Belmont

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: Belmont Area

[Belmont population: 41,344]

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 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
17	11
WORKSHOP ATTENDANCE	
Community Members	Service Providers
18	3

Co-design Workshop

Workshop Themes:

- **Provide a community centre to deliver education about AOD and MH issues.**
  Increase knowledge and awareness of how the system works and local services available, and provide community activities to bring people together in a positive environment.

- **Increase the integration, connection and case coordination between AOD and MH services**.
  Provide holistic and continuous services, including increasing education for local GPs and health professionals about co-occurring MH and AOD conditions.

- **Provide employment opportunities for community peer workers in local AOD and MH services.**
  Mentoring programs, volunteering opportunities, and supporting more outreach service delivery options.

- **Need to address trust issues with services, their lack of understanding, their need to listen to people's stories.**
  Encourage them to look beyond the presenting issues and identify the underlying cause which is often MH related.

A co-design workshop was held in Belmont on Oct 26th 2017 for community members and service providers. This workshop provided an opportunity for service providers and local community members 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. Provide local cultural and religious leaders with training in key issues related to alcohol, drugs, mental health, domestic violence, youth issues and substance abuse and facilitate opportunities for these leaders to deliver community cultural awareness training to local services providers and the broader community.

2. Provide a safe place and innovative platforms in the community for people to go for AOD and MH information and support where there is no stigma, no judgement, acceptance of diversity and where people are empowered to do things their own way, led and supported by peers and volunteers.

3. Provide activities and opportunities for youth to get support and education about AOD and MH, share their experiences, and spread positive messages to increase awareness and reduce stigma among their peer groups.

4. Provide support, information and resources for parents, carers and schools to be able to understand and promote the adoption of healthy physical and mental behaviours, in addition to them understanding how to facilitate access to early intervention support services as necessary, particularly related to youth suicide prevention.

5. Hold a camp where services and organisations come together to listen, learn and understand what services are provided in the local area to build on one another and develop coordinated linkages with complementary skills and teams to meet wide ranging needs of the community.

6. Provide employment opportunities for peer workers to support their community, including the provision of recognised training with progressive career pathways that values lived experiences and the contributions they can make individually and collectively as a group to others experiencing AOD and MH issues.

7. Create community events such as open days and market days that provides opportunities for service providers to share information and build trusted relationships among different community groups to reduce barriers to accessing services.

Solutions to Address Key Findings:

1. **Provide local cultural and religious leaders with training in key issues related to alcohol, drugs, mental health, domestic violence, youth issues and substance abuse and facilitate opportunities for these leaders to deliver community cultural awareness training to local services providers and the broader community.**

Identified need:

- Need to increase education, awareness and understanding of diverse religious and cultural backgrounds and cultures in the community to increase cultural sensitivity.
- Need locally trained community and religious leaders that understand local issues.
- Need to identify key issues and differences for youth and parents in the local community.

How to do it:

- Provide cultural and religious leaders in the community with information on MH and AOD.
- Provide information and education about our various cultures and communities.
- Address stereotypes and judgements placed on our communities and how this influences how services interact with individuals from our communities.
- Understand honour and shame issues.

- Understand cultural differences between parents and youth
  - teach parents to grow up with their child; acceptance by parents while still teaching and holding their own values.
- Explore and identify local issues for youth.
- Train and empower community leaders to be involved in decision making to support individuals and families before the police are involved
  - ensure they have the right skill set.
- Partner with training organisations and employment agencies, Non-Government Organisations (NGOs) and local businesses.

2. Provide a safe place and innovative platforms in the community for people to go for AOD and MH information and support where there is no stigma, no judgement, acceptance of diversity and where people are empowered to do things their own way, led and supported by peers and volunteers.

Identified need:

- Need a location for people to go that is safe and free of stigma and judgement.
- Need places different to where service providers take the lead and are the 'experts'.
- Not everyone has access to the internet or is able to access AOD and MH information and resources – a lot of people go to the library for information.
- Services need to collaborate and unite to provide resources and services for the community.
- Need to develop more trust with the community by empowering people rather than taking choices away.
- Need to provide physical and virtual support.
- Need to create a network of options and services – something for everyone.

How to do it:

- Expand current community locations, groups and forums to ensure what they provide is specific to the needs of the community, e.g. provide education about drugs for MH delivered by a pharmacist tailored for older people as they at risk of being over-medicated.
- Do not call it a community centre – not everyone identifies with "community centre" and there needs to be a shift in perception of what people see as a community centre to ensure it is culturally sensitive.
- Develop a database that is accessible by anybody with information about local services and community activities that supports talking about AOD and MH issues.
- Develop an app that the community designs and produces
  - involve young people to produce it and be proud of it.
- Involve local media such as newspapers to talk about AOD and MH, such as interviews of people with lived experience speaking out and writing articles, and advertising available services.

- Service provider websites are very dry and not targeted for users
  - involve the community in making these more welcoming and with information that is useful and easy to understand.
- Change language used so it is more positive than deficit approach i.e., mental wellness not illness; don't use labels; normalise the issues.
- Involve community members so they feel a part of it.
- Some of these services could be provided in a mobile hub or wellbeing kiosk to promote positive physical and mental health.
- Staff are people you can talk to and locate them in different places such as library, shops, online, mobile kiosk and pop up spaces.
- Source volunteers, paid peer workers and community influencers to be advocates.

3. Provide activities and opportunities for youth to get support and education about AOD and MH, share their experiences, and spread positive messages to increase awareness and reduce stigma among their peer groups.

Identified need:

- Youth need to be involved in spreading their own messages.
- Provide opportunities for youth to be ambassadors for the local community.

How to do it:

- Explore updated technology and engaging programs to attract and cater to youth.
- Integrate social connection and technology.
- Use virtual or 3D technology and other methods for sharing messaging such as YouTube.
- Should be sponsored by tech organisations as part of social responsibility, e.g., Facebook.
- Provide paid opportunities for youth to spread positive messages via social media channels.
- Recognise the youth voice as valid and equal to clinicians.
- Provide opportunities for peer support leaders to be active in schools.
- Peer support leaders in schools to be inclusive of gender, identity, culture and spirituality.
- Provide presentations and workshops for young people including:
  - Talks from ex-prisoners;
  - Drink driving effects;
  - Lived experience of people who have been through;
  - Emotional development and AOD and MH education; and
  - Strategies and skill development, e.g., mindfulness.
- Provide camps that isolate youth from influencing group and build stronger youth bonds among positive peer and role models.
- Provide local night time/holiday events to keep local youth occupied and engaged.

4. **Provide support, information and resources for parents, carers and schools to be able to understand and promote the adoption of healthy physical and mental behaviours, in addition to them understanding how to facilitate access to early intervention support services as necessary, particularly related to youth suicide prevention.**

Identified need:

- Lack of information available for parents, carers and the community on how to support youth who have suicidal thoughts
  - it is taboo and no one talks about it.
- Schools are missing the point with AOD and MH among youth.
- Need more suicide prevention support in schools and in broader community.

How to do it:

- Provide information packs for parents, carers and schools with information to support young people experiencing AOD and MH issues.
- Educate parents and adults on how to provide support without judgement and how to deal and accept issues.
- Provide forums for community and families to educate people about AOD and MH
- Provide information on:
  - rights of families and sharing of information and confidentiality;
  - how adults can support youth without overstepping boundaries and privacy;
  - how parents, schools and carers can be role models to overcome stigma and labelling;
  - reducing the power imbalance through language; and
  - strengths based models of engagement and interaction with young people.

5. **Hold a camp where services and organisations come together to listen, learn and understand what services are provided in the local area to build on one another and develop coordinated linkages with complementary skills and teams to meet wide ranging needs of the community**

Identified need:

- Services and community need to understand what services are available
  - this is currently not clear or understood.
- Need opportunity for local providers to network and build connections.
- Service providers need to work together to improve local services.

How to do it:

- Bring people together to find out what they do.
- Identify if they have specific clients, e.g., Aboriginal, Culturally and Linguistically Diverse (CALD).
- Identify overlapping and duplicated services and where complementary programs.
- Identify the barriers between services and how to access them.
- Identify underlying issues and problems in local community, e.g., domestic abuse, homelessness, financial stress.

- Provide client feedback with forms and ensure opinions anonymous.
- Share information with employees and services, GPs and other health professionals.

- Topics and opportunities for training at the camp to include:
  - MH first aid;
  - Communication skills;
  - Addiction needs;
  - MH needs;
  - Religious and cultural sensitivity;
  - Team building activities;
  - Resource/camp packs;
  - MH and AOD list of local services;
  - Domestic Violence (DV), homelessness, abuse, religious/cultural sensitive groups;
  - Health and nutrition area and focus on physical health;
  - Yoga, sports, physical activities; and
  - Cultural learning opportunities to learn about other cultures, religions and traditions.
- Invite community members to present on AOD and MH experiences and CALD and religious community members to share their knowledge.
- Contact funding bodies to ensure all organisations are involved in the camp.
- Connect organisations, arrange meetings for representatives to meet face to face and build relationships.
- Coordinate services and a system of how the camp will run and who will be selected to an outside organisation to assist with running the camp to ensure there will be no power issues.
- Brainstorm activities, programs and stalls, education, skill development ideas.
- Include underlying services such as DV and homelessness services.
- Have client feedback acknowledged.
- Centre resource packs to include brochures and information of organisations.

6. Provide employment opportunities for peer workers to support their community, including the provision of recognised training with progressive career pathways that values lived experiences and the contributions they can make individually and collectively as a group to others experiencing AOD and MH issues.

Identified need:

- Need to recognise the voice of lived experience is valid and equal to clinicians.
- Need to reward peers for their real work with real pay.

How to do it:

- Provide centralised and recognised training for peer AOD and MH workers.
- Training to be designed by peers and include sharing knowledge of lived experience.
- Allow pathways for career progression.
- Provide education for non-peer workers on how to utilise peer workers and value their knowledge and expertise.

- Provide regular ongoing and structured support
  - debriefing for peers to avoid burnout and compassion fatigue.
- To be provided with support from line managers and also from each other.
- Develop peer activity groups to fill in time and build local social networks.
- Peer support roles may include:
  - providing support upon discharge to assist with transition; and
  - support families, carers, siblings and children.

7. Create community events such as open days and market days that provides an opportunity for service providers to share information and build trusted relationships among different community groups to reduce barriers to accessing services.

Identified need:

- Services need a better understanding of consumer point of view
  - workers are passionate and committed but do not know what it is like from a consumer point of view.
- Community need to trust providers and providers need to be able to reassure and provide services to people from all cultures.
- Need more personal and trusted relationships.
- Services need to build a foundation and culture where people feel safe and respected.
- Services need to get out in the community and provide informal ways of sharing information.

How to do it:

- Provide regular open days where services invite different community groups to come and see their services and get comfortable with the environment.
- Provide an afternoon tea run by services and invite communities.
- Advertise open days online and through social media channels.
- Services connect with local leaders in the community who are connected to bigger and different communities to spread the word and extend invitations.
- Staff to come out and support AOD and MH services at community events.
- Community events may include:
  - Conferences;
  - Open days;
  - Afternoon teas at service provider locations; and
  - Market days.
- Get bigger corporations such as Harvey Norman, Coles, WA Police on board to fund events and activities (e.g., to rent tents, BBQs, activities for kids).