



**Royal Commission into
Victoria's Mental Health System**



WITNESS STATEMENT OF SUE MEDSON OAM

I, Sue Medson OAM, Chief Executive Officer, of 18-28 Jemmeson Street Lakes Entrance, Victoria, say as follows:

Trauma and Recovery

Background

- 1 I have worked in community health and welfare services for 35 years.
- 2 I am currently the Chief Executive Officer (**CEO**) of Gippsland Lakes Complete Health (previously known as Gippsland Lakes Community Health) (**GLCH**). I have been in this role since 2011.
- 3 I have previously held the following roles:
 - (a) From 2008 to 2011, I was the Executive Director Primary Health at Latrobe Community Health Service, a large independent community health service providing a range of health and support services in the Latrobe Valley with some services provided across the whole Gippsland Region.
 - (b) From 1999 to May 2008, I was the CEO of FamilyCare, a welfare agency providing a range of child and family support services as well as aged and disability services throughout the Hume Region.
 - (c) From 1997 to 1999, I was the CEO of Goulburn Valley Community Health Service, a community health service providing a range of primary health, community support services, youth and family services, as well as services from government departments such as Department of Justice (Victims Assistance Program) and Centrelink (Volunteer Training Program).
 - (d) After starting the Apollo Bay Neighbourhood House I assisted the formation of the Multi-purpose Service - Otway Health and Community Service and managed the community services unit of that organisation.
- 4 I have a Masters in Health Administration and a Graduate Certificate of Health Service Management from the University of New South Wales. I also have a Bachelor of Education from Deakin University and a Diploma of Teaching (Primary) from The State College of Victoria. I have completed a Company Directors Course at the Australian Institute of Company Directors.

Please note that the information presented in this witness statement responds to matters requested by the Royal Commission.

5 In June 2009, I received a Member of the Order of Australia for services to the community in the field of child and family welfare.

6 Attached to this statement and marked 'SM-1' is a copy of my CV.

7 I am giving evidence in my capacity as Chief Executive Officer of Gippsland Lakes Complete Health and am authorised to do so by the board of directors of this company.

Gippsland Lakes Complete Health

Overview – Mission, governance, funding and service area

8 GLCH is major health and community support service provider in East Gippsland. Our mission is to develop and deliver quality health and wellbeing services to the people of East Gippsland.¹

9 In November 2019, GLCH changed its name from Gippsland Lakes Community Health to Gippsland Lakes Complete Health. GLCH had been operating under the name Gippsland Lakes Community Health for 42 years. We changed the name for two main reasons:

- (a) We wanted to include "complete health" in our name because that is the state of health that we aspire to have our clients achieve.
- (b) Community health in Melbourne largely has a reputation for being a place where only old people go, rather than being seen as an inclusive place for the whole community. GLCH is a place where everyone in the community feels very welcome. However, from a recruitment point of view we were finding that potential applicants from Melbourne were looking at community health from the Melbourne lens rather than the East Gippsland lens, and so we decided to rename the organisation to make what we do more clear to applicants.

10 GLCH is a not-for-profit, non-government organisation operating as a company limited by guarantee under the *Corporations Act 2001*. GLCH is a Victorian Registered Community Health Service under the *Health Services Act 1988* and a Registered Community Services Organisation under the *Children, Youth and Families Act 2005*. The Board is made up of nine directors. Six are elected from the membership and three are appointed by the directors to ensure that the board has the right mix of skills to govern the company.

11 GLCH has a budget of \$36 million. We receive mainly State and Commonwealth funding, but also some philanthropic and Local Government funding. Some services, such as those funded by the Department of Health and Human Services Victoria,

¹ Gippsland Lakes Complete Health, <<https://glch.org.au/about-us/>>.

Community Health Stream, are funded only for the specific geographic area of Bairnsdale, Lakes Entrance and up to, but not including Orbost. Other services can be funded for the sub-region from Bairnsdale to Mallacoota. These may be funded by direct Commonwealth funding or via the Primary Health Network. We have more than 450 employees and 500 volunteers who deliver an extensive range of health and welfare services across the East Gippsland region. Our employees include clinicians who deliver our health services.

- 12 GLCH's catchment area covers the East Gippsland region, with particular focus on Bairnsdale, Lakes Entrance, Bruthen and their surrounding areas. Originally there was only the Lakes Entrance Community Health Centre, which was set up to only service Lakes Entrance. The organisation now manages five service sites located in Lakes Entrance, Bairnsdale, Bruthen, Metung and Nowa Nowa, and provides outreach services throughout East Gippsland.
- 13 Not all of GLCH's services cover the whole of East Gippsland. However, we do cover all of East Gippsland for bushfire support – we have deliberately put staff and volunteers out in the more isolated communities to work with them more directly on bushfire support. Our main service area is from Bairnsdale to Orbost – most of our services cover that area. Orbost has its own multipurpose services that cover Bendoc, Bonang and also from Orbost to Cann River. East Gippsland also has the largest number of bush nursing services in Victoria. For example, Cann River, Swifts Creek, Buchan, Ensay, Dargo and Gelantipy all have a bush nursing service. These bush nursing services tend to work independently from GLCH and will bring us in for specialist services, such as alcohol and other drug services.
- 14 GLCH also maintains formal alliances with Lakes Entrance Aboriginal Health Association and Lake Tyers Health and Children's Service.
- 15 GLCH also works with the Royal Flying Doctor Service. Currently the Royal Flying Doctor Service provides ophthalmology, some dental and some psychology or mental health services into the more remote areas of East Gippsland.

Services and clientele

- 16 GLCH provides services across six main areas:²

- (a) **Support, therapy, education and prevention.** Programs include, for example, art therapy, social groups, gym, physiotherapy and speech pathology.

² For more information about GLCH's services, see *Gippsland Lakes Complete Health*, <<https://glch.org.au/services/>>.

- (b) **Aged and disability services.** Services include, for example, Centrelink, NDIS services, respite and domestic services.
 - (c) **Clinical and nursing services.** Services include, for example, a GP clinic, advanced care planning, diabetes services, medical services, specialist nursing and palliative care.
 - (d) **Family, youth and children's services.** Services include, for example, alcohol and drug services, counselling, family support, housing support and family violence services.
 - (e) **Children's centre,** providing care and education for infants through to school age children at Lakes Entrance.
 - (f) **Lakes Entrance Aboriginal Health Association,** which has been developed in partnership with the Aboriginal community of Lakes Entrance to improve access to healthcare.
- 17 GLCH provides mental health services in a number of ways. Firstly we provide generalist counselling, which for a community health service is naturally a very broad base. Apart from this, the mental health services we offer are fluid, because services come in and out depending on what the funding level is. Gippsland Primary Health Network engages us to do some mental health activities. We also offer a stepped model of care in Lakes Entrance only, for youth and adults (which I discuss further at paragraph 22 below).
- 18 Mental health needs are varied across different groups and demographics in the East Gippsland community. We provide paediatric mental health services, because there are very high paediatric mental health needs arising around autism, ADHD and different parenting situations. We also provide services to the Aboriginal communities in the region. Lakes Entrance Aboriginal Health Association provides a counselling service for the Aboriginal community in Lakes Entrance and Lake Tyers Health and Children's Service provides this in Lake Tyers Aboriginal Trust.
- 19 GLCH accepts self-referral as well as referral from other health and welfare services to counselling and mental health services. Our assessment and response staff will go through some preliminary initial needs questions to determine the service that will best suit the client and register them for that. A more thorough assessment is completed during the first and subsequent appointments. Clients often find it difficult to articulate exactly what they need in the intake phase so we take a coordinated approach and make internal referrals with the clients permission if an alternative service would seem better suited to their needs.

- 20 For example: a client may perceive that they need a counselling service to manage anxiety but it may become apparent during that counselling that their anxiety is exacerbated by a drug problem. If the client agrees with this and wants to manage this, a referral will be made to the Alcohol and Other Drug Team for treatment. The counselling service may continue as well, but will coordinate with the other team.

Our model of care

- 21 GLCH does not deal with acute presentations or mental illnesses, such as schizophrenia – they are the responsibility of acute mental health services such as Latrobe Valley Mental Health Service at the Latrobe Regional Health Service. Therefore, in my experience the best way for GLCH to effectively respond to mental health presentations in East Gippsland is to offer a model of care that is:

- (a) step up/step down;
- (b) inclusive and not about labels;
- (c) multidisciplinary;
- (d) coordinated; and
- (e) approachable.

Step up/step down

- 22 Firstly, we offer a step up/step down model of care. If a person needs a lot of one-on-one contact at a given time, then we provide this. If their needs reduce, the person may be included in a support group. Our model of care is flexible, so if the need increases the person can step up into one-on-one care again. People can move around between these different types of care to receive the kind of treatment they need.

Inclusive, multi-disciplinary and not about labels

- 23 We are careful not to label our support groups as mental illness support groups. Nor do we label the people who participate in them as people having a mental illness, whether in general or specifically (for example depression). For example, one of our support groups is WISE, which stands for Women Inspired Supported Empowered. The group is about empowering women. It largely comprises women who have experienced family violence and need to reset their lives. However, we do not call it a family violence group, because the members may also, for example, be women who have recently had major depression and are also looking for ways they can reset their lives.

- 24 Another reason we avoid labelling our support groups or clients is because we see this as a way to deal with the stigma surrounding mental illness in our community. We also avoid labels because we take a multidisciplinary approach. This means that we can attack a problem from all sides, rather than just dealing with the mental health aspect. A person seeking help from us will often have a comorbidity, for example family violence or drug and alcohol abuse coupled with depression.
- 25 We can only respond to what people are willing to share with us. If we do motivational interviewing we will eventually get to the root of the problem and we can then deal with that, but a person can take time to share the root cause with you. For example, a woman may not initially tell us that she is coming to see us because she is depressed, but eventually after three sessions she then shares that she is depressed because when she goes home at night, her husband drinks and passes out. We then look at the bigger picture to try tackle the problem from all sides, in a multi-disciplined way. Rather than trying to tackle it from the perspective of *“you’ve got a problem with family violence”* or *“have you got a mental health problem?”*, we can break it down and ask her questions like: *“Is there something we can do for him? Before he passes out, does he punch you? If so, what do we do about that? How do you keep yourself safe in that space?”*.
- 26 In that sense, our model of care is about how we can help you to maintain your life in a way you want to. If this means you need to leave the family home, we’ll help you with that (and we do a lot of that). If it means you want a safety plan so that if you’re safe in that space, we’ll help with that. If it means we need to talk to your husband about coming along and getting some alcohol and drug treatment, then we will talk about how we might do that as well.

Coordinated and approachable

- 27 For a community-based service to be tailored to the needs of the individuals and cohorts you service, it is essential to be approachable, non-threatening and have high quality staff.
- 28 At GLCH, we have a coordinated approach to mental health and physical health. We strive to be approachable to our clients through removing barriers to accessing and navigating our services. We try our best to coordinate across our many services to avoid the “wrong door” issue. We are not perfect, but our multidisciplinary approach helps reduce the “wrong door” problem. Part of the strength of our service is that we are recognisable throughout the region and known as a coordinated service. I think this is reassuring for our clients, that if they come in one door they will probably get to where they need to go.

- 29 Our staff will often navigate our services for the client. We have a couple of different access points via telephone where a client can ring and our staff will connect them to the correct service. All telephony staff and reception are aware of the range of services that we offer so they are able to listen and ask prompting questions to guide you to the right service. Further, one of our services may refer across to another. For example, if a physiotherapist is treating someone for back pain and the physiotherapist thinks that the pain is probably more a mental health issue, then the physiotherapist might refer the patient to a counsellor, or involve the patient in a gym program that gives them better social connectivity.
- 30 This said, GLCH is still part of the health system in this state, which is complicated to navigate. When you've got a mental health situation, you are much less likely to navigate that system easily. Most of the time you sit there thinking, *"Oh I don't know, I don't think that will work"*.

Mental health needs of East Gippsland and the impact of geographic isolation on mental health in rural communities

- 31 Like other rural areas, East Gippsland's need for mental health care treatment and support changes over time. At the moment we have a really high need, as we have had droughts, bushfires and now COVID-19. There is at least as much need in the East Gippsland community as in other rural areas or in the city and far fewer ways of addressing this need.
- 32 I would regard the mental health profile of East Gippsland as reflective of regional areas which have isolation at their heart. East Gippsland probably has more geographic isolation than most places in Victoria. There is a common misconception that Victoria is not large enough for there to be isolation, however in East Gippsland there are places that are vast enough. For example, Nowa Nowa is a geographically isolated town of less than 100 people. Because there are so few people, the community is very connected to each other, but because it is isolated they are not very socially connected to anywhere else. Because there are so few people, the community is very close, overlapping and sometimes conflictual. Other similar places in the East Gippsland region could include Gelantipy, W Tree and Cabbage Tree Creek.
- 33 Based on my experience in East Gippsland, geographic isolation has two main impacts on mental health:
- (a) social isolation; and
 - (b) access to services.

- 34 In terms of social isolation, being a small and isolated community, people who do not gel with others in the community tend to isolate themselves. A lack of connection and support networks, particularly in such a small community, impacts on both the presence and identification of mental health issues.
- 35 Geographic isolation also impacts on access to services. Distance to services is a major hurdle to accessing services. The Royal Flying Doctor Service goes into most of these communities once or twice a month. The Royal Flying Doctor Service also supports Telehealth, which I discuss below from paragraph 78. The problem with a service that visits once or twice a month is that it takes so much longer to be accepted by the community. The first years of this service were marked by non-attendance. Visiting services in East Gippsland are always viewed with a scepticism that they will not continue. Add to that the stigma of mental health and you have a service where everyone is standing back to see if it is going to last before they commit to accessing it.
- 36 For people in geographically isolated towns, there are problems with:
- (a) identifying when you have mental health issue, when in the town there is limited access to a nurse, and maybe only to a doctor if you go out of town; and
 - (b) once you do identify a mental health issue, actually admitting to it and seeking some help, which you probably need to travel out of town to receive.
- 37 For example, in Nowa Nowa, quite a number of the population do not have access to private transport and are therefore dependant on the one bus a day that goes to and from Bairnsdale. Once the bus arrives in Bairnsdale it turns around and comes straight back again. This means they may only have an hour in Bairnsdale to attend an appointment. We all know professional appointments can be delayed, so the person may spend the hour in the waiting room rather than actually getting in to see the professional.

Local efforts to support good mental health

- 38 Drought has had a huge toll on farming communities. East Gippsland is supposedly always green, but we have had three years of drought. GLCH has placed staff in drought affected communities to do preventative work. We are trying to engage people and to build resilience in the communities. To a greater and lesser degree, this is not an easy thing to do. We have started with some training programs called "The Accidental Counsellor" to provide community members with some skills to listen to their friends and colleagues and make suggestions about seeking further help. This training also includes how to care for yourself in taking on the listening role. We are trying to do a lot of initiatives where we bring people together to share stories. When communities are in crisis like in the middle of drought, a lot of energy goes into solving the economic

issues and not into self-help and training to get through the drought. We have to be innovative to get past that attitude and build capacity within communities that can be lasting.

- 39 For example, one of the things we've done quite recently at GLCH has been to launch a calendar in which dairy farmers have shared their mental health stories. We launched the calendar in December 2019. The mental health of the people who were involved in the calendar, their families and the people around them has improved immensely since we started the project. They are now also seeking help from each other and talking about mental health, saying things like: *"I've had this and you had that"*, *"What did you do about it?"*, *"Okay, I'll go and do that too"*. This is a sort of self-referral and self-thinking that people may not otherwise have exercised when faced with the desperate situations created by the drought. We are about to embark on a more formal evaluation of this approach. Attached to this statement and marked 'SM-2' is an electronic copy of the calendar.³
- 40 In response to the bushfires we are focusing on bringing the communities back together, because many people have been displaced. We have been supporting Friday night "bring a plate" dinners in different towns. These dinners are working well in addressing those immediate needs of social connection and support. For example, Sarsfield is quite a small town, and had 20 houses burnt down. In early March 2020 they were getting 200 people to dinner on a Friday night. We are supporting this, but the initiative came from people within the community and that's what works best, not an organisation bringing in a solution.
- 41 However, with COVID-19 its going to be very difficult, if not impossible, to bring people physically together. The neighbourhood house in Bruthen is going to close down for the period of COVID-19. It will be a huge challenge to rebuild and hold onto social connections in the coming months. Because we haven't got access to the resources that most bigger communities have to call on, when we are facing a crisis like we are and we have to call on even more resources, it just becomes impossible to provide the kind of support we would like to. COVID-19 is going to be a huge issue in a lot of respects, especially in relation to the mental health of the region.

³ A video created about the dairy farmers calendar is available at <<https://vimeo.com/377965668/63effe0e65>>.

Workforce

Impact of current workforce shortages on the capacity of regional community health services such as GLCH to meet the needs of consumers

- 42 There is a shortage of medical professionals in East Gippsland. The shortage more so applies to general practitioners (**GPs**), but also to specialists and physiotherapists. The shortage of Allied Health professionals in the region goes in waves.
- 43 People who come to East Gippsland for a change of lifestyle or even for a break for a little while will often stay forever because it's a great place to live. However, despite it being a great place to live, it is difficult to draw young medical professionals to East Gippsland. In East Gippsland towns, GPs cannot make the same money they can make in a bigger town that has more than one hospital. GLCH is based in Lakes Entrance, where GPs are well and truly needed. There are other GP practices in Bairnsdale but that is too far away from the nearest hospital for the GP to be able to be a hospital bound visiting medical officer (**VMO**). That is a barrier to recruitment and retention because it means the salary supplement associated with being a VMO is not available to the GP.
- 44 A further barrier is that we may not have positions in East Gippsland in the particular speciality that someone wants to do because only some specialties are offered in the region. Although Gippsland is a very large portion of Victoria, it is still seen as a single region with the Regional Hospital in the Latrobe Valley, still a long way from the far reaches of East Gippsland.
- 45 Workforce shortages throughout East Gippsland also specifically impact our ability to provide mental health services. There are no psychiatrists based in East Gippsland. The closest psychiatrist to GLCH is a visiting psychiatrist in Traralgon. To physically attend an appointment in Traralgon would require a two and a half hours' drive from Bairnsdale or four hours' drive from Mallacoota, which is a considerable distance for a person to attend for an appointment. In terms of psychologists who live and work in the region, there are a few private psychologists and one or two working for agencies.
- 46 In terms of GLCH's other staff, having high quality staff is fundamental to running well-functioning community health. We find it very difficult to recruit high quality staff. If we cannot recruit staff that are already excellent, then we need exceptionally good training for our recruits to make them high quality quickly. Accessibility to high quality training also impacts on our ability to staff. We need training that is easy to access. It is difficult for our staff to travel to Melbourne for training because of the length of the journey. From Lakes Entrance it is four hours without a break. From Mallacoota it is six hours. Therefore, if you go to Melbourne for a day's training it actually takes up three

days of a work week. If you are going to Melbourne for a week's training, then you are often by yourself without your family and your other responsibilities for that week, because it is too far to travel home each day.

Next steps in addressing workplace shortages

- 47 The issue of how to recruit psychiatrists and other mental health professionals into regional areas does not have a simple or obvious answer. A large reason we find why doctors, psychiatrists and other mental health professionals are hesitant to relocate to rural areas is the fear of losing connection to their cohort. We often hear that medical professionals are worried that they will not be able to get the continuing professional development that they need to do their job properly. Further, in a rural area, a medical professional has fewer other medical professionals close by. In an area the size of East Gippsland, there will only ever be one or two psychiatrists, so there is less variety of opinion than there would in a metropolitan area. However, there are other ways to bring people together, for example through webinars or videoconferences.
- 48 We should try to bring about a perspective shift amongst these medical professionals about the use of technology to connect them to their cohort. We should educate medical professionals to emphasise that they do not need to be physically in the same room as their colleagues to share opinions or continue their education. However, in order to implement it, we need medical professionals to accept this use of technology. At the moment we find they do not accept it. The challenge will be to educate and change the perspective of medical professionals.

Lived experience workforce

- 49 As a matter of governance we do not deliberately recruit a lived experience workforce at GLCH. However, on our board there are a number of members with lived experience. The benefit is that these board members can offer different perspectives in board discussions. Many people within the general public have a lived experience of mild to moderate mental health.

Quality and safety oversight and monitoring

Internal quality and safety structures within Gippsland Lakes Complete Health to support wellbeing of staff

- 50 Ensuring the mental health of our staff is a high priority for GLCH. We do not want our staff to be vicariously taking on the trauma of their clients. We promote the mental health of our staff through an employee assistance program (**EAP**), strong supervision and training.

- 51 EAP is offered to staff through an external provider. It is offered confidentially. I do not see which employees access the service, I only pay the invoice. A staff member can access the EAP either on the telephone or face-to-face, as there are EAP counsellors near Lakes Entrance. The EAP provider we use is a national service. From the invoices I can see that a decent number of staff members do use the EAP.
- 52 I consider the EAP as an important service to support our staff, because our staff are working in a rural area (and so they also face the challenges of geographic isolation I described above) and are dealing with trauma affected patients.
- 53 When I started at GLCH in 2011, we did not offer EAP but instead had a peer support group. At that time, we had around 300 staff, now we have more than 450 employees and 500 volunteers. Not only are we now too large to offer peer support effectively, but also I consider that EAP is much more effective. I do not find peer support to be constructive within our organisation, because it is effectively piling one person's issues onto another person who works within the agency. It is much more effective to have confidential offsite support, offered through someone separated from GLCH. The fact that there is someone independent listening makes a difference – people are generally more open and frank.
- 54 Our staff also have regular and strong supervision. Supervisors are involved in case management, which involves talking through the more difficult cases. For the more difficult cases, staff also talk through approaches together (while maintaining confidentiality). For clients that are receiving services across a broad range of services, we have discussions across the different disciplines to coordinate an approach. We probably don't use this multidisciplinary case management approach as much as we should. This is partly because our staff are very busy due to having to reach targets for funding.
- 55 In terms of training, staff need regular refresher training undertaken to prevent vicarious trauma and promote resilience, so this is often undertaken internally by bringing speakers in to address the whole staff unit or workshop methods together.

Arrangements to minimise the occurrence of harmful incidents and to respond to the needs of consumers and staff when they do occur

- 56 The largest number of the harmful incidents we have every month are related to aggression. This is a problem particularly in GP rooms, where we have some drug seeking clients who become aggressive if they feel the GP is not going to prescribe what they are asking for.

- 57 We have protocols in place to minimise harmful incidents, which we find work quite well. GLCH has developed these protocols ourselves and we service and coordinate them ourselves. We have the usual panic buttons in rooms that GPs and other staff members can use to call for help. In the ambulance entry we have a button that connects to the police station.
- 58 GLCH also has a policy where we will only provide services to people who are cooperative. If people are not cooperative they receive one warning and if they use up that chance they are not welcome back. We have enough people seeking services to not be taking on those who are too difficult. However, having said that, GLCH is the prescribing agency in the area too, which involves needle exchange and drug prescriptions. We can refuse to offer services to an aggressive person, but the first approach is to warn them that a repeat of the behaviour may result in withdrawing access.

Physical Infrastructure

How the mental health system can better support the development of facilities that are welcoming and calming for consumers

- 59 I want to emphasise that community health really needs adequate physical spaces so that we can create calming environments for our clients. We are highly aware that the physical environment of our mental health services can impact on mental health.
- 60 For our new building in Bairnsdale, we did quite extensive consultation to ensure the facilities would meet the expectations of those who use them. The building was the combination of refurbishing a purchased two storey building in the block behind our existing offices and then building between the two to join them up, increasing both staff offices and client spaces by 300%. The community shared that they did not want the space to look or feel like a clinical environment or like an emergency department, with bright fluorescent lights. Rather, they want plenty of natural light and big windows to bring in that light. While you might expect people want light colours like pale blue, we found that people actually want bright colours. Regulation and oversight mechanisms do not really impact on how we create the physical infrastructure. There are general interior decorating guidelines on how to create a calming space but there is no regulation on how we do that.
- 61 However, we are greatly limited in how we can provide a calming environment by our funding. Community health is always poorly funded; we are the poor cousin to everybody else, so we set up in many different types of places that may be less than suitable and we have to make the dollar go farther than most places do. Real estate is expensive, even in rural areas. We try and make waiting rooms and similar spaces as

large as we can, so that people are not sitting on top of each other. Clients who visit us for a mental health appointment often want to have their own space while they think about what they are going to be talking about. We need well-furnished and very comfortable rooms, because a client will usually sit for at least 45 minutes in a counselling appointment.

Funding for physical infrastructure expansion and upgrades

Physical infrastructure is funded mainly through internal fundraising and external grants. Our most recent building purchase was funded by \$1 million internal fundraising, \$1 million from Victoria and \$500,000 from the Commonwealth. In community health, we seek funding for physical infrastructure in a similar way to a surf club or neighbourhood house. Unlike hospitals, for community health there is no process of applying for capital works through the Department of Health and Human Services Victoria and then moving up and down the list depending on relative need.

Governance

The merits and limitations of integrating the governance arrangements of mental health services and acute health services

- 62 I think a lot of mental health issues or services are better treated or delivered outside of the acute environment because it normalises them more. There is a lot more stigma attached to acute health service environments. I think there is definitely a place for both, but not in the same organisational space – they should have separate governance arrangements.

How data collection and information sharing can improve the performance of mental health services

- 63 At GLCH, we have numerous ways of recording data to determine the success of our programs. The way in which the data is collected depends on where the money for that service comes from. We often use a tool called Outcomes Star, particularly for clients seeking assistance with family violence and also with alcohol and other drugs. Using Outcomes Star we work with the client to create goals and measure progress against that goal. The best way to achieve mental health goals, particularly for a mild to moderate case, is with the client's consent and involvement; having them create some goals for themselves. Reporting to the other Allied Health services is relatively easy as it involves setting physical goals and working to achieve them. Most reporting to the funding bodies about these is the number and duration of services per client.

Aspects of governance arrangements that need to change or remain the same to empower community health services to deliver improved outcomes for consumers, families and carers

- 64 I don't think anything in the governance arrangements of community health services needs to change to deliver improved outcomes for consumers, families and carers. The fact that community health services are now NGOs means that they can tailor services to meet the needs of their communities and only accept funding that allows them to do so.

Commissioning

Funding arrangements

- 65 GLCH receives some block funding through the Department of Health and Human Services Victoria for counselling, but our primary healthcare is output driven funded. NDIS and Aged Care are also moving into output driven funding. With output driven funding, if you put the widgets in the system you get the funding, regardless of how much effort you put into generating the output. If you do not put the widget in you do not get funded.
- 66 It is particularly important to have block funding arrangements for mental health. Mental health clients are the worst attenders to services in the world. This is particularly the case for children, as children are dependent on adults to attend appointments. If we had output driven funding, as opposed to block funding, and the client does not attend, then GLCH would not get paid, despite this being no fault of GLCH's own. And yet, we still incur the costs of providing the service regardless of whether the client attends their appointment or not. This is why block funding is really important. Output funding is the method that the Primary Health Network currently uses to distribute Commonwealth mental health services and it does not allow for clients who do not attend. This is detrimental to planning workforce.

The impact of funding arrangements on evidence-based best practice and timely knowledge translation

- 67 We strive for best practice regardless of our funding. Funding does however impact the viability and sustainability of our services. For example, we are considering whether to apply for paediatric mental health funding for next year. This year we have received a very small amount of paediatric mental health funding, less than what we thought we would get, yet we still have to do an enormous amount of reporting to the Primary Health Network. We also employed people on the basis of getting the funding we were expecting. This is not a viable situation.

Supporting recovery from trauma

- 68 A significant issue for GLCH is recovery from trauma, as many people in our community are trauma affected from different or even multiple sources. There has been the drought, the bushfires and now the impact of COVID-19 on the recovery from bushfires. This is on top of a high prevalence of family violence – as a region, Gippsland has about the fifth highest level of family violence in the state.⁴
- 69 Because of this high prevalence of trauma within the East Gippsland community, we consider trauma to be an everyday reality at GLCH. We have organised our services accordingly. All GLCH's staff are trauma-informed trained, including our GPs. All welfare staff have had training in Trauma-Informed Practice. By trauma-informed, I mean that all of our staff are trained in the practice of being able to identify and then respond to trauma, and work people through some solutions while respecting that they have had trauma in their lives, whether it's recent trauma or not.

Supporting recovery from trauma following emergencies and disasters

- 70 Mental health support for trauma must be provided differently when responding to disasters as opposed to lifelong trauma. Trauma-informed care is effective for lifelong traumas, for example the trauma of having been abused or having lived in an abusive relationship. However it does not really go to the heart of event traumas, such as with these bushfires when whole towns went up in flames. In response, GLCH have brought in other experts for training on event trauma, such as Dr Rob Gordon and David Younger.
- 71 For event trauma-informed care, our staff are not looking for acute mental health episodes, but rather tiredness, hypervigilance, insomnia etc. Professional qualifications in counselling or psychology with motivational interviewing are the most useful qualifications in this area, but there also needs to be a heightened understanding of trauma.
- 72 The bushfires have been an extreme source of trauma in our community. We are going to continue to work with affected people over a period of time so that they can work through what they've been through and reset their lives.
- 73 There is a common feeling in these bushfire-affected communities that there is always someone else worse off and in more need of help than yourself. The common reaction

⁴ This information was originally sourced from Gippsland Health Online, which no longer exists, but comparative data is now sourced from *Victoria Crime Statistics Agency*, 'Family Violence Data Portal' (December 2019) <<https://www.crimestatistics.vic.gov.au/family-violence-data-portal>>. This information is also supported by *Gippsland Primary Health Network*, 'Gippsland PHN Needs Assessment 2019-22' (November 2018) <<https://www.gphn.org.au/gippsland-phn-assessment-2019-22/>>.

when our staff ask someone how they are coping is to respond, *"We're fine, we're fine. I'm thinking about my house. We've been dealing with the insurance company, we'll be okay. Joe down the road is much worse off than I am"*. Our staff are trained to deal with this and say something like *"We'll get to Joe or if you like we'll go to Joe now and we'll come back to you. Do you think that's better?"*. This way people feel that they have done something for 'Joe' and that helps their mental health too. We will also say, *"here's our card, come back to us when you're not coping well. So today you are fine but tomorrow might be different."* It's about taking that small step explaining to people that mental health does not work the same as physical health in terms of how and when symptoms present. They may have relapses or flash backs and may want to talk to someone. We offer that support.

- 74 In terms of ways to maintain mental health immediately after the bushfires, it is important to clean up the physical damage quickly. I was listening to someone recently who was in the Murrumbidgee fires. Because State Government is still waiting for the clean-up contract to be finalised, the damage and debris is not cleaned up yet. Because of that, every day this person gets up to the same memories. They are reminded that they have not been, but could have been, killed or injured, and that the three houses next door to them have all been burnt down. How do you move on in that situation?

Innovative approaches to treatment and support

- 75 For drought affected communities, our main objectives are to make sure that there is connectivity within the communities, and that we are fortifying and instilling resilience in these communities. These communities need resilience, which is not high at the moment, because they have never faced drought in this way. It has been 170 years since East Gippsland has had a proper drought and so these communities have not experienced it before. In particular these communities need to have the resilience to deal with responding to drought packages.
- 76 To try to build resilience, we have developed an "Accidental Counsellor" program, in which we train a cohort of members of the community with counselling skills. We teach these Accidental Counsellors how to talk with people about mental health. We also teach them how not to vicariously take on mental health issues of others, so that they are not returning home every night with a new version of mental health issues. This training is supported by GLCH's internal quality and safety structures to support staff wellbeing, including EAP and of course good supervision.⁵

⁵ I discuss these internal quality and safety structures from paragraph 50 above.

- 77 “Accidental Counsellors” are not counsellors. They are community members who people naturally come across and may speak to. For this reason they are not likely to move away to get jobs in counselling, but usually remain in their community, retaining that resource and contributing to the general resilience and capacity of the community to cope.

The role of Telehealth in facilitating mental health treatment and support in regional and rural settings

- 78 Telehealth is used on occasion in our community for mental health issues. Often acute mental health follow up for ambulatory clients is via Telehealth. We arrange an appointment, and the client will come in and use our video conferencing equipment to speak to the psychiatrist.
- 79 Telehealth is the most obvious approach to addressing the issue of physical access to services in regional areas. However, there are two main challenges with Telehealth:
- (a) **Accessibility.** Access to Telehealth is inconsistent, because people in these kinds of rural, agricultural areas do not have reliable internet or phone connectivity. During a counselling session the internet or phone could drop out three times in five minutes. This makes people reluctant to use Telehealth.
 - (b) **Cynicism.** At the moment there is still, particularly in the outer regions, a kind of cynicism about using Telehealth. There is an attitude of “*Well we’re only good enough for Telehealth*”. People who live in very small communities can be naturally suspicious of people they haven’t met in person.
- 80 I anticipate that as COVID-19 develops, we are going to become very familiar with Telehealth. I think the demand will increase significantly through necessity and as a result this cynicism may reduce.

Design of the community mental health system

Core service components required for a well-functioning community-based mental health system

- 81 If we were given a broad canvas, the critical components that a community-based mental health provider like GLCH requires are:
- (a) **adequate physical spaces**, so that we can create the calming environments I described above – in both the waiting rooms and the consulting rooms;⁶

⁶ I discuss these physical infrastructure needs from paragraph 59 above.

- (b) **the ability to recruit and retain high quality staff.** We have fabulous staff at GLCH and they are working with us for the right reasons, but as a general rule it is difficult to recruit for community health roles, particularly in rural and remote areas. It would be nice if that was easier;⁷ and
- (c) **training for staff which is both high quality and easy to access.** It is not practical or efficient for our staff to travel far away for training.

I have elaborated on these components elsewhere in my statement.

The features of a community mental health system, as broadly defined, that could support people with milder presentations to appropriately self-manage their mental illness and seek professional help when needed

- 82 I think there needs to be greater personal choice in provision of mental health services for people with mild to moderate mental illness. The success of a mild to moderate mental health intervention can very much depend on the relationship between the mental health worker and the client. We can have one of our very good counsellors go to someone, but if the client does not gel with the mental health practitioner, you don't get anywhere. It is so different to health care for say a broken leg or a wound. You can put up with someone stitching up a wound if they are doing a good job despite you not liking their personality. However, if the health worker is trying to help you through a headspace and you do not like their personality, you've got no hope. It just does not work.

The role, if any, the following entities could have in the commissioning or delivery of community mental health services: Primary Health Networks, Community Health Organisations, GPs

- 83 Primary Health Networks, Community Health Organisations and GPs all have a massive part to play in the commissioning or delivery of community mental health services. The role of the Primary Health Networks is really to convert the Commonwealth idea of what mental health services are into how they fund services on the ground.
- 84 GPs are critical, as most people will go to a GP as a first point of call. It is really critical to keep GPs up to date with what information and services are out there, which is something that Primary Health Networks do quite well.

⁷ I discuss GLCH's workforce and training needs from paragraph 42 above.

sign here ►

A handwritten signature in black ink, appearing to read 'Sue Medson', written over a horizontal line.

print name Sue Medson OAM

date 15 April, 2020



**Royal Commission into
Victoria's Mental Health System**



ATTACHMENT SM-1

This is the attachment marked 'SM-1' referred to in the witness statement of Sue Medson OAM dated 15 April 2020.

Personal Qualities

PERSONAL DETAILS of Sue Medson OAM

Confidential

Qualifications

Diploma of Teaching (Primary) State College of Victoria, Frankston Campus
Awarded 1976

Bachelor of Education Deakin University Awarded 1984

Graduate Certificate of Health Service Management

University of New South Wales, Awarded 1998

Masters in Health Administration

University of New South Wales, Awarded 2001

Company Directors Course

Australian Institute of Company Directors, Graduated October 2017

Professional Achievements

Chief Executive Officer Gippsland Lakes Community Health

Gippsland Lakes Community Health is a major health and community support service provider in East Gippsland. The organisation manages four service sites located in Lakes Entrance, Bairnsdale and Bruthen, and provides outreach services throughout East Gippsland. GLCH has a budget of 18 million dollars, and over 380 members of staff and 460 volunteers who deliver an extensive range of health and welfare services across the region. Services include General practitioner clinic, home-based nursing, allied health therapies, aged care, disability services, child, youth and family services, family support, housing support, aboriginal health services, counseling and specialist nursing.

GLCH also maintains formal alliances with Nowa Nowa Community Health Centre, Lake Tyers Aboriginal Trust, Lakes Entrance Aboriginal Health Association and Lake Tyers Health and Children's Service.

Our catchment area covers the East Gippsland region, with particular focus on Bairnsdale, Lakes Entrance, Bruthen and their surrounding areas.

The organisation values and promotes excellence of service and the achievement of integrated service provision.

2011 - Current

2008 - 2011

**Latrobe Community Health Service
Morwell, Victoria**

Executive Director Primary Health

Latrobe Community Health Service is a large independent community health service providing a range of health and support services in the Latrobe Valley with some services provided across the whole Gippsland Region. The position of Executive Director of Primary Health is one of five Executive Director positions and provides leadership within the organisation, contributes to the overall strategic planning and organisational decision making and is responsible for the management and delivery of primary care services including Allied Health, Dental and Health Promotion, Community Nursing, Early Intervention into Chronic Disease and the customer services of Service Access and Front Office.

1999 – May 2008

**FamilyCare
Shepparton, Victoria**

Chief Executive Officer

FamilyCare is a Welfare agency providing a range of Child and Family Support Services as well as Aged and Disability Services throughout the Hume Region of Victoria. FamilyCare has offices in Shepparton and Seymour, outreach posts in Wallan, Alexandra, Cobram and Kinglake and co-provision of services throughout the North-East of Victoria in collaboration with Upper Murray Family Care. The organisation has been a catalyst for change and for service development throughout the region.

The position of Chief Executive Officer has management and leadership responsibilities including Strategic Planning, Management of Operations, Stakeholder Management and Policy Development and Organisational Profile. Specific responsibilities included Strategy Development, Governance Advice, Risk Management, Client Service Management, Human Resources, Public Relations, Financial Performance Management and Asset Management.

1997 – June 1999

**Goulburn Valley Community Health Service
Shepparton, Victoria**

Chief Executive Officer

Goulburn Valley Community Health Service is a Community Health Service providing a range of Primary Health and Community Support Services and Youth and Family Services as well as services from such other Government Departments as Department of Justice (Victims Assistance Program), Centrelink (Volunteer Training Program) and organisations such as North Eastern BreastScreen.

The position of Chief Executive Officer has management and leadership responsibilities including Strategic Planning, Management of Operations, Stakeholder Management and Policy Development and Organisational Profile. Specific responsibilities included Strategy Development, Governance Advice, Risk Management, Client Service Management, Human Resources, Public Relations, Financial Performance Management and Asset Management.

1996 - 1997

**Otway Health & Community Service
Apollo Bay, Victoria**

Acting Chief Executive Officer / Deputy Chief Executive Officer
with responsibility for management of Community Services

*Otway Health & Community Service is a Multi-Purpose Service incorporating:
Apollo Bay and District Memorial Hospital - 8 acute & 4 nursing home beds
Laura Pengilley Hostel for the Frail Aged – 16 beds
Community Health Service*

*Home & Community Care
Apollo Bay Community Centre Adult Education Program
Apollo Bay Community Centre Childcare Program*

Otway Health & Community Service

Apollo Bay, Victoria

Manager of Community Services

This position directs all activity within the Community Services Centre including management of staff, prioritising programs, writing submissions for funding of extra programs, responsibility for Community Services budget, staffing profile of Community Services, marketing and public relations. The position was an "add-on" position to the position of Apollo Bay Community Centre Executive Officer that carried on as described below following amalgamation of the services into the Otway Health & Community Service.

Apollo Bay Community Centre Inc.

Apollo Bay, Victoria

Program coordination and day-to day operations of this organisation which was modelled and developed along the lines of a Neighbourhood House with a strong commitment to personal improvement through Adult education. This Centre developed from an idea that I floated at a Church luncheon. It was accepted there and grew into a focus for the community, providing Adult, Community & Further Education; Childcare; After School and Holiday Programs; Adult Literacy Program; Arts Council; Community Based Employment Program; Leisure Activities; Family and Personal Support Program; Self Help Programs; Counselling and Advocacy Programs; Unemployment services; and Outreach Programs in the Otways.

Professional memberships and activities

- **Chairperson, Latrobe City Best Start Partnership – 2007 - 2011**
- **Ministerial Advisory Committee for Vulnerable Children, Youth and Families – 2003 – November 2006**
- **Legislative Implementation Team of Ministerial Advisory Committee – 2004 - 2006**
- **Executive Member of the Goulburn Valley Primary Care Partnership – 2000 – 2007**
- **Vice President of the Board of Children's Welfare Association of Victoria**, (now known as Centre for Excellence in Child And Family Welfare) October 2000 – October 2003.
- **Member of Board of Children's Welfare Association of Victoria**, October 1999, retired October 2006.
- **Member of the Family Support Advisory Group** of the Department of Human Services, advising in matters of policy development for Family Services within the Division of Community Care.
- **Mentor for the Australian College of Health Service Executives Mentoring Health Executives Program**
- **Member of Ministerial Rural Health Advisory Group** - nominated in recognition of expertise in multi-purpose services – until end 1998
- **Associate Fellow of the Australian College of Health Service Executives**
- **Representative on the Sector Reference Group for the Victorian Rural Health Plan**
- **Member of Steering Committee for the 1st Victorian Rural Health Leadership Conference**
- **Chairperson, City of Greater Shepparton Human Services Advisory Committee**

June 1994 – May	<ul style="list-style-type: none"> • Lecturing in leadership, submission writing and program and service development for Latrobe University (Shepparton Campus) and Melbourne University (Dookie Campus) • Otway Health & Community Service: Board Committees • Member of Multi-Purpose Services Steering Committee for Victoria • Member of working party to investigate Cross-discipline utilisation of staff in Multi-Purpose Services • Member of working party to assess accreditation needs for Multi-Purpose Services • Member of Health Streams Task Force 4 - Quality Assurance, responsible for developing the Quality Assurance guidelines for future Health Streams services. • Geelong Health Services Information Technology Development sub-committee • Colac Region Community Health Network
1994 - Dec 1995	<ul style="list-style-type: none"> • Colac / Camperdown Region Health Services Executive Officer's Group Colac Region • Barwon Region Primary Care Reference Group
1992 – May, 1997	<ul style="list-style-type: none"> • Community Based Employment Steering Committee • Ministerial Appointee, Barwon South Western Regional Council of Adult, Community and Further Education • Member, Association of Neighbourhood Houses and Learning Centres
October 2008	<p>Awards relating to employment activity:</p> <p>Robin Clark Memorial Award – Highly Commended for Inspirational Leadership in the Field of Child and Family Services</p>
June 2009	<p>Medal of the Order of Australia for Services to the Community in the field of Child and Family Welfare.</p> <p>Community Involvement: Board Member and Chair Person of the Board of Management of the Shepparton Arts Festival – 1998 – 2005 Board Member – Cobram and District Hospital – 2005 – 2008.</p>



Royal Commission into
Victoria's Mental Health System



ATTACHMENT SM-2

This is the attachment marked 'SM-2' referred to in the witness statement of Sue Medson OAM dated 15 April 2020.



*The hands
that feed you*

It may be green on the surface, but let's look a little closer...

2020 Calendar



*"I could always
give people advice,
but wasn't prepared
to get any for myself."*

January



Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 New Year's Day	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26 Australia Day	27 Australia Day Holiday	28	29	30	31	

Aaron Thomas – Won Wron

Aaron Thomas shares an inspirational story bravely and candidly; a story of despair, overcoming adversity and resilience. Aaron grew up in the Yarram District where he and his three siblings milked cows at local dairy farms for pocket money. This gave Aaron his first taste of dairy farming life and he now works with his good friends, Paul and Lisa Mumford, on their farm in Won Wron.

Aaron began experiencing crippling despair after a series of deaths in his family. First, he lost his grandmother and then nursed his mother, his best friend, through her battle with cancer; a disease that eventually took her life. It was Aaron's separation from his partner and their three children in 2016 that eventually caused the downward spiral in Aaron's mental state.

'Alcoholism for me was the medication. Depression is like getting dunked by a wave and when you come back to the surface, you get smashed again. I could always give people advice, but wasn't prepared to get any for myself.'

Alcohol proved fruitless in helping Aaron regain control of his mental wellbeing and eventually he attempted to end his life. Two separate attempts were both thwarted by unexpected interruptions. A couple of weeks after Aaron's second suicide attempt, Paul went with him to the local GP who immediately set up a mental health plan. Aaron slowly began to piece his life back together and went cold turkey on alcohol. Although he was terrified of what people would think of him, Aaron showed great resilience and fought harder than he ever had before and can now speak openly about his experience of depression.

Aaron is currently focusing on something very close to his heart. He has been selected to ride in the Tour De Cure, from Newcastle to Noosa Heads, hoping to raise over \$12,000 for cancer research. As well as his public speaking work regarding depression and suicide, Aaron also works full time on the farm and co-parents his daughters. He still checks in with his mental health support networks and continues to take small doses of anti-depressant medication under supervision.

Aaron wants his story to be told to raise awareness and to help other people suffering from this debilitating illness. To Aaron, mental health is just as important as physical health, and he takes both very seriously. Aaron knows what it means to fight for his life. He has travelled through total darkness and despair and come out the other side.

*"But if I sell what
would I do then?
I only know how
to farm."*

February



Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

Mark Laity – Wiseleigh

Mark remembers the drought in 1995. That drought lasted about a decade. He says the current 'green drought' experienced in Gippsland is worse. At times, Mark thinks about leaving his dairy farm in Wiseleigh, selling the cows and changing industries but he remembers what his mum once said 'if you can get through the '95 drought, you can get through anything'.

Mark began his farming career as an apprentice beef farmer at 16 years of age. He stayed there for four years and eventually took on his family's farm; the only one of four siblings to remain in the industry.

Mark says he gets through the drought conditions by ensuring he is at least 12 months ahead with hay and his

water supply doesn't run out. This is extremely difficult in drought conditions and causes Mark to war with himself over his decision to stay on the farm.

'Farming is emotionally stressful and can be a real mind game. It costs you to keep the cattle good and healthy because without them, you've got nothing. No farmer wants to see his cattle suffer. I've had conversations with stock agents about selling up in the past. But if I sell what would I do then? I only know how to farm.'

Mark's family, his wife and four children, help out on the farm so much that sometimes Mark feels like there's too much pressure on everyone and he holds no expectations that his children should follow in his farming footsteps.

To manage his mental health in the current dire farming conditions Mark enjoys leaving the farm and driving speedway. His greatest supports are friends and family. He says he couldn't do dairy farming without them. Also, Rose Dairy Company who buy Mark's milk, give him, and their other farmers, a higher price to help them out, for which Mark is incredibly appreciative.

'You need an outlet! Get yourself away from the farm. As much as I love being my own boss, rearing up new calves, working with the machinery, the farm is not everything. When things are getting you down go clear your head. Get a relief milker and take a break to regain your thoughts.'

*"Daily farming makes
it hard to catch up.
But getting off the farm
and clearing your head
is important too."*

March



Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9 Labour Day	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Clancy McAlpine – Woodside

Clancy finds so much joy in being on his farm in Woodside. He loves working outside and maintaining the machinery and grounds. He was raised on his family's dairy farm and looking back laughs at the fact that while his primary school friends were off on family holidays, he and his brother, Darcy, remained on the farm driving around on a \$200,000 tractor. However, farming life has been lonely and isolating for Clancy, so having his brother, his best mate, around gives him someone to chat to who understands everything he has been through.

'I feel rude putting off seeing mates 'cos I'm tired. Some mates get it, some don't but I've got to set boundaries. Dairy farming makes it hard to catch up. But, getting off the farm and clearing your head is important too.'

Clancy has suffered mental ill health for years. Every year, looking back, he can recognise the stress of his workload, or the problems he was facing in his personal life, would just become overwhelming. Clancy suffered from a number of breakdowns and he would find himself saying things that were very much against his generally easy going nature.

'My family would recognise the signs that the stresses of life were affecting my mental health and would offer support as best they could. This was the biggest relief for me. Now I can identify the signs for myself, I can feel my mind falling apart and I reach out for help and take back control before it gets too bad'.

Clancy is an advocate for local businesses: Eyecandy Motorsports and Flash Market. While modifying modern cars,

they also raise awareness for men's mental health and collect funds to support farmers doing it tough in the current drought throughout Australia. Clancy says it's due to his admiration for these businesses that he gained the ability to look at his own mental health and unashamedly speak about the battles he has faced as a young farmer in the past.

'I have been to some dark places and I can see that depression comes in many shapes and sizes. I would strongly urge anyone affected by mental struggles to reach out to a friend or family member. The chances are they care about you and your wellbeing on a very deep level. Don't just put on a brave face. Find someone to chat to and take a break from the farm'.

*"My brother and I
had never really
seen eye to eye
on how the farm
should operate
but now we had to
lean on each other
like never before"*

April



Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10 Good Friday	11
12 Easter Sunday	13 Easter Monday	14	15	16	17	18
19	20	21	22	23	24	25 ANZAC Day
26	27	28	29	30		

Darcy McAlpine – Woodside

It was a phone call that changed the course of Darcy's life. He was living in Sale at the time and worked on an offshore gas plant. Darcy had built a house and was enjoying his independence, however, the phone call brought some unexpected news forcing him to resign and immediately return to work on the family farm.

The news? Darcy's parents were divorcing. This caused Darcy to experience many changes emotionally and vocationally too. Darcy says he really struggled through this time. He became drained mentally and he had come home to the farm during the dairy crisis at the same time. Darcy felt compelled to return home to support his dad and brother Clancy, who was also shaken by the news.

'There was so much going on emotionally. Although I had always imagined I would eventually return to the farm, the divorce just sped that process up. My brother and I had never really seen eye to eye on how the farm should operate but now we had to lean on each other like never before.'

Things began to look up for Darcy as he slowly settled into his new normal, accepting his mum's new partner and beginning to see improvements on the farm. Darcy and his family were able to purchase the neighbouring farm and expanded the business through some savvy partnership decisions. Overcoming so much adversity has helped Darcy grow emotionally.

'With everything we've been through Clancy and I became best friends. He is the last person I speak to at night, the first person I talk to in the morning. Out of some bad situations, some good things have come.'

Darcy offers advice to other people currently facing difficult emotional and financial situations. He says 'you have to have a direction and head in that direction no matter what'. Although Darcy's life served up a big twist he has overcome it by leaning on the very people he once took for granted.

*"Dairy farming can
be draining mentally
as you're always
'switched on',
always thinking
about your farm"*

May



Sun	Mon	Tue	Wed	Thu	Fri	Sat
31					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Jason & Casey – Bermingham

Jason and Casey live in Nambrok and manage over 500 acres of land. They accredit their love for life to the lifestyle that dairy farming has given them. Having both been raised on dairy farms in Nambrok; it's in the blood; in fact, their parents are still on farms just over the road from them.

Casey now owns the farm that she was raised on while her parents leased it years before. The whole Bermingham family get involved in farm life. Jason and Casey's two daughters, Sophie and Chloe, love looking after the farm's menagerie and don't take for granted the space they have to play, particularly during hay season when they can jump up on the bales and watch calves being born.

'We don't hide the good or the bad from the girls. Death, reproduction, the girls are in on it all. They get involved in the breeding strategies and are a great help around the farm. We all work as a real team'.

During the current 'green drought' Jason and Casey have struggled somewhat with the increasing price of grain. Farmers are desperate for feed for their cattle and are having to pay huge prices to buy grain. Casey says utilising their milk stockist's experts has really helped manage their farm expenses.

'We're in a better position than other farmers. We do a feed budget before the beginning of every season thanks to brilliant financial advisors. We really are happy to utilise the field team from our milk stockist'.

It's the attitude of willingness to seek help and advice that Jason believes has seen them through some of Victoria's toughest farming conditions. He enjoys learning from his father and father in law and also talking to cattle nutritionists.

To other farmers who are struggling in the current dairy farming industry Jason offers this advice: 'Dairy farming can be draining mentally as you're always 'switched on', always thinking about your farm, even when you're on holidays. It's important to share the burden, seek support from available resources and don't be afraid to ask for advice from other farmers. Talk to people who have been there and done it before. Get involved socially, like in a sporting group. All these things will give you confidence in your decisions'.

*"We don't always
have to fix a person's
mental health, people
sometimes just need
someone to listen."*

June



Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8 Queen's Birthday	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Brad Vanderland – Denison

Brad attributes the dairy industry and the farm where he works full time, for keeping him grounded and getting him through some tough times in his life. After spending time working on drilling rigs, Brad moved to Denison to be closer to his daughters. Some time later he experienced an incredibly difficult separation from his wife and eventually became a full time single father.

'I faced a big battle during my breakup but the farm helped my mental state. I could keep busy and my employers, Maxi and Tameeka Vera, were always happy to chat about everything. I enjoyed the manual labour, the animals, getting the farm to its full potential. My employers were so understanding and flexible and that allowed me to be able to work and be a single dad. I am so grateful to be a part of this industry and to have my job!'

In the McAllister Region dairy farms rely on irrigation systems, so having water in Lake Glenmaggie is essential. With worry over water also comes anxiety regarding the rising cost of feed for the cattle. Slowly Brad has been able to see signs that jobs on the farm are being put off in order to compensate for today's price of feed.

'Despite a good snow season in the Alpines water for irrigation is going out faster than it's coming in. Our aim is to keep the stock happy and healthy and then hopefully see returns however grain is increasingly expensive.'

Things are exceedingly challenging for Brad and the Veras as they navigate Gippsland's 'green drought.' The dire conditions don't stop Brad from loving the farming lifestyle and only fuel his desire to raise awareness of the declining

state of rural mental health in Australia. In 2019 Brad participated in the Push up Challenge to raise awareness of the rising rate of suicide in Australia. Brad also went all the way to the finals in Ninja Warrior Australia. Brad believes we all play an important role in helping each other maintain our mental health.

'I like to listen to people. We don't always have to fix a person's mental health, people sometimes just need someone to listen. I try to have a positive thought everyday and eventually I've learnt to flip the negatives into positives and celebrate each win. I realised that the choice was up to me. Life is fantastic.'

*"Don't be afraid to
change things up and
make it happen"*

July



Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Max & Tameeka Vera – Denison

Max, Tameeka and their four children, live and work on a farm in Denison. Max graduated from University with a degree in Communication Engineering and Tameeka graduated with a degree in Agricultural Science and together they use their skills to successfully manage their share farm.

They began their dairy farming journey when Tameeka sought on farm, agricultural experience in Shepparton and eventually this led them to Gippsland. When a friend bought some land in Denison, Max and Tameeka bought the cows and now they are happily settled. However, they agree that if their current lifestyle should ever become detrimental to their family, they will move on.

We sometimes wonder if it would be easier working for someone else like we used to. Running our own business in the industry, especially with the way prices currently are, is not always lucrative and even if we're sick or fatigued it's difficult to justify taking time off. Our dairy requires two people to operate it each milking so, even though we have a great support team of people to relief milk, it's a challenging balancing act between our mental health and farm budgeting.'

Max and Tameeka say the greatest struggle they face with life on the land is the persistent worry that they owe people money. They budget tightly and have built good relationships with their creditors to combat the mental strain that owing money could otherwise bring. Their tools for a low stress farming life consists of working together as a team,

constantly reminding themselves of what is important and by open communication with everyone. They also practice yoga weekly and get plenty of exercise to lessen the physical and emotional effects of farm stress and protect against the risk of mental illness.

'We have a good mindset with eachother as a couple. We never place any pressure on eachother. We know that each struggle doesn't last forever but what we learn about ourselves through that time does. We do this job because we love it but farming doesn't define who we are. During the times we feel like we can't do the things that we really want to do we just switch our mindset and make the effort. If your thinking is weighing you down, find a way to lift it. You are so much more than your thoughts.'

"We are mostly too busy to think about the impacts of the drought, and rather just get on with it."

August



Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	31					1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

Blair Austin – Betebolong

After finishing year 12 Blair wasn't sure what was next for him. At the time he was doing some weekend milking for the Osborn's who share farmed for McKeown Farms when he was offered an Apprenticeship. 12 years later, Blair is now a first generation dairy farmer, leasing the farm where he started his career and share farming another property for McKeown Farms. His wife Jo works professionally off farm but she is also the resident calf rearer. Despite the high pressure of their jobs, Blair and Jo attribute their great marriage to a mix of good communication and hard work.

Blair describes hard days on the farm as 'purple days', when things have gone past feeling blue. The local farmers in Betebolong helped coin this phrase, recognising it is something every farmer experiences.

'We all have days when we wonder why we are doing it, and feel a bit purple, but find it important to look past this and remember that every day is a day closer to rain, or a rest day or even the next milk cheque. No matter what it is weighting you down, realise you are not alone and don't isolate yourself. We are mostly too busy to think about the impacts of the drought, and rather just get on with it. But there certainly are times when we can't help but wonder if we will ever get a Spring again'.

Blair says, 'even on purple days, talking it through with someone is key'. He loves to network and connect with people from all walks of life, finding alternate points of view, being able to bounce ideas or even to talk about stuff that

isn't farm related! This helps both Blair and Jo to manage their mental wellbeing, to run and develop their business and especially give them time to spend away from the farm with their three kids.

'In our community we are lucky, we have a great support network, the local farming community all get involved with others doing the same thing, making stuff happen, giving each other a hand. You've got to give things time. It doesn't all happen at once, sometimes you need to take a step back, call a mate and be patient, you are just one person'.

*"My driving
force is the
family."*

September



Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25 AFL Grand Final Holiday	26
27	28	29	30			

Dennis Reynolds – Jarrahmond

Dennis and his wife, Sam, along with his parents, Gilbert and Marisa, run two farms in the Orbost area. Dennis is a fourth generation farmer and would love to keep the farms in the family for his sons' futures.

'My driving force is the family. I've got to keep going despite my frustration with the government for my boys' sake. We have to keep family farms running so corporate farming doesn't take over.'

Currently, as Dennis battles through the 'green drought', he is determined to raise awareness with government of just how dire this situation is for the Australian farming industry. Dennis says despite the state government's promises of financial relief aid to farmers, most of the support garnered has come from the Australian public and organisations like Gippsland Farmer Relief, the Salvation Army and the Country Women's Association.

Most of Dennis's career has been with his parents although they have been able to employ staff over time. In the past Dennis has also been through periods of de stocking to keep his farms operational. Victorian farmers are now into the fourth season of drought but despite this Dennis presses on.

'I do love farming and I love being with the cattle, watching the grass grow and watching the seasons come and go. The circle of life.'

Dennis's passion for farming life, raising awareness at government level of the importance of the dairy industry and his love of his family can easily be heard in his voice. He, like so many farmers across Gippsland and Victoria, is struggling to keep his cattle fed. The difference with Dennis though, is his determination to spread awareness of the difficulties in the dairy industry both financially and weather wise, and to support others like himself. Quitting is not an option!

*"...remember the
most important part
of the farm is the
farmer, so look
after yourself!"*

October



Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Craig Calvert – Mossiface

Craig is a sixth generation farmer on his land in Mossiface near Bruthen. For generations, his family were one of the biggest land holders in the area and over time the land has been split between family members. Craig spent over 14 years working in the oil and gas industry but eventually he had enough of being away from his family and the farm, up to 8 months a year and returned to manage the business.

'Unfortunately we walked back into the industry at a bad time, such as low milk prices and worsening drought conditions. I had to spend \$80,000 on feed for the cattle just to start with. Farmers in the area who used to cut around 3,000 bales of hay each year were only managing 300'.

Despite the challenging conditions, Craig was a man determined to make his farm thrive. Any negativity Craig received from those around him was used to fuel him forward. It can be easy for Craig and his wife to feel signs of depression. However, with his ability to think outside the box, Craig has been able to cut 900 bales off his farm in one season.

'We have managed to move the family business forward with diversifying methods and income streams to keep on track through these difficult times. I believe I am very rich in life with a loving and very supportive family. The current milk prices aren't fair on the little bloke but there's always someone worse off than you. The drought has taught us to streamline our business decisions to minimise losses and maximise profits'.

Craig is passionate about using his experience of hardship to support other farmers in his community. Craig and family are currently setting up a meat export business and would like to set up a Co op to ensure other meat producers get the fair price they deserve for their products and hard work. He believes in a future where farmers are paid a fair price with better living conditions and an industry that supports the little bloke.

'If you're feeling overwhelmed just remember the sun will always come up tomorrow. Take five minutes to sit down and remember the most important part of the farm is the farmer, so look after yourself!'



"Other farmers get the struggles. They're all in the same boat."

November



Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3 Melbourne Cup	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Nathan & Megan Grumley – Newry

Nathan and Megan have been farming Nathan's family farm in Newry now for 12 years. They bought the farm through a succession plan with Nathan's grandparents in July 2018 and currently lease their 400 cattle from Bob, Nathan's grandfather.

'The property transition wasn't easy on Bob. He still questions our business and farming decisions a bit as the way we're doing things now isn't his way.'

Bob hoarded the cattle he loved so dearly however the drought conditions meant there wasn't enough feed for them all. Parts of the farm rely on excess water from Glenmaggie Weir when it spills however Glenmaggie has been dry now for nearly three years, so the crops that

Nathan and Megan planted failed. The 'green drought' meant that the crops never received the rain they needed. Nathan says the constancy of dairy farming in these conditions has often caused worry and anxiety however he knows he just has to do it tough to get through.

Nathan and Megan love the farming life so much. Megan milks each afternoon with her two kids and a full time worker, so the lifestyle dairy farming allows them is worth the incredible challenge this drought has brought. Nathan says use of the Drought Infrastructure Grant and Pasture Renovation Grant to place more troughs and catching up with other farmers, has helped him and his wife make it this far in the industry.

'Other farmers get the struggles. They're all in the same boat. No matter how their own farms are set up they're all struggling right now. Everyone needs to stay positive and hold their head up. It will rain one day.'

The coming of Spring and the fact that Megan's dad is a grain farmer has relieved some farm stress for Nathan and Megan. Due to the extreme cost of feed for their cattle they have changed the feeding system Nathan's Grandad once used. Nathan says Bob can now see the benefits of de stocking and progressing with the new feeding method. This drought has changed so much of how the farm once operated but change was needed to keep the cattle fed. Nathan and Megan are determined to continue on the farm they love.

*"Often we'll watch a
wall of rain pass right
around the farm and
we won't get a drop."*

December



Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25 Christmas Day	26 Boxing Day
27	27 Boxing Day Holiday	29	30	31		

Tommy Lett – Airly

Tommy, his father Neil and two sons, own and operate a 530 acre farm at Airly. Tommy is the sixth generation to farm Williamsvale. Incredibly, the farm has been owned by the Lett family since 1853. Despite Tommy's love for dairy farming he hasn't had an easy run. A few years ago, his milk stockist liquidated and Tommy lost hundreds of thousands of dollars in the process. Tommy's resilience helped to keep his farm operational at the time and also recently during the 'green drought'. Not only has the fodder stopped growing but the cost of keeping the cows is greater than the price Tommy is getting for their milk.

Despite the constant challenges, Tommy's father, affectionately known as Poppy and his two boys, Daniel, 11 and Riley, 13 stand solidly by Tommy and contribute as much as they can to support the many facets of family and farming life. Riley says warmly of Tommy:

'Dad is amazing. All the work that he does for us, that he can do all that, milk cows, raise calves, feed out hay, feed the pigs and look after us, is amazing. He can't afford workers but Poppy helps heaps. I enjoy helping too when it's not hailing! I love the quiet of the farm and time to sit and think.'

Tommy says one of the hardest parts of farming for him was the decision to sell his cows. It was really emotionally challenging.

'Our cows are unique in that some have been personalised with names, not numbers. We know a few special ones by name. It's tough! Lately I've had to export during this drought. Often we'll watch a wall of rain pass right around the farm and we won't get a drop.'

Tommy's son Daniel is a bubbly, high spirited boy with a passion for talking. He admits that farming life can be tough:

'Sometimes we just keep working even when things are physically tough or when I don't really get it. Dad needs the help. But I also enjoy catching and riding the pigs. Dad can be really funny! We go for bike rides up the paddock, build scarecrows. I love it!'

Tommy says he knows it will rain one day and until then he is determined to keep the farm going, and keep providing a good life for his kids. It's not been easy for Tommy, he struggles through day to day, realising that Poppy and his sons also feel the pressure of farming life.

To help deal with it all, Tommy managed to surround himself with supportive people to help maintain his mental health and wellbeing. These social connections enhance Tommy's resilience and also help maintain his incredibly positive attitude to life given the adversity he's had to work through as a dairy farmer.

"When the situations are bad your cows struggle, you struggle."

January
2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
31					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Pat Purcell – Marlo

Pat began working on dairy farms after high school and developed a love for farming then. He says now he wishes he had bought his farm a long time before he did. From the age of 18 and for the next 35 years, Pat worked as a logging contractor.

'Environmentalists began protesting eventually so my partner and I drove down to Marlo and there was a farm for sale, so we bought it. I'd been offered some really good dairy farming opportunities which I always knocked back, but I wish now I'd taken them up and gotten out of logging earlier.'

Pat is now in his late 80's and still milks 70 cows every day. He never hired labour or relief milkers to help him out as he couldn't afford it. When Pat bought his 370 acre farm in 1985 he experienced four Snowy River Floods in his first year. Each flood resulted in ruined pasture and limited feed for his cattle. Presently though, Pat has plenty of green grass but no real feed to give the cattle because of the 'green drought' Gippsland farmers are currently experiencing.

Over the years, Pat says that life on the farm has been shaped by bad weather, bad milk prices and sheer physical exhaustion. When asked if he has suffered from any mental illnesses over his farming career, Pat said:

'You have to be mental to milk cows don't ya? I've been mentally ill for a long time now! You work long hours, and you work very hard, often managing everything on your own. But it is a great lifestyle and I do love my cows. There are plenty of ups and downs, the cows escape, the milk processors don't pay a fair price, so you're left with little to no surplus, profit margins are very low. It's a great lifestyle if you don't let things get away on you.'

Pat spent the last 30 years paying off his farm and now owns it. He continues to milk his cows because he genuinely loves doing it. Despite some difficult conditions Pat has experienced through his many years of farming he has balanced this with the knowledge that he just couldn't let his mental health and wellbeing go unchecked.

'When the situations are bad your cows struggle, you struggle. I called a friend and asked for help as being lonely is no way to live. You have got to have company around you. You have to work so hard to stay on top of it all, control your temperament. When you start to worry just settle down and don't let things get at you.'



Storytelling is a powerful thing.

We all love reading and learning about real life local stories of people dealing with things as best they can (or in some cases can't!). Stories make sense, contextualise and help break social stigma.

This is the second calendar of its kind that Gippsland Jersey has put together and is a project that I'm personally very proud of.

Seeing the ripple effect of the 2018/2019 calendar has had a profound affect on me and has achieved far more reach and impact than I could have ever imagined. The calendar was distributed to 1400 dairy farms in Gippsland via tanker drop and has been used as a tool to start many conversations

I can even go as far to say that it has saved lives!

I'm inspired by Warragul dairy farmer, Joe Meggetto in particular for being so brave in speaking up and being available to share his story, including being a part of The Royal Commission into Victoria's Mental Health System. Joe is amazing!

My dad died from suicide in 2016 and I often wonder if he had dropped his 'male macho' and if there wasn't such a stigma around mental health, that he may have spoken up earlier to get help.

People who struggle with mental health don't want to go and see a person in a suit in an office. Rural men want to see people who've got their feet on the ground and (as Joe says) "have had shit on their boots". Farmers don't really have respect for a city slicker coming out and telling them how their life should be. I know my dad didn't!

There's definitely a perception that Lifeline is a last resort thing ... but it should actually be the first place [to get help] because there are resources like the callback line and text back service that aren't scary - you can make the call in the back paddock where nobody can hear you. Making that first call is the hardest thing you'll do. You need to know that there are people in your world that WILL help you! No matter what your situation is in life, there is always a solution - take it from a daughter that wishes her dad was still alive to see her reopen his milk factory.

I created this calendar originally because I know my Dad would have loved to read these types of stories. Often people who are experiencing mental illness can identify themselves in the stories and come to an understanding that they're not alone. It's not about individual failure or inability to cope, it's about knowing that the bloke down the road is also battling with the same things.

We all need HOPE to live.

If this calendar can help one person or save a life, my work is done and I've honoured the life of my father.

Sallie Jones

Co founder,
Gippsland Jersey



"We're all in this together, it takes bravery to open up about your own battles and to seek help. Gippsland Jersey gave me a platform to share my story which has gone all the way to the Premiers office".

"I personally find that by talking about my issues honestly and openly it has released me and continues to be fantastic therapy that is helping to break the stigma that is still ingrained in rural communities"

Joe Meggetto



As the stories show, Drought remains an issue for Farmers and their Mental Wellbeing.

The issues go to the very heart of identification as a farmer: the ability to provide for families and the heartbreak over feeling like letting down both the people they love and the animals they have reared and cared for. The trauma may not be evident on the surface but the human experience

over time is no different to drawing on the resilience needed to deal with other forms of adversity like fire and flood when living on farms and rural communities.

One key to mental wellbeing is the capacity to work and deal with the normal stresses of life as this relates to 'stuff' going on inside and outside of ourselves and not breaking down, thinking about self-harm or other anti-social behaviours when dealing with drought adversity. Talking about 'stuff' becomes critical. Farmers and farming communities need to continually engage in conversations about issues of concern

especially when it all becomes too much for individuals and additional support from community based or professional service providers is needed. The message of the Calendar stories is clear: 'you are not alone' and 'there is help out there'.

The list over the page shares contact information for a range of services and supports available for farmers and members of farming communities. If it is all too confusing a good place to start might be by making contact with your local GP.

Your GP and GP Services

If you don't have a regular GP in Gippsland go to:
www.healthdirect.gov.au/australian-health-services

In the box titled Services, click on the option GP (General Practice), then enter your postcode in the Location box below. You can also tick the box for your current locations to help the website provide the best information.

Click on Search and a map with a list of GP options will be shown. At the bottom of the list there may be more pages with GP listings. Click on the next number show to see more GP or health provider options.

Mental Health Care Plan

A GP can make a referral for support through a mental health care plan. This entitles you to Medicare rebates for up to 10 individual/group appointments with a psychologist, occupational therapist or social worker in a year. Visit: www.healthdirect.gov.au/mental-health-care-plan

Health Support in East Gippsland and Wellington Shires.

Health Services provide a range of relevant health care services. Please visit the service website or contact your local Community Health service directly to confirm services available.

FREE Drought related Mental Health support is available at a range of local services. When contacting the following services for counselling support please identify that you are drought affected and residing in the Wellington or East Gippsland Shires. These services can also travel to visit you if necessary.

Wellington and East Gippsland Shires.

- **Gippsland Lakes Community Health.** Offers counselling for people who are experiencing a range of issues and problems. Call: 03 5155 8300 Visit: glch.org.au
- **Orbost Regional Health.** Call: 03 5154 6666. Visit: www.orbostregionalhealth.com.au/home
- **Omeo District Health.** Call: 03 5159 0100. Visit: odh.net.au
- **Royal Flying Doctor Service.** Free, confidential mental health and wellbeing service for people living in rural and remote communities. Call: 03 8412 0480 Visit: www.flyingdoctor.org.au/vic/our-services/wellbeing/
- **Central Gippsland Health Service.** At Maffra, Sale, Heyfield, Loch Sport Community Health, Rosedale Community Health. Visit: www.cghs.com.au Call: 5143 8800
- **Yarram and District Health Service.** Call: 03 5182 0222. Visit: www.ydhs.com.au
- **Relationships Australia Victoria.** Offers counselling for individuals, couples, families, and children. Call: 1300 36 42 77. Visit: www.relationshipsvictoria.com.au/services/counselling
- **Headspace Bairnsdale.** confidential support services for young people aged between 12 & 25 years. Call 5141 6200 www.headspace.org.au/headspace-centres/bairnsdale/

Counselling and Support 24/7 Services.

If you need help now and can't wait for a GP appointment the following contact options are available.

- **Call 000** (Emergency Services) if you or someone you knows life is in danger right now.
- **NURSE-ON-CALL.** 24/7 phone service that provides immediate, expert health advice from a registered nurse. Call: 1300 60 60 24. Visit: www.betterhealth.vic.gov.au/health/serviceprofiles/nurse-on-call-service
- **Mental Health Triage.** Gippsland wide, 24/7 Crisis Support & Referral. Call: 1300 36 33 22
- **Lifeline.** 24/7 telephone crisis support and counselling. Call: 13 11 14. Visit: www.lifeline.org.au/about/lifeline/contact-us
- **Beyond Blue.** 24/7 telephone information and support for mental health concerns. Call: 1300 22 46 36. Visit: www.beyondblue.org.au/get-support/get-immediate-support
- **Mensline Australia.** 24/7 service for men with relationship and family concerns. Call: 1300 78 99 78. Visit: mensline.org.au/phone-and-online-counselling
- **Family Relationship Advice Line.** Providing families with access to information about family relationship issues. Call: 1800 050 321. Visit: www.familyrelationships.gov.au/talk-someone/advice-line

- **1800RESPECT.** 24/7 phone service that provides counselling for sexual assault, domestic and family violence. Call: 1800 737 732. Visit: www.1800respect.org.au

- **Maternal and Child Health Line.** 24/7 state wide telephone service, that works alongside the Maternal and Child Health Service and is staffed by qualified maternal and child health nurses. Call: 13 22 29. Visit: www.betterhealth.vic.gov.au/health/serviceprofiles/maternal-and-child-health-line-service

- **Suicide CallBack Service.** Suicide Call Back Service is a nationwide service that provides professional 24/7 telephone and online counseling to people who are affected by suicide. Call: 1300 65 94 67 Visit: www.suicidecallbackservice.org.au

Other.

- **Bush Nursing Centres:** Swifts Creek: 03 5159 4210, Ensay: 03 5157 3215, Buchan: 03 5155 9222, Gelantipy: 03 5155 0274, Cann River: 03 5158 6274
- **Mallacoota:** Mallacoota District Health & Support Service Inc Call (03) 5158 0243

Drug and Alcohol 24/7 Services.

- **DirectLine.** Confidential Drug and Alcohol support line Victoria. Call: 1800 88 82 36. Visit: www.directline.org.au
- **Family Drug Support Australia.** Call: 1300 36 81 86. Visit: www.fds.org.au

Counselling and Support Services other.

- **Women's Information Referral Exchange (WIRE).** Free support, referral and information for Victorian women. Call: 1300 134 130 Visit: www.wire.org.au
- **Men's Referral Service (Vic).** Monday to Friday 8am - 9pm, Weekends 9am - 5pm Call: 1300 76 64 91 www.ntv.org.au/get-help/
- **Safe Steps.** Family Violence Response Centre. Safe steps is Victoria's 24/7 family violence support service. Call: 1800 01 51 88. Visit: www.safesteps.org.au/about-us/contact-us/
- **ParentLine Victoria.** This is a confidential telephone helpline that offers information and counseling about parenting and relationship issues. Call: 13 22 89. Visit: www.betterhealth.vic.gov.au/health/serviceprofiles/parentline-service
- **Suicide Line.** If you are based in Victoria Australia and need support call our counseling team now. Call: 1300 651 251. Visit: www.suicideline.org.au/contact-us/

Financial Services.

- **Rural Financial Counselling Services.** Visit: www.agriculture.gov.au/ag-farm-food/drought/assistance/rural-financial-counselling-service/vic. Then call your preferred regional provider as detailed on the website list of Financial counsellors.