

primary health matters

TASMANIA'S PRIMARY HEALTH MAGAZINE



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Recruiting and retaining GPs through community
Community paramedics: Helping to bridge the gap
Practitioners growing knowledge to serve their communities

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Cover image: GPs, nurses and practice support staff at Southside Family Medical

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Primary Health Tasmania ABN 47 082 572 629

From the CEO



Community lies at the heart of everything we do. In health care, it's our anchor, shaping how we respond to the evolving needs of Tasmanians and ensuring our efforts remain impactful and sustainable.

This issue of *Primary Health Matters* is a testament to the transformative power of community-led initiatives and collaborative efforts in addressing health challenges across our state.

For instance, we delve into the remarkable work being done to recruit and retain healthcare professionals in rural areas, a challenge that remains critical for ensuring equitable access to primary care. On pages 12-14, you'll read about how general practices in north and north-west Tasmania are finding creative solutions to attract GPs, from tailored support to innovative workplace strategies that foster a sense of belonging. These efforts highlight how investing in workforce wellbeing leads to better care outcomes for everyone.

We also shine a light on the Grow Your Own scholarship program, which is making a tangible difference in building local healthcare capacity in regions such as the Central Highlands and the Huon Valley. The stories of scholarship recipients Michael Walls and Gayle Rusher (pages 6-8) illustrate the meaningful impact of supporting local professionals to expand their skills and give back to their communities. Their commitment underscores the vital role of education and upskilling in strengthening Tasmania's healthcare workforce.

In addition, we explore the power of community-driven initiatives in building resilience and fostering mental wellbeing. Programs supported by the Wellbeing and Resilience Grants (pages 20-21) highlight the profound impact of social connection, mental health literacy, and inclusive activities. These grants enable communities to design projects that address local challenges, strengthen support networks, and promote positive wellbeing for all. By supporting these initiatives, we are helping to create sustainable solutions that empower individuals and enhance collective health outcomes across Tasmania.

As we continue our journey to creating enduring health and wellbeing solutions with the Tasmanian community, I'm reminded of the shared responsibility we have in ensuring that every Tasmanian—no matter where they live—has access to the care they need. Together, through collaboration and innovation, we're building a stronger, healthier future for all.

Happy reading! ■

Phil Edmondson
CEO
Primary Health Tasmania

When breathing ain't easy

How one project is helping us understand the experience of Tasmanians living with asthma and their quality of life

BREATHING may seem effortless for most, but for 12.7% of Tasmanians—the second-highest rate in Australia—it's a daily challenge. Asthma often restricts their ability to live full, active lives.

To better understand this experience, Asthma Australia launched the Tasmanian Asthma Discovery Project.

Supported by funding from Asthma Australia, Primary Health Tasmania, and delivered in collaboration with consultants Healthy Tasmania Pty Ltd, the project engaged 177 Tasmanians to gather insights into living with asthma.

Focus groups and surveys—conducted virtually and in person at local Neighbourhood Houses—provided valuable perspectives.

Findings reveal a significant gap between people's perceived asthma management and their actual quality of life.

Many participants felt that as long as they avoided hospital visits and took medication, they were managing their condition. However, the reality often told a different story, with asthma flare-ups and restrictions impacting daily life.

"Many people live with poor quality of life, believing frequent flare-ups are just a normal part of having asthma," says Jess Tyler, health projects and partnerships coordinator at Asthma Australia. "This tells us how important education and support are to empower people to live more freely."

Jane*, a survey participant, shared her story.

"At age 43, I arrived in Tassie from the mainland and spent the next 14 years with breathing difficulties from March to October, progressively worsening," she said. "Medically diagnosed depression and anxiety didn't help.



Jess Tyler from Asthma Australia, Lucy Byrne and Penny Terry from Healthy Tasmania Pty Ltd, and community member Nikita Grosfeld

"After years of being told 'It's just a cold, take more medication', I thought that's all there was. I didn't realise there are a lot of different meds and new approaches now."

This sentiment was echoed by others in the project, who felt resigned to their symptoms due to a lack of awareness about treatment options.

Over half (55%) of respondents avoided places or situations that triggered asthma, while 48% said it stopped them from doing things they wanted to do. One participant described the emotional toll of being "trapped" indoors due to breathing difficulties.

Jane's story also highlighted how emotional stress could worsen asthma symptoms. However, she's since adopted a more proactive approach.

"I've learned not to wait when I notice breathing changes," she said. "In the past, I would just increase my medicine and wait too long to seek help."

For many participants, the project marked a turning point. Jane explained how honest discussions with healthcare professionals reset her asthma management.

"Because of this project, I phoned Asthma Australia and asked what to do next. Having honest, 'warts and all' conversations about my asthma medications and routines with Asthma Australia, and also with my GP, has reset my own asthma management habits.

"Now, thanks to this project, I can joyfully report that I have my asthma under control, with a newly refreshed plan for what to do if things change."

Jess Tyler says the project is already shaping new initiatives to improve asthma care in Tasmania.

"We want to provide solutions that enhance quality of life, not just manage symptoms," she says.

"By tailoring support and offering education, we aim to empower individuals to take their asthma seriously."

Want to know more?
Go to tasp.hn/asthma-survey

*A real survey respondent features in this story, but a different name has been used for privacy reasons. ■



Dr Fiona Wallace with Strathdevon resident Ian Bellis

Addressing an age-old dilemma

How a north-west GP is improving the health of Tasmanians in aged care homes

THE AGED Care Royal Commission found people receiving aged care, particularly those living in aged care homes, do not consistently receive the health care they need.

“Primary healthcare practitioners are either not visiting people receiving aged care at their residences, or not visiting enough, or not spending enough time with them to provide the care required,” the commission’s final report says.

“Access to general practitioners will continue to be a challenge for people receiving aged care unless something significant is done to fix it.”

The Australian Government is putting in place measures in response (see fact box).

Some Tasmanian general practices are already well embedded in aged care homes, and many others are considering how they can better support residents.

One example is a GP in north-west Tasmania who has launched a medical model that is paying dividends for aged care residents.

In April this year Dr Fiona Wallace opened the West Kentish General Practice which, rather than providing general community care like most practices, focuses only on providing care to people living in aged care homes.

Fiona, who trained in the UK before coming to Tasmania 17 years ago, had previously been the senior doctor in the emergency department of Latrobe’s Mersey Community Hospital.

"I was getting very frustrated and upset with the number of very frail elderly people who were coming into hospital when we couldn't realistically do anything for them," she says.

"They were going through a huge number of tests, but weren't well enough to undergo treatment for anything that was discovered."

Fiona says when someone becomes unwell in aged care, GPs who already have demanding schedules often can't immediately visit—sometimes resulting in the resident being sent to hospital by ambulance.

This is sometimes done without consulting the older person or explaining what was happening.

"Older people can at times feel other people are making decisions for them, without actually including them in the process," she says.

So Fiona decided to do something about it. Branching out on her own, she started visiting residents at one aged care home a couple of times a week.

As word got around, Fiona's client list soon began to grow. More and more homes sought her services, and she is now looking after 220 residents of aged care and group homes between Sheffield and Port Sorell.

"I am fully remote," she says. "I do not have a bricks and mortar practice. It's me, my doctor bag and my laptop and I go from facility to facility doing my rounds."

Fiona believes it's important that aged care specialisation features in the future of general practice.

"GPs who have a lot of aged care residents on their books are going to have an even better understanding and knowledge of what it takes to provide that level of care," she says.

One of the homes Fiona works with is the Melaleuca Home for the Aged, a 48-bed high-care facility at East Devonport.

Melaleuca clinical care director Linda Sheehan says the home's priority is to ensure it gives people the best care it possibly can, "and Fiona makes that easy".

The General Practice in Aged Care Incentive program

Part of the Australian Government's response to the Aged Care Royal Commission has been to introduce the General Practice in Aged Care Incentive from 1 July 2024.

This new program sees registered GPs and practices receive incentive payments for providing regular visits and care planning to older people living in aged care.

GPs and patients must be registered with MyMedicare.

Primary Health Networks—including Primary Health Tasmania—are providing support in connecting aged care residents with GPs.

Want to know more? Go to www.health.gov.au/our-work/gpaci

"She regularly visits, she's accessible, and she will call us to check on a patient," Linda says.

"Fiona is willing to consult with us. It's a respectful two-way communication. She listens to the nursing staff, listens to our clinical knowledge and experience, and believes that information is invaluable to her providing the best possible care.

"She will take the time to speak to a patient, their family and every other person involved in their care until everyone is on the same page, so we can all be consistent in the care that we deliver."

Linda says Melaleuca residents and staff are lucky to be supported by a number of GPs from a range of practices.

"But all practices and GPs are under pressure—I understand that and empathise with it," she says.

"It's great to have Fiona's focused aged care model in place alongside GPs who have the pressures of a busy community practice as well as their aged care work."

Linda says Fiona has already had a huge impact on many people at Melaleuca, including on one resident whose dementia had left her housebound.

"Through Fiona's perseverance we've now got this lady and her family some quality of life," she says.

"Her family can now take her out for lunch, for a drink, for a drive.

"Our job is to provide quality care, and provide time for family to be with residents and enjoy each other. And Fiona just provides that in spades."

Fiona's practice model has obvious benefits for her patients. But what does she get out of it?

"Generally, old people are really nice!" she says, "and they're grateful for someone who devotes that time to them—someone who is prioritising their needs and listening to what matters to them.

"People value the fact that you come in and spend time with them and their family explaining things, talking through their options. When we have that conversation, I can answer all their questions.

"That's a really rewarding part of the job—being able to spend that time with people, and leaving them feeling listened to." ■

Do you know of another general practice or primary healthcare provider that's doing great things in aged care homes? We'd love to hear from you.



Paramedic Tony Steedman and volunteer ambulance officer Michael Walls

Growing their own knowledge to serve their communities

How two scholarship recipients are improving healthcare outcomes in their local communities

MICHAEL Walls and Gayle Rusher, recipients of Primary Health Tasmania's Grow Your Own scholarships, are living examples that it's never too late to expand your skillset and give back to your community.

Both recipients, now in their sixties, are using their scholarships to address critical healthcare gaps in Tasmania, having a direct impact on their local health workforce and their communities.

"The Grow Your Own scholarship opportunity emerged from the need to address pressing workforce challenges in rural Tasmania," says Susan Powell, from Primary Health Tasmania.

"We knew that by equipping local healthcare providers with the skills and qualifications to serve their own communities, we could create a sustainable model for improving healthcare access in areas where it's often difficult to attract and retain professionals."

Volunteer ambulance officer Michael Walls

For the past five years, Michael Walls has served as a volunteer ambulance officer in Miena—a small, remote town in Tasmania's Central Highlands.

With the support of a Grow Your Own scholarship, Michael is now studying for a Diploma of Emergency Health Care, a course that is significantly enhancing his clinical skills and enabling him to better serve his community.

"I really appreciate the scholarship. It's helping me learn more and provide better care for the community," Michael explains.

"We get a certain level of training from Ambulance Tasmania, but a two-year, full-time course like this one is certainly going to improve my clinical skills and give me a lot greater knowledge. I'll be a better clinician because of it."

The Grow Your Own Scholarship program

Some Primary Health Tasmania activities include working directly with local communities and supporting community-led activities.

One example is the Grow Your Own scholarship opportunity, which has supported healthcare providers living in the Central Highlands, southern Huon Valley and Tasman local government areas to undertake health-related study or training.

This one-time opportunity, developed with the support of clinical action groups in each region, aimed to improve local access to health care by increasing the number of primary healthcare professionals living and working in rural areas.

Go to tasp.hn/workingwithcommunities to read more about our work with communities in rural and regional Tasmania.

Miena is one of Tasmania’s most isolated communities, where access to both primary and emergency health care can be challenging due to its remoteness.

The town’s residents rely heavily on volunteers like Michael to provide immediate care, and his expanded skillset will enable him to handle a broader range of medical emergencies.

“Since COVID, we’ve had a paramedic stationed here. As volunteers, we provide back-up support and work as the assistant to the paramedic,” Michael says.

“In some cases, the paramedic might go to the most critical case, and I might first respond to the less acute one.”

Michael’s role as a volunteer involves much more than just responding to emergencies. In such a remote location, paramedics often serve as primary care providers for the community, handling everything from minor injuries to routine health checks.

“We get ambulance station walk-ins all the time,” Michael says.

“People will walk in and want their blood pressure checked, so we help them out. We have walk-in patients that might have a fishing hook caught in their ear or their cheek, and we can provide some basic level first aid care and then we can transport to hospital if needed.

“We’ve even had people walk in here while having a heart attack.

“Either way, we’re here to help them out.”

One of the most significant challenges facing the residents of Miena is isolation, which can take a toll on people’s mental health.

Michael says his growing expertise is proving invaluable in identifying mental health issues and referring people to the appropriate services.

“Living in such an isolated area, people’s mental health can suffer,” he says.

“You can identify mental health cases or substance abuse cases when you go to see them on another case. We’re trained to recognise those signs and connect them with support services.”

“It’s a game-changer for our patients because better collaborative care means they don’t have to travel to see a specialist.”

— Gayle Rusher

Thanks to his training, Michael is also acquiring advanced skills that are directly benefiting his community.

“The diploma will allow me to provide better patient pre-hospital emergency health care and assist our paramedics with management in more complex cases,” he says.

“This means I can offer better care to my community without having to rely so much on outside resources. It’s really affirming to be able to volunteer and know that what I’m doing is making a real difference.”

Michael’s colleague Tony Steedman, who has been a paramedic for 35 years, emphasises the crucial role volunteers play in rural health care.

“In a place like Miena, which is considered remote, the volunteers are essential,” Tony explains.

“Without them, Ambulance Tasmania would be at a huge loss. I’d be going out on my own, and that would create massive delays in treatment and transport.

“Michael’s training is giving him that next level of knowledge, which is a huge advantage.”

Nurse practitioner Gayle Rusher

With the help of her Grow Your Own scholarship, Gayle is studying for a Professional Certificate in Musculoskeletal and Sports Medicine, as well as completing an IUD insertion course—which will enable her to provide a wider range of services to her community.

“The scholarships are fantastic,” Gayle says.

“They’re really useful, especially for nurse practitioners like me. We’re on the lower end of the pay scale, so it can be difficult to afford additional training.

“This scholarship has allowed me to expand my knowledge and provide better care.”

Gayle’s dual certification is helping her serve a diverse range of patients in the southern Huon Valley, an area where access to specialised health care is often limited.

“I’m targeting different cohorts with my studies,” Gayle explains.

“The musculoskeletal and sports medicine course is helping me treat more conditions in-house rather than referring patients to other doctors. That means people can get the care they need closer to home.”





Nurse practitioner Gayle Rusher

(continued)

One of the primary benefits of Gayle’s additional training is her ability to diagnose and manage conditions like rheumatoid arthritis, which she previously would have referred straight away to a GP without any work-up.

“Nurses weren’t taught about conditions like rheumatoid arthritis when I trained,” she says.

“This course is filling in the gaps in my knowledge, allowing me to manage these cases myself before referring on as clinically appropriate.

Gayle’s training in IUD insertion is also making a significant impact on women’s health services in the southern Huon Valley, an area where access to reproductive health care has been limited due to distance and cost barriers.

“The community here is skewed toward younger families, so there’s a real need for reproductive health services,” Gayle says.

“Having IUD insertion available locally reduces the need for patients to travel to Family Planning in Glenorchy, which is quite far for many of them.”

The ability to provide these services locally is not only more convenient for patients but also enhances their comfort and trust.

“It’s better for patients to have someone close to home, someone they know and trust,” Gayle explains.

“It also helps them feel a bit more in their comfort zone during what can be a very confronting procedure, like IUD insertion.

“So potentially the uptake is going to be better.”

Gayle’s commitment to improving healthcare access in her community is evident in her approach to patient care.

“It’s about equitable access to healthcare,” she says.

“People should have a choice—whether they want to go to Glenorchy, see a private gynaecologist or see a local practitioner like me.

“Offering that choice makes a big difference in how likely they are to follow through with their care.”

Growing their knowledge and sharing it

Both Michael and Gayle are passionate not only about improving their own skills, but also about sharing that knowledge with their colleagues and the wider healthcare community.

This collaborative approach is helping to build a stronger, more capable health workforce in two rural Tasmanian local government areas.

“This opportunity is part of a broader effort to support rural Tasmanian communities, developed in collaboration with local stakeholders in the Central Highlands, southern Huon Valley, and Tasman,” explains Susan Powell.

“We aim not only to improve healthcare outcomes by enhancing local capacity but also to create long-lasting partnerships that benefit the wider health system.”

Gayle sees her role as a nurse practitioner as one of collaboration and mentorship.

“As nurse practitioners, our job is to collaborate with GPs, nurses, pharmacists, and whoever else comes through the door,” she says.

“We diagnose, assess, and manage both simple and complex cases, but we also learn from each other. The more knowledge we share, the better we all become as a team.”

Gayle’s passion for education extends to mentoring medical students who work alongside her at the general practice as part of their clinical practice.

“I love having med students and nursing students with me,” she says.

“I tell them to challenge me, ask questions, and be the devil’s advocate. It’s a learning process for both of us. They bring new guidelines and fresh perspectives, and I share my practical experience. It’s a win-win.”

Michael shares a similar mindset when it comes to working with his colleagues in Miena.

“We work as a team,” he says.

“Having more skills means I can help more and relieve some of the pressure on the paramedics. It makes a big difference in the outcomes for our patients.”

Both Michael and Gayle recognise the importance of continuing education and the role it plays in improving healthcare outcomes for their communities.

“With education, you shouldn’t have to pay for it, and you shouldn’t have to pry it out of people’s minds,” Gayle says.

“We’re here to share. When we share what we learn, it empowers everyone. Nurses become more productive, our whole team grows stronger, and we can share the load.” ■

Improving support at the end of life

How a Tasmanian program is increasing access to palliative care medicines

WHEN you are caring for someone near the end of their life, it can be hard to find the medicines they need outside a hospital or specialist care environment.

But a new project that encourages community pharmacies to stock a core range of palliative care medicines is giving Tasmanians better access to symptom management to avoid unnecessary hospital visits and enable them to have a good death at home, if that is their choice.

Working collaboratively with GPs and other healthcare professionals, Palliative Care Prepared Pharmacies are stocking the seven most common end-of-life medicines—morphine, midazolam, metoclopramide, hyoscine butylbromide, hydromorphone, haloperidol and clonazepam—so patients can access what they need, when they need it.

Part of the Tasmanian Government's Community Pharmacies in Palliative Care Tasmania (ComPPaCT) initiative, the Palliative Care Prepared Pharmacies project means people don't have to waste time shopping around pharmacies and can simply go to the 'Find a Pharmacy' directory (www.findapharmacy.com.au) to locate their nearest pharmacy committed to stocking these essential medicines.

Pharmacist Rachel Rees from Epic Pharmacy in New Town, who sat on the ComPPaCT advisory committee, says this timely access to vital medications has already had a huge impact for palliative patients.

"Even though you don't often see the patient themselves, it's just wonderful that you can actually help people to streamline the process so that it's not an additional trauma at an already extremely difficult time of life," she says.

"It makes their forward planning smooth, because they know they can actually get the medication that's required.

"Previously, family members and carers would have been ringing around at 5:30pm trying to find a pharmacy that has these medications because the nurse is coming to give it to the patient.

"Being able to look it up online and find a pharmacy they know is going to have what they need takes the stress out of those situations. Even a tiny bit of inconvenience when trying to access these medications can be quite catastrophic for people.

"You can't underestimate the impact of that ease of access in this situation. It's really rewarding for us to be able to make it easy."

Rachel, who has been a pharmacist for 35 years, says the new program has removed barriers that had previously discouraged pharmacists from dispensing palliative care drugs.

"The really big game-changer is that pharmacies tended not to stock those medications because they would only occasionally get a script for them," she says, "and they have short expiry dates, so pharmacies would end up with medication that they'd just have to throw away."

But with the State Government offering incentive payments of \$200 for pharmacies to participate in the Palliative Care Prepared Pharmacies program, almost 100 pharmacies across Tasmania have already signed on.

"The commitment from so many of our pharmacies to stock these medicines will certainly have resulted in less stress for families and carers finding essential medicines in a timely manner," Pharmaceutical Society of Australia (PSA) state manager Ella van Tienen says.

"We're really happy to see so many pharmacies committing to stocking end-of-life medicines, and hope that this results in reduced stress and greater access to critical medications for patients and families at such a stressful time in their journeys."



Pharmacist Rachel Rees

The PSA and Primary Health Tasmania have worked together to host a series of education events designed to equip pharmacists, GPs and nurses with the knowledge and skills needed to provide quality medication management and support for palliative patients.

"The engagement from health professionals involved in the delivery of community-based palliative care at the workshops we delivered across the state was wonderful," Ella says.

One GP who has embraced the program is Dr Samantha Wyton, who specialises in end-of-life care at home.

"Sometimes patients deteriorate very quickly and it is vital to have medications available to allow a seamless transition to end-of-life care," Sam says.

"Previously I have needed to call around pharmacies or ask my patients' friends or family to do so, which can use up limited resources or time their friends or family would like to spend with their loved one.

"Now I can quickly direct a patient's family to a pharmacy that will have stock and can let them know the opening hours.

"Getting more pharmacies involved will increase access for patients and reduce stress for their families and friends."

Patients and their carers can visit [findapharmacy.com.au](http://www.findapharmacy.com.au) to locate their nearest Palliative Care Prepared Pharmacy, while interested community pharmacists can register for the program via www.tasguild.org.au. ■

Clarence



Geography

Spans 386 square kilometres in southern Tasmania, with urban and semi-rural areas

Suburbs and towns include Lindisfarne, Rosny, Richmond, Acton, Cambridge and Clifton Beach.

Population

61,531 people live in the Clarence municipality

Median age is 41 (state average is 42)

Aboriginal and Torres Strait Islander people make up 4.3% of the population (5.4% statewide)

Social and economic conditions

66% of the population have completed Year 12 and over (state average is 60%)

Median weekly income in 2021 was \$1,602 (\$1,358 statewide)

Health profile

40% of the population rate their own health as excellent or very good (state average is 38%)

62% are overweight or obese according to Body Mass Index (same as the state average)

Immunisation

98% of children are fully immunised by the age of five (state average is 95%)

Illness and death

84% of people saw a GP for their own health in the previous year

Around 7,081 people from Clarence visit a hospital emergency department each year

Dementia (11%), coronary heart disease (10%) and cerebrovascular disease (6%) are the top three leading causes of death in Clarence

Primary Health Tasmania supporting Clarence

Commissioned services and other activity including:

- after-hours medical support
- services for people with chronic health conditions
- diabetes education and support
- support to connect vulnerable older people with aged care services
- alcohol and other drug treatment services
- health and wellbeing services for Aboriginal people
- mental health and wellbeing services
- suicide prevention services.



Community health checks for every Tasmanian local government area are available at tasp.hn/communitychecks

Images: Bellerive (above), Richmond (right), courtesy of Brand Tasmania. References available on request

Dementia in Tasmania

Dementia is a condition that affects the ability to perform daily tasks, significantly impacting both people living with dementia and their loved ones.

AS TASMANIA'S population ages, dementia is becoming a pressing public health issue. By 2042, more than 25% of the Tasmanian population will be aged 65 and over.

But when does forgetfulness turn into a medical condition? Here's a look at dementia and the resources available in Tasmania.

What is dementia?

Dementia is the broad term that refers to over 100 different diseases that impair brain function. Dementia affects mood, memory, thinking, and behaviour.

While it's more common in people over 65, it is not a normal part of ageing and can happen to anyone.

Common signs include frequent forgetfulness, confusion, difficulty with everyday tasks, and mood changes like depression or anxiety. Behavioural changes such as restlessness or disrupted sleep can also be warning signs. Early signs to watch for include trouble remembering recent events, getting lost, and difficulty with language.

Though there is currently no cure, treatment is available to help manage many of the symptoms, and support services can provide assistance for those affected.

Dementia rates

According to Dementia Australia, in 2024 it is estimated that there are more than 10,600 people living with all forms of dementia in Tasmania. This figure is projected to increase to around 16,500 by 2054.

Dementia and other health conditions

Dementia often co-exists with other health conditions like heart disease, diabetes, high blood pressure, and

depression, complicating care and requiring more comprehensive management. According to Australian Institute of Health and Welfare data, people with dementia also experience:

- heart disease (present in around 30% of people with dementia)
- diabetes (found in 20% of people with dementia)
- depression or anxiety (affects about 40% of people with dementia)
- chronic lung disease and stroke-related conditions (frequently co-exist with dementia, further reducing quality of life).

People with intellectual disabilities are at a higher risk of developing dementia than the general Australian population.

Preventing dementia

Although there is no cure for dementia, research suggests that certain lifestyle factors can reduce the risk or delay its onset. These include regular physical activity, healthy diet, mental stimulation such as reading, puzzles and learning new skills, social engagement, and managing chronic conditions such as diabetes, high blood pressure and cholesterol.

Managing dementia

Managing dementia involves a mix of medication, therapy, and lifestyle changes. Early diagnosis is key to slowing its progression. A range of support, resources, education and counselling is available for individuals and caregivers.

As primary care is often the first contact a person has with the health system, health professionals like GPs play an important role in the diagnosis and ongoing management of dementia.

Resources

The Wicking Dementia Centre (University of Tasmania): Dementia research and education centre, including courses.

The Dementia Directory: Online hub for support services and resources.

Primary Health Tasmania's dementia information sheets for consumers.

Tasmanian Government's Community Dementia Service is a team of health professionals who offer consultation, assessment, information and nursing care services to people with dementia living in the greater Launceston community. Their clinical nurse consultant can provide assessment, including cognitive assessment (with GP referral) and support in the north, outside of the Launceston area.

Dementia Australia: National peak body with information and support services.

Carer Gateway: National service delivered in Tasmania through Care2Serve, offering practical and emotional support for caregivers.

The path forward

With Tasmania's ageing population, the demand for dementia care will continue to grow. In Australia, the economic burden of dementia is significant. According to Dementia Australia, the total cost of dementia to the healthcare system is expected to reach \$18.7 billion by 2025. Early diagnosis, preventive measures, and expanded community support are crucial in addressing this challenge.

Want to know more?

Visit tasp.hn/dementia-hps ■

References available on request



GPs, nurses and practice support staff at Southside Family Medical

Recruiting and retaining GPs through community

How two general practices recruit and retain new GPs by creating a sense of belonging

IN THE rural and remote areas of north and north-west Tasmania, attracting and retaining GPs has long been a challenge.

Many doctors who start their careers in these regions face significant barriers to staying long term—including professional isolation, limited resources, and personal adjustments.

However, thanks to grants funded by the Australian Government through Primary Health Tasmania, general practices in these areas are beginning to find new ways to address these challenges by fostering a sense of community.

Primary Health Tasmania worked in partnership with local rural workforce agency HR+ and the Rural Doctors Association of Tasmania to better understand the barriers to accessing GP services in these regions and identify possible solutions.

The general practice recruitment and retention grants program came out of this research.

The funding has been supporting practices to address key issues they have identified through the Australian Workforce Assessment Recruitment and Retention Exercise (AWARE) tool, another product of this collaborative work to improve access to GP services in regional, rural and remote Tasmania (see fact box).

Deloraine Medical Centre

At the Deloraine Medical Centre, practice manager Tanya Barrett explains how difficult it had been to find and keep GPs.

WORKFORCE SUSTAINABILITY

“They would come to our practice for a little while to do their training and then leave. Finding them was also very difficult. So that was our main focus,” Tanya says.

The grant allowed the practice to offer better support including financial incentives such as rental assistance, moving costs, and even a car for new recruits.

The practice also used the grant funding to create a new, fit-for-purpose website and to create a professional recruitment video, highlighting the beauty of the local area.

The main focus, however, has been on building a sense of community.

The practice has created a welcoming environment for GPs by hosting community events like bonfire nights and barbecues where people can bring their families and swap cultural dishes to help new doctors meet the locals and feel a sense of belonging to their new community.

Dr Aaron Hawkins is a lead GP and practice principal at the Deloraine Medical Centre who is focussed on the potential emotional impact of GPs moving to a regional area.

“I think it’s really hard coming to a new community as a doctor, and for a lot of them, it’s their first job as a doctor. Sometimes they’re moving interstate or from overseas,” he says.

“It’s been great to offer just those little parts on the ground that are welcoming and make that transition much easier. I think it means that they’ve settled in and felt much more comfortable from the start.”

The practice leadership team has done things like help out when a new recruit hit a pothole and burst a tyre on a loaned car, help find accommodation for visiting families, take them grocery shopping, and show them around the local gym.

It has also celebrated achievements, such as when doctors have achieved Royal Australian College of General Practitioners fellowship or reached other milestones.

“If we all celebrate our achievements and successes, everyone feels better about themselves and coming to work because you need to be happy at work,” Tanya says.

“It helps people to feel appreciated because then they realise that we appreciate all the effort and study, time and hard work.”

Aaron agrees.

“It feels like a family instead of just a workplace,” he says.

“The patients seem to like it too. They comment on our Facebook page and then the patients feel like they’re part of the celebration too.”

By using the AWARE tool, the practice identified key areas for development, such as better onboarding processes and cultural awareness training.

“We’ve done training in cultural awareness and LGBTQI+ issues, not just for the doctors but for the whole team,” she says. “It’s important that everyone—whether they’re a receptionist or a GP—has the skills and confidence to provide inclusive care.”

Goran Mujkic, practice director, says the grants program has led to benefits not just for the practice, but for the broader community.

“The grant helped the practice grow. Everything’s a lot easier now that we’ve got three more doctors. It’s had a massive impact,” he says.

Goran says word has spread about the practice being a great place to work which is affirming that they made the right decisions.

“I was doing interviews and spoke to one doctor who said, ‘I’d love to come and work with you, because I’ve heard so many good things’.”

Aaron notes the importance of building community to retain GPs.

“Having three more doctors than we did a year ago has completely changed the dynamic,” he says.

“It’s just so important that they feel comfortable in the community. Otherwise, no matter what kind of work we can give them, if they’re not comfortable living here, they’re not going to stay.

“It’s key for us to make that initial, hardest bit as easy as possible.”

Southside Family Medical

Southside Family Medical in Burnie is another regional practice that benefited from the grants program and is now passing that benefit along to its community.

The practice used its grant to recruit two GPs from overseas and support them to arrive and settle in, in addition to assisting four other GPs who have been with the practice since 2020 and 2021.

They have all felt supported in making Burnie their home, says practice manager Senzeni Bulle.

“We knew that when the two recently recruited GPs arrived, when they did a conversion of their local currencies, it almost didn’t do anything,” she says.

“But just knowing that they have that initial rent, fuel and maintenance of their vehicles went a long way. We also paid for social outings with Rotary and Rotary fellowship meetings, helping them to feel part of the wider Burnie community.”



The AWARE tool

In response to consultation, Primary Health Tasmania engaged rural health workforce agency HR+ to develop an audit tool to help Tasmanian general practices identify strengths and address developmental areas affecting the recruitment and retention of GPs.

It’s called the Australian Workforce Assessment Recruitment and Retention Exercise (AWARE) tool.

Designed specifically for regional, rural and remote general practice, the AWARE tool seeks to identify opportunities for practices to improve their ability to recruit and retain GPs.

The tool was designed and piloted with the assistance of Brentnalls Health and a small group of general practices in north and north-west Tasmania.

Practices can use this tool to understand key issues affecting their ability to recruit and retain GPs. It is available at hrplustas.com.au/aware



Johannes Schonborn, Goran Mujkic, Tanya Barrett and Aaron Hawkins from Deloraine Medical Centre

(continued)

Senzeni says the practice is more than just a place of work; it's a network of health professionals who support each other.

"We say we are really a family in a way," she says. "We also let the staff know it's like a family, whether it's personal or it's work, we can always talk, with professional boundaries of course. It's nice just knowing that you can get a shoulder anytime.

"We had one doctor who worked all throughout her pregnancy, and we just had to say, 'we encourage you to take some time off with your new baby', and used grant funding to support maternity services for her."

Administrative and support staff at Southside play an integral role in the practice. As most of the GPs were born and educated outside of Australia, they are navigating a new and complicated healthcare system and, at times, cultural and language differences.

The GPs rely on the principal GP, Dr Themba Bulle, the administration and reception staff to provide links with the community, and to assist with queries such as billing and correspondence.

Rachel Ditcham, in charge of the reception team, explains the reception staff provide a variety of support to doctors coming from overseas.

"Often a doctor will come and ask what certain lingo means, when they first arrive," she says. "Or how to pronounce different names. Over time they improve quite a bit.

"We help them in that way so they can focus on patient care."

For Dr Dilani Wijessooriya, a GP originally from Sri Lanka, the grant contribution was a way to recognise the financial strain she experienced when going through the fellowship study and exam process.

"Especially for international medical graduates, at the beginning, it's really hard because we are coming from all different places and starting a home afresh," she says. "Doctors are coming here directly from other countries, and may not have any pay when trying to settle in. They may have at least one month of observership, trying to understand the booking and billing systems for example.

"It's all totally new for them, and setting up with no pay, being independent contractors.

"I arrived in Australia in 2019, but due to various issues, I wasn't able to start practising until 2020. Before that and for 13 months, I sat with Doctor Bulle observing him and learning, but with no income."

Dilani says this time was difficult for her family, with four people being supported by one income, that of her husband. Given all the expenses of moving to a new country, the grant contribution went a long way in helping them set up their new lives.

"If I didn't get the grant at that time, we might have had to wait another six months after moving house to think about furniture.

"Most practices run with international medical graduates in Tasmania, and most of them came at a similar time to me, so they may have similar stories.

"It's not only that we're working—we need to complete our professional development studies, and then seek permanent residency. You wouldn't believe the cost of all of this.

"Everyone appreciated the grant and we will always be grateful for it." ■



City Mission operations manager Jonette Scott and nurse practitioner Jane Laidlaw

On a mission to help Launceston's vulnerable

How one nurse practitioner was moved to support vulnerable Tasmanians and now inspires other health professionals in her clinic

INSPIRATION for meaningful action can strike at the most unexpected times.

For Launceston-based nurse practitioner Jane Laidlaw, it happened during a routine drive to an early gym class in 2018. Once parked, she saw someone living out of their car—and it hit her hard.

"I saw somebody sleeping in their car, and I thought, 'No, this shouldn't happen in Launceston. This isn't right, I've got to do something. What can I do?'" Jane recalls.

Not long after, she attended a nurse practitioner conference where a simple question resonated deeply with her: "Where are the gaps in your local community?"

The penny dropped. With fellow nurse Michelle Dowlman, Jane and City Mission Launceston co-founded a multidisciplinary clinic for vulnerable people at risk of homelessness—now called Mission Health.

Mission Health provides free health care to people experiencing or at risk of homelessness and operates in Launceston from Monday to Thursday.

It has retained its nurse practitioner-led roots.

With only around 50 nurse practitioners statewide, they are a minority in Tasmania's healthcare workforce. A nurse practitioner is an advanced practice nurse who can diagnose, treat, and manage patients independently, including prescribing medications—unlike other nurses, who typically work under the supervision of a doctor.

Jonette Scott, operations manager for health and alcohol and other drugs at City Mission, says Jane has always led with her heart.

"Nurses are trained to think about the bigger picture, and that's what Jane brings to her role," Jonette says.

"She doesn't just see an isolated health issue; she gets the whole picture of the person and ensures that other doctors and allied health professionals plug into that broader view.

"Her compassion has never wavered over 20 years—it's incredible."

Jane's efforts to bridge gaps in health care have inspired others to give back.

The clinic is staffed by a dedicated group of volunteers including GPs, a physician, registered nurses, a physiotherapist, optometrist and podiatrist, all treating the unique problems associated with being unhoused.

"We're just so fortunate that we've got all these people who just care and they're giving back," Jane says. "It feels good as a human to do something for other people."

The impact on patients is profound.

"Mostly our patients are just grateful that somebody listens. That they are being seen and heard."

One such patient, Allison, agrees.

"The staff always listened to me and made me feel like I mattered when I did not feel I was important to anyone," she says.

"I believe the staff saved my life in a really difficult time."

Jane says collaboration and communication with all the different health professionals are key to the clinic's success.

"I'll often send around a note to different clinicians to say, 'We have this problem with a patient, what do you think? How should we handle this?' It's important that we tackle these issues together," she says.

In 2023, Jane's passion and inspiration led her to win the Australian College of Nurse Practitioners' Beverley McGavin Award for Excellence in Clinical Leadership. The award was presented at the same conference that had inspired her to act back in 2018.

Despite the recognition, Jane remains humble.

"To be named in the same breath as Beverley McGavin, one of the first nurse practitioners, is just a huge, huge honour and I feel humbled," she says. "I met her daughter and had tears in my eyes.

"I just want to try my best for this cohort who I consider to be voiceless." ■



Community paramedic Nancy Di Grande

Community paramedics: Helping to bridge the gap

How community paramedics are helping to bridge the gap between the hospital system and primary health care in Tasmania

YOU WOULDN'T expect primary health care and health promotion would fit into the job description of a paramedic.

But community paramedics—an emerging position in Ambulance Tasmania—are helping create a much-needed bridge between emergency services and primary care.

These specialised paramedics focus on non-urgent, low-acuity (less severe) and complex, chronic cases, allowing patients to receive care in their homes or communities without needing to visit a hospital.

This not only alleviates pressure on hospitals but also offers a person-centred approach that gives people a better experience of the healthcare system.

All paramedics are required to hold accountability for their practice and professional development and are regulated by the Paramedicine Board. They must practise in accordance an Australian Health Practitioner Regulation Agency code of conduct and the Paramedicine Board's professional capabilities for registered paramedics.

MODELS OF CARE

Most paramedics are tertiary educated, with community paramedics receiving additional training to extend their knowledge and professional capabilities in caring for a wide range of low-acuity medical issues that traditionally required transportation to hospital.

Community paramedics can provide care and therapeutic intervention and support with referral pathway navigation, to connect people with primary care services where required. This helps reduce unnecessary hospital admissions and provides more accessible care, with the aim of keeping people well in the community, which is particularly important in remote or underserved areas of Tasmania.

"We can treat conditions like epistaxis (nose bleeds), back pain, and minor injuries without sending the patient to the hospital," says Nancy Di Grande, a community paramedic with Ambulance Tasmania.

"Our role is to ensure that patients who don't need urgent care are treated in the community, improving outcomes for both the patient and the broader healthcare system."

The community paramedic role also means more flexibility, and this allows for a more tailored approach to patient care and better resource management, Nancy says.

"We are able to self-dispatch to certain jobs by reviewing the call board and identify cases where our intervention might be more appropriate than a standard ambulance response, unlike a paramedic on a vehicle" she says.

Community paramedics act as an important link between patients and GPs, especially when patients cannot secure timely appointments.

Although the system is still evolving, the goal is to establish a more formalised process for information sharing between paramedics and GPs, Nancy says.

"At the moment, we write down our findings on a piece of paper, and the patient takes them to their GP," Nancy explains.

"However, we now have access to the eReferral system and Ambulance Tasmania is exploring other information-sharing technology that we can access, to ensure that our interactions with patients are communicated directly and efficiently to their primary healthcare team, to improve continuity of care."

Nancy also emphasises that the role of community paramedics is not to replace GPs but to support them by helping patients who might otherwise fall through the cracks.

"We're not here to step on anyone's toes," she says.

"We're trying to fill the gaps—these patients are calling 000 anyway, and we're here to help them navigate the health system, including getting them connected to GPs or hospital-at-home services."

"Our organisation partners with key stakeholders to develop Infield Referral Pathways that provide patients with the right care, in the right place at the right time."

The community paramedic program also works closely with hospital-at-home and Care@Home initiatives, referring patients who need more extensive in-home care, as a hospital avoidance strategy.

"We've built strong relationships with hospital-at-home," Nancy says.

"For complex cases like chronic wound care which often require a course of intravenous antibiotics, we refer patients and coordinate their care to ensure they get the help they need without going to the hospital."

The introduction of community paramedics in Tasmania is to address some of the current shortfalls in the healthcare system, Nancy says.

With GPs under increasing pressure and many patients struggling to access timely care, community paramedics play a key role in reducing strain on both emergency services and primary care providers.

By managing minor cases in the community and offering health literacy support, they help patients better understand and navigate the healthcare system, Nancy says.

"For some patients, it's about health literacy," Nancy explains. "They don't always know what services are available or how to access them."

"A lot of the time, we're helping them navigate the system—whether it's finding a GP or connecting them with hospital-at-home or social supports. Sometimes it's the patient's carer that requires our support."

The scope of practice for community paramedics is continuing to expand.

There are plans to enable community paramedics to act as a direct referral service from GPs and hospital-at-home programs and emergency departments, further integrating them into the broader healthcare system.

For paramedics like Nancy, the community paramedic role offers a different career pathway outside of traditional emergency services.

With paramedic graduate positions often limited, the community paramedic model provides an alternative for paramedics seeking to move away from shift work and emergency response, while still using their skills to benefit the community.

"When I finished uni, there were more paramedic students than there were graduate positions in ambulance services," Nancy says.

"Having more options outside of emergency work gives paramedics the chance to continue in health care, even if they don't want to keep doing emergency response."

Dr Angela Martin PhD, manager clinical practice, integrated care at Ambulance Tasmania says: "Community paramedicine allows paramedics to build stronger relationships with their patients, take a more holistic approach to care, and spend more time addressing the underlying health and biopsychosocial needs of people in the community."

For Nancy, the most rewarding part of her role is the time she gets to spend with patients and the problem-solving involved in managing chronic conditions and coordinating care.

"My favourite thing about being a community paramedic is that I actually get to spend more time with patients," Nancy says.

"I'm not rushed out of the house like I was in emergency care."

"I get to know the patient, understand the bigger picture of their health, and figure out what they really need—whether it's long-term services at home or help navigating the system."

Nancy also values the opportunity to follow up with patients.

"If we've treated someone, we can call them back in a few days to see how they're doing, or even visit them again."

"That's something I never had time for in emergency work, and it makes a real difference in patient care." ■



RFDS physical health worker Lachlan Farrell

Driving better health outcomes

How Tasmanian truck drivers banded together to take their health care on the road

IN A WORLD that runs on convenience, it's easy to forget about the people behind the wheel—keeping our shelves stocked and goods moving across the state and country.

Truck drivers play an important role in our everyday lives, but their health can often be overlooked.

Long hours on the road, limited access to nutritious food, and the isolating nature of the job can make it difficult for truck drivers to prioritise their health.

That's where the Royal Flying Doctor Service (RFDS) and its partners have stepped in, offering a unique service designed to bring preventive health care to truck stops across Tasmania.

The Truckie Check-Ins, held in collaboration with the Tasmanian Transport Association and Rural Alive and Well (RAW), provide health checks for truck drivers—many of whom struggle to find time for regular medical appointments.

PREVENTIVE HEALTH

This initiative is part of the Open Road—Driver Health and Wellbeing Program, dedicated to improving the physical and mental health of Tasmania’s transport workers.

Truck drivers face a unique set of health risks. Long hours behind the wheel can contribute to a sedentary lifestyle, increasing the risk of chronic conditions such as heart disease, high blood pressure, and diabetes. Poor access to healthy food options and long periods of isolation only compounds these issues.

Smoking is another common concern among drivers, which further elevates the risk of cardiovascular and respiratory diseases.

Mental health is also a significant challenge, with many drivers experiencing loneliness, stress, and even trauma, having witnessed or been involved in road accidents leading to fatalities.

“Truck driving is tough,” says Rob Bayles, president of the Tasmanian Truck Owners and Operators Association.

“You’re sitting down for long periods, eating on the go, and constantly dealing with the pressure to meet deadlines. It’s not easy to look after your health in those conditions.”

Rob highlights the mental strain drivers face, noting the high incidence of road accidents and suicides witnessed by truck drivers, which can lead to hypervigilance.

“I’ve seen a lot of fatalities and suicides on the road,” he says.

“It’s estimated that around 15% of road fatalities are suicides. It’s tough knowing that could happen at any moment.

“You see someone do something stupid each time you go out on the road.”

Many drivers opened up about traumatic experiences, struggles with mental health, and the pressures of supporting family members as carers.

“Transport workers are especially vulnerable to mental health issues,” says Lauren Wynder, RFDS spokesperson.

“They spend long hours on the road, often with only their own thoughts for company. The isolation can be tough, and many have witnessed or experienced traumatic incidents on the road.”



RFDS exercise physiologist Sam McCarron, a Tasmanian truckie, and RFDS smoking cessation consultant Christine Burt

With these challenges in mind, the RFDS and its partners are focusing on making health care more accessible to truck drivers by taking the services directly to them.

Together, they’ve created a service that seeks to meet the unique needs of truck drivers by offering care that’s accessible and tailored to their schedules.

The Truckie Check-Ins take place at various truck stops across Tasmania.

Throughout the year, the RFDS mobile health clinics have been set up at locations like Epping Forest, Kempton, and alongside the annual Truck Run, providing free health assessments.

The program has been well-received so far, with many drivers appreciating the convenience and personalised attention.

In 2024, health checks were provided to 27 drivers at Epping Forest in May and 30 drivers at Kempton in July. These check-ins included assessments of blood pressure, heart rate, and oxygen saturation levels. Several drivers were advised to follow up with their GP after presenting with concerning blood pressure levels.

Alongside the physical health checks, the mobile clinics offer smoking cessation support, mental health services, and advice from healthcare workers.

At the Kempton check-in, Christine Burt, a smoking cessation specialist, was available to speak with drivers interested in quitting smoking. While some drivers weren’t ready to discuss smoking cessation, the check-in provided an opportunity for open conversations about the long-term benefits of quitting.

For drivers like Rob, the initiative is a game-changer.

“It’s more than just getting your blood pressure checked,” he says.

“It’s knowing there’s a place you can stop, talk to someone, and be reminded to take care of yourself.

“It saves lives—if it gets one truckie to see a doctor, that’s a win.”

Rob, as a truckie himself, says he’s feeling hopeful for the future.

His goal is not only to offer preventive health care, but also to raise awareness of the importance of regular health checks—ensuring that drivers can keep Tasmania moving while staying healthy themselves.

“We’re aiming for the day when truckies see that bus and think, ‘I’ll stop and get my blood pressure checked again’. That’s when we’ll know we’ve made a difference.” ■



Community members at the Generations Connect Fun Day

Building resilience, building community

How two organisations are strengthening wellbeing and resilience following bushfires and floods in the north and north west of Tasmania

WHEN WE think of resilience, we often think of it in individual terms.

However, two community organisations—Council on the Ageing (COTA) and RANT Arts—are showing that resilience also comes from building strong community connections.

Both organisations have been working in communities in the north and north west of Tasmania affected by the flooding events in October 2022, using funding from the Wellbeing and Resilience Grants Program.

This program was funded by the Australian Government through Primary Health Tasmania and delivered by the Mental Health Council of Tasmania to foster social connections, strengthen mental health, and promote community wellbeing.

Through innovative events and training, these organisations are helping to rebuild communities in the wake of adversity by focusing on mental wellbeing, resilience, and the power of social connection.

Resilience isn't just about overcoming challenges—it's also about fostering a sense of belonging and connection within communities.

For COTA, this was achieved by bringing generations together for fun, interaction, and the breaking down of stereotypes.

The Generations Connect Fun Day, held in Ulverstone in April, brought together over 360 participants from various age groups to enjoy a day of interactive activities designed to strengthen community ties.

Mel Knuckey, COTA's Generations Connect project officer, says the day was about making intergenerational connections.

"We had a lot of different organisations come along to support the event and run interactive activities," she says.

"We partnered with Respect Aged Care, who brought along residents. It was just really lovely to witness the connections being made."

COTA CEO Brigid Wilkinson says there was also a broader purpose to the event.

MENTAL HEALTH AND WELLBEING

"We know that this helps break down stereotypes about what it means to be older or younger," she says.

"That's really at the core of these activities—building connection and changing people's attitudes towards different age groups.

"We know from research that one of the top ways to combat ageism is through meaningful, person-to-person connection.

"These events provide a fun way for people to build relationships across generations and rethink what it means to age."

Brigid explains that grant funding helped make this event accessible, covering costs so participants could attend for free.

"This event was about providing a space for the community to connect, and the funding made that possible."

It also helped ensure events like these could continue in the future, promoting community resilience in times of difficulty.

The activities, which included everything from cultural weaving to drumming, gave participants a chance to engage with one another in fun and creative ways.

Brigid describes the drumming as one memorable moment with lots of intergenerational connection.

"There were residents from the aged care facility sitting across from young kids, and they were all getting into the drumming together," she says.

"It didn't matter how old you were—everyone just wanted to join in. We know that human connection helps strip away age stereotypes, and that's exactly what happened."

Mel says a total of 366 people attended the event, including 173 children, 148 adults under 60 and 45 adults over 60.

"It was a real cross-section of the community, and that's what we wanted—people of all ages connecting and having fun together," she says.

For RANT Arts, resilience comes through education.

Its Pathways to Wellness program, funded by a Wellbeing and Resilience Grant, offered free online mental health and wellbeing training to residents of Tasmania's north and north-west regions, which were significantly affected by floods.

The program focused on providing accessible e-learning opportunities that promoted mental health literacy and sought to empower participants to take responsibility for their own wellbeing while giving them the tools to do so.

Karen Revie, Pathways to Wellness program manager at RANT Arts, is passionate about destigmatising mental health and building mental health literacy.

"Our goal was to offer free mental health and wellbeing training that people could access at their own pace, from their own homes," she says.

By making the course online, RANT Arts ensured even those in remote areas could benefit.

The course, offered through Lifeline, covered topics such as managing stress, building resilience, and developing self-care strategies.

Karen explains that the course not only impacted the 20 participants but also their wider communities.

"We were able to offer 20 free places on the course, and it filled up within an hour of advertising," she says.

"That's a clear indication of the need for more accessible mental health training in these communities.

"The participants not only gained knowledge for themselves, but also for their families and friends.

"This creates a ripple effect—when individuals take care of their mental health, it positively impacts the people around them."

Participants were able to complete the course at their own pace over six months, allowing them to fit it into their schedules—including people who were not well enough to leave their homes.

One participant shared a key takeaway was the importance of self care.

"I need to be better at putting me first and knowing that how I feel matters too," they said.

"I'm thinking more about myself and trying not to feel guilty for it. I'm trying to go for a walk every day, away from my responsibilities, so I have some time to myself. That little bit of time lets me clear my head a bit."

Another participant said the format lent itself to their successful participation.

"I really liked that it was online," they said. "I have bipolar disorder and I also get really bad anxiety.

"My GP said I can go to a psychologist bulk billed but cause I get really anxious leaving the house I've never done it.

"So this course really suited me cause I could do it at home.

"I've never found self care easy, especially if I am feeling really depressed. When I'm depressed it can be really hard to get out of bed and have a shower and cook.

"I think what I learnt is that it's when I'm depressed, that's the time I really need to do these things as they will make me feel better even if I don't want to do it."

The participant shared the following about how this course helped build their wellbeing and resilience:

"When I was doing the course, I took lots of little notes about simple things I can do to take care of myself, which I am trying to do every day," they said.

"I don't think I knew what resilience really was before and if I had I don't think I would have ever used that word to describe myself.

"I think after doing the course I have realised I am actually stronger than I thought I was."

Karen says the course aimed to not only provide knowledge but also empower participants to take control of their mental health and wellbeing.

"By giving people the tools and knowledge to manage their own mental health, we're helping to build resilient individuals," she says.

"And when we have resilient individuals, we have resilient communities.

"It's about creating a network of support that people can rely on, particularly in times of disaster or adversity."

Both COTA and RANT Arts have shown that resilience is more than an individual trait—it's a community effort.

As Karen from RANT Arts notes:

"Self care is something we all need to learn.

"We're often very good at taking care of others, but not ourselves.

"But if we don't look after ourselves, we can't effectively care for others.

"Building resilient communities starts with empowering individuals to prioritise their own wellbeing, and that's what we're striving for." ■



Get to know: Dr Anna Seth

DR ANNA Seth is a Hobart GP with an interest in women's health, environmental impacts on health, and mental health.

After completing her medical degree and internship in the United Kingdom, she moved to Australia in 2003 and worked in various medical specialities in far north Queensland before training in general practice and relocating to southern Tasmania in 2011.

Anna works at The Bubble Hobart, providing general women's health care and focussed psychological strategies. She joined Primary Health Tasmania in 2021 as a clinical editor for Tasmanian HealthPathways (tasp.hn/healthpathways) and to support health professional education and training about the national mental health initial assessment and referral (IAR) tool. She is the joint state lead for the Royal Australian College of General Practitioners' Psychological Medicine Specific Interest Group.

What challenges are GPs facing when patients present with mental ill-health?

Mental health conditions are one of the most common issues GPs see and Australia wide, GPs provide the bulk of mental health care.

The mental health system can be challenging to navigate—especially for those with complex needs, trauma-related disorders, alcohol and substance use, neurodiversity, and the socioeconomic adversity that often comes with these conditions.

It can often be difficult to know what services are available, how to access them, and exactly what they offer.

There is a substantial administrative load involved in the coordination of this care, which often falls to GPs.

How does this impact on patient care?

For patients and their families, finding mental health care can feel like a long succession of rejections and setbacks. This is not only incredibly frustrating, but can also worsen the mental health conditions for which help is being sought.

Care is unaffordable to many, and lack of access to services and long wait times where services exist are a huge issue—especially in rural and remote areas. I feel this probably correlates with the fact that Tasmania has the highest per capita rate of mental health prescriptions in Australia as accessible alternatives to pharmacological treatment are lacking.

How will the IAR decision support tool help?

Most clinicians are already doing excellent mental health assessments and it's important that we recognise the clinical expertise of our workforce.

The IAR guidance is not intended to replace that, however it does represent the minimum of what should be considered when making a mental health referral.

Personally, I find it a good reminder to ensure I understand enough about each domain as I get to know a patient.

Despite good assessments, it is still often a challenge to get referrals across the line to where the person needs to be. By communicating using the common language of the IAR domains and levels of care, we can make it very clear why we are making a particular referral in a consistent way. Use of the IAR decision support tool may also help people to understand why their clinician is recommending a particular type of care, and the focus on collaborative decision-making is very welcome.

Another good thing about it is that it doesn't rely on diagnosis to determine the intensity of treatment, which is very sensible. As GPs, we know people don't fit into neat diagnostic boxes, and prematurely attaching a diagnosis for the purpose of accessing a service is problematic.

Widespread adoption of the IAR tool has potential to improve the experience of accessing mental health care for patients and clinicians at a system-wide level. However, it must be acknowledged that changing existing systems is a slow and often a bumpy road.

There are many varying opinions about the priorities for reform and the IAR project is only one small part of a complex landscape.

I feel that making the process of getting mental health support more transparent and collaborative is a good thing, and that keeping general practice at the heart of the system is important.

What has the response been to date?

The response to date has been mixed, and I understand the hesitancy of GPs to adopt the IAR decision support tool until a critical mass of awareness and integration is reached. GPs very reasonably want to be certain that it is a good use of their time.

We have so far trained around 25% of Tasmanian GPs and several hundred other providers statewide.

Feedback is that people find training useful, especially in building awareness of the range of services available and the changes to our mental health referral systems.

Uptake by GPs has been limited by systemic barriers such as integration with software and the Medicare Benefits Schedule, which are continuing to be addressed at a national level.

We have restructured our HealthPathways to show mental health services defined by the IAR level of care they provide, and this is something which has been practically useful in helping GPs navigate mental health services—regardless of whether the IAR tool is used.

“I’d encourage my GP colleagues to come along to an IAR training session, ask questions, and provide feedback so that we can continue to contribute our voice to necessary system changes.”

— Dr Anna Seth

What is the IAR decision support tool?

The Initial Assessment and Referral (IAR) guidance and its associated online decision support tool aims to assist GPs and other mental health clinicians when they are considering the mental health needs of a patient.

It was developed by the Australian Government Department of Health and Aged Care and is informed by Australian and international evidence combined with input from health professionals, researchers, and people with lived experience of mental illness.

The guidance provides a nationally consistent way of describing a person’s mental health across eight holistic domains, and translates that to a recommendation for one of five levels of care. These levels range from self-management to specialist and acute services.

The aim is to bring consistency and a shared language to decisions about mental health care.

Primary Health Tasmania is supporting adoption of the IAR decision support tool in Tasmania, including by providing free training to GPs and other primary healthcare professionals in its use.

Want to know more? Go to tasp.hn/iar

Outside of general practice, a growing number of services are now using IAR, including the Medicare Mental Health Centre in Launceston and services delivered by Richmond Futures and Rural Alive and Well.

An important development has been the rollout of the mental health Central Intake and Referral Service (CIRS) for Tasmania, which gives GPs the option to send an eReferral (with or without an IAR completed) to connect patients to mental health services across the public, private and community sector. CIRS works alongside the Tasmanian Government’s existing Access Mental Health service and the intake teams are co-located.

I hope this may ultimately streamline referral processes and reduce frustration for all involved, allowing quicker connections to appropriate services to be made.

Having the CIRS is an exciting development and I would encourage GPs to make use of this service and provide feedback on its performance, so that we can ensure it meets community need.

What’s coming next?

We are continuing to offer regular IAR training to GPs and other mental healthcare providers and have invited various services and topic experts to contribute to training in coming months.

Nationally, I’m interested in what future system integration developments we may see for this project. There is a great deal of activity in the space of mental health service navigation and I hope ongoing initiatives continue to recognise the role of general practice as a central coordinator and important provider of mental health care.

Locally, I have always been excited about the possibility of using IAR data to drive service planning by identifying in a very granular way where some of the gaps are. I hope that may be borne out in time.

I’d encourage my GP colleagues to come along to an IAR training session, ask questions, and provide feedback so that we can continue to contribute our voice to necessary system changes. ■

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Primary Health Tasmania

Primary Health Tasmania (Tasmania PHN) is a non-government, not-for-profit organisation working to connect care and keep Tasmanians well and out of hospital.



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