

Armada



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

Community Engagement and Co-Design Workshop Report

2017

Executive Summary: Armadale Area

[Armadale population: 79,602]

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 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 MH and problematic AOD issues.

Mental health services, AOD services and other service providers in the area were also contacted by the RW team to gather information about issues and concerns. 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 services was collated to provide themes for place-based, co-design workshops attended by service providers working together on solutions to address these issues.

ARMADALE AREA:

CONSULTATION AND ENGAGEMENT	
Community Members	Service Providers
N/A*	N/A*
WORKSHOP ATTENDANCE	
Community Members	Service Providers
N/A	10 (17 people)

* Pre-workshop engagement did not take place in pilot.

Co-design Workshop

Workshop Themes:

- **The local workforce has increased capacity to provide support to the community.**
- **Improve engagement and collaboration with the community and between service providers to develop more integrated services that focus on the individual as a whole.**
- **Reduce barriers preventing people receiving the care that best meets their needs and preferences.**
- **Address gaps in the provision of services to enhance continuity of care.**

A co-design workshop was held in Armadale on August 14th 2017 for service providers. This workshop provided an opportunity for service providers to come together to co-design local service activity and address issues related to service design, service delivery, key barriers to access, and community feedback.

Workshop Findings:

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

1. Overcome issues related to funding to encourage collaboration and innovation.
2. Develop a one-stop hub that supports individuals with co-occurring MH and AOD issues within the Armadale area.
3. Improve patient pathways to reduce the number of people falling through the gap.
4. Build local workforce capacity by increasing peer support workers in local services.
5. Address the lack of services related to housing and supported accommodation.
6. Develop services and programs that meet high levels of unmet need among vulnerable target groups.

Overall, services need to support those with co-occurring MH and AOD issues by driving innovation, improving pathways, building the local workforce, addressing issues with housing, and developing services to meet the needs of specific vulnerable target groups.

Solutions to Address Key Findings:

1. Overcome issues related to funding to encourage collaboration and innovation

Identified need:

- ❖ Acknowledge funding is siloed but people have complex lives and needs.
- ❖ Acknowledge funding is determined by outputs, not outcomes.
- ❖ Acknowledge perverse incentives drive competition between agencies.
- ❖ Acknowledge environment is risk adverse.

How to do it:

- Explore avenues for systemic advocacy to address silos and drive connected systems.
- Explore how to support agencies to innovate for change within funding constraints.
- Allocate funding for co-design processes to encourage innovation and collaboration.

2. Develop a one-stop hub that supports individuals with co-occurring MH and AOD issues within the Armadale area

Identified need:

- ❖ Build a collective MH and AOD interagency approach based around the needs of Armadale.

How to do it:

- Develop a central hub for streamlined referral, assessment, and treatment.
- Hub to be welcoming and inclusive for all people with all MH and AOD experiences.
- Hub staff understand co-occurring MH and AOD issues across the continuum.
- Provide holistic care around the person beyond just health (e.g., housing, education).
- Provide a simple and streamlined processes to support the client journey.
- Provide more specific tailored services for those with co-occurring MH and AOD issues.
- Provide one point of contact so people do not have to tell their story repeatedly.
- Improve how agencies communicate and work together to meet referral needs to avoid issues with semantics and unnecessary red tape.
- Develop protocol to share information on assessment, referral, and treatment between agencies that are working with the same individual and family.

3. Improve patient pathways to reduce the number of people falling through the gap.

Identified need:

- ❖ Address waiting lists that are too long and at crisis point.

How to do it:

- Develop alternatives to ED for people with self-harm or suicidal ideas.
- Increase mobile outreach services that go where the need is.
- Address AOD and MH issues across those with physical co-morbid health concerns.
- Address the gap between hospital and rehabilitation beyond discharge planning and recovery planning.
- Re-evaluate guidelines for referral and acceptance of those with co-occurring issues.
- Improve how agencies communicate and work together to meet referral needs to avoid issues with semantics and unnecessary red tape.
- Address the periodic nature of undiagnosed MH issues and the costs associated with medication versus self-medication with AOD.
- Address a lack of early intervention support whereby individuals classified with conditions not severe or persistent enough fall through the gap.

4. Build local workforce capacity

Identified need:

- ❖ Acknowledge the workforce is transient and the flow-on effect this has on the continuity of care to develop processes that do not solely rely on an individual within an agency.
- ❖ Acknowledge staff are often burnt out and under a lot of stress.

How to do it:

- Develop protocols and processes to support the workforce.
- Increase MH and addiction-specific workforce.
- Increase peer support workers with lived experiences across all services.
- Peer support workers to be representative across all stages of care.

5. Address the lack of services and support related to housing and supported accommodation.

Identified need:

- ❖ Address lack of supported accommodation services in Armadale.

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- ❖ Address the gap in provision of services for those well enough to be stabilised and discharged but have nowhere to go and end back in care or on the streets.
 - ❖ Address the gap for those who do not meet criteria for supported housing (e.g., not feasible to request large upfront payment).
 - ❖ Address issues with current youth housing regulations (e.g., youth needing to be stable in the community for three months before accepted into youth housing).
 - ❖ Need supported accommodation services for the cohort of people with co-occurring MH and AOD issues that have a non-linear journey, staffed by people who understand linkage across the spectrum.

6. Develop services and programs that meet high levels of unmet need among specific vulnerable target groups.

Identified need:

- ❖ Address gap in availability of culturally appropriate services.

How to do it:

- Adapt services to ensure they are culturally sensitive for Aboriginal people.
- Increase availability of cultural training within Armadale.
- Design programs for specific groups to increase self-awareness of MH and AOD conditions and reduce shame (particular issue within Aboriginal culture).
- Encourage young people (men in particular) to talk about issues of shame.
- Improve understanding of differences in health literacy of the community to inform a balance of information, resources, and support services available.
- Explore how to support cultures who do not recognise mental illness and allocate required funding (e.g., build service capacity and allocate cost of interpreters).
- Engage with Aboriginal Elders to share the voice of the community to push agendas to those in influential positions.