



29 January 2021

Hon. Josh Frydenberg MP
Treasurer
josh.frydenberg.mp@aph.gov.au

Hon. Greg Hunt MP
Minister for Health
greg.hunt.mp@aph.gov.au

Dear Treasurer and Minister Hunt,

PRE-BUDGET SUBMISSION: OUTBACK FUTURES

Outback Futures wishes to provide a pre-Budget submission for the 2021-22 Federal Budget.

The submission is attached. It provides an **economically and community sound model for delivery of mental health services in remote communities.**

The Outback Futures Community Facilitation Model is a bush informed, primary prevention approach to address the primary causes of acute mental health issues in remote communities. **The model is proven and scalable, and will deliver on the Government's policy objective of preventing suicide and other well-being issues through whole-of-community change.**

We would welcome the opportunity to further discuss this proposal with you both.

Yours sincerely,

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outback
futures

2021-2022
PRE-BUDGET
SUBMISSION

1. SUMMARY

Mental health concerns and suicide rates in remote and very remote populations continue to rise.

Remote communities are vulnerable and have specific risk factors for mental health issues due to factors such as isolation, and disasters of drought and flood. However, access to effective services remains limited, and traditional 'city born' models of service delivery and funding do not take into account or effectively address the specific and unique needs of rural and remote communities.

The Outback Futures Community Facilitation Model mobilises remote communities to identify and respond to their own mental health and wellbeing issues by engaging communities and co-designing solutions to achieve long-term, intergenerational whole of community change and response, which positively impacts suicide rates and mental health outcomes.

It is a person-centred, primary and secondary prevention, early intervention approach, where individuals are viewed and supported within the context of family, community and culture. Outback Futures provides significant low and moderate intensity service for remote communities.

The key to long-term and lasting change is to utilise multi-disciplinary teams in a multi-modal approach, to address mental health concerns today, whilst mobilising the community through building mental health literacy and self-efficacy to ensure genuine ownership and empowerment.

KEY MENTAL HEALTH FOCUS AREAS



Reducing stigma and encouraging help seeking behaviour



Building community wide mental health literacy



Focusing on new parents, infants, children, youth and families



Building capacity for school-based well-being



Building capacity for workplace psychological safety and mental well-being

KEY DIFFERENCES



Community engagement, co-design and trusted relationships are foundational to servicing a community. Community invitation precedes entry.



A customised multi-disciplinary team works on mental health outcomes at population and community-wide levels, as well as responding to individual needs.



Multidisciplinary outreach services enable **face to face support, combined with follow up telehealth**, customised to individual needs.




Barriers to help seeking are reduced through providing **timely, flexible and place-based services**, with open referral sources and no age restrictions.

2. COST TO FEDERAL BUDGET

Outback Futures requests federal government funding to expand equity and access to their robust mental health service as follows:

- ✓ To remote and very remote local government areas, focusing primarily on Queensland and New South Wales.
- ✓ Delivery of the Community Facilitation Model (individual service delivery for today combined with community wide capacity building for the future). *See section 5 for more detail.*
- ✓ 3 year program cycle to ensure consistency and community ownership
- ✓ Cost per region is \$326,200 p.a.

 outback futures	NUMBER OF REGIONS	COST P.A.	3 YEAR TOTAL
OPTION 1	8	\$2,609,600	\$7,828,800
OPTION 2	14	\$4,566,800	\$13,700,400
OPTION 3	36	\$11,743,200	\$35,229,600

3. ABOUT OUTBACK FUTURES

Outback Futures was born in response to an urgent need for mental health support in rural and remote Queensland.

In 2011, Brisbane-based psychologist Selena Gomersall was invited to provide intensive counsel and support to a group of approximately 30 women and children in Far North Queensland. As Selena spent time with these families and conducted these counselling sessions, she developed a clearer understanding of the extent of the mental health concerns, as well as the serious issues of accessibility, consistency and quality in mental health and well-being service provision for these remote communities.

Over the next few years, Selena and a group of committed volunteers (including a growing mental health team) continued to return to the North, connecting further with these families and their culture, and building trusted relationships. A unique model began to organically evolve, founded on shared values and driven by co-designed processes and a bush-informed agenda.

As Outback Futures has grown, the essence of our model has been shaped and developed further through ongoing community consultation and co-design, and this is fundamental to our success in working with remote Queensland communities.

Since Outback Futures was formally established in 2013, our team has prioritised the establishment of trusted relationships with remote communities, predominantly in the Greater Western Queensland regions. As our presence in these communities has grown, so has the need for mental health and wellbeing support. **Referral rates, including self-referral, increase dramatically once trusted relationships are established and positive experiences of service provision are experienced.**

Outback Futures is a direct response to the huge and growing need of mental health and well-being support in bush communities, and an understanding that the approach for remote communities needs to be designed and delivered in a unique and culturally appropriate manner. **Outback Futures seeks to build self-efficacy and a cultural shift in the bush, assisting remote Australians to better understand, value and advocate for their own mental health and well-being.** Resilience is built, community is strengthened, and hope is renewed.

The **Outback Futures Community Facilitation Model** evolved organically in the bush with bush informed direction. It has developed into a nimble, replicable model that is ultimately about a strategic, long-term approach to shifting remote mental health and wellbeing outcomes in the future, whilst responding to mental health concerns today.

4. THE POLICY PROBLEM

1 in 5

Australians will experience mental illness in any given year, regardless of where they live.

However, the burden of mental illness is substantially higher for Australians living in **remote and very remote areas**

In 2019 the suicide rate for residents in very remote areas was

2.7

times that of residents in major cities.

Between 2014-2018 a proportionally high

36%

of all suicides occurred outside major cities.

(Australia Institute of Health & Welfare Mortality statistics).

The issues around suicide, mental health, and well-being in remote communities across the country are deep and widespread, as evidenced in the findings of the 2018 Senate Inquiry into rural and remote mental health.

Factors that contribute include poor availability of and access to mental health services and specialists; bush cultural barriers and stigma; social isolation; reluctance to seek help; barriers of service distance, time and cost; economic variability and natural disasters such as flood, fire and drought.

In 2016–17, people living in remote areas accessed Medicare-subsidised mental health services at a rate of three times less than people living in major cities. In very remote areas the rate of access decreased even further, with people accessing services at a rate of six times less than in major cities.

Current funding models do not reflect the realities of the service provision needs of remote and very remote populations.

Funding is insufficiently focused on upstream

prevention and early intervention services, as well as services that are truly person centred and holistic, and acknowledge the critical importance of the family and community.

Funding for remote and very remote areas must prioritise service models that are not 'one size fits all' but rather **able to be customised, that are flexible to provide care across the lifespan and across the care continuum, and that consider integration with broader community structures** such as schools and workplaces.

Different funding and service models are essential to achieve change in short- and medium-term outcomes at individual, family and community levels, whilst focusing on long-term intergenerational change.

Given the cost to the Australian economy of mental ill-health and suicide is conservatively placed at up to \$70 billion dollars per year, there is a compelling need to pursue prevention and early intervention approaches at individual, family and community levels, and tailor services more appropriately for rural and remote communities.



5. ABOUT OUR COMMUNITY FACILITATION MODEL

Outback Futures applies a long-term, strategic approach to facilitate intergenerational change in the suicide prevention and mental health outcomes for remote and very remote communities.

Our Community Facilitation Model enables us to make lasting change through utilising multi-disciplinary teams in a multimodal approach, to address mental health concerns today, whilst mobilising the community through building mental health literacy and self-efficacy to ensure genuine ownership and empowerment.

“We are proud to partner with Outback Futures as they continue to work closely and compassionately with communities, supporting mental health and wellbeing, and building on their strength and resilience to embrace both the challenges and joys of living in rural Queensland.” - Tim and Gina Fairfax

Developed with the bush, for the bush, our Community Facilitation Model has four foundational tools:

1 GENUINE COMMUNITY ENGAGEMENT

Our Community Facilitation Model enables us to work with communities to identify their most significant challenges and co-design a response to address these.

Community invitation is always our entry point, with subsequent community engagement, co-design and building trusted relationship foundational and ongoing. By working in active partnership with communities, we make sure that what we're doing is truly community driven and that the unique culture and needs of each community remain central.

By maintaining consistency of personnel in a regional team structure (a team is recruited for a specific local government area), long term relationships flourish and community confidence in service delivery grows.

This is the basis for shifting entrenched stigma around help seeking behaviours and equipping remote communities with confidence and tools to identify and address their own mental health and wellbeing issues for the long term.

2 MULTI-DISCIPLINARY FACE TO FACE CLINICS

Multidisciplinary clinical service is the most direct tool we use to drive transformation within communities. Customised multi-disciplinary teams, including community engagement leads, work on mental health outcomes at population and community-wide levels, as well as responding to individual service and support needs.

Outreach clinics enable regular face to face services, tailored to meet the unique needs of each community and individual. Services take a primary and secondary approach (early intervention), meeting a significant need in the area of low and moderate intensity services for remote and very remote communities. Barriers to help seeking are reduced through providing timely, flexible and place-based services, with open referral sources and no age restrictions.

Using an extended fly-in-fly-out model allows us to retain experienced clinicians, creates a sense of safety and anonymity for clients, and allows for long-term consistency to specific communities.

Service disciplines may include:

- Psychology
- Counselling
- Occupational Therapy
- Social Work
- Indigenous Health Workers
- Community Engagement Leads

“Outback Futures is committed to long term and consistent support for the flood recovery process, and working with our families and communities to develop genuine skills, strategies and processes for long-term resilience.” - Janeen Fricke, Principal, Mount Isa School of the Air



KEY FOCUS AREAS FOR SUPPORTING MENTAL HEALTH AND WELL-BEING:

Working with **new parents and infants** during the perinatal period.

Working with **children and youth from 0-18** years, in individual and group settings, and home, school and work contexts.

Working with **youth and adults from 19 years** onwards, in both individual and group settings, and home, education and work contexts.

Supporting the social and emotional well-being of **families with young children** and ensuring that families of clients are involved as much as possible.

Building **community wide** mental health literacy, reducing stigma and promoting help seeking behaviour.

Empowering and equipping **local communities, including community leaders**, to take positive actions to promote mental health and well-being for their families, organisations and community.

Building capacity for school-based social and emotional well-being, working with both **students and teachers**.

Building capacity for **workplaces** to promote psychological safety and mental well-being.

3 STAY WITH ME PHONE/VIDEO CONNECT

Our Stay-With-Me telehealth program is an extension of our multidisciplinary clinical services as above, and ensures clients receive consistent, professional support with trusted clinicians between face-to-face community visits.

We use a variety of platforms, including web-based technology and phones. The client and community receive support from the same team members face to face and via telehealth.

4 CRITICAL INCIDENT RESPONSE

Our Critical Incident Response service provides individuals, families and communities with access to immediate mental health support during crisis periods.

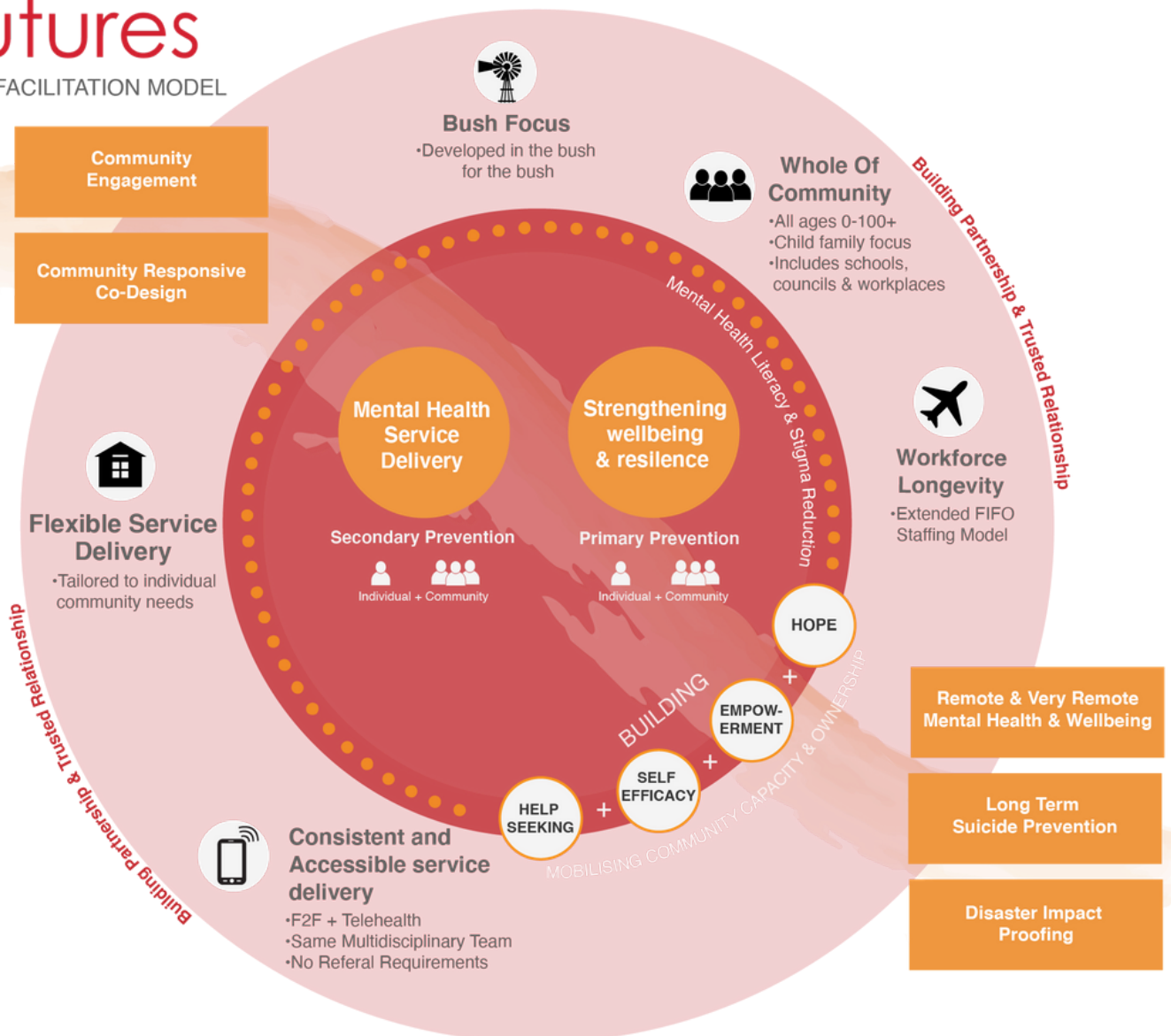
The flexibility and responsiveness of the Outback Futures model enables community engagement and clinical teams to respond to crisis efficiently, and our team is often on the ground within 24 hours.



6. COMMUNITY FACILITATION MODEL IN PRACTICE



COMMUNITY FACILITATION MODEL



OUTCOMES TO DATE

- ✓ Completed a successful demonstration phase in **6 Queensland remote communities**.
- ✓ In some of our communities our clinicians are the **longest serving** in their discipline.
- ✓ On average **6% of a remote region's population** connect with an Outback Futures service.
- ✓ **4392 appointments in 7 regions** in 2020.
- ✓ We have **trusted and active relationships** with many stakeholders including mayors, councillors, schools, School of the Air, governesses, GPs, workplaces, local business, graziers, indigenous leaders.
- ✓ Critical Incident – often we have been the **first people called when a community crisis occurs**, demonstrating trusted relationship and community confidence.



COMMUNITY CASE STUDY: JUDY AND HER FAMILY

Judy is a young mother in a remote Queensland community and has been battling significant anxiety and depression for some time with some debilitating impact on her daily functioning, parenting capacity and community engagement. She was referred to Outback Futures for regular counselling support and began making some progress in stabilising her mental health.

She approached her counsellor about beginning the process of communicating about her mental health issues with her children and spouse, and creating an open culture around these issues for her family into the future. The counsellor coached her around raising the topic with her children.

To her surprise, Judy found her children engaged very easily and naturally with the conversation. They talked with their mother about the work that Outback Futures had been doing with them in the classroom around

mental health and wellbeing, and the concepts of 'Look Out, Check In, Speak Up'.

They were able to talk about mental health issues as a safe and familiar topic and were keen to begin intentionally working as a family to keep each other strong, and in fact helping to do that in the wider community as well.

This story clearly demonstrates the combined impact of individual mental health service delivery, child and youth education/training, and whole of community change.

Immediate short term symptom relief for an individual, increased safety, and stigma reduction, as well as strategies and tools for effective communication and action around peer and self support, all form prongs in the Outback Futures whole of community, intergenerational change and mental health and well-being approach.



7. DETAILED COST ANALYSIS

OUTBACK FUTURES COMMUNITY FACILITATION MODEL BUDGET	12 MONTHS SINGLE REGION	OPTION 1 3 YEARS IN 8 REGIONS	OPTION 2 3 YEARS IN 14 REGIONS	OPTION 3 3 YEARS IN 36 REGIONS
COMMUNITY FACILITATION MODEL WRAP AROUND SERVICE Clinical governance, Interagency collaboration, research	\$45,000	\$1,080,000	\$1,890,000	\$4,860,000
COMMUNITY ENGAGEMENT Engagement lead wage & travel	\$63,000	\$1,512,000	\$2,646,000	\$6,804,000
MULTIDISCIPLINARY FACE TO FACE CLINICS + COMMUNITY EVENTS Clinical & support team, travel, reporting & evaluation	\$116,200	\$2,788,800	\$4,880,400	\$12,549,600
REMOTE TELEHEALTH (STAY WITH ME PROGRAM) Clinical team, intake, IT support & systems	\$85,000	\$2,040,000	\$3,570,000	\$9,180,000
REMOTE STAY WITH ME TELEHEALTH KITS Schools, remote families and community hubs	\$12,000	\$288,000	\$504,000	\$1,296,000
CRITICAL INCIDENT RESPONSE FUND Allowance for rapid response support	\$5,000	\$120,000	\$210,000	\$540,000
TOTAL* Includes 15% administration costs	\$326,200	\$7,828,800	\$13,700,400	\$35,229,600