About the CRRMH

The Centre for Rural and Remote Mental Health (CRRMH) is based in Orange NSW and is a major rural initiative of the University of Newcastle and the NSW Ministry of Health. Our staff are located across rural and remote NSW.

The Centre is committed to improving mental health and wellbeing in rural and remote communities. We focus on the following key areas:

- the promotion of good mental health and the prevention of mental illness;
- developing the mental health system to better meet the needs of people living in rural and remote regions; and
- understanding and responding to rural suicide.

As the Australian Collaborating Centre for the Integrated Foundation for integrated Care, we promote patient-centred rather than provider-focused care that integrates mental and physical health concerns.

As part of the University of Newcastle, all of our activities are underpinned by research evidence and evaluated to ensure appropriateness and effectiveness.
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FROM THE DIRECTOR

Professor David Perkins
Director’s Report

Rural health services are challenged by difficulties in communication whether with their staff or with the communities they serve. Assumptions about communication including geographical proximity or the quality and reliability of the mobile phone or internet service are the topic of many stories, some tall, and others more serious. Going to the top of the hill to make a phone call is a common story for many of the rural and remote people served by the CRRMH.

Our communications team has been particularly busy with the rebranding of our Farmlink and “We Yarn” suicide prevention programs. These activities are designed to communicate clearly with rural populations so that they know what we are able to offer and how we can help. This quarter has seen considerable work on a new website and new videos explaining our activities and our role in addressing the targets of better mental health, better services and fewer deaths by suicide.

I would like to pay tribute to the work of Vanessa Delaney and Jocie Johnston while recognising the support they receive from others, particularly Rosie Dunnett and Claire Gander. This report is testament to our attempts to communicate clearly and on a timely basis.

Other forms of communication include our research papers and reports. Without evidence our activities are speculative at best and so we draw on the best evidence in service design, we evaluate each of our programs and we submit our research to the best journals to ensure that our work is of the highest quality.

I would like to mention those communities which have endured bush fires and floods this season. Our RAMHP workers have been working in each of these communities to help and support those involved. Please do not hesitate to contact us if we can be of help.

Finally, during this quarter we have welcomed new Ministers at state and Commonwealth governments and have had productive, face to face meetings with the Hon. Tania Davies and the Hon. Sarah Mitchell who are responsible for NSW mental health and Aboriginal affairs respectively. We look forward to working with both of these Ministers in the work we do.

I hope you enjoy reading this report.

Prof David Perkins
Director
CRRMH AT A GLANCE

Jan - Mar 2017

Extensive planning underway for Rural Suicide Prevention Forum at Sydney Royal Easter Show

FARMLINK
Development of Good SPACE and We-Yarn

LIBRARY
CRRMH Article requests Increased from 63 to 299

RAMHP
500 people linked to care
Natural Disaster Support
Sir Ivan Fire
Leadville and Pappinbarra Fires
Carwoola Fire

MENTALLY HEALTHY ORANGE
‘Learning4Wellbeing’ resource toolkit developed for schools

RESEARCH
2 proposals funded
2 papers published

CONNECTIONS
27 - 28th February
CRRMH hosted the “Rural and Remote Mental Health and Primary Care” Leadership Exchange

COMMUNICATIONS
New branding for Good SPACE and We-Yarn
New website being developed

CELEBRATING
10 years of RAMHP
RESEARCH
Compiled by Dr Hazel Dalton, Research Leader & Senior Research Fellow

Highlighted Projects – Integrated Care

- **Mudgee Integrated Care Model evaluation**: The first quarter of 2017 has seen a publication on the integrated care model which has been running in Mudgee for a decade. This work has also been accepted for presentation by Prof David Perkins at the 17th International Conference on Integrated Care in Dublin in May 2017 (to be reported on in next quarter).

- **Integrated Care – IFIC Australia**: The CRRMH in its capacity as the Australian Collaborating Centre for the International for Integrated Care (IFIC) delivered two key workshops on the Central Coast in March. Two key international experts in integrated care were brought to Australia – Dr Nick Goodwin (CEO and founder of IFIC) and Prof Anne Hendry (Clinical Lead for Integrated Care, Scotland and IFIC Associate).

- **Central Coast Integrated Care Project Evaluation**: An agreement was reached with the Central Coast Local Health District (CCLHD) to evaluate their integrated care project. A workshop involving the Centre’s researchers, international advisors and CCLHD staff was held in February to get a general overview of the project and what was required. Information gathered from the workshop formed the basis to develop a research plan.

Completed Projects

- **Low Intensity Mental Health Services – a rapid literature review**: A collective of six Primary Health Networks (PHN) commissioned a rapid review of the evidence for low intensity mental health services. The review occurred in a very short period of time and the report was finalised with consultation with the PHN collective and a series of expert readers. This work has informed the strategic planning of low intensity services by these PHNs. Dr Hazel Dalton presented a summary of this review for the RAMHP Coordinators in March.

PhD students

Candidates **Mr Len Kanowski, Ms Emma Austin, Ms Victoria Hirst** and **Ms Shahinoor Akter** are continuing their studies. **Ms Natalie Cheesemond** has commenced her PhD under the supervision of Dr Kate Davies in 2017.

Funding Proposals

- 2 proposals funded
- 1 pending proposal
- 1 unsuccessful proposal

Publications

- 2 papers published
- 4 papers accepted for publication
- 5 papers submitted for publication

*Please refer to Appendix 1 “Research” for full report.*
Although January proved to be a quiet month, February and March (especially) proved to be a busy period. It compares favourably with the earlier reporting period between August 12 and December 20, 2016 which was a month longer. Visitor numbers for the CRRMH library were 128, down from 140 and staff from Western LHD were 155 compared to the earlier 180. Student numbers doubled from 2016 increasing from 27 to 50. Article requests for CRRMH were greatly increased from 63 to 299 while Western LHD were slightly reduced.

![Bar chart showing library activity during Jan-Mar 31, 2017]

The Library Collections Committee

There was a library collections committee meeting held on the 2nd March, 2017, which discussed issues including the online library collection, staff recommendations and the continuation of library orientation for students and staff in the Poplars Ward at Bloomfield Hospital.

Publications

Publications have been regularly checked during this period.

Library Promotion

The library had one new book display and two new orientations held at Poplars for new staff and students on short placement. They proved very successful.

Daily News Alerts

Daily News Alerts remain a popular feature of library services at John Hoskin Library. It is available for subscription through the CRRMH and the RAMHP websites. There is also regular journal Table of Contents sent out to Western NSW LHD and CRRMH staff.
The first quarter of 2017 was a busy one for connecting with our stakeholders and partners. 

IIMHL Leadership Exchange Rural and Remote Mental Health and Primary Care

On 27 and 28 February the Centre hosted the “Rural and Remote Mental Health and Primary Care” Leadership Exchange as part of the International Initiative for Mental Health Leadership (IIMHL) Leadership Exchange. The Match allowed participants to look closely at mental health and wellbeing in rural and remote communities, which face distinctive challenges due to environmental, economic and demographic factors and access to services, implying a distinctive approach to mental health promotion, services and suicide prevention. Leaders from CRRMH, Match delegates representing Neami National and Ministry of Health New Zealand Mental Health Service Commissioning, along with other local stakeholders from Western NSW Local Health District, Orange Aboriginal Medical Service, Mission Australia and LikeMind, came together over the two days to share information and ideas.

See Appendix 2 for full Report

Special Visits

The CRRMH executive team had the opportunity to meet with NSW Minister for Mental Health Tanya Davies and Minister for Aboriginal Affairs Sarah Mitchell on March 29 in Sydney, where they discussed rural mental health issues and the Centre’s work. Earlier in March the the Centre hosted a visit by newly elected Member for Orange, Mr Phil Donato, as well as Kerri Kawrence and Alanna Hector from the Mental Health Commission.

Meet your Neighbour event

The Centre was represented at the Mental Health Coordinating Council’s Meet Your Neighbour event on 1 March at the LikeMind Centre in Orange. The event provided an opportunity for organisations and individuals with an interest in mental health issues to share information.
In the first quarter of 2017, the Communications team developed a number of key resources, some new brand elements and made significant progress on the development of a new website. The highlights are outlined below.

**New Resources**

**Snakes and Ladders game** - This new resource was developed for the RAMHP Coordinators to use as an interactive engagement tool at community events. The board game – ‘Snakes and Ladders’ is designed to get people thinking about positive and negative behaviours relating to mental health.

**Drink holder** - The RAMHP team produced 5,000 new drink coolers with the RAMHP brand and contact details. 3,500 of these were incorporated into an AgBag at this year’s Royal Easter Show.

**Brand Management**

The Farm-Link project has continued to expand. To reflect these changes, the Centre took the opportunity to rename the project to **Good SPACE**. More information can be found in the Farmlink Report on page 10.

To launch the new name, the Communications team worked closely with a professional designer to deliver a fresh new logo with comprehensive guidelines. The rationale behind the Good SPACE logo includes:

- The speech bubbles represent interaction, discussion, learning, listening and speaking up.
- The blue speech bubble is intended to represent a thought bubble. This is designed to move out of the ‘blues’ into the green ‘Good SPACE’ via the interaction and overlay of information, awareness and workshops offered by the project.
- Blue is considered to be beneficial to the mind and body and produces a calming effect. It represents having the ‘blues’. This overlaps to create ‘Green’ a space of hope. Green is the colour of life, renewal, nature and energy. Yellow stands for freshness, happiness, positivity and clarity.

**We-Yarn Suicide Prevention Workshops**

The We-Yarn workshop is a suicide prevention workshop designed with Aboriginal Health Workers and community members. As part of the rollout of these workshops the Communications team identified and briefed a professional Aboriginal designer to produce a new We-Yarn logo and Aboriginal Artwork.

The artwork reflects that even though you may have bad stuff going on around you and within your mind, (represented by the stress lines that look like lightning in the artwork), there are a lot of positive things around you and support through the connection and support of community. Through that support and connection to culture and the land you can have inner peace which once obtained, radiates from within outwards to everyone else. It is through the strength of community, togetherness and lending a helping hand that we can we tackle and prevent suicide.

**Media**

For a full list of media interactions this quarter, please refer to Appendix 3.
Building current partnerships and developing new partnerships is one of the Centre’s priorities for 2017. During this quarter the Senior Development Officer and RAMPH Partnerships Manager met with the University of Newcastle’s Alumni and Philanthropy office to discuss partnerships and seek advice around protocol and processes. The Centre has now commenced developing a Partnership Assessment and Risk Criteria which will be used to screen potential partners in respect to appropriateness, mutual benefit and risk. This work will continue in the second quarter of the year.

Community Partnerships

- **Country Women’s Association (CWA):** RAMHP strengthened their partnership with the CWA, with planning commenced to deliver Community Support Skills (CSS) in all CWA branches.

Industry partnerships

- **Pharmacy Guild:** RAMHP partnered with the Pharmacy Guild to deliver the Mental Health First Aid (MHFA) for pharmacists; these will be rolled out during May across the central west.
- **RUOK:** RAMHP commenced working in collaboration with RUOK to deliver tailored community information events in Tamworth and other rural communities.
- **Landcare:** Introductions between RAMHP and Regional Landcare Facilitators across rural NSW occurred. Various collaborative projects have been planned between the organisations.

Academic Partnerships

- **Ongoing partnership with the Black Dog Institute (BDI) for the professional development of rural health professionals:** The Centre has worked in partnership with the BDI since June 2016 to deliver, and evaluate the impact of, suicide prevention training for rurally based health professionals, including GPs and psychologists. This evaluation, which is part of the broader evaluation of the Centre’s Farm Link program, will complete data collection in September 2017. Mid-evaluation findings have presented at the 2016 Rural and Remote Mental Health Symposium. Following this successful collaboration, the Centre was invited by the BDI to partner on a submission to develop and evaluate a professional development program for GPs with a special interest in mental health. This submission was successful and the Centre looks forward to this ongoing collaboration.

Government Partnerships

- During this quarter we continued to collaborate with the rural LHDs and PHNs across a variety of projects.

Non-Government Organisations (NGOs) Partnerships

- Director Prof. David Perkins presented at the Royal Far West (RFW) Ride for Country Kids Gala Dinner in Orange in March. The event was attended by several CRRMH staff members, and was a good opportunity to promote the Centre’s activities and to network while supporting RFW. The Centre also provided support to RFW leading up to event.
Social Media
The Centre has a number of social media platforms which are used to promote activities, achievements and events and to share resources. The engagement on posts continued to improve during this quarter with more shares and post clicks.

Online Forum
The following online forum was facilitated with The Land in March this year.
The forum had 115 page views.

Website Update
Work on developing a NEW website continued in this quarter. Content writing and compilation of photos for the website commenced and content was uploaded to the new site. Decisions were also made regarding the design. The RAMHP sub website will be rolled out once user testing has been completed on the CRRMH site. An initial concept design was presented to the RAMHP team at the RAMHP face-to-face meeting in March.

Video Shoot
As part of the Centre’s website project, the Communications team recruited a professional videographer to develop two short videos for both the CRRMH and RAMHP. The short videos will be used on the new website and shared on social media promoting the Centre’s work, expertise and opportunities for partnerships.

The RAMHP video also aims to link people to mental health care and broaden RAMHP’s reach. A longer version will also be used at community events, workshops and conferences. Filming commenced during this quarter.
The first quarter of 2017 saw the Act-Belong-Commit project effectively engage with the wider Orange community. Effective community interaction was evident through our exposure at the Mental Health Coordinating Council’s and AfterCare’s Meet Your Neighbour event at the LikeMind Centre in Orange, and attendance to the CSU HealthyU Wellness and Wellbeing Expo.

A valuable partnership was formed with Charles Sturt University’s (CSU) Future Moves School Outreach program, delivering wellbeing and stress management workshops to Year 11 students across the Central West. To compliment the workshop, a resource toolkit ‘Learning4Wellbeing’ was developed for schools. This follows the concept of the ‘Working@Wellbeing’ (formally ‘Creating Mentally Healthy Workplaces’) resource toolkit developed for organisations. The workshop and toolkit utilise the messaging of Act-Belong-Commit, and the simple steps students (and staff) can take to help promote their mental health and wellbeing. So far two workshops have been delivered, each group consisting of around 60 students. Data fed back from the CSU evaluations officer showed students rated the Stress Management Workshop as the most useful of all the workshops with 64% rating it useful or very useful.

“The session by Courtney was fantastic! (Mentally healthy). With so many students struggling with mental illnesses, the mindfulness techniques and her personal story was very useful.” (Staff member)

Data provided by CSU Future Moves Evaluation.
Canobolas High Workshop 2 March 2017

Learning4Wellbeing Workshops

CSU’s Future Moves approached the Act-Belong-Commit Project Officer to provide wellbeing and stress management workshops as part of their School Outreach program. Delivered as a interactive presentation, students worked in to come up with ideas of how they already Act-Belong-Commit, and possible activities they could start to incorporate in their day to day life. The workshop also included a guided meditation as a stress management strategy, and an enjoyable segment on using music to help bring about positive emotions.
Overview

Farm-Link is a suicide prevention project that operates in the Hunter New England region of NSW. The project is funded by the Hunter New England Central Coast Primary Health Network (HNECC PHN), and is managed by the CRRMH. The main activities include:

- providing education to community and frontline workers around the signs they may notice in a person who could be at risk of suicide,
- how to have a conversation a person at risk and
- where to refer them to for help.

The current training package includes the Farm-Link workshop (4 hours), ASIST (2 days), and suicideTALK (2 hours). Farm-Link also coordinates clinical training through the Black Dog Institute (BDI), and contracts BDI to deliver their Advanced Skills in Suicide Prevention Training. This is a 6-hour workshop targeted for General Practitioners, psychologists, and other allied health workers. Farm-Link also provides service linkage to individuals and communities. The project is currently transitioning to a name change, due to the expansion of the work. The new name will officially come into effect on the 1st July 2017.

Good SPACE

This new program name has several meanings. First of all, it uses simple language that everyone can relate to; we are all familiar with describing the continuum of mental health as being or not being in a ‘good space’. Through its work, the program aims to help individuals and communities to move to a good space, while providing education around the signs that someone may not be in a good space.

SPACE stands for Suicide Prevention through Awareness, Courage, and Empathy. In order to prevent suicide we must have awareness around it. We acknowledge that it takes courage to have a conversation with someone who may be at risk of suicide, and we must always have empathy when supporting a person at risk.

As a result of this name change, the program’s 4-hour workshop has transitioned from the name ‘Suicide Prevention Skills Workshop’ to ‘The Good SPACE Workshop’ (GSW). During this period, GSW has been delivered three times in the communities of Moree, Wee Waa and Armidale, with a very busy schedule for the remainder of the financial year.

We-Yarn

We-Yarn is a culturally appropriate suicide prevention workshop specifically for Aboriginal people. CRRMH have been contracted to deliver this 5-hour workshop across five Aboriginal Medical Services (AMS) in the Hunter New England of NSW. A total of ten workshops will be delivered between May and June 2017. CRRMH have been working close with each AMS to coordinate workshops.

A logo for We-Yarn has also been created by Aboriginal artist Nikita Ridgeway.

Moving forward

Aside from the creation of the new program name and logos, the project has been involved in several other suicide prevention related activities. Due to its strong relationship with Future Farmers Nework (FFN), the project was asked to attend and present at a local conference hosted by FFN and Grain Growers Ltd. An abstract was accepted and a presentation delivered at the National Suicide Postvention Conference in Sydney in March.

The project also received a verbal commitment from HNECC PHN that their contract would be extended for a further year.
RAMHP has continued to increase the reach and support for people struggling with their mental health in rural NSW communities, with 500 people linked into care between January and March 2017. This represents a 4% increase on the previous quarter. Furthermore, a substantial increase in the proportion of links made through direct phone or email contact with RAMHP Coordinators has been observed. This suggests RAMHP Coordinators are continuing to raise their profile in their local communities.

Supporting three significant natural disasters has dominated the RAMHP Coordinators work in the first quarter for 2017. During this quarter, valuable partnerships also commenced with:

- Country Women’s Association
- RUOK
- Baggy Blues (NSW Cricket Alumni)

RAMHP’s Support During Natural Disasters

RAMHP provided considerable support during three natural disasters experienced in February, including the Sir Ivan Fire in the Western LHD, Leadville and Pappinbarra Fires in the Mid North Coast LHD and the Carwoola Fire in the Southern LHD. Across all three fires RAMHP had strong involvement in post-disaster workshops held with community members and local businesses.

RAMHP Coordinators from the Western LHD had a considerable involvement in the response to the The Sir Ivan Fire. They leveraged their cross service connections and distributed resources on how to manage your mental health in a natural disaster through the following organisations: Local Land Service, Warrumbungle Shire Council, Mid-Western Regional Council, Red Cross, Western NSW LHD, Uniting Rural Chaplains, FACS Disaster Welfare Team, Rural Financial Counselling Service, DPI Rural Resilience Program, CWA, BlazeAid, Coolah Central School, MPS (Coolah, Dunedoo, Gulgong), CMHT Mudgee, SafeWork.

E-newsletter

RAMHP developed a new innovative e-newsletter – ‘Let’s Talk’ for training participants and the wider community. The aim of the quarterly e-newsletter is:

- to keep training participants up-to-date to increase likelihood of them linking people to care,
- promote RAMHP’s upcoming events and resources,
- link people to services and useful resources, and;
- increase RAMHP’s reach and promote website and social media channels.

The first e-newsletter was distributed at the end of March to a mailing list of 596 recipients and will be evaluated according to the increase in the number of subscribers, opens and click rates. Feedback is also encouraged.

Please refer to Appendix 4 for the complete RAMHP Quarterly Update Report.
STAFF ACHIEVEMENTS, TRAINING AND DEVELOPMENT

Training

CRRMH Librarian Paul Stanfield was enrolled in an online course called “Designing e-learning for health” through Nottingham University, which was successfully completed.

The RAMHP team participated in a photography class during the RAMPH face-to-face meeting in March.

Achievements and Celebrations

RAMHP

This year RAMPH Coordinator Di Gill (Western NSW LHD) celebrates ten years working with RAMHP. In recognition of her contributions and commitment to the RAMHP program, CRRMH Director Prof. David Perkins presented Di with a Certificate of Recognition on 20 March at the Centre. Di’s 10th year anniversary coincides with the 10th birthday of the RAMHP program.

New Staff

The Centre welcomes Lucy McEvoy in the role of Research Assistant.

Lucy settling into her office

Di with the celebration cake

improvements
empowerment
success
discovery
training
practice
completion
satisfaction
fun
celebration
future
instruction
staff
achievements
skills
effort
coaching
fulfilment
vision
compliance
education
implementation
Highlighted Projects – Integrated Care

Mudgee Integrated Care Model evaluation

The first quarter of 2017 has seen a publication on the integrated care model which has been running in Mudgee for a decade.


This study draws on interviews with health providers and other staff and examines the dynamics of integrated primary and community-based specialist care for people with severe and persistent mental illnesses living in Mudgee, NSW. Findings show that the facilitation of sustainable linkages between general practice and community mental health requires the skilful exercise of power, knowledge, and resources by partners in order to address the social and structural factors that influence local health situations. These findings suggest that incremental processes of integration that are responsive to patients’ and stakeholders’ needs and that build on success and increased trust may be more effective than those imposed from the ‘top down’ that pay insufficient attention to local contexts.

This work has also been accepted for presentation by David Perkins at the 17th International Conference on Integrated Care in Dublin in May 2017.

Integrated Care – IFIC Australia

The CRRMH in its capacity as the Australian Collaborating Center for the International For Integrated Care delivered two key workshops on the Central Coast. Two key international experts in integrated care were brought to Australia – Dr Nick Goodwin (CEO and founder of the International Foundation for Integrated Care - IFIC) and Prof Anne Hendry (Clinical Lead for Integrated Care, Scotland and IFIC Associate). The first workshop pertained to the Central Coast Integrated Care Program, one of the NSW Health’s demonstrator sites. The workshop provided the Central Coast team the opportunity to reflect and describe the program to date. The second workshop brought key University of Newcastle and Central Coast Local Health District staff together to discuss the prospective Central Coast and Medical Research Institute – which will have a focus on integrated care. It was a successful event, with all parties gaining a better perspective on integrated care and the work that can be done on the central coast including research and education.

Interested readers can find more information on the following websites:
www.integratedcarefoundation.org and www.ijic.org

Central Coast Integrated Care Project Evaluation

An agreement was reached with the Central Coast Local Health District (CCLHD) to evaluate their integrated care project. A workshop involving the Centre’s researchers, international advisors and CCLHD staff was held in February to get a general overview of the project and what was required. Information gathered from the workshop formed the basis to develop a research plan.

Completed Projects

Low Intensity Mental Health Services – a rapid literature review

A collective of six primary health networks commissioned a rapid review of the evidence for low intensity mental health services. The review in a very short period of time, the report was finalised with consultation with the PHN
collective and a series of expert readers. This work has informed the strategic planning of low intensity services by these PHNs. Dr Hazel Dalton presented a summary of this review for the RAMHP Coordinators in March.


**PhD students**

Candidates Mr Len Kanowski, Ms Emma Austin, Ms Victoria Hirst and Ms Shahinoor Akter are continuing their studies. Ms Natalie Cheesemond has commenced her PhD under the supervision of Dr Kate Davies in 2017 and Mr Sophun Mok has been awarded a 2017 University of Newcastle Scholarship and will commence a PhD in rural suicide shortly (Supervisors: Prof David Perkins, Prof Sally Chan, A/Prof Kerry Inder and Dr Scott Fitzpatrick, Topic: approaches to prevention of suicide in rural and remote areas).

**Funding Proposals**

**Funded proposals:**

Formative evaluation of the ‘Whole of Program – Central Coast Integrated Care Program’

Perkins D, Goodwin N, Hendry A, Dalton H, Davies K, Handley T, Read D and Booth A – Central Coast Local Health District - Expression of interest (competitive) submitted ($133,604) and awarded February 2017.

Program Development: General Practitioners with a Special Interest in Mental Health

Partner organisations: Black Dog Institute, CRRMH, ACRRM (Australian College of Rural and Remote Medicine)

Funding body: RFP Murrumbidgee Primary Health Network ($390,000, $100,000 for CRRMH – evaluation component) awarded March 2017.

**Pending proposals:**

Building the mental health and wellbeing of regional communities: Act-Belong-Commit (ABC) as an evidence-based community-wide solution.


**Unsuccessful proposals:**

Evaluation of IMHimpact MNC – Mid North Coast Integrated Care collaborative,


**Publications**

**Papers published**


**Papers accepted for publication**


5. **Fitzpatrick, S.J., Hooker, C.** A ‘systems’ approach to suicide prevention: Radical change or doing the same things better?" *Public Health Research & Practice, accepted 9 November 2016*

6. **Fitzpatrick, S.J., River, J.** Beyond the medical model: Future directions for suicide intervention services" *International Journal of Health Services accepted 23 December 2016*

**Papers submitted for publication**

1. **Fitzpatrick, S.J.** “Reshaping the ethics of suicide prevention: Responsibility, inequality, and action on the social determinants of suicide” *Public Health Ethics under review*


IIMHL LEADERSHIP EXCHANGE MATCH SUMMARY

Name of Match: Rural and Remote Mental Health and Primary Care

Location of Match: Orange and Molong, NSW

Summary: The Centre for Rural and Remote Mental Health (CRRMH) hosted this Match in partnership with Molong HealthOne, a rural primary health service that provides integrated care to the small rural community of Molong and surrounding villages. The Match allowed participants to look closely at mental health and wellbeing in rural and remote communities, which face distinctive challenges due to environmental, economic and demographic factors and access to services, implying a distinctive approach to mental health promotion, services and suicide prevention. The CRRMH provides evidence-based solutions and researches the effectiveness and impact of services in partnership with rural and remote communities and addresses three questions: how can I be mentally healthy; how can mental health services be improved; and how can we address suicide in rural and remote communities? Leaders from CRRMH, Match delegates representing Neami National and Ministry of Health New Zealand Mental Health Service Commissioning, along with other local stakeholders from Western NSW Local Health District, Orange Aboriginal Medical Service, Mission Australia and LikeMind, came together over the two days to share information and ideas. Sessions included presentations by the delegates, visits to Molong HealthOne with GP Dr Robin Williams focusing primary and integrated care, Orange Aboriginal Medical Service, and the Mental Health Emergency Care Rural Access Program (MHEC-RAP), as well as presentations and discussions about rural suicide prevention from both research and service perspectives.

It was a relatively small group of up to 12 people at any one time, but this enabled robust discussion and plenty of question-asking in an intimate environment where all participants were comfortable to express their knowledge, thoughts and experience, resulting in positive outcomes in achieving the objectives of the Leadership Exchange.

Resources used in the Match:
See Appendix 1 for presentations and other resources
See Appendix 2 for photos from the Match

What knowledge was shared in the match?
The Match allowed opportunities for participants to share knowledge about the strengths, challenges and issues facing rural mental health. The provision of rural mental health services, rural suicide prevention services and training, Aboriginal mental health services, integrated rural primary care, and different models of care and best practice were discussed over the two days. A common thread among all participants was discussion around new ways to approach suicide prevention, and information was shared about how these various approaches worked. Participants learnt about current research in mental health and the role that research and evaluation has in assisting to solve rural and remote mental health problems. A session with a rural GP also involved discussion around the importance of GP engagement in rural communities and how individuals do make a difference.

What innovations were discussed? How have they been validated?
Participants in the Match were very excited to learn of some of the innovative projects and work taking place in the rural and remote mental health space, in particular those that are evidence-based. These include some of the work coming out of the Centre for Rural and Remote Mental Health where translational research underpins the programs they deliver. One of these programs is the Rural Adversity Mental Health Program (RAMPH), which has a strong evaluation, analysis and reporting tool supporting it in the form of an online app which validates the effectiveness of RAMPH in improving the mental health and wellbeing of individuals and communities throughout rural New South Wales. Other innovations discussed were the delivery of suicide prevention workshops, including the development of workshops customised for Aboriginal people that reflected their cultural needs; the production of an annual publication sharing the stories of rural people facing challenges in their life and how they overcame these; the Australian Rural Mental Health Study; and the success of an Integrated Care pilot site in the small town of Molong. The use of e-therapies in improving the mental health and wellbeing of clients was discussed at length and the group were excited to learn of a recent evaluation of these by the CRRMH. A highlight of the Match was a session with a local Aboriginal Medical Service who face funding and resource challenges – the mental health team from this service were very happy to learn about research and evaluation published around low intensity services using technology which they may be able to utilise in providing services to its clients, and to take advice around the most appropriate web and
app based therapies. Through the innovative use of technology, they are now confident that they can provide a better service despite their limited capacity.

**How do participants plan to use and share this knowledge?**

Participants have provided feedback that they will now consider the relevance of the models of care observed and discussed in the way they provide rural and remote mental health services, and will make the effort to maintain information sharing through regular exchange contacts and communication. One participant reported that the information shared and observed during the exchange will be very helpful in considering the next three-year strategy for mental health addiction and suicide prevention in his organisation. Participants indicated they will take back new innovations discussed as a way to apply different ways to old issues such as suicide prevention. They will also share the various publications and resources provided.

**Who are the key actors and change agents you are trying to influence?**

Information and knowledge gained in the Match will be used to influence policy developers across all tiers of government in primary and community care for mental health, District Health Boards and other Boards of governance, funding bodies, cross-agency partners and stakeholders, individuals and communities. The need to all work together with government to address issues was emphasised and discussions that took place during the Match will be brought to the attention of Ministers.

**How has your match built leadership for the future**

The Match reinforced the need for courage in leadership to enable and support people to act upon innovation and implement improved models of care. Participants of the Match, already leaders themselves, were able to build upon their knowledge base, and gain confidence to now take this new knowledge back to their organisations and further develop their leadership as they introduce new ways of doing things. The development of professional relationships within the group participating in the Match will also be something they can draw upon, as they continue to share knowledge, mentor and coach one another. Because of the small size of this Match, the participants developed a lot of trust and mutual respect for one another over the two days, and were able to have frank and open discussions about the challenges they face in their work and talk about solutions to these problems. The group agreed that to be strong leaders we need to be part of the solution, rather than being a part of the problem.

**Photos from the Match**
### Appendix 3: MEDIA REPORT JANUARY – MARCH 2017

<table>
<thead>
<tr>
<th>DATE</th>
<th>PUBLICATION</th>
<th>TOPIC</th>
<th>SPOKESPERSON</th>
<th>LINK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Source</td>
<td>Event Description</td>
<td>Author/Speaker</td>
<td>URL</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>21.02.2017</td>
<td>Moree Champion (Border News)</td>
<td>Helping someone at risk</td>
<td>Senior Project Officer Fiona Livingstone</td>
<td>Article saved</td>
</tr>
<tr>
<td>21.02.2017</td>
<td>Daily Examiner</td>
<td>Party time for school of arts</td>
<td>RAMHP Coordinator Sam Osborne</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Source</td>
<td>Article</td>
<td>Link</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
</tbody>
</table>
RAMHP Quarterly Update 3: Jan – Mar. 2017

This report is intended to provide an update for our key stakeholders on the work being undertaken by the Rural Adversity Mental Health Program (RAMHP). It is intended that this report will be emailed to key stakeholders and also available on the Program’s website and that of the Centre for Rural and Remote Mental Health. Please email comments or questions to tessa.caton@newcastle.edu.au

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<td>Data Considerations</td>
<td>14</td>
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<td>20</td>
</tr>
<tr>
<td>INFORM</td>
<td>22</td>
</tr>
</tbody>
</table>
General RAMHP Program Updates

The Rural Adversity Mental Health Program – Tessa Caton

Strategic Directions for RAMHP

• RAMHP has commenced greater collaboration with RUOK. Kate Arndell, HNE RAMHP Coordinator co-presented with the CEO of RUOK, Brendan Maher at a community event held during the Tamworth Country Music Festival. Further collaborations are planned with RAMHP involvement in RUOK’s Conversations Convoy tour and presence at the NSW Farmers Conference in July 2017.

• RAMHP partnered with the Baggy Blues (NSW Cricket Alumni Group) to submit a funding proposal to The Hon. Bradley Hazzard, Minister for Health. If successful, RAMHP will be providing community education sessions during three annual rural cricket tours designed to raise awareness for mental health.

• An agreement was reached with the CWA Executive to deliver CSS across all CWA Branches in NSW.

• RAMHP provided considerable support during three natural disasters experienced in February, including the Sir Ivan Fire in the Western LHD, Leadville and Pappinbarra Fires in the Mid North Coast LHD and the Carwoola Fire in the Southern LHD. Thank-you to the RAMHP Coordinators involved in these disaster responses, we understand and appreciate the extra hours that are required during these challenging times.

Staffing Updates

• Jennie Keioskie will be taking a short term secondment from her RAMHP Position to be the Acting Coordinator for PPEI/ Workforce Development MHDA. Jen will be returning to RAMHP in early June.

• Recruitment has commenced for a RAMHP Coordinator Position located in Moree, this position will be shared between the Hunter New England and Western LHDs.

• During Q3 transition plans commenced for Tessa Caton to take on the role of RAMHP Program Manager as Trevor Hazell reduces his working hours and focuses on suicide prevention work.

Management Report 3 Highlights

• 500 People Linked to Care Between Jan – Mar 2017, a 4% increase from Oct - Dec 2016.

• The majority of links have changed to people seeking services/ resources for themselves.

• 92 Training Courses delivered to 1,923 participants.

• A substantial increase in the number of links made through direct phone or email contact with RAMHP Coordinators has been observed.
General RAMHP Program Updates

RAMHP Communication Highlights – Jocelyn Johnston

New Resources

• RAMHP developed a new resource for RAMHP Coordinators to use as an interactive engagement tool at community events. The resource is a board game – ‘Snakes and Ladders’ designed to get people thinking about positive and negative behaviours relating to mental health. RAMHP Coordinators came up with the idea for this resource and will provide feedback on impact and engagement in the future.

• RAMHP produced 5,000 new drink coolers printed with the RAMHP brand and contact details. 3,500 of these were included in this year’s Sydney Royal Easter Show ‘Ag Bag’.

Website Update

• The NEW website project is progressing well. The RAMHP website (part of the CRRMH website) will include new innovative features. These include a search button allowing the user to enter their local postcode to identify the local RAMHP Coordinator in their area. The other feature is an ‘Events and Training’ calendar which will promote upcoming community and training events across NSW. User testing will commence shortly.

Video Shoot

• As part of the RAMHP website project, the RAMHP team recruited a videographer to develop a short video. The overall aim of the video is to communicate our main goal, which is to link people living in rural and remote NSW to mental health care. The video will help achieve this by:
  - Reducing the stigma associated with seeking help for mental health concerns
  - Increasing the information available about how to seek help
  - Encouraging both help giving and seeking behaviours.

• The video also aims to broaden RAMHP’s reach and increase brand awareness. Filming commenced during this quarter. The short videos will be available on our new website and shared on social media. A longer version will be used at community events, workshops and conferences.
General RAMHP Program Updates

New Training e-newsletter

RAMHP has developed a new innovative e-newsletter – ‘Let’s Talk’ for training participants and the wider community. The aim of the quarterly e-newsletter is:
- to keep training participants up-to-date with the latest information, therefore increasing their likelihood of linking people to care,
- promote RAMHP’s upcoming events and resources,
- link people to services and resources, and;
- increase RAMHP’s reach and promote website and social media channels.

The first e-newsletter was distributed at the end of March to a mailing list of 596 recipients and will be evaluated according to the increase in the number of subscribers, opens and click rates. Feedback on this newsletter is also encouraged.

Events

The RAMHP face-to-face meeting in March included a visit from the Member for Orange Phil Donato and a presentation from former Wallaby Clyde Rathbone and his brother Luke Rathbone about their project ‘Karma’. Clyde also participated in our video shoot.

Afternoon!
Remember us?
Have you been to one of our courses or been lucky enough to meet one of our coordinators out on the road? We want to make sure you remember what we talked about.

We’ll also send you useful info so you know what to do when a mental health concern comes up.

That’s where I come in… We’re not in the big smoke, and you need to know what’s available in rural areas. The team have nominated me to keep you in the loop, so I’ll be popping up in your inbox a few times a year.

Catch you again soon!

Frank.
General RAMHP Program Updates

Online Forums

The following online forum, on the topic of bullying, was held in March 2017. A forum on ‘Coping with Natural Disasters’ was delivered on 7th April in response to adverse events happening across NSW.


*Analytics for this forum*: October forum: 115 page views and 90 unique views.
General RAMHP Program Updates

**Media Highlights**

- The majority of media coverage during this period consisted of online and print media. Media topics include RAMHP’s response to natural disasters such as floods and fires across NSW, RAMHP’s involvement with ‘Our Healthy Clarence’ Plan, the NSW Governor, David Hurley’s visit to the Port Macquarie Hospital and RAMHP’s involvement at the Tamworth Country Music Festival.

- Some examples of key media interactions are presented in Table 1 below. Please note this is a sample only.

**Table 1: Overview of Media Interactions**

<table>
<thead>
<tr>
<th>Date</th>
<th>Media Outlet</th>
<th>Topic</th>
<th>Spokesperson</th>
<th>Link</th>
</tr>
</thead>
</table>
# General RAMHP Program Updates

## Table 1: Overview of Media Interactions (continued), note this is a sample only

<table>
<thead>
<tr>
<th>Date</th>
<th>Media Outlet</th>
<th>Topic</th>
<th>Spokesperson</th>
<th>Link</th>
</tr>
</thead>
</table>
### RAMHP Social Media – Vicky Smyth

#### Overview of Facebook data

The following table provides an overview of the key statistics relating to RAMHP’s Facebook page.

**Table 2: Overview of RAMHP’s Facebook Page Statistics**

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 51 new likes were achieved during this period, bringing the total number of likes to 436</td>
<td>• Increased number of people exposed to RAMHPs’ mental wellbeing promotional information</td>
</tr>
<tr>
<td>• Post Publishing declined by 35%</td>
<td>• Although there were fewer posts than last quarter, the average engagement for Quarter 3 was higher than Quarter 2</td>
</tr>
<tr>
<td>• 84 Facebook posts over this period</td>
<td>• Interactions with the posts remain high with more people directly engaging with RAMHP’s mental wellbeing promotional messages over the period than the previous quarter</td>
</tr>
<tr>
<td>• Engagement with posts:</td>
<td></td>
</tr>
<tr>
<td>− Reactions 608</td>
<td></td>
</tr>
<tr>
<td>− Comments 48</td>
<td></td>
</tr>
<tr>
<td>− Shares 110</td>
<td></td>
</tr>
<tr>
<td>− Link Clicks 89</td>
<td></td>
</tr>
</tbody>
</table>
# General RAMHP Program Updates

**Figure 1: Top Performing Posts During the Period January – March 2017**

<table>
<thead>
<tr>
<th>Post</th>
<th>Reactions</th>
<th>Comments</th>
<th>Engagement</th>
<th>Reach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural Adversity Mental Health Program - RAMHP</td>
<td>79</td>
<td>10</td>
<td>12.9%</td>
<td>1,227</td>
</tr>
<tr>
<td>[Post](January 23, 2017 11:58 am)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural Adversity Mental Health Program - RAMHP</td>
<td>8</td>
<td>-</td>
<td>2.6%</td>
<td>966</td>
</tr>
<tr>
<td>[Post](February 20, 2017 10:42 am)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural Adversity Mental Health Program - RAMHP</td>
<td>59</td>
<td>6</td>
<td>11.3%</td>
<td>772</td>
</tr>
<tr>
<td>[Post](March 17, 2017 2:40 pm)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
General RAMHP Program Updates

Overview of Twitter Data

The following table provides an overview of key statistics relating to RAMHP’s twitter account during the period Jan – March 2017.

Table 3: Overview of RAMHP’s Twitter Analytics

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 22 new followers were achieved during this period, bringing the total number of followers to 256</td>
<td>• RAMHP’s Twitter audience continues to increase</td>
</tr>
<tr>
<td>• Post Publishing increased by 69% over the period</td>
<td>• Using social media scheduling software has helped to increase posts published</td>
</tr>
<tr>
<td>• 16 Tweets during this period</td>
<td></td>
</tr>
<tr>
<td>− @mentions 25</td>
<td></td>
</tr>
<tr>
<td>− Replies 6</td>
<td></td>
</tr>
<tr>
<td>− Retweets 11</td>
<td></td>
</tr>
<tr>
<td>− Tweet likes 28</td>
<td></td>
</tr>
<tr>
<td>− Retweet with comment 3</td>
<td>• The social media community is engaged with content posted on Twitter. Engagement figures are broadly similar to last quarter</td>
</tr>
</tbody>
</table>
General RAMHP Program Updates

Overview of Twitter Data

Figure 2: Top Performing Tweets During the Period January – March 2017.

<table>
<thead>
<tr>
<th>Tweet</th>
<th>Reach</th>
<th>Responses</th>
<th>Clicks</th>
<th>Retweets</th>
</tr>
</thead>
<tbody>
<tr>
<td>ramhpnow</td>
<td>3,132</td>
<td>1</td>
<td>–</td>
<td>1</td>
</tr>
<tr>
<td>ramhpnow</td>
<td>2,024</td>
<td>1</td>
<td>–</td>
<td>1</td>
</tr>
<tr>
<td>ramhpnow</td>
<td>903</td>
<td>2</td>
<td>–</td>
<td>2</td>
</tr>
<tr>
<td>ramhpnow</td>
<td>755</td>
<td>1</td>
<td>–</td>
<td>1</td>
</tr>
<tr>
<td>ramhpnow</td>
<td>751</td>
<td>1</td>
<td>–</td>
<td>1</td>
</tr>
</tbody>
</table>
General RAMHP Program Updates

Overview of Social Media January – March 2017
Tamworth Country Music Festival & RUOK partnership

RAMHP has been working on building new partnerships with the Tamworth Country Music Festival. RUOK hosted ‘Conversations in the Park’, which RAMHP was invited to be part of.

Natural Disasters

With fires across NSW, this quarter our social media platforms were used to raise awareness of help that was available for people who were experiencing extreme hardship as a result of natural disasters.

10 Year RAMHP Anniversary/ Face to Face

The team meeting (Face -to -Face) was the focus of a number of posts this quarter including information on:

- RAMHP 10 Year anniversary
- Karma coordinated by Former Wallaby Clyde Rathbone
- Visit by MP Orange Phil Donato
- Information session delivered by NSW Mental Health Commission
- Photography session delivered by Katoomba Camera House
Data Considerations

There are a number of considerations which must be taken into account when interpreting the results of this Report (RAMHP Quarterly Update 3). These include:

- The correctness of data from the RAMHP App relies on the accurate data entry of the RAMHP Coordinators

- Additionally, annual leave taken by RAMHP Coordinators during the reporting period may impact on their data presented in this Report.
RAMHP Updates by Program Component

LINK

TRAIN

INFORM
How Many People Were Linked?

From January to March 2017, **500 people were linked** to mental health support services or resources by RAMHP Coordinators. This is a **4% increase** from Q2.

The majority of links (**n=276, 55%**) were for **people seeking assistance for themselves**, this is a change in the trend observed in Q1 and Q2.

Half of all links occurred when RAMHP Coordinators **provided advice to a professional in their partnerships/networks (n=94, 25%)** or **delivered training (n=94, 25%)**.

**Phone or email contact (n=74, 20%)** also led to a substantial number of links. This is a considerable increase from the previous quarter (**Q2, 8%**) which suggests RAMHP Coordinators are raising awareness that they are a source of assistance within their community.
What Symptoms Or Issues Were RAMHP Coordinators Assisting With?

**Chart 4: The Ten Most Frequent Symptoms Identified when Linking, Jan. – Mar. 2017**

- Physical health concerns: 57
- Carer related concerns: 59
- Substance use (not a substance use disorder): 67
- Work or financial concerns: 75
- Relationship concerns: 85
- Grief and loss: 94
- Symptoms of an emerging mental health disorder: 104
- Change in behaviour: 128
- Pre-existing mental health disorder: 162
- Stress: 233

**Note:** A symptom or issue can be selected multiple times (N=1,486).

Source: RAMHP App

- The most common issues or symptoms RAMHP Coordinators assisted with were stress (n=233, 16%), pre-existing mental health disorders (n=162, 11%) and/or a change in behaviour (n=128, 9%)
What Support Or Resources Were Suggested By RAMHP Coordinators?

Chart 5: Number of Times a Type of Support or Resource was Suggested, Jan. – Mar. 2017

- The most common support or advice provided by RAMHP Coordinators remains visiting their GP (n=285, 17%), website information, online therapy or e-mental health (n=172, 10%) and/or providing the Mental Health Line number (n=171, 10%)
- In addition to linking people to services and/or resources, RAMHP Coordinators provided strategies (e.g. sleep hygiene) during 11% (n=189) of all links

Note: A resource or form of support can be selected multiple times (N=1,717)
I met an elderly lady at a women’s event. She has multiple health conditions, and has been caring for her blind neighbour who is living independently and is in her 90’s. The woman wants to help her neighbour to stay at home but will be going into hospital soon. I contacted a social worker to explore what services could assist both women.

An elderly woman approached me at a fire recovery meeting. She had a lot to deal with including her husband having terminal cancer and the recent loss of her grandson to suicide. She was about to attend the grandson’s funeral. I gave her the RAMHP Coordinator details for the area where the funeral was taking place and I encouraged her to contact bereavement services.

I was phoned by a young woman who was feeling overwhelmed with study and with health issues relating to obesity. She described poor self-confidence and said that she felt isolated. I linked her with a GP, the TAFE counsellor and e-mental health resources.

I met a family at a Local Land Services post fire information session. They had lost everything and the children were not coping well. I linked them to a private psychologist and provided suggestions about what to mention or flag with the professional.

One of my training participants, who is a volunteer for Meals On Wheels, asked me about how they could help an elderly client. They described the man as isolated and in poor health. I provided information about the Aboriginal Medical Centre as well as a Koori community program.

I was contacted by parents concerned about their 14-year-old son. The son had previously seen a psychiatrist and psychologist and was taking medication. I recommended reconnecting with the CMHT for a review and medication check, as well as recontacting the psychologist through the GP for ATPS. I also suggested they have a discussion with the school principal around bullying and support back to school. I ensured the parents had support for themselves too.
From January to March 2017, **92 training courses** were provided by RAMHP Coordinators. This is a slight decline from the previous quarter, this is likely due to the increased annual leave taken in Q3.

- The most common training course delivered remains **Workplace Support Skills** (n=37, 40%).
- On average each course contained **21 people**.
- Despite the number of sessions declining, participation remains strong.

**Chart 6: Number of Training Courses Delivered, by Course Type, Jul. 2016 – Mar. 2017**

**Chart 7: Number of Training Participants, Jul. 2016 – Mar. 2017**

**Source: RAMHP App**
Training courses were predominantly comprised of a number of different disciplines employed by Private Business (n=18, 20%), Mental Health (n=14, 15%) and Mixed Welfare Services (n=11, 12%), as well as General Community Members (n=10, 11%).

The predominant training audience, represented as a change from the previous quarters data, is Private Business. The Murrumbidgee LHD has had strong engagement with VISY which is likely contributing to this trend.

Examples of Organisations Trained

- Marathon Health
- Centacare
- Anglicare
- Charles Sturt University
- VISY
- Carwoola Station
- PJ Truman Construction
- Cancer Council NSW
- Life Without Barriers
- Coomealla Health Aboriginal Corporation
- Country Women’s Association
- Duraplas
- Crystal Castle
- FaCS
- Commonwealth Bank
What Audiences Were Reached Through Community Events?

**Chart 9:** Coordinator Attendance at Community Events, by Audience Type, Jan. – Mar. 2017

- **General community** (n=30, 50%)
- **Farming** (n=9, 15%)
- **Youth**
- **Women**
- **Sporting club**
- **Elderly**
- **Consumers**
- **Landcare**
- **Aboriginal**
- **Men**
- **Health staff**

Source: RAMHP App

Note: Events which are attended by more than one RAMHP Coordinator are recorded more than once in the chart above

- **General Community (n=30, 50%)** and **Farming (n=9, 15%)** focused events remain the most common community events attended by RAMHP Coordinators
If you have any questions regarding the content of this Report, please contact:

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Partnerships Manager, RAMHP  
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Email: tessa.caton@newcastle.edu.au