

Wanneroo



Integrated Systems of Care to support Aboriginal and Torres Strait Islander People with mental health, alcohol and other drug issues (AISC)

Community Engagement and Co-Design Workshop Report

2017

Executive Summary: Wanneroo Area

[Wanneroo Aboriginal and/or Torres Strait Islander population: 190]

[Wanneroo population: 12,067]

Richmond Wellbeing, in collaboration with consortium partners, has been commissioned by WA Primary Health Alliance (WAPHA) to develop an integrated system of care program to support Aboriginal and/or Torres Strait Islander people with mental health, alcohol and other drug issues in the Perth South Primary Health Network region from April 2017 to June 2018. The purpose of this activity is to focus and improve the health and wellbeing of Aboriginal and/or Torres Strait Islander people who are living with co-occurring AOD (alcohol and other drugs) and MH (mental health) conditions.

The Richmond Wellbeing (RW) ISC engagement team conducted outreach into communities in this location to listen to community members' experiences, concerns, issues and ideas regarding problematic mental health and AOD use in the community. The RW team heard from community members who experienced these issues themselves, and from people who are carers, families, friends and supporters of people experiencing problematic AOD and MH issues.

Mental health services, AOD services and other service providers in the area were also contacted by the RW team to gather information on issues and concerns of the organisations. Ideas on ways to provide better access to services for vulnerable and disadvantaged community members and better integrate AOD and MH services were discussed in this engagement process.

Feedback from the local community was collated to provide themes for place-based co-design workshops attended by local community members and service providers working together on solutions to address these issues.

WANNEROO AREA:

| CONSULTATION AND ENGAGEMENT | |
|-----------------------------|-------------------|
| Community Members | Service Providers |
| 16 | 8 |
| WORKSHOP ATTENDANCE | |
| Community Members | Service Providers |
| 23 | 4 (5 people) |

Co-design Pilot Workshops

Workshop Themes:

- **Increase local Aboriginal workforce.**
 - Employ Aboriginal community workers who understand Aboriginal culture and way of life and not afraid of working face-to-face with the community.
- **Increase engagement with community to build trust.**
 - Community BBQs, events and activities for families and children, community events, more face-to-face talking with community.
- **Provide face-to-face outreach services and home visits to support individuals and families.**
 - Make sure there is ongoing follow-up support, acknowledge confidentiality issues and that some people do not want family involved.
- **Increase promotion of local services.**
 - Come and talk to us about what services are available, appropriate, welcoming, and provide face-to-face support and counselling.

A co-design workshop was held for community members and service providers in Wanneroo on November 28th 2017. This workshop provided an opportunity for service providers and local community to come together to co-design local service activity.

Workshop Findings:

The co-design workshops identified 4 key findings to be considered by the Project Management Group:

1. Employ a female and male Aboriginal mentor to provide training to local organisations that do not have local Aboriginal workers to ensure services are delivered in a culturally appropriate manner.
2. Provide AOD and MH education and training to high school students, parents and carers to increase knowledge, awareness and prevention of AOD and MH issues.
3. Engage with the community to promote culturally secure holistic support services to increase awareness and enhance access to local services.
4. Establish engagement roles within services to improve communication and integration.

Solutions to Address Key Findings:

- 1. Employ a female and male Aboriginal mentor to provide training to local organisations that do not have local Aboriginal workers to ensure services are delivered in a culturally appropriate manner.**

Identified need:

- ❖ Need to employ more Aboriginal people – Aboriginal people need to see an Aboriginal person.
- ❖ Need to educate non-Aboriginal workers about working with our people – especially about communication and breaking down language barriers.
- ❖ Need Aboriginal mentors to work with non-Aboriginal workers within organisations.

How to do it:

- Employ local male and female Aboriginal mentors to work with non-Aboriginal workers within organisations.
- Employ two mentors to network and work with local services, Elders and WA Police.
- Mentors to:
 - Provide 24/7 availability;
 - Be trained in Mental Health First Aid;
 - Work with local services to build relationship of trust; and
 - Share ways of working in culturally appropriate manner with non-Aboriginal workers.
- Train Aboriginal people to be mentors to bring them up to date re: generational changes.
- Provide female to female and male to male mentors/workers.
- Aboriginal mentors and non-Aboriginal workers need to be on the same level.

- 2. Provide AOD and MH education and training to high school students, parents and carers to increase knowledge, awareness and prevention of AOD and MH issues**

Identified need:

- ❖ Young people need more support and somewhere to go where they are not judged.
- ❖ Need more support to understand the AOD and MH symptoms – more education for family to better understand close family members who are going through AOD and MH.
- ❖ Need to go to where others feel safe e.g., school, community, home.

How to do it:

- Train local Aboriginal people and employ them to deliver training and workshops in schools:
 - Wanneroo high schools – 34 ATSI students; and
 - Banksia Grove – Year 10.

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- Topics/activities may include:
 - Celebrate ATSI activities (e.g., NAIDOC, Sorry Day, cultural activities);
 - Support for younger sisters/brothers – day activities culturally safe for mob;
 - Yarn about grief and loss – somewhere to share and have a voice;
 - Somewhere to go where not judged;
 - Guest speakers and general community – everyday people share their survival stories;
 - School holiday programs that are culturally-based; and
 - Community events to build relationships in this community in the North.
 - To promote:
 - Families supporting each other;
 - Internal and external support;
 - Building friendships and relationships; and
 - Practicing 'old ways'.
 - People with lived experience working in these positions to share stories and break barriers.
 - Link current Aboriginal programs into schools e.g., Wirrpanda, Sistergirls Program, Follow the Dream.

3. Engage with the community to promote culturally secure holistic support services to increase awareness and enhance access to local services

Identified need:

- ❖ Services and community need to be educated on what is available in the local area.
- ❖ Need to promote services beyond just AOD and MH – need to provide holistic support.
- ❖ Community need to know where they can go to access culturally secure services.
- ❖ Need more promotion of what services are available.

How to do it:

- Increase promotion of local culturally appropriate programs and services through:
 - Noongar radio;
 - ABC radio;
 - Flyers;
 - Facebook;
 - NITV;
 - Staff promoting services at specific sites; and
 - Word of mouth.

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- Within services:
 - Increase AOD and MH networks to know what other services are available; and
 - Aboriginal and non-Aboriginal staff to network and share information.
 - Within community:
 - Door-to-door promotion and engagement;
 - Set up community cultural centres to deliver face-to-face promotional support;
 - Share information on who services are and what they do at community events;
 - Provide more information and supported referrals for other services, including domestic violence, homelessness, AOD and MH; and
 - Engage community to assess their understanding and knowledge of what services are available - monitor this over time to see if promotional activities increase knowledge and access to services.

4. Establish engagement roles within services to improve communication and integration.

Identified need:

- ❖ Need to improve communication between service providers and with community.
- ❖ Services need to connect and communicate with each other and with the right demographics e.g., having youth services work alongside and communicating with each other.
- ❖ Services need to break the cycle and work alongside other services to ensure care is person-centred.
- ❖ Need to find ways to connect AOD and MH services to stop people falling through the gap.

How to do it:

- Develop engagement team and roles within each service to link in with other services:
 - Management and staff to be trained in all areas including across AOD and MH;
 - Needs buy in – whoever gets funding needs to actively go out and meet other service teams – not just one person;
 - Role to let other organisations know about each other in a targeted way – not just *talk fest* meeting - provide a list and action;
 - Know what network forums and interagency meetings are happening;
 - JAWS at Joondalup attendees include justice, education, non-government organisations (NGOs), local government, AOD and MH services – interagency meeting quarterly and monthly;
 - Do promotional networking; and
 - Community engagement for service providers.
- Improve communication between service providers:
 - Bigger organisations: map out what is available and start with the bigger organisations making the first step in communication and linking in; and

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- Smaller organisations: develop partnerships with larger services to give them something to stand on - smaller services need to be supported by larger services.
 - Set up communication between AOD and MH services with other community services to close the gaps and break down barriers:
 - See individuals in a holistic way to meet all the complex needs an individual may be experiencing;
 - AOD, MH, homelessness, domestic violence support services need to start communicating;
 - Client and family focused;
 - Build communication within each individual service; and
 - Training and development on how services are delivered.
 - This can all only happen with consolidation, cultural security and sustainability.

DRUG AND ALCOHOL COURT AFTERNOON SESSION

An afternoon session was held to discuss issues related to drug and alcohol court.

Personal experiences:

- I had to lie and say I used drugs to access the court – should allow people with alcohol addiction too.
- Hard not to re-offend when you are struggling.
- Outcare assisted me to find temporary housing (for 3 months).

Sharing of information:

- START court for people with mental illness – can find out more about your rights through the Mental Health Law Centre.
- Drug court has rehabilitation focus and helps you get off drugs - normal court does not.
- Parole – need to opportunities to access services with support.
- Need to talk to local magistrate.
- Prevalence of dangerous backyard narcotics and dexamphetamine.
- Alcohol is even easier to obtain than drugs.

Key issues:

- High undiagnosed mental illness in prisons - need to look at alternatives to gaol.
- Concerned there are not services and supports to help people stay sober.
- Lack of mental health support in criminal justice system, especially when it comes to release.
- No linking with community services upon release.
- Used to be discharge programs for prisoners with AOD issues – what happened to these?
- Need to look at and address all of the person's needs.
- Priority for those people with no or limited support.
- Youth need the right people with the right tools or it won't work - importance of Elders - people with right engagement skills to build trust and rapport.

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- Importance of knowing identity and heritage - provide opportunities for youth to thrive.
 - Homelessness – prioritising housing needs, especially for people released from prison beyond first three months – need to support people to get their own support.

Service issues:

- YouthLink seldom get referrals from Banksia Hill and if do they are often not in the age groups or needs that they can support.
- Services need to do more problem solving
- Supported referrals are needed when a person needs things specific services – don't leave people on their own
- Department of Child Protection (DCP) – issues for kids in state care – need family support and services when youth are released from care, especially those at risk and vulnerable – otherwise they enter a merry-go-round, and it is confusing and creates barriers.
- Not treating depression and anxiety – sending people to General Practitioners (GPs) then medicated but no therapeutic model or support.
- Not enough culturally safe services – need services to work with and support Elders.
- All aspects of a person's life – should provide coordination and advocacy to deal with other issues and to navigate and access services that should be helping them.
- Cannot just counsel someone when they have housing, health, justice issues etc– many services do not get funded for it but we have to address those urgent issues and the negative impact they have on mental wellbeing.

Focus for improvement:

- Need a more coordinated approach to services available for prisoners, especially when they are released.
- Need more cultural healing and content in prison health model – build on cultural aspects of a person's life.
- Need opportunities to take young people out on Country or just outdoors, sitting down with Elders – give them some time (not just one off) to open up and give them that cultural information and identity they need.
- Need our Elders delivering programs – providing the right support that actually means something to them.
- Need support for partners and families when someone is getting out of prison to help them support the person.
- Research project about AOD, incarceration and AOD courts and systems – raise with consortium partners through project management groups - what about AADS – as they provide services in prison and in community.