Sustainable Rural Health Project

BLG
BULOKE LODDON GANNAWARRA

Increasing access to mental health supports in Buloke, Loddon and Gannawarra

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Executive Summary

This brief provides information for the Loddon Mallee Regional Mental Health and Wellbeing Regional Interim Body and other key stakeholders on feasible actions and opportunities in the Buloke, Loddon, and Gannawarra (BLG) regions that can be leveraged through mental health system and workforce reforms.

The shared vision of key stakeholders in the BLG region is for an accessible and sustainable mental health system, that enables individuals and communities to be healthy and mentally strong over the long term.

This brief has been developed by representatives of the Buloke Loddon Gannawarra Health and Wellbeing Executive Network (BLGHWEN), which is a partnership of health, community services and government representatives. The Southern Mallee Prevention and Population Health, Mental Health and Wellbeing Committee, a catchment wide professional network, has also provided critical feedback.

The region in focus is the middle of North-West Victoria: the Buloke, Loddon, and Gannawarra (BLG) local government areas (LGAs). The region spans the Loddon Mallee Public Health Unit geographic areas of Mallee, Murray and Loddon. The BLG LGAs are MM5 Small Rural Communities, and the closest regional centres are Bendigo, Mildura, Swan Hill and Echuca. Aboriginal Community Controlled Health Services provide social and emotional wellbeing services for Aboriginal and Torres Strait Islander Peoples, families and communities in this region. While the focus of this brief is on the BLG region, further resources and investment directed towards Swan Hill, will also have a direct impact on service accessibility and health outcomes for the BLG. Key socio-demographics, community strengths, mental health and service and workforce planning challenges are provided.

BLG mental health priorities are 1. Workforce, 2. Health promotion and prevention, 3. Early intervention, and 4. Specialist services. This brief contains recommendations, opportunities and exemplar models that can be leveraged and further resourced through mental health system and workforce reforms.

WORKFORCE	HEALTH PROMOTION AND PREVENTION	EARLY INTERVENTION	SPECIALIST SERVICES
• Co-plan and strategise • Rural training pathways • Attract/recruit • Up-skill/retain	• Affordable housing • Accessible childcare • Transport and outreach/mobile clinics • Physical health • Social connection • Health literacy • Local financial support resources • Community partnerships	• Integrated regional care pathways • Integrated mental health in primary care • Community-based system navigators and social connectors • Mental health in schools • Integrated regional care pathways • Integrated mental health in primary care • Community-based system navigators and social connectors	• Local mental health response teams • Build relationships for regional shared care • Support to access specialist services in community hubs

Acknowledgement of Country

We acknowledge the many unceded First Nations Countries of the region. We pay our respects and give thanks to the Ancestors, Elders and Young People for their nurturing, protection and caregiving of these sacred lands and waterways, acknowledging their continuation of cultural, spiritual, and educational practices. We are grateful for the sharing of Country and the renewal that Country gives us. We acknowledge and express our sorrow that this sharing has come at a personal, spiritual and cultural cost to the wellbeing of First Nations Peoples. We commit to addressing the injustices of colonisation across the region, and to listen to the wisdom of First Nations communities who hold the knowledge to enable healing. We extend that respect to all Aboriginal and Torres Strait Islander Peoples.

Introduction

This brief provides information for the Loddon Mallee Regional Mental Health and Wellbeing Regional Interim Body and other key stakeholders on feasible actions and opportunities in the Buloke, Loddon and Gannawarra (BLG) regions, that can be leveraged through mental health system and workforce reforms.

The shared vision of key stakeholders in the BLG region is for an accessible and sustainable mental health system, that enables individuals and communities to be healthy and mentally strong over the long term.

This brief has been developed by representatives of the Buloke Loddon Gannawarra Health and Wellbeing Executive Network (BLGHWEN), which is a partnership of health, community services and government representatives who have a strong desire to see the communities they work in flourish and have equal opportunity for good mental health. The Southern Mallee Prevention and Population Health, Mental Health and Wellbeing Committee, a catchment wide professional network, has also reviewed a draft of the brief and provided critical feedback.

The Sustainable Rural Health project is a key partnership activity overseen by the BLGHWEN, which identified that increasing access to mental health supports is a top regional priority.

About the Buloke Loddon Gannawarra Health & Wellbeing Executive Network

The BLGHWEN is an executive level network, with collective oversight of partnership projects and activities that aim to improve the health and wellbeing in our communities, creating a strong voice based on evidence and understanding of local communities to communicate to all levels of government.

Key objectives of the BLGHWEN include:

- advocate for the importance of small communities and their equitable access to health and community services
- identify State and Commonwealth government priorities, relationships and linkages, and aligning them to what currently is occurring in our services for our communities
- explore opportunities for our partners to provide services that are required in the community in a changing service structure that focus on the social and environmental determinants of health.

Research and consultation

The BLGHWEN operates on key principles of collaborative research and evaluation and data sharing. The following research and engagement activities have informed the development of this briefing paper.

2020	• BLG needs assessment identified mental health as one of four health priority areas to guide the BLGHWEN partnership work.
2022	• BLG service mapping of mental health services in this region was completed (see here) that identified mental health service and workforce capacity and regional care pathways. • Co-design research project led by the Integrated Health Network Alliance, a representative working group led by Murray PHN (Primary Health Network) with BLGHWEN partners identified mental health as a top regional health priority, demonstrating local readiness to engage with new programs and initiatives. • Murray PHN Health Needs Assessment identifies community strengths that can be leveraged to address regional mental health issues and service provision challenges that create health inequities in the BLG. • Southern Mallee Mental Health and Wellbeing Data and Evidence Story adds further depth of understanding to mental health issues and community strengths and challenges. • The Strong Youth Strong Communities framework and report released by North Central LLEN with regional partners in 2022 highlights key challenges and proposes a facilitator model to link schools to local community wellbeing resources, assets and services (see here). • A report on Creating viable childcare services in rural areas outlining regional childcare access issues and priorities for investment published by Rural Development Australia (see here).

The region in focus - Buloke, Loddon and Gannawarra

The region in focus is the middle of North-West Victoria, the Buloke, Loddon, and Gannawarra (BLG) local government areas (LGAs) (see Figure 1). The region spans the Loddon Mallee Public Health Unit geographic areas of Mallee, Murray and Loddon (see here). The BLG LGAs are all classified as Modified Monash Model (MMM) 5 Small Rural Communities, and the closest regional centres are Bendigo (South), Mildura and Swan Hill (North), and Echuca (East). The region is renowned for a diverse range of quality agricultural enterprises and is a large contributor to Victorian food production and manufacturing industries. The region is susceptible to impacts from climatic events such as drought and floods, however community members report good life satisfaction, feeling part of the community and being connected with family and friends. Key socio-demographics, community strengths and service provision challenges are provided in this brief (see Table 1) for additional background.

Aboriginal Community Controlled Services provide social and emotional wellbeing services for Aboriginal and Torres Strait Islander Peoples, families and communities in this region, with Mallee District Aboriginal Services (MDAS) providing care in the north of the region and Bendigo and District Aboriginal Cooperative (BDAC) providing care in the south. See First Nations Country geographic boundaries and Traditional Custodians here.

Mental health services located in Swan Hill are often used by people living in many communities of the BLG region and provide outreach services into the region. Swan Hill is an accessible location in comparison to other larger regional centres located further away (i.e. Mildura, Ballarat, Bendigo). While the focus of this briefing paper is on the BLG region, further resources and investment directed towards Swan Hill will also have a direct impact on service accessibility and health outcomes for the BLG.

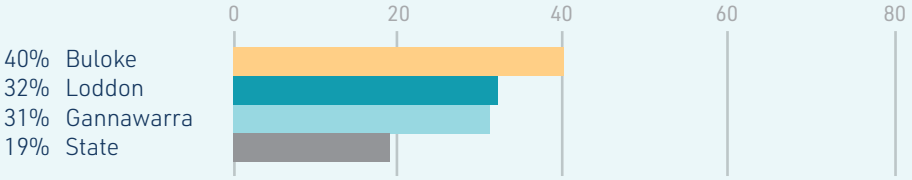
1.1. Table. Key socio-demographics

Population	The Estimated Resident Population (ABS, 2021) is Buloke 6130, Loddon 7700 and Gannawarra 10,612, with a total for the region of 24,442 people. Over the past 10 years (2011-2021) there has been population decline in Buloke, which decreased 5% (335 people) over 10 years 2011-2021; with population growth in Loddon of 2% (154 people) and Gannawarra growth of 2% (159 people) in this same time period.
Age	People living in the region are older than average. The region has a higher proportion of older people and almost one third of the population is over 65 years (Buloke 28%, Loddon 29% and Gannawarra 29%), which is higher than Murray PHN (20%) and State (16%) benchmarks (ABS, 2020). *See Figure 2 for regional population age distribution*
Gender	There are more males living in the region compared to females; Buloke 107 males to 100 females, Loddon 108.3 males to 100 females and Gannawarra 102.5 males to 100 females (ABS, 2020).
Aboriginal and Torres Strait Islander population	The number of Aboriginal and Torres Strait Islander people living in the region is higher than State parity (1%) but below national population parity (3%); Buloke 1%, Loddon 2% and Gannawarra 2% (ABS, 2016).
Language	Majority of the population speaks English. The number of people who speak a language other than or in addition to English is Buloke 3%, Loddon 3% and Gannawarra 2% (ABS, 2016). Most people were born in Australia or other Main English-Speaking Countries. The most common Non-Main English-Speaking Countries of Birth of all three LGAs are the Philippines and India (ABS, 2016).
SEIFA Index Vic ranking	All LGAs have lower than average socioeconomic status which is ranked by 1 low – 79 high, with Loddon being the lowest - Buloke 24, Loddon 9 and Gannawarra 18 (ABS, 2017)

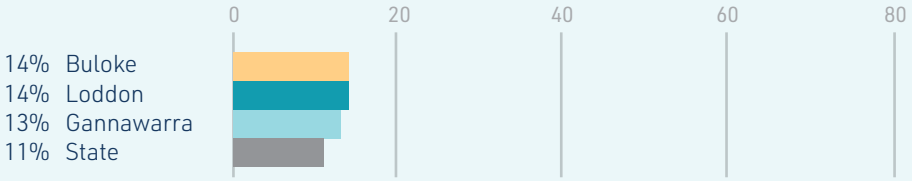
Note: Within this paper we are not providing a comprehensive statistical profile of the region, further supporting evidence and information can be supplied on request.

Community strengths

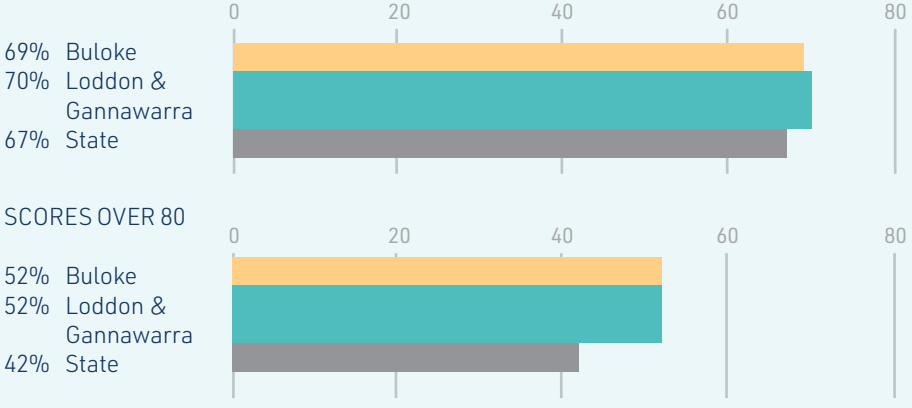
- **Established, strong working partnerships** between rural hospitals, community health services, Government representatives and local councils, other community organisations including neighbourhood houses (see Mallee Neighbourhood House Network), local learning and employment networks (Murray Mallee LLEN, North Central LLEN and Campaspe Cohuna LLEN), sports assemblies (Mallee Sports Assembly, Sports Focus), and private healthcare providers including general practices, pharmacies and other allied health services.
- **Strong community and consumer engagement** via existing health service advisory and reference groups, and established community groups, for example Men's Sheds, U3A, sporting clubs, Wyche Alive, Donald 2000, Kerang Elders and Emerging Leaders and Kerang Mental Health Carers group.
- **Highly skilled workforces with advanced scope training** including rural generalist general practitioners (GPs), RIPRN (rural and isolated endorsed practice registered nurses), nurse practitioners and advanced scope community paramedics.
- **Track record of collaborative leadership and cross sector service planning, funding and delivery models**, including for emergency and surge responses for COVID and floods.
- **Clinic room space available** for outreach and mobile clinics in majority of communities.
- **Above average numbers of people who volunteer** (ABS, 2017)



- **People in this region care for each other** – Above average numbers of people who provide unpaid assistance to people with a disability (ABS/PHIDU, 2018).



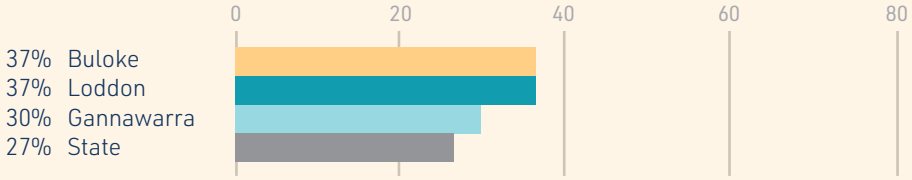
- **People in this region feel part of their community** – Buloke 69% and percentage of high scores over 80 was 52%, Loddon and Gannawarra (combined due to low response rate) 70% and percentage of high scores over 80 was 52%, compared with State 67%, percentage of high scores over 80 was 42% (Regional Wellbeing Survey, 2020).



1 Of general practices in the BLG who share data with Murray PHN

Mental health of the region

- **Above average numbers of adults with diagnosed anxiety or depression** - (Victoria) (VPHS, 2017).

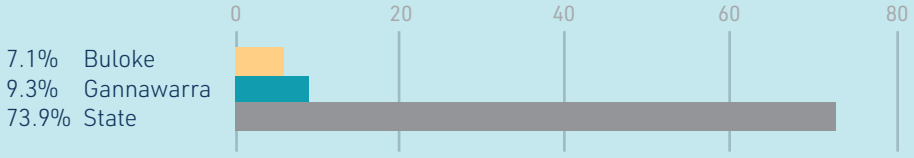


- **Depression is the 5th most common chronic condition** in general practice patient population[1] diagnosed in 11% or 2,657 patients (Murray PHN, 2022).
- **Anxiety is the 6th most common chronic condition** in general practice patient population diagnosed in 10% or 2,339 patients (Murray PHN, 2022).
- **Bipolar and/or Schizophrenia are diagnosed in 3% or 381 people** in the general practice patient population (Murray PHN, 2022).
- **Across the region people are twice as likely to rate their access to mental health services as poor** (range between 44% to 54% for people in BLG regions, compared to State 19% of people) (Regional Wellbeing Survey, 2020).

Challenges for service & workforce planning

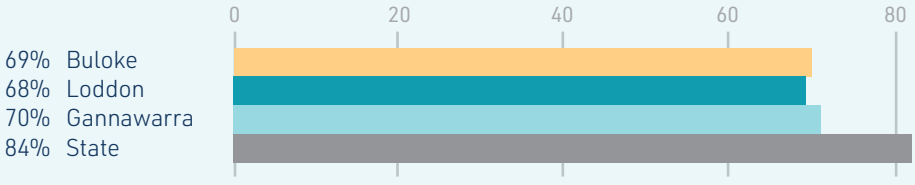
- The BLG region is made up of **small dispersed and diverse rural communities** that require regional planning with local tailored approaches.
- There are **Long travel distances between communities and regional centres**.
- Community members often have to **travel to more than one regional centre to access services** (i.e. from Kerang and Cohuna, to Bendigo and Swan Hill and Echuca, or from Birchip to Donald and Horsham).

The proportion of population that lives near public transport (within 800 metres)



But over 90% of people have access to a car (Southern Mallee PCP Community Health and Wellbeing Profile, 2020).

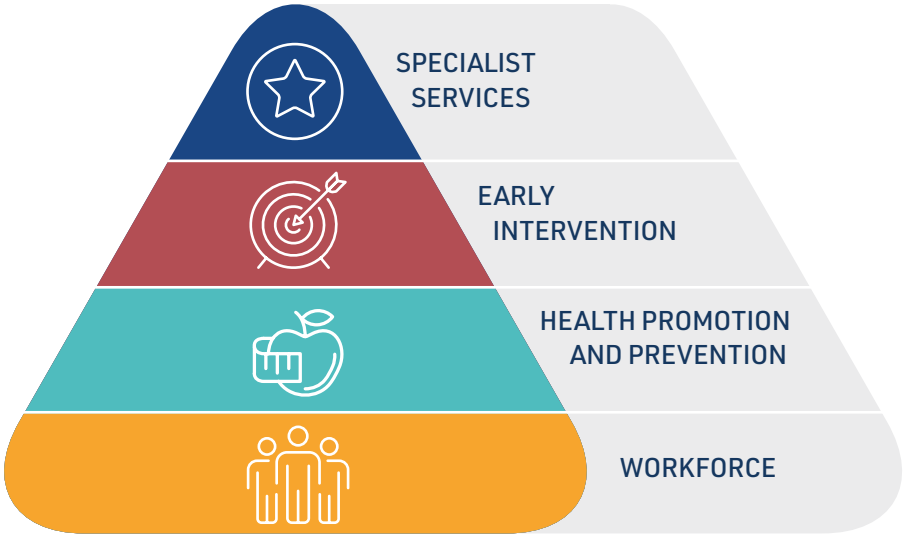
- **Poor access to public transport** for people who do not have a car or cannot safely drive long travel distances, and many communities do not have daily return public transport to regional centres.
- **Communities find service navigation is very complicated**, which is made more challenging by frequent changes to services and the high number of travelling/visiting services.
- **Insufficient population size to attract and sustain private providers** and markets (market failure).
- **Poorer access to specialists** compared to regional and metropolitan centres, reliant on telehealth for specialist service access.
- **Inadequate reimbursement for private providers to offer outreach services** (i.e. when using NDIS or aged care funding packages).
- **Poor access to affordable short term or long term housing** for locum and temporary workforces or newcomers.
- **Poor access to internet at home** impact peoples' abilities to access online low intensity services and telehealth (ABS, 2017).



RECOMMENDATION

Service models designed for metropolitan or regional geographies cannot be applied in this context. Place-based models are needed that use existing community strengths, assets and resources to overcome service delivery barriers. The following priorities and feasible actions and opportunities have been identified through research and engagement with communities and health professionals. These exemplar models provide insights into successful approaches that have been developed in and for this region, that can be further strengthened or leveraged through the mental health system and workforce reforms.

Buloke, Loddon and Gannawarra mental health priorities



PRIORITY 1. WORKFORCE

The health workforce in the BLG region are highly skilled, innovative, creative and resilient health and medical professionals, that are incredibly passionate and committed to communities. However, further supports are needed to safeguard and further strengthen the workforce, especially because of contextual challenges and increasing pressure and strain.

RECOMMENDATIONS AND OPPORTUNITIES

CO-PLAN AND STRATEGISE	• Facilitate partnerships between regional centres and small rural health services for workforce planning that extends beyond traditional mental health service silos. • Continue to resource and support the Southern Mallee Prevention and Population Health, Mental Health and Wellbeing Committee (see *Innovative Models*). • Link up Commonwealth and State funding in small rural communities to optimise use of existing funding sources for block-funded place-based models (given small populations and workforce pool).
RURAL TRAINING PATHWAYS	• Increase the number of students placed in the region for clinical placements through university and TAFE education providers. • Increase health employment promotional events in high schools within and outside of the region, to attract workforces to the region, working with regional LLENs.
ATTRACT/ RECRUIT	• Fund a region-specific workforce recruitment campaign that attracts people from outside of the Buloke, Loddon and Gannawarra regions, into the region with relocation and settlement supports; for example, the exemplar model of Attract, Connect, Stay. • Provide funding and assistance for international recruitment of workforce to the region, including case management to assist with migration and settlement, and support to navigate and comply with visas and other government regulations and requirements. • Extend supports available through RWAV Regional Mental Health Workforce Incentives program beyond State funded programs to private and not-for-profit services in MM4 and above, and ensure this is accessible and prioritised for the BLG given critical workforce shortages.

UP-SKILL/ RETAIN	• Provide accessible professional development for people working in the region at all career stages. • Support professional network development to link up isolated rural health professionals and professionals working in regional centres for skill-sharing, peer support and connection. • Create advanced skill training and supervision opportunities for the BLG workforce to advance career paths without moving to regional centres. • Lead the development of rural generalist career pathways in the region with mental health advanced skill training. • Up-skill mid-career professionals in the region to provide high quality clinical supervision for new graduates. • Reduce other barriers to training through funding for back fill and childcare, travel and accommodation (such as priority and expanded access to Rural Workforce Training grants). • Up-skill non-specialist workforces for mental health promotion, early intervention and care navigation including peer workers, community navigators/care coordinators and school wellbeing staff. Aiming to build local capacity to enable health promotion and prevention capability in all community settings. This could be done through funding community members to complete peer support workforce training, for example, Roses in the Ocean training or Certificate IV Mental Health Peer Work. • Up-skill the existing primary care workforce to deliver mental health interventions including GPs, nurse practitioners, Aboriginal Health Practitioners, Aboriginal Health Workers, practice nurses and pharmacists. In small rural communities, GPs and nurse practitioners in private practice are the same workforce who deliver aged care and emergency/urgent care services in rural public hospitals. • Up-skill emergency and urgent care workforces to deliver mental health interventions including paramedics and hospital-based nurses.

INNOVATIVE MODELS

Southern Mallee Prevention and Population Health, Mental Health and Wellbeing Committee

The Committee is a network of health professionals from across the Southern Mallee (now known as Murray) region, aiming to strengthen relationships and collaboration between mental health and related services. The Committee meets online each quarter and has more than 100 registered members representing in excess of 40 organisations (local, regional and statewide). The Committee provides a platform for networking and professional connection and support, information sharing and collective advocacy. Committee recessed end of 2022 due to program and staff changes and members have recommended that this is re-instated.

PRIORITY 2. HEALTH PROMOTION AND PREVENTION

Mental health promotion and prevention of mental illness is critical and there are a range of existing community assets and strengths that can enhanced through further resourcing and investment in this region.

RECOMMENDATIONS AND OPPORTUNITIES

AFFORDABLE HOUSING	• Access to affordable housing is critical for attracting and retaining health workforce. In this region there is inadequate supply of affordable rental housing or housing to purchase. Housing is cited as a barrier to accepting employment, placements and training positions. Rural housing strategies need advocacy and solution focused actions and should be incorporated into mental health workforce recruitment initiatives. Housing insecurity is also likely to impact on community mental health.
ACCESSIBLE CHILDCARE	• There is poor access to childcare across the region which is a major deterrent for workforce recruitment. Insufficient access to childcare is likely to also impact on people's access to mental health services especially if they have to travel long distances to appointments. Childcare is also important for people to be able to effectively engage with telehealth clinical and therapeutic services in their home. Every $1 spent on rural childcare, returns $1.32 in benefits for children, families and the economy. Sustainable childcare services are needed where parents can be confident of secure and long term access. (Rural Development Australia, 2022)
TRANSPORT AND OUTREACH/ MOBILE CLINICS	• Outreach and mobile clinics are needed for delivering services in small rural communities, especially for people reliant on public transport or transport provided by carers, including young people and older people. This is especially important for mental health services where confidential service access is an important factor in determining whether or not people decide to seek help. Funding for community transport would also be a feasible solution where confidentiality can be assured. Telehealth cannot be relied on as a panacea as many people prefer face-to-face appointments and some people do not have reliable internet access, or do not have space at home for confidential access.
PHYSICAL HEALTH	• Connect physical health with mental health strategies by investing in health promoting programs in all communities, that support connection and participation for people with and at-risk of mental illness.
SOCIAL CONNECTION	• Fund community organisations in the BLG to provide social prescribing services that can improve mental health and wellbeing, through linking people to existing community groups or creating new groups that provide social connection and belonging. Social prescribers can build more options for inclusion which suit people with different needs, abilities and interests is a proactive action. Working with established groups and organisations to increase their understanding of enablers and barriers to social inclusive practice, will increase participation of diverse community groups. • Establish one of the Social Inclusion Action Groups within the BLG region to ensure this initiative has a direct impact on the mental health and wellbeing of BLG communities.
HEALTH LITERACY	• Deliver Mental Health First Aid (MHFA) and specific Aboriginal and Torres Strait Islander and Youth MHFA programs for community leaders, including emerging leaders in existing community organisations and groups with minimum targets set for all communities to reach high coverage. There are existing MHFA trainers in the BLG that can be funded to deliver these programs, but this pool needs to be increased to build a network of qualified community leaders, which will improve access to training programs and ensure sustainability. A local network will also offer peer support for trainers and ensure communities can access tailored education sessions locally.

HEALTH LITERACY CONT.	• Fund a mental health promotion campaign to build health literacy across the region so individuals and groups are able to: – understand health and wellbeing messages, for example 5 Ways to Wellbeing has local community support – information which is particular to their own health – navigate and coordinate the local and regional health and wellbeing services when needed – be confident in using telehealth when needed. • Fund stigma reduction initiatives for suicide prevention and mental health for priority groups including Aboriginal and Torres Strait Islander Peoples, LGBTQI+, culturally and linguistically diverse community groups and older men. Fund existing community organisations to deliver these, because of their established engagement and reach (see Innovative Models, Tactics for Tough Times).
LOCAL FINANCIAL SUPPORT RESOURCES	• Financial pressure is a determinant of mental health and wellbeing, and in this region financial hardship is caused by several factors including natural disasters. Accessible financial counselling from local trusted community leaders is important to enhance uptake. BLG shire councils and Northern District Community Health (NDCH) already provide this support and should be further resourced to scale up for increasing demand.
COMMUNITY PARTNERSHIPS	• Fund local mental health and wellbeing partnerships to resource grass roots collaboration, that is self-actioned and coordinated to address service gaps and other concerns, to further strengthen place-based capacity.

Innovative models

Strong Youth Strong Communities

Strong Youth Strong Communities is a community-based partnership initiative led by NCLLEN, NDCH and shire councils, that promotes wellbeing and school engagement in the formative years to prevent long-term social and economic impacts. The Initiative connects community-based resources to develop and implement a model of wellbeing services in schools and communities that is preventative, cost effective, and strengthens partnerships to build the capacity of schools and communities. Read the Strong Youth Strong Communities 2022 report.

Loddon Healthy Minds Network

The Loddon Healthy Minds Network was formed in 2007 to promote and advocate for improved wellbeing and access to appropriate services for people in the Loddon Shire affected by mental health issues. The Network was formed to increase Loddon Shire residents' awareness of mental health services available within and outside of the Shire, because of the lack of local services and complexity of regional service navigation. The Network is supported by a large number of partner organisations, as well as local community representatives, see website and Terms of Reference.

Tactics for Tough Times

Tactics for Tough Times was developed by a small group of like-minded community members, who believed that the resilience of their communities was diminishing. They proposed that community education would have a lasting and broader impact for community members compared to one-to-one counselling, and that improvements in mental health literacy could make a real difference to whole-of-community mental health and wellbeing. Tactics for Tough Times evolved from this discussion and was launched with funding delivered by Department of Health and Human Services for drought and wellbeing initiatives for the BLG and Swan Hill. The initiative delivered 68 program sessions and events to 1,443 attendees during 2019 to 2021 with further community engagement through social media channels. Sessions provided attendees with conversational tools for "checking in on mates" and providing informal support for mental wellbeing. See program webpage here.

Rural Outreach Worker Program

The Rural Outreach Worker (ROW) Program is an initiative designed and implemented for rural people in Western Victoria experiencing tough times to reach out to talk to someone. ROW is a navigation role aimed at reducing the barriers to accessing services, and people are linked into services for more ongoing support that suit their presenting needs. Rural people often look to the local services for assistance with system navigation. The ROW creates a 'no wrong door' type approach, linking the person to the service that has the expertise to provide ongoing supports. This rurally designed model could be replicated for the BLG, see webpage and evaluation report here.

PRIORITY 3. EARLY INTERVENTION

The BLG region has a strong, highly-skilled, and committed primary care and community health sector, with expertise for planning and delivering place-based and evidence-informed mental health interventions that are timely, accessible and acceptable for communities, supporting people to achieve optimal mental health and wellbeing outcomes.

A very strong place-based early intervention service and support system is a key protector for people when they are challenged with their mental health. This sector needs to be well-resourced and supported within the stepped care mental health system, to mitigate escalation of issues which necessitates travel and isolation from families and communities, and greater life disruption for rural people.

RECOMMENDATIONS AND OPPORTUNITIES

INTEGRATED REGIONAL CARE PATHWAYS	• Integrate and strengthen shared care pathways between regional centres and small rural communities to ensure stepped care paths are seamless and within a wrap-around, cross-sector approach.
INTEGRATED MENTAL HEALTH IN PRIMARY CARE	• Integrate local mental health services with primary care services, to form one-stop-shop community hubs that make optimal use of existing workforce and other resources, including available clinic room space and continuity needed by healthcare consumers for accessible and convenient service access.
COMMUNITY-BASED SYSTEM NAVIGATORS & SOCIAL CONNECTORS	• Resource neighbourhood houses, which are trusted spaces for non-judgmental support and assistance for mental health and other issues that cause mental ill-health including family violence, poverty and food insecurity, unemployment, and difficulties accessing welfare and disability supports. Neighbourhood houses in this region are led by community champions and are regionally and locally networked with strong community engagement and social media presence. They are seen as neutral, non-clinical spaces which assist with connection to other supports and services, and host social inclusive activity and support groups, and generally have spaces available for community programs and meetings. • Enhance early intervention capacity in communities by funding new roles that support care coordination and system navigation, people who can work as a conduit as people move up and down the stepped system and continuum of care. • Fund MDAS and BDAC to provide care navigation services for Aboriginal and Torres Strait Islander Peoples living in the region. • Establish telehealth hubs for mental health service access in secure and confidential settings (i.e. community hubs), that have reliable internet connection and equipment, and health and wellbeing support person/team available with mental health first aid training (minimum).
MENTAL HEALTH IN SCHOOLS	• Work with and in schools, leading mental health promotion work, early intervention mental health and wellbeing actions with youth ambassadors and school staff for capacity building. • Increase rural loading for high schools in the BLG to implement mental health initiatives from the statewide menu to recognise the increased cost of delivering programs in rural areas, that might include higher travel costs.
	• Include more rural specific options that are cost effective for rural locations on the statewide mental health in secondary schools menu, recognising that programs designed in metropolitan contexts might not be fit-for-purpose in rural contexts, that metro-based program facilitators might not be willing to travel or attend at times that best suit the school community, and that rural students should have face-to-face options for equity with metro students. – There were no rural specific options listed on this menu category as of last update (January 2023). – Life4Life is listed in the North West Victoria category and this option has local support for funding and implementation in the BLG.

MENTAL HEALTH IN SCHOOLS CONT.	• The mental health professionals in secondary school program is failing rural areas because it is not designed for rural contexts. Employment positions in this model of care need more flexibility, so they can be tailored to local needs and workforce capacity. There needs to be rural loading for employment positions to make salaries equitable/competitive with other comparable mental health sector roles. Schools in the BLG have partnered to create substantive full-time employment roles for more attractive recruitment, however additional funding is needed that recognises the challenges of being employed to cover multiple schools and wide geographic areas, and for providing services to young people who do not have easy access to local youth mental health services. These positions often go un-filled because of these recruitment disincentives. Long-standing recruitment shortages in this region mean that it is hard to recruit people with specific qualifications, a more flexible employment model can help to address this gap (see Innovative Models – Primary Care in Secondary Schools). Mallee Track Health and Community Services formed a partnership agreement with four secondary schools to combine 0.2EFT Mental Health Practitioner funding to create a 1.0EFT position to provide outreach to the schools. This position has been successfully recruited and retained because it offers a substantive position and the person is supported by the allied health team.

INNOVATIVE MODELS

Nurse Practitioner Rural Outreach Model

The Nurse Practitioner Rural Outreach Model is a regional initiative to improve access to primary care services in small rural communities that have no or limited GP access. A nurse practitioner supported by a care coordinator will deliver (from January 2023), primary care clinics within GP clinics in four rural communities, one day per fortnight. It is estimated that approximately a third of patient visits to GP regions relate to mental health concerns. There is potential for mental health supports to be integrated into this model to support people, especially older adults, to access mental health care, which could include non-clinical social prescribing and mental health promotion delivered by nurse practitioners and the care coordinator, or other new/emergent workforces to be developed through the Victorian Government's public mental health sector reform (peer workers, wellbeing support workers).

This program is being piloted for 12-months through the Sustainable Rural Health project murrayphn.org.au/SustainableRuralHealthProject/

Primary care in secondary schools

Doctors in Secondary Schools is a Victorian Government Department of Education and Training initiative, that funds primary care services via PHNs. Primary are in Sescondary schools is funded for several schools in the BLG including Wedderburn College and Kerang Technical High School. In majority of schools this includes a GP and practice nurse. In Kerang, due to workforce shortages, they have successfully developed a model using a nurse practitioner. This is an innovative place-based model of delivering the service using existing workforce capacity. Given existing headspace centres are not locally accessible for young people living in this region, there is potential for mental health supports to be integrated into this model to support young people to access mental health care and for young people with mental illness to remain engaged in school, see murrayphn.org.au/portfolio-view/doctors-in-secondary-schools/ and https://www.vic.gov.au/doctors-in-secondary-schools

PRIORITY 4. SPECIALIST SERVICES

Existing tertiary mental health services located in regional centres have limited reach to Buloke, Loddon and Gannawarra regions, which creates inequity in service accessibility for people living in these small rural towns. For example, none of the first six Mental Health and Wellbeing Locals are locally accessible for people living in the BLG; in the second tranche the closest Locals will be Bendigo-Echuca and Mildura which are more than 150kms away from some communities. When people become unwell and require acute, inpatient or other specialist services, people have to travel long distances or have a longer wait for service access, which is challenging for carers and families. Different models of service provision are needed, that are locally responsive and use existing assets and resources for supported service access via telehealth or travel, so people are not left to navigate the system on their own.

RECOMMENDATIONS AND OPPORTUNITIES

LOCAL MENTAL HEALTH RESPONSE TEAMS	• Local teams of service providers and community leaders (peer workers and/or community members with MHFA training) that can be activated for mental health crisis and response. This could include suicide, life threatening event or natural disaster, who support the person, family or community with service access, and who also assist with other social care needs during the crisis period like housing, emergency payments or postvention support. Northern District Community Health created a surge response model during the most recent flood crisis that can be funded and implemented.
BUILD RELATIONSHIPS FOR REGIONAL SHARED CARE	• Link up and network specialist service providers in regional centres with generalist rural health and medical professionals to build relationships for shared care, secondary consultation and liaison, and establish clinical governance for case coordination and data sharing.
SUPPORT TO ACCESS SPECIALIST SERVICES IN COMMUNITY HUBS	• Create supported referral and triage access pathways i.e. through community hubs, with minimum mental health first aid qualified staffing, where community members can be supported to access specialist and emergency care during times of mental health crisis.

INNOVATIVE MODELS

Royal Flying Doctor Services specialist access via telehealth

Access to specialists via telehealth through the RFDS at locations in the BLG including Cohuna, Kerang, Boort, Birchip, Wycheproof, Charlton, Donald, Wedderburn and Inglewood. This service including addiction specialists and psychiatrists (child and adolescent and adult); note that this is not a crisis service. See locations map here.

KEY REFERENCE RESOURCES

- Buloke Loddon Gannawarra Service Mapping 2022 including mental health services
- Strong Youth Stronger Communities, North Central LLEN 2022 report
- Creating viable childcare services in rural areas, Rural Development Australia 2022 report
- Murray PHN and Integrated Health Network Alliance, Sustainable Rural Health project webpage including research findings summaries
- Southern Mallee Mental Health & Wellbeing Data and Evidence Story 2022

FIGURES

Figure 1. Loddon Mallee health service catchment with State funded health services and LGAs identified

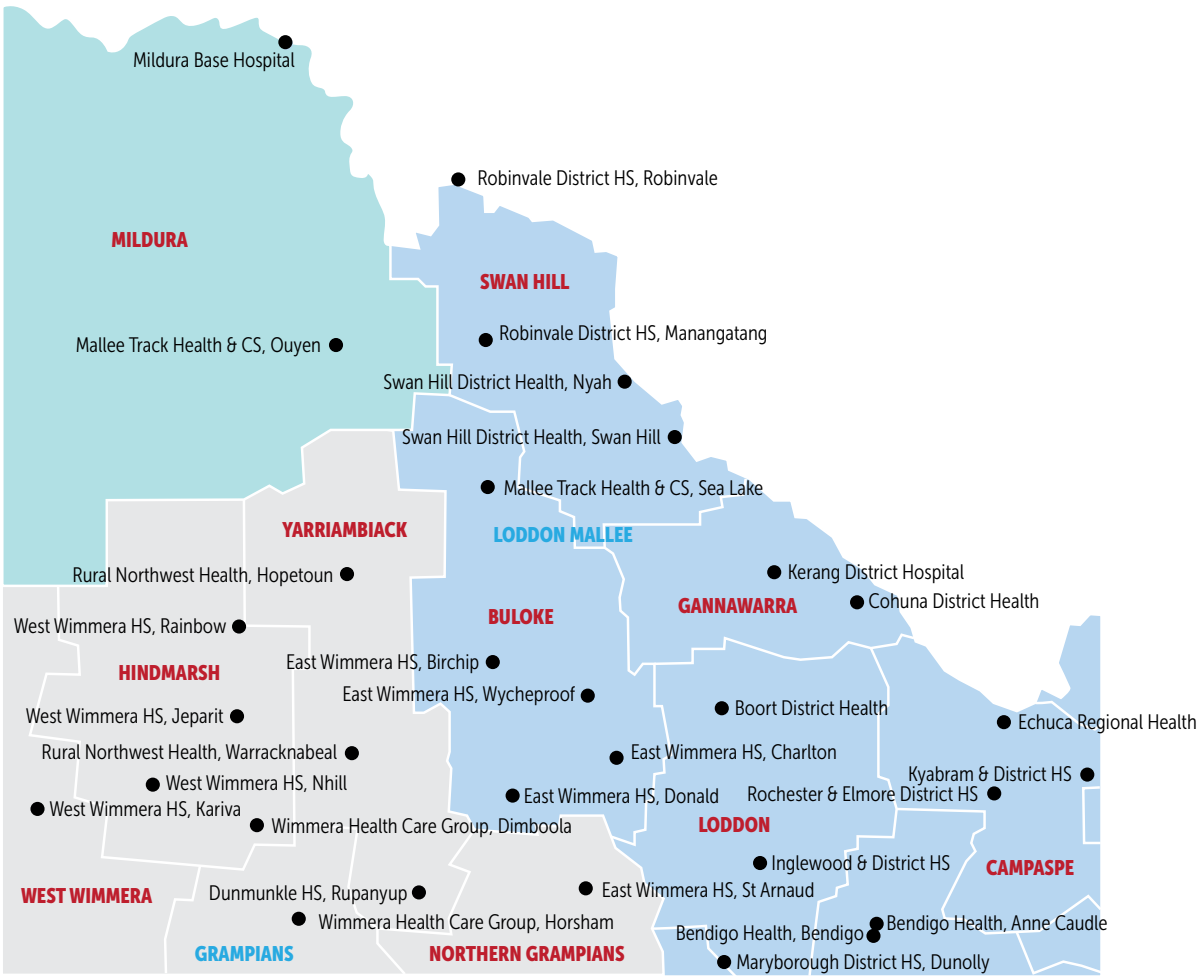
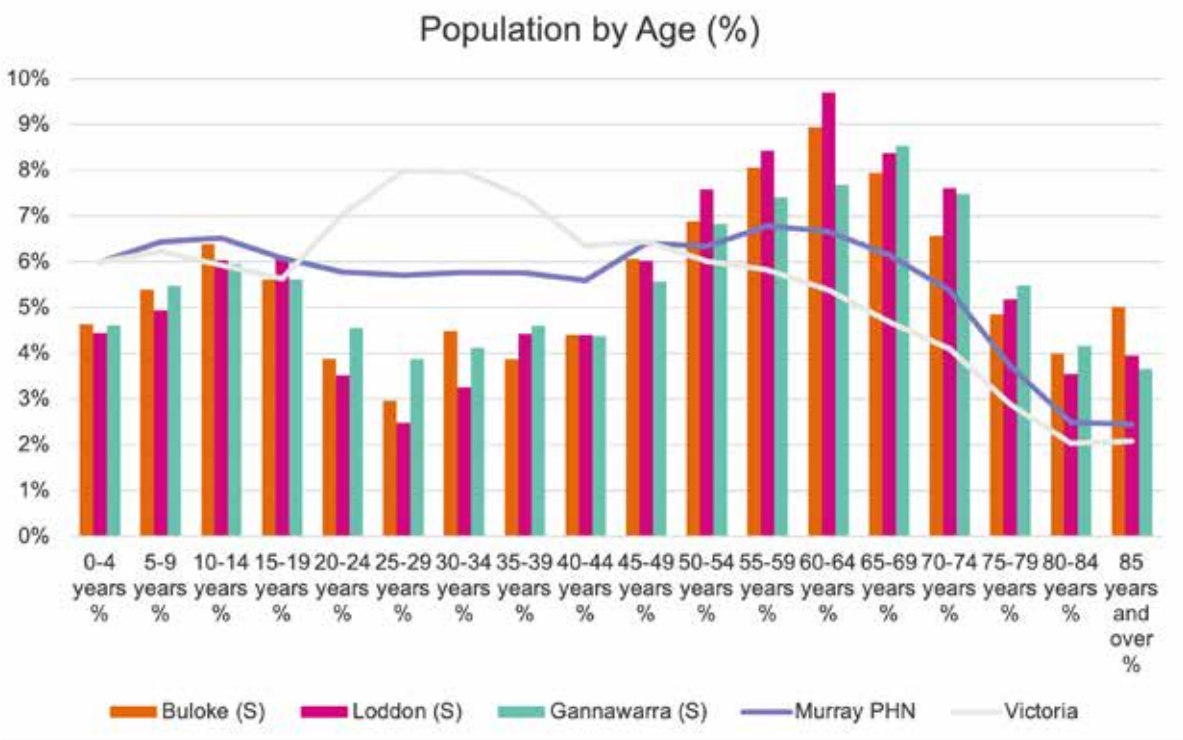


Figure 2. Regional population age distribution



*Data from ABS (2020).

Figure 3. Buloke, Gannawarra, and Swan Hill estimated travel distances representative of most direct route

	Destination in Km's* to:							
Town	**Swan Hill**	**Kerang**	**Mildura**	**Bendigo**	**Melbourne**	**Horsham**	**Ballarat**	**Echuca**
Buloke LGA								
Birchip	110	NU	232	170	315	125	220	NU
Charlton	125	100	NU	105	250	135	175	NU
Donald	135	NU	NU	145	280	95	170	NU
Sea Lake	75	NU	191	215	360	180	270	NU
Wycheproof	95	90	268	135	280	145	195	160
Gannawarra LGA								
Cohuna	90	35	NU	125	265	NU	NU	65
Kerang	60	0	NU	140	280	NU	NU	95
Koondrook	75	25	NU	150	300	NU	NU	90
Murrabit	55	25	NU	160	305	NU	NU	110
Quambatook	65	40	NU	150	300	NU	NU	145
Swan Hill LGA								
Lake Boga	15	45	NU	175	325	NU	NU	140
Manangatang	85	NU	14	270	420	NU	NU	NU
Nyah/Nyah West	30	NU	14	270	420	NU	NU	NU
Robinvale	135	NU	85	325	470	NU	NU	NU
Swan Hill	0	60	220	190	340	NU	290	155

*Kilometres are representative of the most direct route via car and ahve been rounded up or down accordingly.

NU *indicated travel to access health and wellbeing services would not usually be to this destination*

Sourced from Southern Mallee Mental Health & Wellbeing Data and Evidence Story

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