

THE RURAL OUTREACH PROJECT

A Rural Victorian Community Wellbeing Initiative

The Rural Outreach Program is a rural Victorian mental health initiative, with local community-based Rural Outreach Workers who have the capacity to respond to the immediate needs of people living in rural and remote communities across the Wimmera Southern Mallee Shires. The Program is designed to improve the health and wellbeing of community members who are struggling to deal with tough times in their lives and support them to get help through service navigation and collaboration with a network of local services.

WHY?

Mental health and wellbeing is an important issue in rural and remote communities. Recent data shows that although mental health issues occur at the same rate across Australia, the rate of suicide is much higher in rural communities. In Victoria the suicide rate in rural and remote areas is 47% higher than in Melbourne. The Rural Outreach Program seeks to overcome barriers in access to services, such as mental health stigma, lengthy travel distances to supporting services, long wait times, limited service delivery hours and financial costs.

HOW?

The Rural Outreach Program provides support to community member's wellbeing in the following areas:

- Service navigation and collaboration
- Responsive and convenient times and locations
- Non-clinical and less threatening service delivery
- Mental health training and awareness raising in the community

The strengths of the Rural Outreach Workers role are: rapid response times, a non- clinical informal approach and local non-stigmatising assistance for people struggling during difficult and challenging times. The accessibility of the Program allows community members to avoid long wait times for referrals to health services at their local GP. Community members may access the Rural Outreach Program after-hours, in the privacy of their own homes, at no cost.

WHEN?

In response to tragic events that occurred in the West Wimmera Shire, the Rural Outreach Program commenced last year in December 2018. The Rural Outreach Worker (ROW) hit the ground running over the holiday period with the addition of the Rural Outreach Program Coordinator hired in January 2019. Since the Program commenced there has been a high demand across the catchment, with 21 community members accessing the service in remote areas and 11 requiring follow up visits from January to the March 2019.

Rural Outreach Program Evaluation

THE COLLABORATIVE PARTNERSHIP

In order to support the demand for the Rural Outreach Program, the Local Government Areas of Horsham Rural City Council, Hindmarsh, West Wimmera and Yarriambiack Shire collectively pooled their Seasonal Conditions funds to implement a 'collective impact approach' to best support the needs of local communities and expand the capacity of the Rural Outreach Program. This approach has enabled the expansion of the Program with the addition of two Rural Outreach Workers delivering services across the four Shires.

THE TIMELINE: KEY MILESTONES

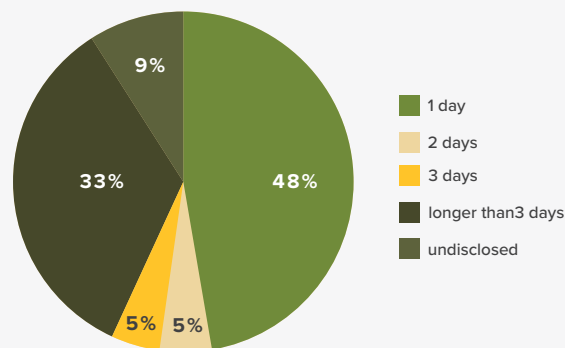
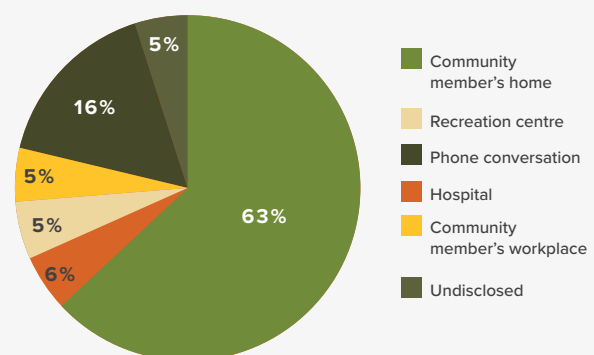
DEC 2018: Initial ROW hired and collaborative partnership established

JAN: Rural Outreach Program Coordinator hired

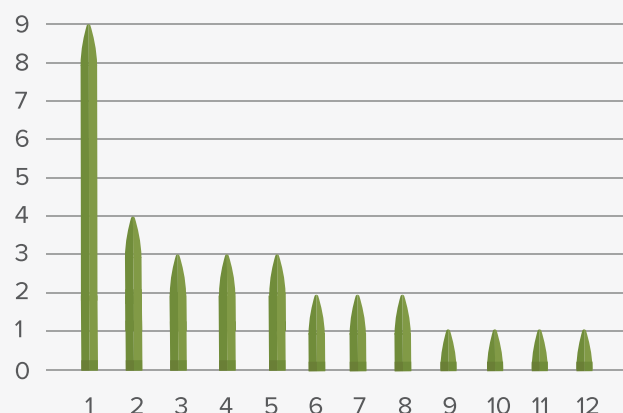
FEB: Promotion of Rural Outreach Program in local community- 15 community engagement activities conducted.

MARCH: 21 referrals and 11 follow up visits made to date, ROW referred community members to 11 local services to date

APRIL: Two new ROWs hired with pooled Seasonal Conditions funds through the collaborative partnership.

TIME BETWEEN REFERRAL AND VISIT**LOCATION OF SERVICE****48%****COMMUNITY MEMBERS SEEN WITHIN 24 HRS****50%**

OF CASES The ROW drove between 1 - 3 hours to conduct an initial assessment with a community member.

**NATURE OF ISSUES**

- | | |
|------------------------------|--------------------|
| 1. Depression and/or Anxiety | 7. Trauma |
| 2. Grief | 8. Physical Health |
| 3. Suicidal Thoughts | 9. Family Violence |
| 4. Stress | 10. Finance |
| 5. Relationships | 11. Sleep |
| 6. Alcohol & Gambling Issues | 12. Dementia |



IMPACTS OF THE PROGRAM

CRISIS MANAGEMENT

Cheryl walked into the Rural Outreach office. She had heard about the Program from one of her colleagues at work. Over a cup of tea, Cheryl explained that her husband has dementia and is becoming more controlling in his behaviour. Cheryl revealed that her husband is both verbally and physically abusive. The ROW and Cheryl discussed the importance of safety in the context of family violence.

After some discussion, the ROW made a referral for emergency accommodation and contacted the police to assist her to retrieve her personal belongings. After the session with the ROW, Cheryl made an appointment to see her local GP to discuss future referrals to local health services.

PROVIDING PERSONAL SUPPORT

Simon had lost his job and his relationship had broken down. His mother was worried and contacted the Rural Outreach Program. That same day, the ROW visited Simon at his home. After a general discussion about how Simon was feeling, Simon agreed to make an appointment with a GP and gave permission for the ROW to make a referral to see a counsellor. Soon after the ROW met Simon at his home and drove him to the counselling session. Afterwards, Simon and the Rural Outreach Worker discussed what strategies Simon had learnt, and plans were made for regular sessions with the counsellor in the future. After the follow up visit with the ROW, Simon contacted the GP to organise a Medicare Mental Health Plan and to discuss whether medication was an appropriate course of action.

MEDIATING BETWEEN SERVICES & COMMUNITY MEMBERS

Local Police had noticed that Sam's been driving erratically in the streets. Sam is in his early 20s and has grown up in the rural town. The Police contacted the ROW and asked if he could have a conversation with Sam before the matter escalated and the Police are forced to intervene. The ROW visited Sam at his home and explained that the Police are aware of his behaviour. The ROW explained the consequences to the young man, stating "They'll impound your car and you'll lose your license. You know how important it is in the bush to have your license". Due to a personal connection with the young man, the ROW was able to ask Sam why he was behaving this way. Sam explained that he was struggling to handle his parent's domestic disagreements and this was a means to vent his frustration. After the conversation with the ROW, Sam discontinued driving erratically and returned to playing in the local football team.

*note all names are pseudonyms

TESTIMONIALS

When asked to report on the difference the Rural Outreach Program has made in the last 12 months, **Executive Officer of WPCP Geoff Witmitz** replied:

“

Twelve months ago we had a suicide in a small rural community, which rocked the soul of its very strong community spirit. Agencies struggled to respond to that community's need let alone the effected family due to the lack of available services over the Christmas period. This year with the single operational ROW worker when an incident occurred in another small rural community over the same period we were not only able to respond but were able to effectively support the needs of the family and community in a timely manner.”

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We need services, mental health services from people we know and trust in [rural] and remote areas because we don't have access to mental health services like the major regional centres do or capital cities”.

- **Jason Gordon, President of the Kaniva Leeor United Football Club.**

“

The ROW [opens] doors for people who need a referral”

- **David Leahy, CEO, West Wimmera Shire**

“

The ROW [is] someone who is approachable in the community... people [can] contact or [can] just approach them at an event and talk about how they [are] feeling”.

- **Ann Vaughan, Centre Manger, Harrow Bush Nursing Centre**

“

The fact that they have the links and we're able to get prompt action is another thing, you've got your professionals like the health services and all of that but the waiting time for anybody to talk to anybody through the health service... I know in Nhill there was a six to an 8 week wait. If somebody is in a bad headspace, they're not going to wait 8 weeks”.

- **Monica Revell, Director of Corporate and Community Services at Hindmarsh Shire.**

The Rural Outreach Program is currently being evaluated by the Social Innovation Research Institute, Swinburne University of Technology.

For more information about the evaluation, please contact:

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