

# Joondalup



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

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

**2017**

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## Executive Summary: Joondalup Area

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

[Joondalup 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/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.

### JOONDALUP AREA:

| CONSULTATION AND ENGAGEMENT |                   |
|-----------------------------|-------------------|
| Community Members           | Service Providers |
| 5                           | 13                |
| WORKSHOP ATTENDANCE         |                   |
| Community Members           | Service Providers |
| 18                          | 8 (12 people)     |

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## Co-design Workshop

### Workshop Themes:

- **Need more support for young people**, especially those using drugs and at risk of homelessness and suicide - importance of face to face community outreach and AOD education for young people.
- **Need local rehabilitation services and immediate support** and pathways for those at risk.
- **Increase opportunities for education and communication** between service providers and the community about local AOD and MH issues, and what support local services provide.
- **Need Aboriginal counsellors** working in Aboriginal ways to address impacts of racism, intergenerational trauma, unresolved grief and loss.

A co-design workshop was held for community members and service providers in Joondalup on November 30<sup>th</sup> 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 team of Aboriginal workers to develop and deliver local programs for Aboriginal youth.
2. Distribute AOD and MH information and education to schools, parents, families and carers to increase awareness and build capacity for the local Aboriginal community to support each other.
3. Employ an Aboriginal Community Engagement and Education Officer to provide community education, case management and service coordination.
4. Employ Aboriginal Grief and Loss Counsellors for Intergenerational Trauma.

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## Solutions to Address Key Findings:

### 1. Employ a team of Aboriginal workers to develop and deliver local programs for Aboriginal youth

#### Identified need:

- ❖ Need more support for young people and young people who are carers.
- ❖ Need more support for complex families.
- ❖ Need more postvention support for disengaged youth and those at risk.
- ❖ Need more support for local families and local youth – link into culturally appropriate AOD and MH services.

#### How to do it:

- Employ local mob to work with youth:
  - Ensure is community led and driven; and
  - Find local mob who are interested.
- Align/fit services into local Aboriginal community driven programs and activities that have high participation numbers of Aboriginal youth such as:
  - Binar Basketball;
  - Nollamara Football Club;
  - Old Falcons Football Club;
  - Cole Consultancy – raw, grief and loss, cultural, camps, men’s programs; and
  - Yanchep National Park.
- Provide bus transport to get to activities.
- Headspace ‘Lighthouse Program’ was a really good program.
- What can be learned from these past programs and what other programs and support for youth is out there.

### 2. Distribute AOD and MH information and education to schools, parents, families and carers to increase awareness and build capacity for the local Aboriginal community to support each other.

#### Identified need:

- ❖ Need more help for families and carers.
- ❖ Need better education about what services are around, including rehabilitation services.
- ❖ Need to ensure family can support individuals in need – rejection from services is bad, but rejection from families can be worse.

#### How to do it:

- Increase awareness by doing a mail out of information to local areas:
  - What services are available;
  - Simple and clear language – no jargon; and
  - Send to local community members, schools, kindergartens, libraries, hospitals.

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- Develop support programs for:
    - Carers and families to be able to support the person and to develop their own coping skills; and
    - Youth in schools, Tafe and university.
  - Involve local police, schools, community centres, sporting teams, football clubs.
  - Meet with local services and education department to introduce education at a younger age.
  - Advocate and campaign for AOD and MH education to be compulsory in schools and to have it a permanent part of curriculum and continuously updated.

### **3. Employ an Aboriginal Community Engagement and Education Officer to provide community education, case management and service coordination**

#### **Identified need:**

- ❖ Need to improve communication between services – need coordinated hub.
- ❖ Need to provide link into services by someone that is trusted in the community.

#### **How to do it:**

- Community Engagement and Education Officer:
  - Part informal counsellor;
  - Community education;
  - Community outreach and engagement;
  - Build trust and respect with community;
  - Provide support for individuals and their families;
  - Education and engagement with services;
  - Conduit role – not service provision;
  - Case management;
  - Enhance treatment options to provide service navigation;
  - Advocate for consumer choice and control;
  - Support referral pathways to integrate services;
  - Provide support outside of standard business hours – flexible;
  - Informal one-to-one counselling/yarning;
  - Brokerage services to support getting to appointments e.g., transport, taxis etc.;
  - Link clients back to local GPs; and
  - Intersection with justice system.
- Officer needs to be provided with ongoing supervision and training.
- Positions to be 50d substantive.
- Aboriginal version of Carers WA.
- Community endorsed and supported role.

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#### 4. Employ Aboriginal Grief and Loss Counsellors for Intergenerational Trauma

##### Identified need:

- ❖ Need more Aboriginal staff – more than one person in one service.
- ❖ Need to employ Aboriginal men and women of different ages.
- ❖ Need more support and guidance from Aboriginal Elders.
- ❖ Need to be specific positions with specific roles – many Aboriginal workers get pulled in to do with anything and everything mainstream staff ask of them.

##### How to do it:

- Aboriginal Grief and Loss Counsellors to provide:
  - Community outreach in homes and out in community – go to the people;
  - Counselling where people choose – many do not want to be in a counselling room as there is a lot of shame talking about MH and people need to feel safe and comfortable;
  - Advocacy through liaising with other agencies such as HomesWest and Centrelink – ensure communication is open and two-way with individuals and their families; and
  - Community events to bring people together and meet with staff to yarn about grief and loss.
- Counsellors:
  - Need to be someone people can relate to and connect to – someone who has been there and has life experience;
  - Need to be genuine and caring and in it for the right reasons;
  - Must be Aboriginal – need to be one of the mob;
  - To be trained in MH First Aid and ensuring the right fit for Aboriginal community;
  - Training through Mental Health Commission 'Strong Spirit, Strong Minds';
  - To receive guidance and mentoring from Aboriginal Elders; and
  - Importance of cultural identify and connection with self, family and Country.
- Establish a group of local Elders as Reference Group for cultural guidance.
- Find specific training e.g., Aboriginal Grief and Loss via Australian Institute of Grief and Loss SA.
- Recruit male and female counsellors.
- Develop engagement and marketing strategy to promote events and advertise to people.