

Belmont



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: Belmont Area

[Belmont Aboriginal and/or Torres Strait Islander population: 161]

[Belmont population: 6,785]

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/MH issues.

AOD/MH 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.

BELMONT AREA:

CONSULTATION AND ENGAGEMENT	
Community Members	Service Providers
13	11
WORKSHOP ATTENDANCE	
Community Members	Service Providers
14	2

Co-design Workshop

Workshop Themes:

- **Provide flexible models of service delivery for people who have both AOD and MH issues instead of saying "we only provide this kind of support and not that."**
 - Services need to be flexible and accountable to meet holistic individual needs instead of adhering to strict criteria.
- **Increase local Aboriginal workforce by providing training and education for local people who have lived experience in AOD and MH and understand the Aboriginal ways of working.**
- **Increase availability of local AOD and MH services that provide culturally safe, holistic, genuine, non-judgemental and confidential support with short waiting lists.**
 - Get it right the first time otherwise people lose hope, disengage from services and are turned away at crisis points.
- **Have a yarning/drop in centre that provides emergency support, information on what local services are available, actively links people up to local services, and where the mob can go to yarn.**

A co-design workshop was held for community members and service providers in Belmont on October 24th 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 5 key findings to be considered by the Project Management Group:

1. Provide a drop-in crisis centre that is open 24/7 as a safe place for people and families to go in times of need that provides care coordination to support system navigation from first contact, and is staffed by peer support workers with lived experience who have adequate understanding of culture and the AOD and MH journey.
2. Develop an Aboriginal AOD and MH Community Reference Group (ACRG) to work with large organisations and local services in Belmont to seek opportunities to provide training, education and employment to local Aboriginal community members to enable local leaders to lead in helping their mob to build the capacity of local people, the local community, and the local workforce.
3. Develop a culturally secure mobile outreach crisis service staffed with a team of two to three part-time frontline Aboriginal action workers who are trained and have lived experience to provide 24/7 support to those experiencing AOD and MH issues.

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4. Provide a youth drop in centre as a safe place for youth to go to access support, information, education, training and access activities to focus on the wellbeing of local youth to prevent and manage AOD and MH issues, staffed with full-time Aboriginal youth workers.
 5. Develop a rehab facility that provides a range of access options including day rehab and voluntary rehab to address short-term or long-term AOD and MH needs, developed and delivered by Noongar people in a Noongar way on Noongar Country.

Solutions to Address Key Findings:

- 1. Provide a drop-in crisis centre that is open 24/7 as a safe place for people and families to go in time of need that provides care coordination to support system navigation from first contact, and is staffed by peer support workers with lived experience who have adequate understanding of culture and the AOD and MH journey.**

Identified need:

- ❖ Need counselling services available 24 hours.
- ❖ Need somewhere for whole family to go.
- ❖ Need Aboriginal staff to help before something goes wrong – some services only bring them in once there is a problem.
- ❖ Need urgent response support.
- ❖ Need clear communication with person and between services.
- ❖ Need services to work together for the sake of the community, rather than compete for funding.
- ❖ Need support from the beginning, and to follow through to all services the person needs.
- ❖ Need to provide support as soon as someone asks for it.
- ❖ Need people with lived experience in services – breaks down barriers.

How to do it:

- Provide holistic family support.
- Provide life skills and goal setting to assist with family stress.
- Provide a crisis management team including doctors, nurses, psychologists, psychiatrists etc.
- Have a male and female Aboriginal negotiator for when police arrive in a crisis situation.
- Provide an after-hours team for crisis interventions.
- Provide effective communication between MH professionals to ensure safety of clients.
- Provide a positive outlook for families to keep families together when in a crisis situation.
- Have culturally aware staff, all must have Aboriginal specific cultural awareness.
- When a person comes for help, stay with them from A to Z and don't leave them.
- Have shared referral pathways and coordination with shared pool of funds between providers.
- Address cultural and language barriers from staff from other countries and cultures.

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- Have people with lived experience to yarn with and those still struggling with issues.
 - AOD and MH services to talk and plan and work together to bridge gaps and improve services.
 - Communication with clients and between services is essential and number one.
 - Importance of communication – may need interpreters and family involvement to meet the needs of the person and people who are with them.
 - Importance of trust and confidentiality – some people are too ashamed to talk to family about their AOD and MH problems.
 - Communicate with the person, with their family and support people across all services.
 - Provide an after-hours team for crisis interventions.

2. Develop an Aboriginal AOD and MH Community Reference Group (ACRG) to work with large organisations and local services in Belmont to seek opportunities to provide training, education and employment to local Aboriginal community members to enable local leaders to lead in helping their mob to build the capacity of local people, the local community, and the local workforce.

Identified need:

- ❖ Need to increase local Aboriginal workforce by providing training and education for local people who have lived experience in AOD and MH and who understand Aboriginal ways.
- ❖ Need local people to work in local services.
- ❖ Need to actively listen and put into action the knowledge and experience of Aboriginal people.
- ❖ Need to value lived experience over formal university degrees.
- ❖ Need for cultural awareness to spread throughout the community to ensure respect and non-judgemental habits become a part of this sector.
- ❖ The community want to have people who understand them and their ways in organisations.

How to do it:

- Develop a committee like a Belmont Aboriginal AOD and MH Community Reference Group (ACRG) with community board members to go to organisations with respect and in partnership.
- Include local Members of Parliament (MPs), Elders, community members, including youth, elders, men and women.
- Group needs to be inclusive and have strong family resources.
- Work with Elders and utilise their knowledge and connections to understand and respect Noongar protocols.
- The ACRG group would have a range of different qualified people with lived experience in the committee, and would be involved with recruitment of Aboriginal community

members, advise who to hire, and help identify leaders and strong family members to go to.

- The ACRG aims to build the capacity of the local community with jobs, training and study.
- Find funding and put together partnerships for sponsorships to be led by the community to support training and education for local community members to enter into the workforce.
- Link in with local Aboriginal services.
- Link in with training services and local community to find appropriate and relevant trainers.
- Select six people for funded training for identified local community members to educate the local people to work within the community.
- Look at the current leaders who are identified by the community.
- Provide training to already employed Aboriginal workers to best assist Aboriginal clients.
- Members of local services can go to the ACRG to gain information and knowledge and for support in hiring local community members.
- Ensure the hiring process is linked in with an Aboriginal Community Reference Group to ensure any knowledge is carried on and the organisation hire the appropriate individual for the position.
- Ensure positions are available within local organisations and review application criteria.
- Have minimal barriers for those with criminal records applying for jobs in community sector.
- Provide Cultural Awareness Training to local AOD and MH organisations.
- Provide training to community members to support themselves and their families in conjunction with or instead of the assistance of services or organisations.

3. Develop a culturally secure mobile outreach crisis service staffed with a team of two to three part-time frontline Aboriginal action workers who are trained and have lived experience to provide 24/7 support to those experiencing AOD and MH issues.

Identified need:

- ❖ Need well trained workers with lived experience who genuinely care and are not scared to work with Aboriginal people with complex issues.
- ❖ Lots of Aboriginal services but they will not come to us.
- ❖ Need front line community health workers.
- ❖ Need support for people in the trenches suffering from MH and AOD issues, that people can relate to and trust.

How to do it:

- Develop service in partnership with existing services that provide training, resources and support to the local community.
- Provide training and education for workers to be trained in MH First Aid.
- Local community-driven initiative.
- Workers to assist with linking people and referrals to other services.
- Walk the whole path with the person and be prepared to support client after hours.
- Strict recruitment criteria to find the right people - employ and train identified key people who specialise in working with complex clients.

4. Provide a youth drop in centre as a safe place for youth to go to access support, information, education, training and activities to focus on the wellbeing of local youth to prevent and manage AOD and MH issues, staffed with full-time Aboriginal youth workers.

Identified need:

- ❖ Need a safe place for youth to meet.
- ❖ Need a place for youth to go to yarn and get education and training.
- ❖ Need gender specific youth workers to best engage with different groups (particularly men).
- ❖ Need support for young people to prevent suicide and AOD and MH issues.
- ❖ Need more full-time youth workers for Aboriginal males aged 10-25.

How to do it:

- Provide support for individuals and families of young people.
- Provide suicide bereavement support for young people.
- Provide access to pre-employment skill development and training.
- Provide skills to build relationships and family support.
- Provide access to positive group activities.
- Bush trips (make tools, tapping sticks etc.).
- Sporting events (basketball, footy, AFL games, watch Wildcats play).
- Weekend camping trips.
- Cultural activities and events.
- Fun day outings (fishing, travel, hunting, camping).

5. Develop a rehab facility that provides a range of access options including day rehab and voluntary rehab to address short-term or long-term AOD and MH needs, developed and delivered by Noongar people in a Noongar way on Noongar Country.

Identified need:

- ❖ Need rehab centre.
- ❖ Needs to be out of the city where it is not too easy to go back to alcohol and drugs.
- ❖ Need to address frustration with existing services that are funded but not meeting needs.

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- ❖ Need staff who are there for all of the community.

How to do it:

- The facility needs to be safe for everyone.
- Needs to have strict rules and guidelines.
- Provide options for rehab access including day rehab and transitioning to and from rehab.
- Help individuals get connected back to their families (reunite people do not split them up).
- When someone presents to a GP with an AOD or MH issue they need to be linked to detox and rehab support – not good enough to give them a referral while they wait for help.
- Look at successful models that have already been developed for the transition through rehab.
- Red Dust Healing is a good healing model.
- Provide a voluntary program where people can come and go short-term or long-term.
- Acknowledge importance of healing on Noongar Country.
- Acknowledge success in rehab – give people a certificate.