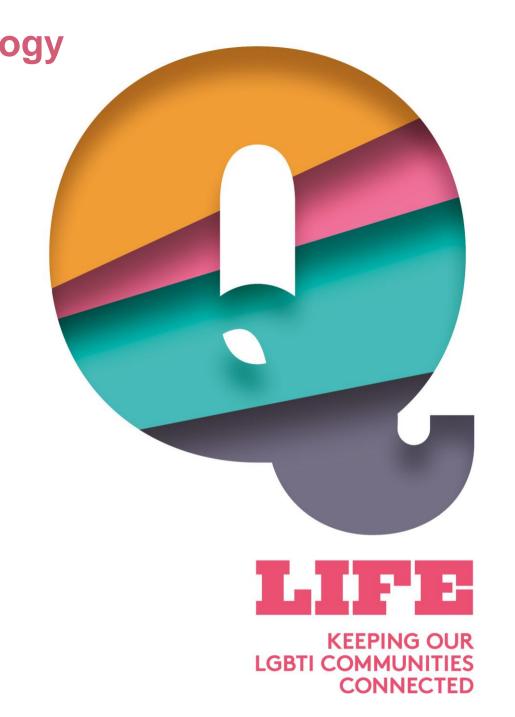
QLIFE – Using new technology to improve mental health outcomes for LGBTI communities

November 2013





The short version

National standardised LGBTI teleweb service

 Collaboration between five existing GLCS + LGBTI health alliance (application)

COAG funding

Qlife was born in early 2013



The Qlife partners

- Twenty10 incorporating GLCS NSW
- Switchboard Victoria
- GLCS SA/NT
- GLCS Western Australia
- GLWA Queensland
- National LGBTI Health Alliance
- *The national paid Qlife staff



The benefits of QLife

- Funding for services
 - Training budget
 - Skill sharing
 - Supervision and support for volunteers
 - Extended hours
 - Call bouncing
 - National clinical model
 - Webchat
 - Website resources/ forums
 - National referral database
 - Further advertising reach



The Qlife staff structure

- Volunteers At each site
- Volunteer superviors (eg Vic, Qld)
- Volunteer coordinators At each site
- Paid QLife counsellors
- ????? (National project coordinator)
- Tarn National capacity building manager
- Ross National clinical director



What changes?.....

- National policies
- National deliverables
- Some standardised training
- Reporting structures

What doesn't?.....

- Service identity
- Volunteers as key
- Peer delivered service

Examples of deliverables

- National standardised teleweb service covering all states
- National clinical model
- National clinical policies and procedures
- Nationally delivered standardised training
- National referral database
- Security audit
- LGBTI mental health narrative project
- Monthly forums
- National Health Advisory Committee (peer review)
- Postcode data (funding stream)



National approach to client engagement

- Developing a new clinical model for working with LGBTI clients
- Qlife clinical model will adapt over time and be nationally standardised in the future
- Model must work for clients at all stages of change
- Model needs to fit time limited single instance sessions
- Person centred and work with clients own strengths and motivations



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