Cockburn

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: Cockburn Area

[Cockburn population: 102,028]

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 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 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.

COCKBURN AREA:

CONSULTATION AND ENGAGEMENT	
Community Members	Service Providers
21	6
WORKSHOP ATTENDANCE	
Community Members	Service Providers
20	4 (5 people)

Co-design Workshop

Workshop Themes:

- **Increase the availability of local culturally appropriate AOD and MH services.**
  Ensure services understand and respect different backgrounds, languages, cultures and religious belief; ensure everyone can access these services regardless of visa or refugee status; provide communication and language support services; provide more culturally appropriate resources that encourage and welcome all community members.

- **Provide different types of local AOD and MH services and support.**
  Provide local residential rehab services available to meet demand and reduce waitlists; provide better follow up support after rehab and jail; provide support to families and involve them in services; deliver services and program for youths of all backgrounds, particularly refugees, to empower and connect youth to the community.

- **Make services easier to access.**
  Make referral pathways less complex - a lot of people do not understand the system; provide more outreach services by going into the community and helping those who may not have equal access including people from Culturally and Linguistically Diverse (CALD) backgrounds, the homeless and youth. This includes providing direct services via outreach but also generally going out and talking to people about addiction, mental health and discussing options for support, e.g., go to skate parks, youth events, and where people "hang out".

- **Service provider staff need to be more understanding, welcoming and approachable.**
  There is a lot of fear in the community and people are scared to approach professional help. It is imperative service provider staff understand real world community experiences and be more open with less pre-conceived ideas and stereotypes. It is also important for service providers to have better understanding and empathy for different cultural backgrounds including refugees and associated trauma, use simple language and be more approachable.

A co-design workshop was held in Cockburn on Nov 16th 2017 for community members and service providers. This workshop provided an opportunity for service providers and the local community 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. Employ at least two CALD workers to create networks and improve access to AOD and MH services among diverse community groups.

2. Provide specialised culturally secure AOD and MH services to meet specific needs of different cohorts and condition complexities.
3. Fund four part-time peer support mentoring positions to close the gap on waiting periods for AOD and MH services by providing 24/7 holistic peer support.
4. Establish culturally specific family support groups run by peer support workers to increase social support for local families.
5. Fund a local outreach team made up of one clinician and one peer support worker to provide clinical and holistic support services after hours out in the community.
6. Hold community events to bring people together to increase a sense of belonging and reduce isolation.
7. Increase local partnerships that work in collaboration, not competition.

Solutions to Address Key Findings:

1. Employ at least two CALD workers to create networks and improve access to AOD and MH services among diverse community groups.

Identified need:

- Mainstream service workers need to have diverse backgrounds to break down barriers.
- Workers with ethnic backgrounds are needed to help the culturally diverse people.
- Services need to employ culturally diverse workers, creating more job opportunities.
- Need workers that specialise in CALD community.
- Culturally diverse people continue to experience discrimination.
- Having cultural knowledge and background reduces barriers and helps understanding.
- Need to start providing education younger and make programs compulsive for all children.

How to do it:

- Increase local CALD and culturally diverse workforce – employ at least two CALD workers.
- Approach community leaders to create networks by contacting culturally diverse groups.
- Have qualified and culturally diverse workers – increase training and job opportunities.
- Provide a mentorship program – train, motivate, social, food and culture.
- CALD workers to:
  - Work across African communities (e.g., African Learning Circles) and other groups;
  - Be based in the community and on the group;
  - Provide the right environment for people to open up (e.g., need appropriate space);
  - Provide outreach services to go to the people;
  - Work across metro area and with large organisations;

- Meet people outside the conventional office;
- Provide after-hours help;
- Increase local networks among diverse community groups;
- Liaise with local community leaders; and
- Ensure AOD and MH referrals are made to the most appropriate service.

❖ Provide training and mentoring to workers
- access to de-briefing and ongoing support.

❖ Offer social gatherings for men to speak openly with other men in a relaxed environment.
❖ People can choose the worker that best understands them
- access to alternative worker.

❖ Protect anonymity when accessing services.
❖ Target people's interests to start the conversation and healing process.
❖ Allow workers (and resource them) to use their initiative in the community.
❖ Advertise in local papers.
❖ Create awareness of services available.
❖ Advertise jobs with WA Multicultural Association to reach communities.
❖ Ensure CALD workers feel welcome and are empowered to do the work.
❖ Flexible work arrangements – family friendly.
❖ Collect data on outcomes and engagement across groups to build case for ongoing funding.

2. Provide specialised culturally secure AOD and MH services to meet specific needs of different cohorts and condition complexities.

Identified need:

❖ Need to align AOD and MH services better – some services overlap.
❖ Need to provide specific culturally secure services depending on cohort, type of diagnosis and severity.
❖ Need services that are more holistic and acknowledge the presence of underlying issues alongside MH and AOD issues, e.g., homelessness, domestic violence and financial strain.

How to do it:

❖ Categorise services to ensure the best specific care is provided - based on the drug type, drug use and the possibility of co-morbidity and poly-drug use.
❖ Divide services into adult groups and youth groups depending on the level of diagnosis and severity of individuals' conditions.
❖ Specialised culturally secure AOD service:
- Hard drugs;
- Medium drugs; and
- Soft drugs.

❖ Specialised culturally secure MH service:
- Ways to provide education, support and connection; and

- Individualised support and carers support.

- Increase access to these services:
  - Accept self-referrals;
  - Free or minimal cost (donations for service);
  - Easy policies to reduce complexity; and
  - More education on how to engage with different cultures of people.
- Provide GPs with a database and information to access local AOD and MH services.

3. Fund four part-time peer support mentoring positions to close the gap on waiting periods for AOD and MH services by providing 24/7 holistic peer support.

Identified need:

- Need to address long waiting lists – need support while waiting for support.
- Need to utilise peer mentoring support roles to provide care during waiting periods.

How to do it:

- Peer support mentors are a team-based group with community knowledge and understanding (cultural and religious).
- Find individuals who have life experience in AOD and MH and are multi-skilled.
- Provide funding for a team of four people (i.e., more than just 1-2 full time people).
- Waiting gaps – needing support when waiting for support – do not turn people away, provide some form of immediate support.
- Peer mentors to provide:
  - 24/7 mentoring and peer support services;
  - Assertive outreach services;
  - Immediate support – no turning away;
  - Links into specialised services – make connections and build trusting relationships;
  - Link into culturally appropriate services;
  - Support holistic care, e.g., accommodation, education;
  - Support reconnection across individuals' life (e.g., family, friends);
  - Peer mentors to deliver programs to support community;
  - Events for families, individuals, carers;
  - Develop a mentoring system Monday to Friday;
  - Coaching sessions and guidance;
  - Setting up rosters for 24/7 care; and
  - Dedicated contact number 'relief staff' on call for 24/7 care.
- Peer mentors to connect and develop networks with services and community:
  - Networking in community;
  - Forums and workshops;
  - Community events;
  - Schools;
  - Universities and TAFE; and
  - Building rapport and trust.
- Peer mentors share case notes to support care coordination:

- Client information between services;
- Making it easier to share people's stories;
- Policy and procedure in confidentiality;
- Knowing the professional limits and boundaries; and
- Advocating for individuals and families.

4. Establish culturally specific family support groups run by peer support workers to increase social support for local families.

Identified need:

- Need to provide culturally appropriate support for families.

How to do it:

- Palmerston Family Support group (run by peer support workers) – expand to this area and diversify.
  - include CALD, Aboriginal and Torres Strait Islander peer workers and advertise to community members.
- Link in with Fremantle Family Support Network.
- Link in with schools to talk to people.
- Encourage workers and counsellors to include family (in treatment, recovery and social support).
- Educate workers about support services for families – encourage them to offer information about services to families when they have first contact (even if they are not at 'crisis point').
- Let people know about resources such as phone lines and websites (e.g., Beyondblue, Lifeline).
- Communication is key – particularly when working inter-culturally.
- Try talk to client and family together as well as talk to people individually.
- Update family with client's permission regularly.
- Talk to families about goals of client and family.

5. Fund a local outreach team made up of one clinician and one peer support worker to provide clinical and holistic support services after hours out in the community.

Identified need:

- Need to provide flexibility and alternatives to rehabilitation– bring extensive support to the community so people can still live their lives, e.g., family, work, study, social.
- Need more community education in known hotspots.
- Need to bring more hands-on programs into the community.
- Need to take services to the community – big flash buildings do not work.
- Need more information about services programs shared with the community.
- Need to provide support after hours.
- Need to listen to the community and address their needs.

How to do it:

- Outreach team to:
  - Provide harm minimisation packs to take to community;
  - Walk the streets and engage casually with people;
  - Provide initial and ongoing support for people exiting rehab;
  - Provide outreach services and facilitate links into appropriate services; and
  - Provide support outside of standard operating hours.
- Research what is already working, e.g., a model similar to Fremantle Street Doctor.
- Provide holistic care - physical, mental, emotional, social wellbeing for all plus care for co-morbidity (or multiple needs).
- Trauma informed, recovery and person-centred approach tailored to the individual needs of client.
- Establish a consortium management group or steering committee of agencies and community members.

6. Hold community events to bring people together to increase sense of belonging and reduce isolation.

Identified need:

- Services need an increased presence in the community.
- There needs to be more of a hands-on approach to provide personal support.
- Need to create more awareness that people are feeling isolated and alone.

How to do it:

- Provide community events and workshops for:
  - Separate cohort of youth people and parents, and those groups together;
  - Education for young people (workshops, guest speakers);
  - Workshops run by peers and clinicians for parents and students;
  - Community kitchen and gardens;
  - Tastes of Africa;
  - Opportunities for community to gather and strengthen relationships; and
  - Family Dance Fest III.
- Provide activities:
  - Games;
  - Workshops;
  - Training; and
  - Fun things that bring people together.
- Use events as opportunity to touch base, share information, support each other.
- Have an online (Facebook, network groups) and community presence (common interest groups).
- Palmerston and Headspace to have a conversation about the possibility of having the clinician and peer workshops here at the South Lakes Ottey Centre, and to invite:
  - Local schools;

- City of Cockburn for information sharing and promotion;
- Cockburn Integrated Health;
- Fremantle Family Support Network; and
- Carers WA.

❖ Approach local mosques, churches and temples for involvement.

7. Increase local partnerships that work in collaboration not competition.

Identified need:

❖ Agencies need to work in collaboration not competition.
❖ Competition does not help clients.

How to do it:

❖ Avoid having only one source of funding if possible.
❖ Investment in smaller organisations.
❖ Seek funding from all levels of government.
❖ Smaller organisations working with larger organisations to achieve more outcomes.
❖ Funding provided to health professionals such as General Practitioners to network and upskill in knowledge of community services.
❖ Organisations need network facilitators – controlled exposure, social media.
❖ Small organisations have local knowledge.
❖ Review organisational structures to streamline organisations.
❖ Match needs of current clients.
❖ Funding according to results, not existence.
❖ Organisations generate alternative sources of income such as merchandising, e.g., Recovery Stories books.
❖ Do not rely on one income source.
❖ Government funding period may be limited.
❖ Support from politicians.