a program that seeks to remove barriers and make community settings safe places for candid conversations about mental and emotional wellbeing.

"I have lost clients, personally. Like, maybe not noticed anything or missed the signs, and then you hear one day, they're gone."

Alex Toscan is the owner of The Kingsway Barbershop in Launceston.

Located in the former Benevolent Society building, his business provides locals with a modern approach to the classic men's service, with a nod to its philanthropic roots.

Alex was one of the first barbers to participate in the Barbers for Life initiative, a community wellbeing project led by the City of Launceston with funding from the Australian Government through Primary Health Tasmania.

Nation-wide, factors such as societal expectations, traditional gender roles, and a reluctance to seek help have been identified as contributing to men being less likely to discuss their mental health challenges openly.



## SUICIDE PREVENTION

Consequently, men can suffer silently, facing higher rates of suicide and mental health disorders.

Limited access to mental health services, particularly in rural areas, can further exacerbate the problem. This highlights the need for localised initiatives that provide men with effective mental health support systems.

“This project aimed to build a support system for people beyond the emergency interventions or services that people may be more familiar with,” City of Launceston community development officer Stephanie Armour says.

“It helps those that are struggling, but it also builds the capacity of everyday people to become community champions.”

The City of Launceston developed the Barbers for Life project with Sid Davies, a Hobart-based barber who began incorporating mental health into his work after experiencing his own mental health challenges and seeing clients struggle alone.

“I hear about guys’ jobs, or relationships and families ... I hear it all,” Sid says.

“Considering the statistics showing how many men are struggling, I realised the opportunity I have to engage with people and have meaningful conversations, which can make a significant impact.”

Sid, alongside Jonathon Bedloe from Men’s Resources Tasmania, provided guidance for the early stages and implementation of the initiative.

The City of Launceston organised an event and invited local businesses to learn about the proposed mental health project in a setting that has long held cultural significance for men – the barber shop.

Barbers participated in mental health first aid and suicide prevention training. They were also connected with resources to support them in recognising common warning signs and offer support to those in need.

“Obviously, it’s still a barbershop!” Sid says.

“These guys are running businesses, they’re not mental health workers; they don’t need to be. But now they can be allies within the community with the tools and confidence to ask questions and they have knowledge about services that can help further.”



The council developed information flyers listing national and local helplines, services and resources which were distributed to local barbers and hairdressers. Alex says these were great tools for directing those who may be struggling to find the best care.

“Sometimes that can be the hardest part, actually. Just asking. But we learned about how to navigate that in a safe and respectful way,” Alex says.

“We don’t exclusively talk about mental health, but we’re better prepared to ask important questions now.”

The project was nominated for multiple awards at the national Men’s Mental Health Awards in July 2022, and won the People’s Choice award in the regional category.



A blast from the hair dryer breaks through the parlour hum.

Back in the chair, Alex applies some finishing touches on his customer’s locks. The man recently moved to Launceston and has been chatting with Alex throughout the service about the move, his family, and his experience settling into a new community.

They have discussed local parks and pubs and lamented that NRL is not Tasmania’s most popular football league. Alex has suggested a local rugby club that might be a good place for the newcomer to meet mates.

This customer didn’t need any intervention today. But he remarked it’s reassuring to know that in this parlour, both for a trim and a mental health-affirming place – he is in safe hands. ■

**Want to know more?**

**Go to [www.launceston.tas.gov.au/Community/For-Life](http://www.launceston.tas.gov.au/Community/For-Life)**

## Sustaining lessons from the National Suicide Prevention Trial

In 2016, the Australian Government launched the National Suicide Prevention Trial to test community-led approaches that could help reduce suicide attempts and deaths. Tasmania was one of the trial sites, and Launceston was one of three local areas involved.

Though the trial itself officially ended in 2021, the impacts of community-led initiatives continue. The City of Launceston has sustained its suicide prevention activities, building on the Barbers for Life project to hold social evenings and education events in hairdressing salons and other businesses.

By empowering people with skills and knowledge, they are creating a community of everyday champions for mental health.

Primary Health Tasmania continues to work on mental health and suicide prevention projects as priority activities.



# Collaborative care turns the page for Tumanako

“They’re really good  
and down-to-earth.  
It’s more laid back  
than when I see other  
health professionals.”

— Tumanako



## Tumanako emerges from his group therapy session, reserved but smiling.

He engaged with Launceston Head to Health during a period of homelessness and acute mental distress; now he feels ready to share some of his story.

The 21-year-old wears rings on his fingers, which he twists as he reflects: "I wasn't well. I wasn't doing very well at all."

Mental illness can be episodic or persistent, and the National Study of Mental Health and Wellbeing of Australians aged 16-85 in 2020-21 found that over 2 in 5 (44%) of Australians will experience mental ill-health in their lifetime.

"I was having delusions," Tumanako states matter-of-factly.

"I wasn't sleeping well because of my living situation."

A support worker at Launceston's City Mission, where he was engaged in job-seeking activities, connected him with the adult mental health centre.

He needed to find a job, but he was sleeping poorly due to a lack of secure housing and his mood changed rapidly, with extreme highs and lows. He didn't know yet that this was due to untreated bipolar and schizophreniform disorders.

The support worker from City Mission booked Tumanako an appointment at Launceston Head to Health, which is a welcoming 'no wrong door' entry point for adults who need immediate support – as well as family and friends needing information and advice.

Tricia Ashton and Naomi Simpson-Kitt – Head to Health peer support workers with lived experience of mental health challenges – met him that same afternoon.

Naomi and Trish say Head to Health clients are positioned to shape their own support experience.

"Peer work is embedded within the model of care at Head to Health, but we work alongside other types of mental health workers so that the person receives care that is appropriate for them and their individual needs," Naomi says.

Trish says many of her clients are surprised to learn she has lived experience herself.

"Lived experience peer work roles really highlight the possibility of recovery, not only important for inspiring hope for people struggling with their mental health, but also to challenge stigma in the public realm – which is unfortunately still present, even in health settings," Trish says.

But, she adds, "Not everyone will want a peer worker for their needs. The main thing is, they choose. They know what's best for their recovery and drive this process."

Tumanako says he felt welcomed and safe from his first meeting with staff.

"I said what I wanted to say, and then at the end, I was given a piece of paper with some things I could do, some strategies," he says.

Tumanako attended weekly appointments with Trish, who provided emotional and practical wellbeing support in their sessions. She also linked him to a Baptcare 'Fundamentals' group therapy and education course, City Mission's 'Mission 2 a Future' job-seeking service, and additional Wellways support.

Tumanako has a National Disability Insurance Scheme (NDIS) plan, which negates his eligibility to some programs, but Trish worked alongside other providers and program facilitators to find the appropriate support.

"I worked with colleagues at Baptcare and the Wellways Recovery program to fill gaps," Trish says.

"Alongside this, Mission 2 a Future assisted him in relation to his work goals. You can see how Head to Health's connections with other services are essential to providing well-rounded support to meet all needs."

Tumanako says talking to Trish about issues and developing strategies was useful, and he found appointments with his peer worker less anxiety-inducing than some of his other experiences with health appointments.

"They're really good and down-to-earth. It's more laid back than when I see other health professionals," he says.

Tumanako explains that Trish had helped him open up about difficulties with familial relationships and how his circumstances impacted on his health.

He also highlights the value of having a 'real' interaction with providers who understand the challenges of living with mental health difficulties. And how his peer support workers helped him get back on his feet using their personal and professional knowledge and experiences.

Centre manager Darren McKay says Tumanako's experience is a testament to the collaborative approach that Launceston Head to Health aims to foster, to achieve end-to-end integrated care.

"This is a great example of the Head to Health model, peer work and the importance of a collaborative approach," Darren says.

"We were able to see him the day he was referred, and he was linked in with peer workers who had the time and understanding to know how support him and work collaboratively with other services to give him the wrap-around support he required."

Both Naomi and Trish come from other industry settings, and they understand that the full spectrum of concerns a client may have when they seek crisis mental health support may need a range of services to address them.

"I came from working in the disability sector for some time, so I have that lens alongside my training in mental health-specific care," Naomi says.

Darren says besides the primary focus of acute mental health care, the service prioritises integrating services for a holistic wrap-around support system for participants.

"Since Launceston Head to Health has been open, besides the work we do with people, we have also collaborated with over 50 external services to run health promotions activities, support groups and one-on-one work," he says.

Tumanako says he is glad to have received this personal and integrated care when he needed it.

"I'm glad that chapter has closed. Things are much better than when I was first referred. And the things I learned, from the psychological support and the other services, have really helped me." ■

**Want to know more?**  
**Go to [headtohealth.gov.au](http://headtohealth.gov.au)**

# Kentish



## Geography

Spans 1155 square kilometres

Main towns are Sheffield, Railton and Wilmot

Key attractions are Cradle Mountain, Sheffield (murals) and Lake Barrington (rowing)

## Population

6603

Median age 49 (state average is 42)

People aged 45 to 64 years comprise 33% of the population (compared with 26% statewide)

Aboriginal and Torres Strait Islander people make up 6% of the population (5% statewide)

## Immunisation

89% of children are fully immunised by the age of five (state average is 96%)

## Illness

Coronary health disease and chronic obstructive pulmonary disease are the leading causes of death in Kentish

13% of adults experience high or very high levels of psychological distress (state average is 11%)

## Health risk factors

25% of the population rate their own health as excellent or very good (state average is 37%)

38% are overweight or obese according to Body Mass Index (state average is 58%)

15% of adults smoke daily (state average is 12%)

The average weekly income per household is \$150 lower than the state average

## Primary Health Tasmania supporting Kentish

Commissioned services and other activity including:

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



Community health checks for every Tasmanian local government area are available at [tasp.hn/communitychecks](https://tasp.hn/communitychecks)



# 'Lucky stars' and integrated care save Michael

**When Michael walked into the No. 34 Aboriginal Health Service in Ulverstone in October 2022, he had been living with his adult son and two dogs in a shed and his car for months.**

The housing crisis had left them without affordable options, and Michael's chronic health conditions made it challenging to find sustainable work.

The shed where they were staying was near the Mersey River, and fumes from the boats and transport vehicles made it difficult for Michael to breathe. His health was deteriorating, but he didn't see a doctor due to his economic circumstances and difficulty accessing an appointment.

"I just couldn't find a way to get in anywhere," Michael says.

"But I was getting crooker and crooker."

By the time Michael presented at No. 34, he was on the verge of a heart attack.

Nicole Fisher, an Integrated Team Care (ITC) coordinator at No. 34, was not expecting to attend an aortic regurgitative heart failure at work that afternoon.

The Australian Government – through Primary Health Tasmania – funds the ITC program, which supports Aboriginal and Torres Strait Islander people who have complex chronic health conditions.

The program often provides one-on-one support to help people manage their conditions and get the health care they need in a culturally conscious setting.



Nicole says Michael appeared quite casual, but she could see that he was clammy and unwell.

"I checked his blood pressure and pulse... and then he had a heart attack ... I just went into nurse mode," she says.

Michael was transported to hospital by ambulance, where he stabilised. During his stay, medical tests revealed a prostate condition that was incorporated into his care plan.

After his release, Nicole became his care coordinator, ensuring he made all necessary appointments for cardiology, radiology, foot care and ongoing assessments. She says it was a relief to see Michael in improved health.

Michael, also happy to be on the mend, says of Nicole: "She saved my life."

The team at No. 34 – operated by Rural Health Tasmania – coordinated Michael's access to food hampers, clothes, and blankets from homelessness service Strike it Out.

They also linked him in with their social and emotional wellbeing program and the Closing the Gap PBS Co-payment Program, which made it easier for Michael to afford his medication.

The social and emotional wellbeing program organises various activities such as day trips on-Country and opportunities for social interaction, reducing isolation due to health or social experiences.

Michael has positive memories of the program as it provided a much-needed break from a stressful period.

Nicole has remained in contact with Michael and helped him connect with mainland services after he and his son decided to move interstate to find work and housing.

Michael says he counts his lucky stars for receiving the care he desperately needed. ■





(L to R) Andy Keygan, receptionist Beth Eslick and Ben Smith

**“We really need to embrace healthcare reforms – we can’t keep doing the same things and expecting different outcomes.”**

— Kerrie Duggan

# Nurse practitioners, paramedics lead urgent and after-hours care

**Working in a hospital emergency department, nurse practitioner Andy Keygan saw plenty of people who, in his opinion, shouldn’t have been there.**

Wards and waiting rooms were often packed with patients presenting with minor, non-urgent issues – making it even harder for staff to deal with actual emergencies.

“It was evident to me that a lot of the patients presenting to emergency didn’t need to be there, but they went because of a lack of access to alternative options,” Andy says.

“GP waiting lists are notoriously long, and people are really struggling to get same-day care.

“That will either lead to them not engaging with services and then deteriorating to the point that they have to seek hospital-level care, or they will present to emergency for something that could have otherwise been dealt with outside of a hospital setting.”

Andy knew there had to be a better way of doing things. So when the opportunity arose to join the team at the innovative Cygnet Family Practice, he jumped at the chance.



## MODELS OF CARE

The practice had recently begun offering a new urgent and after-hours service on Thursday, Friday and Saturday nights, providing local patients with same-day access to health care in their own community and helping alleviate some of the issues currently plaguing health care provision in Tasmania – including GP shortages, ambulance ramping, and an increasing number of 000 calls and emergency department presentations.

Taking a multidisciplinary, collaborative approach to health care, the urgent and after-hours service is led by a team of nurse practitioners and paramedic practitioners: highly skilled, experienced and expertly trained nurses and paramedics.

While the practice also employs GPs, the nurse practitioners and paramedic practitioners practise autonomously – so there doesn't need to be a GP on site during all opening hours.

An emergency, on-call medical specialist team (My Emergency Doctor) can be called on the few occasions when additional medical advice is needed – which was only five times (0.5% of appointments) in the first six months.

Along with the extended opening hours, the Cygnet model includes a primary care outreach service for frail and vulnerable community members who are unable to attend the practice in person.

The urgent and after-hours service has been extremely well received by locals, treating more than 900 patients in the first six months.

Andy says the number of patients continues to grow as people from Huonville, Geeveston and other nearby communities increasingly take advantage of the service.

"It's really exciting to be engaged in something that is quite innovative and that really puts patients first," he says.

"Particularly in Tasmania but also on the mainland, I think similar models could get a lot of traction.

"It's not about overheads or financial stuff; it's just about timely access to better health outcomes for patients in rural communities, and that's what drew me here.

**"It's really exciting to be engaged in something that is quite innovative and that really puts patients first."**

— Andy Keygan

"I think it's a very positive thing we're trying to achieve, and it has been really well received. We've initiated patient satisfaction surveys as part of our evaluation model, and that's been really positive.

"I've noticed that people who might not traditionally go to see the doctor are happy to engage and share with the nurse practitioners. Anecdotal feedback we've received from patients has been that they're just so grateful and thankful.

"To be part of something that is so meaningful is very humbling but very rewarding at the same time. It has been fantastic."

At a time when many health services are struggling to attract and retain staff, the Cygnet Family Practice is bucking the trend.

Like Andy, the newest member of the team, paramedic Ben Smith, was attracted to the opportunity to make a real difference in a small community.

"Doing ambulance paramedic work, you're not building patient rapport," he says.

"You see a patient, treat them and transport them to hospital, often in an emergency situation.

"You're not having conversations with them the same way you do when you get to build long-term relationships.

"So the idea of being in a community, working regular hours, getting to know the locals, that really appealed to me."

In his first week in Cygnet, Ben – an experienced paramedic who is working towards becoming a qualified paramedic practitioner – quickly learned what a huge impact the new service is having.

"I've already had several patients say that I saved them a trip to Hobart," he says.

"In four shifts I've had three or four patients directly say that to me, and a couple more who I think may have ended up in Hobart if they hadn't found us and used our service.

"The feedback has been great; people are really happy and surprised to have found us."

That includes patients like Josh\*, who was dehydrated from gastroenteritis and was treated with IV fluids, avoiding a weekend visit to the Royal Hobart Hospital emergency department; and Sally\*, who was relieved to be able to access antibiotics for her kidney infection on a Saturday night.

Having worked in the region for nearly a decade, Cygnet Family Practice founder and nurse practitioner Kerrie Duggan knew just how beneficial an urgent and after-hours service would be, and that nurse practitioners and paramedic practitioners could make it happen.

In December 2022 she applied for Tasmanian Department of Health grant funding designed to encourage innovative healthcare models, and was successful in securing "delivery of service" funding for 2023-26.

Now Kerrie thinks the Cygnet model can be part of the solution to workforce shortages in primary health care, with potential for the model to be rolled out across Tasmania and Australia.

"It's a no-brainer, it ticks all the boxes," she says.

"We really need to embrace healthcare reforms – we can't keep doing the same things and expecting different outcomes.

"This is a new model of care that is very cost-efficient and provides safe, quality care by AHPRA\*\*-registered health professionals who are highly regulated and highly experienced.

"All the data shows it's a safe model. It's used in Canada, the UK and New Zealand, and there are similar models in rural Victoria, Queensland and New South Wales.

"It's the way of the future, and a way for people to get help on the day they need it." ■

\* identity protected

\*\* AHPRA stands for the Australian Health Practitioner Regulation Agency



“Even though we’ve set the practice up around practitioners first – not patients first – it ends up being patients first if we look after the practitioners.”

— Kellie Wilkie





According to Beyond Blue, healthcare workers exhibit higher rates of anxiety, depression and suicidal ideation when compared to the general population. And the RACGP's latest *General Practice: Health of the Nation* report says 71% of GPs experienced feelings of burnout in 2023.

In the next few pages, we profile two Tasmanian primary care practices who are making a conscious and significant effort to look after the health and wellbeing of their workforce – with great results for both staff and patients.

**“Everyone talks about work-life balance but it is actually a priority here, despite everyone’s desire to be better practitioners.”**

— Nicholas Cannell

*(L to R) Nicholas Cannell, Kellie Wilkie and Carmen Woodmansee*

# Allied health: Bodysystem

**When Kellie Wilkie was 23, she graduated from her physiotherapy studies as dux of her entire university.**

Her passion for competitive swimming drove her to seek a career as a sports physio – she started working in private practice and had dreams of joining a medical support team for the Olympics.

But two years later, she was applying for a job as a checkout operator at Woollies.

“I found working in general private practice to be really tough as a new graduate – seeing people over short time periods, working many hours a week, working weekends, working until late at night – I suffered from burnout pretty quickly,” Kellie says.

“I actually gave up the profession altogether for a period of time, thinking it wasn't for me.

“I applied for a job at Woollies, thinking being a checkout chick would be very simple. You don't take any work home at night.”

Kellie's early career experience drove her to set up her own practice, which evolved into Bodysystem physiotherapy and rehabilitation, in Hobart at the tender age of 25. And it's a business that is unapologetically practitioner-focussed.

After Kellie had had a couple of years away from the health sector, her Dad encouraged her to consider how she might be able to “enjoy the profession in terms of not working such crazy long hours and not seeing as many people per hour”.

“I loved studying physiotherapy, and my Dad said: ‘Why would you give this up after one go?’,” she says.

“And that's how the conversation began around starting my own business, what it might look like, and how I thought that primary health care – not just the place I was working at, but primary health care more broadly – made it very difficult to be happy and healthy and deliver great services.”

Kellie's business model featured an initial full-hour consultation with clients – including time for associated paperwork – and 30-minute follow-up appointments.

She worked from 8.30am until 6pm, gave herself a full one-hour lunch break, and didn't work on weekends.

The first person Kellie employed was an experienced physiotherapist who was looking for a better work-life balance.

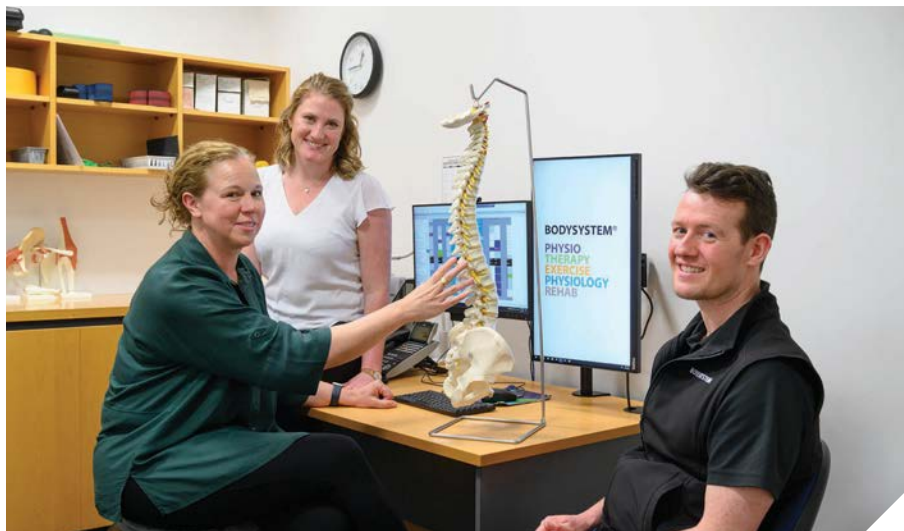
“He had heard of the way I was practising and that appealed to him, so he came and worked with me – and he provided me with support and education as a new graduate,” she says.

“Steadily, more people approached me with regards to wanting to work in that way, because they were getting jaded working in private practice and primary health care.

“And I've been able to offer a job in a very similar way to how I've employed myself – I think there's time to be able to keep myself happy and healthy and provide great quality health care, but also not burn out.”

Kellie, mum to twin boys, and her Bodysystem business partner Fiona Hamilton now employ 15 practitioners who are supported by an admin team of six people.

“I really have been very fortunate to have never been wanting for staff, and that's quite unusual in Tasmania because we haven't had a physiotherapy school here until recently,” Kellie says.



"We find that people both in Tasmania and outside of Tasmania hear about the parameters that we employ people under, and the education that we give, and we have people seeking employment with us all the time.

"I firmly believe that's because we're providing an environment where people can see sustainable employment, long term, in a primary healthcare setting."

Sports and exercise physiotherapist Nicholas Cannell first met Kellie as a patient when he was a keen competitive swimmer, and joined the Bodysystem team in 2021 as an employee.

"Both Kellie and Fiona, our two managing directors, have been so supportive in helping both myself and our team grow," Nicholas says.

"It's a truly special place to work and honestly, it's like being a part of a big family, where you can be challenged, supported and free to be yourself.

"Everyone talks about work-life balance but it is actually a priority here, despite everyone's desire to be better practitioners."

Physiotherapist Carmen Woodmansee knew exactly where she wanted to work when she returned to Tasmania in early 2021 after a few years working interstate.

"The last place that I worked was not owned by a healthcare professional and there was often tension between what they wanted versus what the practitioners needed to provide quality care," Carmen says.

"There was such an importance put on the bottom line and when you achieved their targets, they just asked for more.

"Working in a business run by people who know the demands of the job means that we are given the time and resources to provide quality care while also being supported to look after our own wellbeing.

"I have never had a discussion about the bottom line since working here and I know that I am providing the best care that I have in my career."

And Kellie says happy and healthy practitioners leads to happy and healthy clients.

"That longer initial consult really sets people up for success in the first instance but also, if you're coming in to see someone that's not under stress and is in a very good mental health state, that high-value care is there right from the outset," she says.

"So even though we've set the practice up around practitioners first – not patients first – it ends up being patients first if we look after the practitioners."

Kellie has also realised her dream of getting to the Olympics – about 10 years into her career she was asked to travel with the Australian rowing team, and she went to the London games in 2012 and Rio de Janeiro in 2016.

She credits her own 'support team' – including her husband, parents, parents-in-law and early mentors Paul Shinkfield and David Humphries – with contributing to her success.

"I'm a big believer in teams – both in the workplace and from a family point of view. We don't always get it right, but we're trying to make sure that everyone has the opportunity to develop and grow in the direction that they want to." ■

## Bodysystem's staff-centred practices:

### Longer initial consultations:

"If you can provide a longer treatment time for practitioners and for patients, then you've got staff that are willing to work more hours and staff that are willing to be there for longer."

### A one-hour lunch break:

"Everyone has a one-hour lunch at the same time so we've got time to chat, time to feel like a team."

### No weekend work:

"We're firm believers that no-one's going to die of a musculoskeletal injury – a lot of people will come on the weekend if you open then but actually, we all want to spend weekends with our families."

### Education opportunities:

"We're wanting to provide the best quality health care that we possibly can – and education sessions during work hours is also downtime when you're not face-to-face with patients."

**Mentoring:** "Our experienced physiotherapists have two half-days a week as leadership time when less experienced practitioners can come and talk to them. We also provide a formal mentoring system until graduates are about seven years out of uni."

**Mental health support:** "Since COVID we've really increased the amount of support and education around mental health in the workplace – for instance SPEAK UP Stay ChatTY have a fabulous workplace education talk and supporting resources."

### Unlimited annual leave:

"Allowing people to take unpaid leave to go off and have a really big break occasionally – they come back more refreshed, happy, healthy people, and that's got to be great for your workplace."



# General practice: John Street Medical

“We've got this wonderful team of clinically excellent doctors and if we don't put some measures in place to protect them, that's going to be short lived.”

— Dr Bailey Dunn

Dr. Bailey Dunn







**"I believe Bailey's style of recruitment and rostering can be rolled out to many practices across Tasmania."**

**— Dr Samantha Wyton**

*L to R: Kyra Knighton, Dr Samantha Wyton and Dr Bailey Dunn*

# General practice: John Street Medical

## **Dr Bailey Dunn's bio on her practice website describes her main area of medical interest as the 'science behind happiness'.**

When asked about this, the former Canadian says she's fascinated by the idea of what we can do to live happier, longer lives.

"It's really understudied – there are centuries of research on depression, and very little on happiness," Bailey says.

"I want to do what I can to create a positive energy for the people I interact with. I find that really rewarding. Why should we wait until there's a problem to prioritise that?"

It's a philosophy which – alongside a sharp business brain – led the GP to introduce new ways of working at her John Street Medical practice in Kingston, south of Hobart, which are reaping rewards for staff and patients alike.

Bailey and her husband Matt Grundy – a civil construction manager – bought John Street Medical in late 2019 from its retiring owners, who had been caring for the local community for more than 50 years.

She had been doing her final term as a registrar at the practice and – despite "never having owned anything more than a houseplant" – decided to take the plunge and buy the business from her employers.

Only months later, the COVID pandemic hit.

"All of a sudden our doctors, our receptionists and nurses were really tired and calling in sick, (public health) policies were changing all the time, and the demand in the community to see a doctor was greater," Bailey says.

She had been brewing some ideas to grow the business while creating a happier and healthier work environment for her staff, and COVID became the catalyst for putting these ideas in place.

At the heart of the new model is a burnout prevention (BOP) roster which staff have called life changing.



Bailey stopped weekend appointments and instead opened the practice from 7.30am until 7pm Monday to Friday, increasing the total number of appointments from 155 to 199 per week – making better use of the five consulting rooms.

GPs don't have the option of working full time at the practice. Most work two or three days a week, and each 5.5-hour shift is 7.30am to 1pm or 1.30pm to 7pm.

This meant hiring more staff, which was tough to start with – until word got out that the practice was a great place to work. It now has 17 GPs, five nurses and six admin staff, and every week Bailey gets calls from doctors wanting to work there.

"It took a bit of trial and error to get it all moving, but we're lucky we've got a really young group of doctors who are open to try new things," Bailey says.

"When we introduced BOP, we said we were going to try it for three months. At three months, everyone said 'this is working so well', so we said we'd do six months. And at six months, there was no one putting their hand up saying 'I think this is a bad idea and we should go back to doing 9 to 5'. It just didn't come up."

And, importantly, the changes led to a 30% to 40% reduction in GPs calling in sick.

Dr Samantha Wyton started working two days a week at John Street Medical – which in 2022 was named RACGP General Practice of the Year for Tasmania – in March 2021, around the time the changes were being put in place.

"Patients love the flexibility of timing for the early morning and evening sessions so they can fit in around work," Sam says.

"And I use the time before and after sessions to drop off or pick up the kids from school, meet my husband or friends for coffee or lunch, get any life admin jobs done and fit in a bit of exercise.

"It also gives me the opportunity to follow up on results, complete script requests, write letters, get advice from non-GP specialist colleagues or do home visits which I find helpful as it means I can be more present with my patients when I am consulting as I'm not interrupted as much.

"I believe Bailey's style of recruitment and rostering can be rolled out to many practices across Tasmania."

Part-time work doesn't suit everyone; if GPs are seeking more hours, Bailey encourages them to have a 'side hustle' away from the practice.

Bailey lectures at the University of Tasmania and is training as a pilates instructor; Sam pursues her interest in perinatal mental health and breastfeeding medicine at a specialist women's health clinic; other GPs work with the State Government's COVID@homeplus program or as part of Primary Health Tasmania's Tasmanian HealthPathways team.

"It's just different enough that they don't have that feeling when they walk into the building and go ohhhh, I'm here again," Bailey says.

"We've had doctors say they want to work full time with us and we've had to say no, which is a really interesting place to be in in general practice – most practices are desperate to get doctors, but I'm not interested in quick solutions.

"We've got this wonderful team of clinically excellent doctors and if we don't put some measures in place to protect them, that's going to be short lived. We don't want doctors who are burning the candle at both ends."

As well as being better for staff, Bailey says the team has had good feedback from patients.

All appointments are for a minimum of 15 minutes, and patients value the long week-day opening hours.

"Also, I think our staff have more energy to be good doctors," Bailey says.

"It requires an enormous amount of brain space to be switched on every 15 minutes for a new presentation, and sometimes it's soul-destroying when it's one bad news appointment after another.

"People reveal really heavy things to their GP – that's quite a privileged position to be in and I don't take it for granted, but I also need to be feeling clever and attentive and empathetic when that happens. And I can't do that if I'm really tired.

"I want to have the opportunity to call a patient at the end of the day and not think 'oh, I have to call this person when actually I really just want to get out of here because I'm so tired'.

"I don't have those feelings anymore." ■

## John Street Medical's staff-centred practices:

**No weekend work**

**No full-time work**

**Shorter daily shifts**

**Online booking system:** "What our reception staff find most fatiguing is the phone calls – trying to engage in face-to-face interaction with a patient when the phone keeps ringing. So we use HotDoc now for online bookings, and that's certainly relieving a lot of the reception work."

**Get the right practice/office manager:**

John Street has landed on the model of a part-time office manager, Kyra Knighton, who focuses on the 'people' (staff and patients) side of the business and a full-time practice manager, Janine Harding, who is experienced in the 'nitty gritty' of Medicare, clinical software and public health policy. "Together they can achieve so much!"

**Encourage 'restorative activities' in non-work time:**

Such as swimming, hiking, yoga. One GP, Dr Nurman Noor, was a finalist in TV's the Great Australian Bake Off!

**Social activities:** "Kyra organises a staff social activity like yoga, painting, or a quiz night every 6-8 weeks. This helps build team morale and encourages staff to have fun."

**Encourage autonomy among staff:**

"Our wonderful reception staff and nurses have a great sense of autonomy; we encourage them to sort the rosters amongst themselves because they get along well, they know the hours we want filled, and they know the preferences they each have for working hours."



Dr Annette Barratt

**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.

# Get to know: Dr Annette Barrett

Dr Annette Barratt has practised as a GP in and around Hobart for the past 40 years. A former state Chair of the Royal Australian College of General Practitioners and current Vice President of the Australian Medical Association in Tasmania, she is also a commissioner with the Voluntary Assisted Dying Commission. Annette has a long-standing interest in doctors' health and wellbeing, which has led to her appointment as state medical director of the not-for-profit DRS4DRS health service – a volunteer position.

## Why do doctors need their own medical service?

A lot of GPs manage their own health, often poorly. And a lot of specialists manage their own health. Doctors often don't go to other doctors and even when they do consult a colleague, it's via a 'corridor' consultation rather than a formal appointment.

General practice can be a very isolating profession and unfortunately, GPs often don't ask for help. They suffer in silence.

Doctors have been taught all the way through their training that the buck stops with them. It's very hard then to go and ask for help. And doctors can see it as a weakness, especially to admit mental health issues or addiction issues. They see it as a failure. Whereas in reality, it's just being human.

There's also a great fear of being reported to AHPRA (the Australian Health Practitioner Regulation Agency) and

being told you can't practise – so instead of reaching out for help, people soldier on until it becomes too hard. And then unfortunately, they often self-harm in one way or another. We know the suicide rate amongst medical professionals is high – particularly, unfortunately, among young female GPs. They feel unsupported and isolated. And that's what we're trying to avoid.

## What effect has the COVID-19 pandemic had on health professionals' support needs?

General practice is different to working in a hospital, where you're never alone. In general practice it's just you and your patient in your room, which is more isolating. The pandemic made it even worse because doctors were working from home, so they never even had the support of their own practice.

## What can healthcare practices do to support the health and wellbeing of their staff?

When I was principal owner at a practice in Bridgewater, we had things in place to protect our doctors. We would not allow any of our doctors to work full time; no-one would work more than four days a week. We encouraged them to do other things to diversify, to make sure that they weren't burning out. And we had lunch together every single day – every doctor, the reception staff, the nursing staff, as a way of building support for each other.

I'd say form communities within your practices, and form communities within your area, to be able to support each other. That could be across disciplines – it doesn't have to be just GPs.



### What can healthcare providers do to support themselves, and each other?

Encourage each other to have a healthy work-life balance; look out for each other; watch whether your colleague is not coping. And have the courage to go and talk to them. We know that talking is the most important way of picking up problems.

I'd also really encourage doctors to do the DRS4DRS training. Even if they don't want to be on our volunteer roster – it's free training, it only takes a couple of hours, but it gives incredible insight into the issues doctors are facing and how to manage caring for your peers. Then if they want, they can join my roster of doctors taking calls from colleagues in need. They can commit as little or as much time as they want – some doctors do regular weeks on call; others may only have time to do a few days per year. It all helps.

### What system-level changes are needed?

We've got to change the expectation that doctors are perfect, and that doctors are seen as superhuman. We've got to keep the dialogue about the fact that doctors are human, and have the same problems as everyone else.

Also that mental health issues don't prevent a doctor from being a good doctor. People are frightened that if they identify as having a mental health issue, they're going to be stopped from practising. And that's not accurate.

And that's the thing that we need to get out there – people seeking help early is not going to stop them being a good doctor. In many ways, it is going to make them a better doctor. ■

**Want to know more?**  
Go to [www.ama.com.au/drs4drs/tas](http://www.ama.com.au/drs4drs/tas)

### What is DRS4DRS?

DRS4DRS is a free and confidential health and wellbeing service available to doctors, medical students and their families throughout Australia.

Each state – including Tasmania – has a 24/7 helpline (1300 374 377 in Tasmania) staffed by senior GPs and other doctors who talk to callers about their concerns – physical and mental – and provide them with advice on what steps to take next.

DRS4DRS is funded by the Medical Board of Australia and – locally – the Tasmanian Government, but operates independently. It is administered by the Australian Medical Association.

# 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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