

# Waroona



Integrated Systems of Care to support people with mental health, alcohol and other drug issues (ISC)

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## **Community Engagement and Co-Design Workshop Report**

**2017**

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## Executive Summary: Waroona Area

[Waroona population: 4,148]

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 people with mental health, alcohol, and drug issues in the Perth South Primary Health Network region from April 2017 to June 2018. The purpose of this activity is to improve the health and wellbeing of 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 member's 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.

### WAROONA AREA:

CONSULTATION AND ENGAGEMENT	
Community Members	Service Providers
4	7
WORKSHOP ATTENDANCE	
Community Organisations	Service Providers
0*	6

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\*Waroona Engagement with the community members in the small semi-rural Waroona population presented challenges to the RW team in the short time frame. An extensive amount of local services were contacted by phone and face to face in recognition that many people in this community considered themselves both service providers and local community members with local knowledge of community concerns. RW staff visited Waroona twice prior to the workshop, attended the Waroona Agricultural Show on the advice of locals and managed to interview four community members, however none were willing to attend a workshop due to concerns that other residents would know that they had participated in a MH and AOD workshop. Engagement with Culturally and Linguistically Diverse communities was a key feature of the RW community engagement strategy in locations other than Waroona. Peer AOD/MH engagement staff also sought out community input via consumer and networks and peer support groups.

## Co-design Workshop

### Workshop Themes:

#### **Provide more services available within the local community.**

There is a lack of resources in Waroona for local services to provide MH and AOD support and treatment. We need localised services (including outreach) and for people to easily access them. Services need to work very closely with the community, as there has been high suicide rate over the past 10 years. Local expertise, control, decision making and access are highly valued by the community.

#### **Address stigma and confidentiality concerns.**

Stigma is decreasing slowly but resources to address this are not available. Concerns about confidentiality remains a barrier for people to access services. Services find it difficult to establish trust and be accepted within the community. Partnering with the Lion's Club, a community organisation, who are very active was suggested. Using prominent community leaders to highlight mental health issues may be effective way to address stigma and discrimination.

#### **Provide more support for families and carers.**

Older people are caring for their children and do not know what services exist to support them. There is a lack of communication and information sharing between psychologists, psychiatrists and family members.

#### **Access and transport to GPs is needed.**

Provide more access to GPs who are educated about mental health, alcohol and other drug issues, as the geographical isolation is preventing people from seeing a GP. Address the lack of local expertise and transport services.

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A co-design workshop was held in Waroona on Oct 18<sup>th</sup> 2017 for community members and service providers. 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 workshop identified seven key findings to be considered by the Project Management Group:

1. Address gaps in supply of local GP and allied health workforce.
2. Improve ability for GPs to address lack of coordination and integration between service providers. Address complexity of system navigation to ensure care is provided early and by the right people.
3. Improve how local services are currently delivered, including the provision of outreach services and walk-in GP services. Increase measures to maintain confidentiality and privacy when accessing local services.
4. Invest in a second community car to address local transport and access issues.
5. Develop a community connection program to increase knowledge of co-occurring MH and AOD, reduce stigma, start conversations and build community resilience.
6. Identify community mentors with lived and family experience to provide support and education to increase awareness of local services and reduce stigma.
7. Provide a program to recognise, support and educate carers and families on how best to support their significant others dealing with MH and AOD issues, including a family support network.

### Solutions to Address Key Findings:

#### 1. Address gaps in supply of local GP and allied health workforce.

##### Identified need:

- ❖ Psychologist leaving area (has been very busy) and nearest is Pinjarra and Harvey.
- ❖ Local GP has retired.
- ❖ No consistency in local GP services - Revolving GPs from Harvey makes it difficult to develop a relationship as have to keep explaining story to different people.
- ❖ There has been community consultation around Harvey Medical Service and lack of consistency of local GP services.
- ❖ Need for continuity in GP contact with someone who is in it for the long haul.
- ❖ Need a GP all-rounder with experience and empathy across multiple areas including trauma informed, and able to provide immediate care when needed.
- ❖ There have been complications to mental health care plans in the town.

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**2. Improve the ability of GPs to address lack of coordination and integration between service providers. Address complexity of system navigation to ensure care is provided early and by the right people.**

**Identified need:**

- ❖ Services need to be integrated and coordinated.
- ❖ People often only access services in crisis and ongoing support is needed - help to intervene before people need acute care.
- ❖ Early intervention is the key.
- ❖ Need to support people better after an initial assessment.
- ❖ Level of complexity to get help has increased.

**How to do it:**

- ❖ GPs to provide warm referrals to assist people to access services.
- ❖ GPs to bridge the gap and broker the right services for the individual.
- ❖ GPs to link with local outreach services to ensure confidentiality is maintained.
- ❖ Local multidisciplinary staff based across services that GPs can tap in to.

**3. Improve how local services are currently delivered, including providing outreach services, walk-in GP services, and increasing measures to maintain confidentiality and privacy when accessing local services.**

**Identified need:**

- ❖ Need Outreach services.
- ❖ Need access to GP services.
- ❖ Need measure to maintain confidentiality and privacy.

**How to do it:**

**Outreach services:**

- Service availability is needed 7 days a week and around the clock;
- Provide outreach services in the home – mobility of service is crucial as many people do not have transport;
- Provide outreach using unmarked cars;
- Be creative in where the service is delivered e.g., coffee shop or park;
- Staff to be mobile and flexible as community values this;
- Provide holistic wrap-around local services that removes labels; and
- GP Down South are good services but are provided on different days – try and provide all services on one day in one location or make these mobile services.

**Walk-in GP appointments:**

- Provide walk-in GP appointments; and

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- “Pinjarra GP walk-ins really work”.

**Improve confidentiality and privacy:**

- Privacy and confidentiality is imperative – don’t want people to know our business;
- Access to services needs to be kept private;
- GP Down South bus is not private and too visual for a small town (e.g., can see bus parked out the front and this deters people as everyone else can see); and
- People are scared to access mental health support for fear of being labelled and “people will think I’m crazy”.

**4. Invest in a second community car to address local transport and access issues.**

**Identified need:**

- ❖ Need to provide transport options to access services – a community car exists but there is too much demand.
- ❖ Provide employment or volunteer opportunities for locals/mentors drive the local community car.

**How to do it:**

- ❖ Volunteers to drive the cars, or those identified as local mentors.
- ❖ Call out to the community to identify those interested in driving the car.
- ❖ Provide training to drivers (e.g., MH first aid, AOD, good ‘listeners’ topics).
- ❖ Drivers to have good knowledge of local services.
- ❖ Policy around confidentiality and privacy.
- ❖ Have drivers on call for out-of-hours support.
- ❖ Link with Peel volunteering.
- ❖ Ensure local services know of and link into community car to support access to appointments.
- ❖ Explore cost of funding, leasing and community donations.
- ❖ Require some workforce to help with scheduling of car and admin; also provide training and coordinating and recruitment of volunteers.
- ❖ Schedule availability of the car to allow multiple users to travel at the same time.
- ❖ Currently a fee for service, look at how could possibly make this free.
- ❖ Purchase car from Land Ford car sales in Mandurah or explore shire availability of car for local use.

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**5. Develop a community connection program to increase knowledge, reduce stigma, start conversations, and build community resilience related to AOD and MH.**

**Identified need:**

- ❖ Need a local campaign to change community perception of mental illness.
- ❖ Need to shift local culture and language around AOD and MH – celebrate wellbeing.

**How to do it:**

- ❖ Create community activities to connect people.
- ❖ Have a Chat Day.
- ❖ Family Fun Day.
- ❖ Farmer's market breakfasts/social interactions.
- ❖ Yarn with a mate.
- ❖ Notion of yarnning with a friend who cares.
- ❖ Organise events and have people with lived experience as speakers.
- ❖ Provide catered community events to help start the conversation and link people together.
- ❖ Where possible try and link activities in with existing events (e.g., local markets, Waroona Agricultural Show) as new and separate events could create isolation.
- ❖ Host community events that are staffed by community mentors and invite Peel and Pinjarra mentors.
- ❖ Could have worker based at the Waroona Community Resource Centre (CRC) to organise activities/events

**6. Build the local workforce by identifying community mentors with lived/family experience to provide support and education to increase awareness of local services and reduce stigma.**

**Identified need:**

- ❖ Need mentors to help challenge and reconceptualise mental “health” rather than mental “illness”.
- ❖ Mentors can help people find their own path.

**How to do it:**

- ❖ Mentors are community members who have lived or family experience but do not necessarily have to be a local.
- ❖ Share experiences of first-hand experiences as this changes attitude of audience and they are able to identify and relate and important they have sense of humour.
- ❖ Community mentors to provide training and information about services available.
- ❖ Need to have knowledge and strong links with services and relationships with staff.

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- ❖ Mentors to build strong networks within community and schools and use local media to educate community.
  - ❖ Use opportunities like sporting events to campaign and increase awareness (e.g., Basketball is huge in Waroona) – contact Shire of Waroona, Community Development Officer.
  - ❖ Utilise and link in with school chaplains, counsellors and sporting clubs to spread message.
  - ❖ Develop education and fact sheets (clinical and lived experience).
  - ❖ Increase awareness and build strong connections with community groups.
  - ❖ Find mentors that are genuine and compassionate that are available on-call and after hours.

**7. Develop a program to recognise, support, and educate carers and families on how best to support their significant others dealing with MH and AOD issues, including a family MH and AOD support network.**

**Identified need:**

- ❖ Engagement with families is crucial for solutions.
- ❖ Need a training program for children and adults (older kids go to Pinjarra High School).

**How to do it:**

- ❖ Inform families of Carer Recognition Act and Helping Minds.
- ❖ Develop processes and policies to engage families and friends by providing support without disclosing information about treatments.
- ❖ Professionals to advise families and friends on way they can help provide support.
- ❖ Provide support to check to see that families are okay.
- ❖ Provide training on skills and strategies to normalise self-care.
- ❖ Provide education so families can support their own.
- ❖ Link families with schools.
- ❖ Previously Strong Families was funded - Wanslea Group using Strong Families model.
- ❖ Develop a family MH and AOD support network.
- ❖ Create a youth group for kids with parents experiencing MH and AOD issues.
- ❖ Provide peer mentoring in schools to support youth with family issues.