
**THE NEW TASMANIAN RURAL
MENTAL HEALTH PROJECT**
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Paper submitted by:

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Hello and welcome to this session which focuses on rural mental health. I am Maryanne Ryan, a Mental Health Services Project Officer employed through the University Department of Rural Health. My task is to work with a Project Management Team to develop the Tasmanian Rural Mental Health Plan. I would like to introduce Alex Robinson, who is a social worker with the Department of Education, Barrington Support Service.

I am going to briefly describe the processes for developing the Tasmanian Rural Mental Health Plan and the general direction of the plan. Alex will describe some of the activities undertaken by the Barrington Support Service in progressing the mental health of students in some of Tasmania's state schools. The connection between what Alex and I are doing is that the Barrington Support Service provides an excellent example of:

1. the partnerships that can be developed between generic service providers and mental health services;
2. the great advantages to the community by focussing on prevention and early intervention program; and
3. the usefulness of community based services for promoting mental health awareness and education to a broad population base.

The purpose of the plan is to develop equitable, accessible and appropriate mental health services to rural Tasmania. It is important to understand mental health services with small letters as something quite different from Mental Health Services with big letters. Big letter Mental Health Services refers to the State Agency that has significant legal responsibility exercised through the *Tasmanian Mental Health Act 1996*. A variety of services exist across the tertiary and secondary sectors and constitute 'core business'. Small letter mental health services refers to the general support network that provides services to people with a mental health problem and contributes to the overall mental health of the community, most often through non-targetted programs and activities.

The plan is a joint venture between the Department of Health and Human Services, the University Department of Rural Health, the Tasmanian General Practice Division and the Tasmanian Community Advisory Group on Mental Health. The Tasmanian Rural Mental Health Plan is a staged project. Stage 1 is the development of a plan for primary mental health service delivery to rural Tasmania and Stage 2 is the implementation of the plan. The mechanisms for implementing the plan will be described in the recommendation section of the final document.

The Tasmanian Mental Health Services Goals (ref. Mental Health Services Strategic Plan 1999 – 2002) are integral to the Rural Mental Health Plan in that the plan will:

- promote mental health issues within rural areas;
- prevent, where possible, the development of mental disorders in people living in rural areas;
- reduce the impact of mental disorder on the individual, family and rural communities;
- maintain the rights of rural people with a mental disorder; and
- develop partnerships in service reform and delivery with rural health systems.

The Tasmanian Rural Mental Health Plan extends the principles described within the National Mental Health Plan to include:

- rural consumers of mental health services should be able to access appropriate primary mental health care in their local area;
- mental health services should be responsive to the special needs of rural communities where those needs are caused by geographical, cultural and environmental factors; and
- family members and relatives who care for a person with a mental illness should not be disadvantaged in any social, employment, health or lifestyle opportunity by difficulties in accessing urban based support services.

In line with the National Mental Health Strategy 1998, the Tasmanian Rural Mental Health Plan is being developed from the perspective of rural consumers of mental health services. The plan has a population health approach within a primary health care framework.

Consumer participation is a concept driving much of the reform and planning of the mental health care service delivery system. The National Mental Health Strategy (1993, p.6) Background Paper, Healthy Participation: Achieving Greater Public Participation and Accountability in the Australian Health Care System asserts that 'by setting up a framework that lets people have a say in health care decisions, the health system will provide more appropriate care to people, and to communities, particularly for people who are disadvantaged by current arrangements.' Rural consumer and carer consultations, the involvement of mental health organisations, support groups and peak bodies with rural membership, and partnership with TasCAG supports the development of the Tasmanian Rural Mental Health Plan from a consumer perspective.

The identification of key stakeholders to the plan supported the development of a consultative process comprising four sets of interests – (local) community, general practitioners, consumers and carers and the Tasmanian public. In all some 200 people participated in the consultations. Community forums occurred in eleven rural communities, public meetings were held in Smithton, Ulverstone, Launceston and Hobart. General Practitioner forums involved nine GPs from the Tasmanian General Practice Division. A Search Conference held in December 2000 was attended by representatives from a broad range of interests. Included were Mental Health Services, ARCH, TasCAG, GPs, Tasmanian Mental Health Council, Tasmanian Consumer Network, ARAFMI, DHAC and the Carers Association.

A discussion paper highlighting the main themes of the Tasmanian Rural Mental Health Plan was produced for comment by the Tasmanian public. The paper provided a framework for the Plan, comprising five themes: Workforce, Service Models, Access, Funding Mechanisms and Community Development, and explored issues of defining the rural service area of the plan.

Through the consultation process and feedback to the discussion paper some clear directions emerged for rural mental health services:

- general support for the concept of a rural area integrated mental health service, through which a broad range of services is delivered as locally as possible;
- emphasis on community development and education about mental health issues, prevention of illness and development of local formal and informal support networks;
- shifting the role of specialist mental health service providers from treatment experts to community resource.

Similarly, the consultation process supported the following statements:

- There is significant difference in people's perception of what mental health is.
- The stigma of mental illness continues to be a huge worry for (potential) consumers of mental health services.
- GPs and other generalist workers provide the bulk of primary mental health care in rural Tasmania.
- Rural service providers generally feel unsupported and under skilled in the management of mental health problems.
- There is a high level of dissatisfaction by consumers, carers and service providers in the level of and access to general mental health care provision in rural Tasmania.
- Consumers in rural areas have irregular and infrequent contact with urban based community mental health services.
- Mental health services, particularly residential and respite facilities for children and adolescents, are seriously lacking in rural areas.
- Links between all service sectors are weak and generally do not support adequate case planning and management.
- Carers feel totally abandoned by the lack of practical supports for mental health consumers in rural areas.

The consultation process clearly identified what needs to change in the delivery of mental health services to rural Tasmania and include:

- The availability of basic mental health care in rural areas.
- The relationship between stakeholders, notably consumers, service providers, MHS and GPs and the emergence of partnerships in service delivery.
- The role of specialist mental health workers in primary mental health care.
- Access to specialist mental health workers in local communities.
- The level of general knowledge of the community of mental health issues.
- The attitudes of service providers and the community towards people with a mental illness.
- The level of information available on drugs and their effects.
- Mental health education training opportunities for generalist service providers.

- Better liaison, co-ordination and case management practices between services and Mental Health Service units.
- The procedures for emergency hospital admissions for rural consumers.
- Support for carers in crisis.
- Access to twenty-four hour psychiatric support.
- Service delivery to rural areas to be measured against the National Mental Health Standards.

The preferred service model under the Tasmanian Rural Mental Health Plan is the concept of a rural area integrated mental health service through which a range of mental health services is available in local communities delivered through a coordinated network of service providers. This model includes not only the organisation of, and access to, specialist services for rural consumers but particularly focuses on primary mental health care for all rural Tasmanians.

The draft recommendations of the Tasmanian Rural Mental Health Plan focus on:

1. The identification of a clearly delineated rural service area that accounts for both the cultural context of Tasmania and formal classification standards for rural, regional and remote Australia.
2. The management of rural mental health services as an integrated program within Mental Health Services.
3. The maintenance of rural mental health services in the broad context of Tasmanian health services.
4. The development of partnerships and protocols between all service providers.
5. The development and delivery of community education and awareness programs.
6. The recognition of the contributions of community based and generalist services to the overall management of mental health issues in the community.

I will now invite Alex to present an example of the spirit of the Tasmanian Rural Mental Health Plan through a specific practice situation.

Paper submitted by:

Alex Robinson, Barrington Support Service, Department of Education

AUSEINET PROJECT: EARLY INTERVENTION WITH YOUNG PEOPLE WITH MENTAL HEALTH PROBLEMS

AusEinet

- Initiative as part of the National Mental Health Strategy funded by the Commonwealth Department of Health and Family Services.
- AusEinet focuses on the reorientation of service delivery model to early intervention for children and adolescents with mental health problems.
- AusEinet has three interrelated streams:
 1. Development and maintenance of a national network on early intervention in mental health young people.
 2. Re-orientation of service delivery towards early intervention.
 3. Identification and promotion of best practice in early intervention.
- A successful submission from Barrington Support Service (stream two), allowed for a full-time mental health worker for a one year period.

- The submission entailed working with six pilot schools in the Barrington District four primary and two secondary schools.
- Focusing on **anxiety** in primary schools and **depression** in high schools.

Project Objectives

1. Provision of professional development for teaching staff in pilot schools.
 - Targeting anxiety in primary schools and depression in high schools.
 - Training covered general mental health awareness skills.
 - Anxiety practice/management strategies.
 - Seminar - Emotional and Behavioural Disorders in Children.
2. Provision of professional development of a range of mental health disorders for specialist staff (guidance officers and social workers).
 - Professional development offered by consultant psychiatrist.
 - Dissemination of articles.
 - Individual professional development on related mental health topics.
3. Identification and monitoring of students who have problems with anxiety and depression and those at risk of developing these disorders.
 - Anxiety in primary schools use of Spence Children's Anxiety Scale.
 - Depression in high school use of Reynolds Adolescent Depression Scale.
4. Selection and trailing of positive and preventative programs for these disorders (RAP and FRIENDS).
 - FRIENDS anxiety in primary schools.
 - RAP depression in high schools.
5. Strengthening links between Barrington Support Service staff and local mental health practitioners, reviewing processes for inter-agency procedures and on-going access and training.
 - CAMHS/BSS forum processes and procedures for effective working.
 - Formulation of nine recommendations for working more effectively together.
6. Formulation of a Consultative Committee comprising of students with mental health problems, parents, a teacher and a mental health worker.
 - Formulation of a committee provided assistance for the development of appropriate training, monitoring and informal evaluation of activities of BSS AusEinet project.
 - Compilation of a list of recommendations and strategies for dealing with mental health in schools.
7. Review and development of formal transition procedures for information/expertise exchange for students with, or at risk of, mental health problems.
 - Recognised as being important when addressing mental health of students and the capacity of schools to provide early intervention focus.
 - Beyond scope of project planned to be addressed in next six months.

8. Investigation of telepsychiatry as a possible medium for accessing psychiatric input and supervision for specialist support staff.
 - Presentation conducted using telehealth medium to demonstrate facilities at CAMHS, Burnie.
 - Meetings held to explore BSS linking with telehealth activities of CAMHS.

Opportunities

- Schools identified as being the logical place for working in an early intervention model for mental health problems as there is access to all children and young people for observation and/or intervention.
- Teaching staff spend a considerable amount of time with students and are in an ideal position to detect possible symptoms of mental health problems.
- Teachers can be very influential in the lives of young people and will sometimes confide in, and seek support from, their teachers. Providing a valuable resource for early intervention.
- Early intervention is already a focus within the Tasmanian Department of Education in many aspect of learning (literacy and numeracy) resulting in the implementation of programs such as Flying Start.
- Provides an excellent climate to introduce an early intervention approach to the mental health of children and adolescents.
- Health promotion for students has been an important concept in schools and provides as excellent framework for incorporation of the concept and activities of early intervention in mental health problems.
- Skill building for children and adolescents to promote mental health can be accommodated in schools for all children with introduction of appropriate material and activities into the curriculum.
- Resilience and resourcefulness skill building via group work can be accommodated by schools and timetabled to ensure access to all children who wish to participate.

Screening Process

Anxiety in primary schools:

- Identification of students in the four primary schools displaying, or at risk of developing anxiety disorders was achieved through the administration of the Spence Children's Anxiety Scale (SCAS). Statistical information obtained from Spence Children's Anxiety Scale (SCAS) in the four pilot schools was:

	Total No. Students	Above Clinical Cut off	
		Point	%
School 1	201	65	32
School 2	216	58	27
School 3	121	25	21
School 4	114	25	22

- Those who scored over the cut-off point were retested with the same questionnaire approximately two months later to compare against the original result.
- Schools followed up with the children and parents of children who scored over the cut-off point in both administrations of the questionnaire.
- A range of interventions were offered including provision of information about the questionnaire and student responses, participation for the student in the group program, or individual counselling with a guidance officer or social worker.

Depression in high schools:

- Identification of students in two pilot high schools displaying, or at risk of developing depressive symptoms was achieved with the administration of the Reynolds Adolescent Depression Scale (RADS). The results were as follows:

	Total No. Students	Above Clinical Cut off Point	%
High School 1	429	52	12
High School 2	663	67	10

- Those over the cut off point were retested with the RADS approximately two months later to compare against the original result. Students and parents over the cutoff point were informed and appropriate intervention initiated.
- Clinical interviews were conducted with these students by specialist support staff. Some of these students have continued to work with guidance officers and social workers and others have been referred to the Child and Adolescent Mental Health Service.
- Some have been offered participation in early intervention groupwork and others will continue to be monitored.

Program Selection

- After investigating the availability and effectiveness of early intervention programs, two programs developed by Griffith Early Intervention Project run by Griffith University were selected.
- These programs being FRIENDS for anxiety and The Resourceful Adolescent Program (RAP) for depression. Both programs were implemented in pilot schools.
- Personnel from Griffith University provided two days training for eight Barrington Support Service guidance officers and social workers in the facilitation of these programs.
- Program selected to address the issue of anxiety in primary schools was the FRIENDS program. The FRIENDS program seeks to assist children in learning important skills and techniques to cope and manage anxiety.
- The FRIENDS program addresses anxiety by focusing on the Physiological (or body) reactions, cognitive (or mind) processes, and learning (or behaviour) skills.
- Focused on skill building in the areas of:

- Learning (behaviour) - relates to the acquisition of new skills to cope and manage anxiety.
 - The skills addressed include: problem solving, exposure.
 - Cognitive (mind) - relates to inner thoughts we have about ourselves, others and situations.
 - The skills addressed include: positive self talk or inner thoughts, self reward.
 - Physiology (body) - physical reactions our bodies experience when we are worried, nervous or afraid.
 - The skills addressed include: awareness of body clues, relaxation/deep breathing.
- Three primary schools ran at least one FRIENDS program with eleven or twelve participants in each group. All three FRIENDS groups were successful with facilitators, participants, parents and classroom teachers reporting enjoyment and or benefit from the program.
 - Program selected to address the issue of depression in high schools was RAP Resourceful Adolescent Program.
 - Rap is an experiential, resilience building program designed to promote positive coping abilities and the maintenance of a sense of self in the face of stressful and difficult circumstances.
 - RAP is designed to develop resourcefulness and resilience in students. Areas addressed are:
 - Personal Strengths - recognise and reinforce existing strengths and personal resources.
 - Cognitive restructuring - recognise and challenge negative distorted thinking.
 - Keeping calm - keep calm use self - management and self - regulation strategies.
 - Problem solving - define their problems, consider step by step solutions.
 - Support Networks - acknowledge importance of developing support networks and seek help.
 - Interpersonal problem solving - consider disputes with peers and family during adolescence, strategies for promoting harmony and avoiding escalation of conflict.
 - Family conflict - making and keeping the peace - value of empathy, acknowledging and seeing things from other persons perspective.
 - The major theoretical underpinnings of the program are Cognitive-Behaviour Therapy and Interpersonal Therapy.
 - Groups of approximately twelve children were conducted by guidance officers and social workers and teachers. In one of the secondary schools 120 out of 132 Grade nine students indicated they were interested in taking part in RAP. These groups occurred during class times and were scheduled as part of daily timetables
 - One of the pilot secondary schools chose to run the RAP program in a camp format. This involved groups of grade nines taking part in a three day camp, in which they are broken up into three different groups and completed the RAP program.

Project Evaluation

Objective 4

Selection and Trailing of Positive and Preventative Programs

FRIENDS in Primary Schools

- A Spence Children's Anxiety Scale was completed by group participants before and after ten session FRIENDS program.
- This was to evaluate the effectiveness or otherwise of the program in terms of lessening anxiety levels of participants.
- Evaluation questionnaires were given to parents/guardians of participants. Two of the three pilot schools collated which accessed the perceptions of parents/carers about the enjoyment of the group and benefits of the program.
- Descriptive statistics were applied to participant's responses on Spence Anxiety Scale. Pre and post data across all four schools indicated a significant reduction in anxiety levels of group participants.
- Participants completed an evaluative questionnaire about enjoyment and perceived benefit of the program. Comments from participants and parents indicated a very positive outcome.
- Evaluative questionnaires for students and parents who participated in the FRIENDS Program indicated they found the program both enjoyable and useful. For example, the mean for student's responses to the question "How often do you look forward to coming to the group" was 5.55 on a 6 point Likert Scale. The recorded mean for the question "How much did FRIENDS help you cope with your worries" = 4.63. Similarly, parents indicated their children found the program enjoyable (mean = 5.8), and was effective in helping their child (mean=5.0).

Objective 4

Selection and Trailing of Positive and Preventative Programs

Rap in High Schools

- A Reynolds Depression Scale was completed by all group participants before and after the completion of Rap groups.
- This was to evaluate the effectiveness or otherwise of the program in terms of lessening depressive symptoms.
- Three Rap groups were conducted and descriptive statistics were applied to questionnaire responses (ratings along a 5 point Likert Scale). Pre and post-test data across all three camps indicated a significant reduction and lessening in depressive symptoms.
- Evaluative data obtained from group participants (N=88), indicated they found the program to be enjoyable and effective in assisting them effectively deal with difficult situations. For example, the mean for student's responses to the question "How much do you think RAP helped you deal with conflict" was 3.97 on a 6 point Likert Scale. The recorded mean for the question "How often did you look forward to coming to the group" = 3.71.

Future Directions

- Continuation of building links between CAMHS and BSS and widen inter agency liaison focus to incorporate other relevant agencies.
- Implementation of FRIENDS and RAP in non pilot schools, within and outside of Barrington District.
- Raising education and awareness about mental health for students through the curriculum. Subjects such as SOSE, Health and English could incorporate mental health components to be studied by all students.
- Enquiries have been received from non pilot school principals and schools staff wanting to know more about AusEinet project as they have heard good reports from the pilot schools. Some activities have occurred in these schools with more planned in the future across the Barrington District.
- A number of staff from other educational districts are looking closely at the model of early intervention in mental health problems and requesting information about the Barrington Support Service AusEinet initiative.
- The Barrington district is providing considerable consultation in this area, and staff from other districts are hoping to implement strategies from BSS AusEinet project.
- Continuation of work with interested pilot schools, to ensure sustainability of the project.
- Development of formal transition procedures for information/expertise exchange for students at risk of mental health problems.
- Continuation of facilitating professional development for specialist support staff.
- Offering professional development to teaching staff in non-pilot schools about mental health, surrounding issues and mental health problems.

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