

Mandurah



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: Mandurah Area

[Mandurah Aboriginal and/or Torres Strait Islander population: 2,096]

[Mandurah population: 96,736]

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.

MANDURAH AREA:

CONSULTATION AND ENGAGEMENT	
Community Members	Service Providers
8	5
WORKSHOP ATTENDANCE	
Community Members	Service Providers
12	5

Co-design Workshop

Workshop Themes:

- **Services need to be integrated and focus on the individual as a whole regardless of diagnoses.**
 - One person with many needs.
- **Services need to collaborate and develop systems and processes to reduce people falling through the gap**
 - Enhance continuity of care across providers.
- **Services need to be culturally appropriate, welcoming, and delivered out in the community.**
- **Services need to help family and not just the person in need.**

A co-design workshop was held for community members and service providers in Mandurah on September 12th 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 nine key findings to be considered by the Project Management Group:

1. Bring services together in a safe, integrated space to focus on holistic needs of individuals, families, and the broader community.
2. Develop a team of case workers that liaise with all local services across sectors to address the needs of the individual.
3. Expand types of local therapy services and community activities available that are culturally appropriate for the Aboriginal community.
4. Provide a 24/7 community outreach service to provide care in the time and place of need.
5. Provide a 24/7 Aboriginal sober up support shelter that is a safe place to support individuals and families.
6. Develop a youth empowerment program to foster self-respect and culture among local youth.
7. Develop a family support program to build local capacity and family resilience.
8. Build the local Aboriginal workforce to support the local Aboriginal community.
9. Re-design service environments to be more inclusive, welcoming, and understanding of Aboriginal culture and values.

Solutions to Address Key Findings:

1. Bring services together in a safe, integrated space to focus on holistic needs of individuals, families, and the broader community.

Identified need:

- ❖ Services need to have tools and skills to work with everyone regardless of diagnoses or immediate needs.
- ❖ Need to treat individuals case by case - develop an understanding of each individual rather than lumping everyone into the system as one needs to break down silos between providers.
- ❖ Need to provide an integrated service that address MH and AOD needs that is culturally sensitive for Aboriginal people, provides support to individuals and families, and is provided in a private and confidential manner.

How to do it:

- Expand capacity of existing Aboriginal organisations.
- Make NWM more Moorditj.
- Increase activities available for people of all ages.
- Provide education/cultural immersion.
- Provide access/links to MH and AOD services.
- Provide workshops and support groups.
- Provide alternatives to traditional services.
- Provide support and advice to help identify suitable National Disability Insurance Scheme (NDIS) providers.
- Provide genuine support – “don’t say what you want to hear, but what you need to hear”.
- Address need to pigeon hole people to fit into diagnosis category – see individual as a whole.
- Prevent exit of person from one service and passing between services without communication and linkage Provide support to link between services.
- Paperwork to be centralised and transferrable for each person, not for each service.
- Link with other social support services in the area (e.g., housing, Centrelink).

2. Develop a team of case workers that liaise with all local services across sectors to address the needs of the individual.

Identified need:

- ❖ Need to provide ongoing follow-up and connection with individuals to support navigation through the system.
- ❖ Need to address lack of communication between local services and awareness of what each service does and how.
- ❖ Need to address breakdowns in referral system.

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- ❖ Need to ensure people have seamless transition into and across services.

How to do it:

- Employ case workers to be liaison officer or support navigator.
- Assign a case worker to link individuals in with the community.
- Case workers could be seconded across local providers.
- Help break down silos between services and enable transitions and links between services.
- Case workers to be aware of all service options available in local area and share networks across providers.
- Provide transfer and handover when people released from jail.
- Provide support for medications, prescriptions, and transport.
- Provide financial aid for medication (e.g., epilepsy etc.)
- Involve family and carers.
- Single intake meeting to discuss all needs and intake meetings each morning and handover processes.
- Ensure case workers are supported to avoid burn out.
- Tell story once and the case worker relays story to other providers.
- Provide ongoing follow-up and connection with individuals via phone or text to support navigation through the system.
- Develop a working group to recruit and implement positions.
- Suitability for case worker will factor in resilience, experience, knowledge, connection and understanding of local community, good communication skills, empathetic, certification/qualification just desirable as experience and connection more important.

3. Expand types of local therapy services and community activities available that are culturally appropriate for the Aboriginal community.

Identified need:

- ❖ Need to provide therapy activities that better align with Aboriginal values and culture.
- ❖ Invest in community activities that bring people together to focus on culture and positivity.

How to do it:

- Introduce alternative therapy options and activities (e.g., yarning, bush walking, art etc.).
- Include a wide range of activities for all ages (e.g., fitness classes, nutrition, diabetic support, men's health, women's health etc.)
- Provide alternative therapy and healing options (e.g., yarning, bush walks, activities, art)
- Yarning:

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- Create a safe place for this Group yarning - can be an option to traditional counselling to provide education and information around services and client rights; and
 - Involve strong community role models in yarning sessions.
 - Way to involve community in decision making activities:
 - Bush walks – connect with country – mindfulness;
 - Bush medicine and physical, mental, spiritual, wellbeing;
 - Bush walking family activities; and
 - Encourage physical health.
 - Great way to create safe environment to break down barriers Art:
 - All forms (e.g., dancing, music, artwork);
 - Helps release emotions and therapy also crosses over with yarning; and
 - Artwork can be used for community resources and design.

4. Provide a 24/7 community outreach service to provide care in the time and place of need.

Identified need:

- ❖ Need to develop different service models to address time and location of peak need.
- ❖ Need to move beyond 9am-5pm, location-specific services to meet needs of community.
- ❖ Need to provide help in real time.
- ❖ Need to provide alternative to calling police for help with MH and AOD issues.
- ❖ Need to support those who are unable to attend location-specific services (e.g., homeless, transport limitations).

How to do it:

- Include role models and peer workers with lived experiences.
- Include visits and welfare checks on families and carers.
- Visit isolated areas with restricted access to services.
- Develop an emergency response team to attend urgent situations.
- Provide mobile outreach support for those who are homeless or without a fixed address.
- Provide home visits where people are most comfortable and can involve the families.

5. Provide a 24/7 Aboriginal sober up support shelter that is a safe place to support individuals and families.

Identified need:

- ❖ Need to provide a safe, accepting, and non-judgemental place for individuals and families to go for immediate MH or AOD needs Need to address lack of local sober up support.
- ❖ Need to address waiting lists for help – this scares people off and reinforces “worthlessness”.

How to do it:

- Provide a public, free, support centre that is based locally.
- Provide support to take small action steps towards quitting – do not just focus on quitting first up as that step is too big.
- Provide help and information for individuals and families.
- Provide a safe space to yarn at any time.
- Use community to design and build centre.
- Bring people together for ongoing and group support.
- Include a sober up shelter.
- Provide respite for families and carers.
- Develop ongoing family support networks and forums.
- Provide not just any training, but training by Aboriginal people for Aboriginal people.
- Leave space for walk-ins any time of the day.
- Bring people together with lived experience as role models and peer support for individuals and families.
- Employ Aboriginal peer workers with lived experience.

6. Develop a youth empowerment program to foster self-respect and culture among local youth.

Identified need:

- ❖ Need to empower and educate youth to make good decisions.
- ❖ Need to foster sense of community and support for youth.

How to do it:

- Involve and invest in Billy Dower Youth Centre.
- Extend opening hours at Billy Dower Youth Centre.
- A youth health hub has been funded in Mandurah – tie program into this hub.
- Look to fund “Shame Busting Program”.
- Look at models that have been taken to America (e.g., ‘Scared Straight’).
- Encourage and train youth to be mentors for others.
- Develop activities and site visits to expose youth to adverse events (e.g., prison, ED etc.).
- Re-introduce self-respect, culture, and encourage responsibility for own lives.
- Expand types of positive activities and programs available for young Aboriginal people (e.g., camps, sports).
- Employ Aboriginal staff to develop and deliver programs.

7. Develop a family support program to build local capacity and family resilience

Identified need:

- ❖ Need to provide education and skills to help families cope and support family members with AOD and MH issues.

How to do it:

- Involve and educate families to provide support during waiting periods.
- Involve families in follow-up sessions.
- Provide ongoing awareness information and education to family regarding the process.
- Provide education and workshops for people in recovery and released from jail (e.g., developing life skills in different environments).
- Provide support for other parents and families who have been through experience.
- Employ Aboriginal peer workers and families with lived experience to design and delivery programs.

8. Build the local Aboriginal workforce to support the local Aboriginal community.**Identified need:**

- ❖ Agencies need to employ Aboriginal people to provide culturally sensitive support to the local community.

How to do it:

- “Employ Aboriginal workers for the Aboriginal people”.
- Have gender-specific roles (females to work with females, males to work with males).
- Increase Aboriginal Youth Workers, youth mentors, and Aboriginal Education Support workers.
- Employ those with lived experience as peer workers – applicable to all of these funding proposals.
- HR to recognise and value Aboriginal culture (e.g., extended leave to attend funerals etc.)

9. Re-design service environments to be more inclusive, welcoming, and understanding of Aboriginal culture and values.**Identified need:**

- ❖ Need to foster more inclusive service environments.
- ❖ Need to focus on principles of understanding, comfort, reassurance, awareness, values and beliefs.
- ❖ Need to be welcoming – from initial greetings to facial expressions to body language.

How to do it:

- Change service environments so they are more welcoming and inclusive (e.g., display Aboriginal maps, flags etc.). Have more relaxed uniforms.
- Develop resources that are culturally appropriate – consult with the community.
- Provide education and information on what rights are as a client.
- Introduce mandatory cultural awareness training for all service employees.
- Ensure cultural awareness training is specific to the local area and not tokenistic.
- Educate on history, racism, stigma and discrimination.
- Employ Aboriginal peer workers with lived experience to support design and delivery.

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- Engage better with the community to develop trust and respect (e.g., attend local community events).
 - Involve strong community role models and broader community consultation in service re-design and delivery.
 - Attend local community events (e.g., NAIDOC, sorry day etc.)
 - Get out into community and yarn with people.
 - Provide forums for real consultation with community leaders and paid opportunities.
 - Ensure local government members are present, involved, and engaged.
 - Be open to feedback on how to work better with Aboriginal people.
 - Deliver services that are flexible with after school and day care support.
 - Avoid technical language and use more people friendly terms.