

Perth Central Co-Design Report

The Integrated Systems of Care (ISC) Perth North is a Commonwealth funded initiative through WA Primary Health Alliance (WAPHA) to provide collaborative and integrated approaches to support people with mental health and problematic alcohol and other drug use issues in their local areas.

Integrated System of Care initiatives will focus on provision of services for mental health (MH), alcohol and other drugs (AOD) use issues and co-morbidity treatment and support services to address the following activity outcomes for ISC:

- Individual tailored and stepped care treatment activities.
- Facilitation of service integration and linkages through placed based precincts.
- Addressing high areas of unmet need in the mental health & alcohol and other drug areas
- Engagement with primary care services.
- Innovative models of integrated care.

As the lead agency Neami National co-ordinated Co-Design Workshops throughout the Primary Health Network North catchment area from June 2017 until November 2017. The Perth Central Co- Design workshop was a joint venture with Richmond Wellbeing (lead agency for Perth South PHN) and held on 27 October 2017. In addition to the half day workshop a number of individual pre-engagement consultations took place, including over 55 community engagements by Richmond's Community Engagement Officers. These activities collectively provided an opportunity for consultation to occur between local service providers and the community to explore what services are in place in the region and to identify where barriers and gaps in service provision are, in supporting persons with mental health difficulties and/or problematic alcohol and other drug (AOD) use.

Key Findings of the Workshop:

Based on the co-design workshop and pre-engagement activities conducted in the Perth Central region, the following gaps in services were identified:

1. Insufficient access to Peer Support Workers (someone to walk along-side them in early stages of the process);
2. Lack of Outreach services;
3. Not enough places for Aboriginal people;
4. A need for more accessible harm reduction options (Community GP prescribers, bulk billing AOD clinicians, WASUA having a van for street services, cheaper pharmacy doses);

5. Service providers that were perceived as judgemental and/or ill-informed MH and AOD matters (e.g. GPs & Emergency services); and
6. Significant waitlists for Rehab, which combined with strict exclusion criteria leads to some consumers not getting into programs.

Of these six* gaps, four service improvement initiatives have been identified:

- Flexible service delivery including out of business hours support and outreach.
- Increase in Aboriginal and Torres Strait Islander employee's in staffing profile to support engagement and including Elder consultation and involvement.
- Embedding Peer Support Workers into the staffing profile of AOD/MH agencies.
- Harm minimisation models and training of staff in supporting a harm minimisation approach could assist in access and engagement.

*(Note not all six identified needs and gaps are within the scope of this project, or can be addressed within the limited funding available)

What Happens Next?

The aim of this project is to provide locally based service models that have been identified as a need by local communities. The above initiatives will therefore be considered and some may be prioritised for funding. If this is the case, an invitation will be extended for community services to provide a submission to address the identified area of needs.

All submissions received will be considered and successful agencies will be funded to establish the prioritised services and activities in the Perth Central area.