Eurobodalla Mental Health Forum

2021

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Contents

Appendices

Eurobodalla Mental Health Forum - Executive Summary

Background

The Eurobodalla Mental Health Forum was held at Moruya Golf Club on Wednesday 17 March 2021.

A work team from the Health and Wellbeing Subcommittee assisted Council and Resilience NSW to plan and deliver the Forum.

There were 60 delegates representing health, combat, recovery and wellbeing services, all levels of Government and universities.

Our forum objective was to identify how can we best work together to build on the strengths of mental health support in Eurobodalla. Collectively we had a need to understand the mental health system and its intake, assessment and referral protocols for the benefit of residents.

The National Mental Health Commission outlined its work in capturing the lived experiences of people who have been impacted by bushfires in South East NSW and by flood in Townsville. This has informed the development of a National Mental Health Framework for launch in June.

Delegates also heard from HSW Health and the clinical support provided to bushfire impacted people by the Southern NSW Local Health District.

Key issues for bushfire impacted Eurobodalla

- Property cleanup: fences, outbuildings, gardens, water tanks and tree removal.
- Somewhere to live – a shortage of homes for rent or purchase
- Ways for the community to safely come together. Social connectedness for vulnerable residents.
- Advice and support to repair and rebuild resilient and sustainable homes.
- Case management help to navigate the recovery system.
- Current and future support for community leaders and first responders.
- A need to understand the mental health system and its intake, assessment and referral protocols for the benefit of residents.

Forum methodology

Three World Café sessions and final wrap up session was used were prioritise the way forward.

A 6-metre linear poster called Our Wellbeing and Mental Health Continuum was used throughout the day to collect, categorise and make sense of the information gathered.

Our World Café questions were:

1. What are the strengths of mental health support in the Eurobodalla? (What is working well?)
2. What else is needed to build on the strengths and create the mental health supports that we want?
3. What ideas, initiatives and actions will create an even stronger support service to meet our immediate and future needs? (What do we need to do to provide this service? How will we work together?).

A summary of the proceedings

Session 1 - What are the strengths of mental health support in the Eurobodalla? (What is working well?)

- Collaboration, leadership, and resilience of our communities.
- A diversity of early intervention activities and events along with awareness raising programs.
- Support from GPs and non-clinical workers in mental health, Aboriginal and community services.
- Specific bushfire recovery support via case managers, digital health, NGOs and charities.
- Access to free mental health counselling for bushfire impacted people.

Session 2 - What else is needed to build on the strengths and create the mental health supports that we want?

- Better disaster preparedness through collaboration, planning and training - Government and community.
- A long-term view to the resourcing and coordination of mental health services and employees.
- Exploration of innovative and effective models used elsewhere, eg, Head to Health one-stop-shop.
- A mental health hub supporting Eurobodalla services.
- More efficient intake and referral protocols.
- A broadening of non-clinical support – more diversity to meet changing needs of the community.

Session 3 - What ideas, initiatives and actions will create an even stronger support service that meets immediate and future needs?

- Community led responses – strengthen and support communities to enable them to be more resilient and prepared for day to day and extraordinary events.
- Accessing funding support – sustained investment by Governments – not just responses to an event.
- Support services and staff – more non-clinical, early intervention and digital responses in mental health.
- Network integration – a mental health triage and referral system – a 'Recovery Gateway'.

Session 4 – Action planning using information gathered in the three World Café sessions

Work teams used a co-design process and template to explore and document the following six project proposals.

1. Community Connection Activities – an exploration and implementation of activities that promote social cohesion.
2. Mental Health Triage System – a central entry point for information and referral to the mental health system.
3. Recovery Gateway Project - an overarching coordination service to support clinical and non-clinical mental health.

4. Youth Engagement – a project to increase youth awareness and understanding of good mental health and support.
5. Non-Clinical Group Project – a nurturing of cultural and traditional healing practices.
6. Key Mental Health Services to Deliver 'Clinical' Group Work.

Next steps

1. Distribute the Forum Report and appendices to attendees and invitees including State and Federal Members of Parliament.
2. Analyse the results of the Eurobodalla Mental Health Forum to identify any further actions by Council.
3. Inspire and support the six Work teams to enable them to implement their project proposals.
4. Support key delegates to establish a sustainable Eurobodalla Mental Health Network.

Figure 1- Forum delegates engaged in a World Cafe exercise

Eurobodalla Mental Health Forum - A record of the proceedings

1. Welcome and housekeeping by Steve Picton.
2. Welcome to Walbunga Country by Auntie Beryl Brierley.
3. Welcome to Eurobodalla by Councillor Liz Innes, Eurobodalla Mayor.
4. Framing the day, principles of working together and an invitation to participate.

   An introduction by David Newell – Forum Facilitator.

5. Check-in activity. Pair share using sticky notes.

   What has brought you here today? Why have you come?

- I wanted to listen to what others who work in these diverse fields of Mental Health have to say. I hope to see some movement toward full engagement with a wholistic and traditional knowledge based on Aboriginal healing practices and understanding.
- In the field – a better system of working that captures gaps and seamless delivery in MH.
- Chat with friends. Learn stuff. Coordinate/ collaborate, reduce duplication and confusion. Change the world.
- Catalyst for support, change and improvement of mental health.
- Long term wholistic support for a community that needed support prior to the bushfires and Covid 19.
- Prevention. Wholistic approaches. Resilience. Better coordination. Reduced silos of funding.
- To support my community where I live and work.
- To learn and educate through lived experience.
- Would like to see a safe place (hub). Shorter waiting times. Improvement.
- Partnerships, collaboration, connections.
- Respect. Youth. Engaging. A cuppa and a chat. Spiritual! Gaining an understanding of services and pathways. Alternative therapies.
- Link people with appropriate resource.
- Positive outcomes.
- Health problem, not law enforcement problem. Long term support. Sharing info.
- Support, listen, share.
- Find solutions.
- Identify but then what/where?
- Listening. Lending a voice to children, families, teachers.
- To collaborate, to network and make linkages, to understand gaps.
- Referral process, more collaboration. Increase accessibility of services. Outreach.
- Networking, build/strengthen community, inclusion, discuss gaps.
- Connections, understanding the broader MH support landscape in Eurobodalla, consider how the LHD can be better integrated with existing community agencies.
- Networking. Build on strengths of the community. Listen.
- To affect change.
- To listen.
- Connecting/ collaboration, where are the gaps, contribute.
- Use entire health network, Pharmacies/doctors/ mental health etc.
- Trigger immediately.

6. Release of the draft National Disaster Mental Health Framework and Our Stories research.

Presentations by:

i. Dr Caroline Alcorso - Director, National Disaster Mental Health Framework and Response. Presentation attached as Appendix 2. Link to the Framework page which also has the report.
ii. Dr Kate Brady – National Recovery Adviser, Australian Red Cross by video recording.

7. Mental health needs and responses.

Presentations by Mr Damien Eggleton - District Director Mental Health Drug & Alcohol and Ms Jane Retalic - Bushfire Recovery Clinician, Southern NSW Local Health District, NSW Health.

8. World Café Exercises —- Introduction and facilitation by David Newell.

David introduced the Wellbeing and Mental Health Continuum, a 6-metre linear poster that was used to collect, categorise, and make sense of the information gathered World Café exercises.

The continuum template (Appendix 1) offers eight response levels to maintain mental health and mental illness ranging from low level to high level interventions.

Note that two of the eight categories; residential services and hospital support services, are not listed in the results. These categories are associated with a diagnosed mental illness and there were no corresponding forum responses.

The results of the World Café exercises are provided on the following pages.

Figure 2- The Mental Health Continuum

World Café Round 1 – What are the strengths of mental health support in Eurobodalla? What is working well?

Informal supports from family, friends and neighbours	Prevention, early intervention and awareness programs and supports	Primary health care, General Practice and Community Health	Non-clinical community-based supports funded by Government and Non-Government	Social services – housing, employment, disability and justice services	Private health supports – including private psychiatry and psychology
• Collaboration. • Leadership. • At no cost. • Potential for development. • Flourishing communities (formal and informal) has helped diminish the stigma of mental health issues and acknowledging stress. • Resilience. • Community connections. • Unseen goodwill. • Spiritual healing. • Disaster as a catalyst for community regeneration and collaboration.	• Community events, workshops provide opportunities to connect and meet services. • Setting up of the 'The Men's Table' in Bega • Face to face – better outcomes. • A richness and choice of services present in the region. • Readily available resources: funds, communications, people and goodwill. • Collaboration and resilience across and between private, public and NFP. • Female and male workers. • People who want to change their lives are supported to do so. E.g., training and job opportunities.	• Availability of services outside of the traditional mental health system – wellbeing and healing GPs have become a major part of support/service system. • Aboriginal Mental Health Workers. • GPs – Katungul. • Lived experience of workers engender 'Action' in the MH space.	• Coordination between services – stepped up and down care. • Great breadth and depth of experience and skills delivering services. • Flexibilities in service provision, e.g., face to face, phone and outreach. • Quick response times to referrals. • Cross referrals. • NGO and Youth Programs. • Having someone who can navigate the services for those who are struggling. • Lots of small services: NGOs, Gov't, private, Council, charities and schools. • BRSS – having a 'drop-in' shop front. • Headspace arrival in Batemans Bay. • Digital Health and social media to communicate and connect. • The initial funding was responsive. • Telehealth. • MH providers and recovery staff seeing clients together. • Bushfire recovery agencies – collaboration across services. • Intake, case management, non-clinical supports. • Grants and funding. • Case management. • Referral pathways and Case Management support services working well in a dynamic environment.	• Lived and shared experiences. • Police: WDV CAS support. • Aboriginal services made available by Aboriginal workers. • Agency networks. • NDIS. • A choice of options for support for bushfire impacted residents.	• Medicare bushfire items were great for enabling access to private mental health services with no referral. • Funded free (MH) sessions. • Extra funded mental health sessions through Health Plans. • A range of services: in person, online, and over the telephone.

World Café Round 2 - What else is needed to build on the strengths and create the mental health support service we want?

Informal supports from family, friends and neighbours	Prevention, early intervention and awareness programs and supports	Primary health care, General Practice and Community Health	Non-clinical community-based supports funded by Government and Non-Government	Social services –housing, employment, disability and justice services	Private health supports – including private psychiatry and psychology
• Better use of community leaders. • A more flexible and human approach. • More community events and functions. • Support for workers and volunteers. • Less dependence on volunteers in recovery. • Better and deeper preparedness. • Collaboration – not just agencies – there is no wrong door. • A need for more carer supports.	• Recognise existing services. • Bolster local services. • More flexible time frames. • More networking and information share. • A better understanding of the stages of recovery in different areas. • Longevity of support and coordination. • Peer workers. • Improved communication channels and technology choices. • Young people – long term affects if not dealt with now. • More staff on the ground and innovative ways to attract them. • Head to Help – Victorian one stop triage model. • Flexible access hours. • Acute specialised and matching services. • A continuum of funding to sustain universal health promotion strategies that build resilience. • Grief and loss education – not just for bushfires. • Community education on trauma, what to expect. • Messaging to lessen the stigma that mental health carries.	• Paediatric supports in the shire.	• Introspection by providers about service reach and mode. • More people available for human, authentic, non-clinical support. • A formal MH interagency within the region. • A planned central Hub, pulse taker, coordinator. • Longer term continuity of funding/care. • Increase percentage of clinicians matched to population growth. • Communication: between service providers, enable connectors, whole of recovery - not just government. • Better funding models – long term investments - social determinants - psychosocial investment. • Pre-existing structural disadvantage in Eurobodalla needs to be addressed, not just bushfire issues. • Longer term funding – security under the job is done. • Outreach – think outside the box. • Increased workers – extended funding. • More outreach, ongoing funds and roles. • Siloing of funding – chronic disease and mental health, swoop in and swoop out services. • Ongoing, adequate funding ensuring regional communities are equally resourced as metro. • Collaboration and shared case management of clients between mental health services and bushfire recovery services.	• Rich / diverse services and relationships. Bridging and bonding relationships – long term - preventative to specialised and acute services. • 'Catching' those in need who are falling through the gaps – their reluctance may be part of the health issue. • Consent and sharing of info and follow up across all services. • Maintenance of access to all services. • Housing – social impact models. • Housing. • Improved communication, service availability and positive progress. • Not just 'buzz words'. • Quality measures and controls – monitoring and evaluation, e.g., 'Trauma Informed Care'. • More case management, administration support for all life issues.	• Greater utilisation of front-line services such as pharmacies. • Increased collaboration between public, private, NFP and philanthropic. • Improved and more fluid communication between private, public and NGO service providers.

World Café Round 3 – What ideas, initiatives and actions will create an even stronger support service that meets immediate and future needs?

Action area 1 - Community led responses.

- Foster community led as opposed to service driven initiatives.
- Develop a framework within which to foster community driven approaches.
- Development of community 'owned' cooperatives that provide complimentary services.
- More support for community connectors e.g. admin.
- Community consultation needs and wants.
- Inclusive community led events and activities.
- Community workshops – Mental Health First Aid, Accidental Counsellor, Boys to Men, Good Grief, Seasons for Healing.
- Public information sessions about trauma – impacts and strategies.
- Community led – Not just Sydney based models with well trained support and a range of therapies.
- Strengthen relationships at all levels within and across the community.
- Pop-up counselling stalls at pubs, shops and sport.
- A focus on youth – immediate needs and future needs.
- Continued provision of community mental health training – early intervention.
- Safe assessment rooms at hospitals.
- Grow and support people with a lived experience.
- Support social infrastructure.
- More youth engagement.
- More community connection activities.

Action area 2 - Accessing funding support

- Ongoing funding and a boost in funding to ensure that future needs are met.
- Funding models that align with 'trauma informed care' principles, for example, long term and continuous.
- Sustained investment – not just event or project based.
- Funds for staff and resources including a mental health facility.

Action area 3 - Support services and staff

- Enough locally trained staff to meet the massive increase in mental health demand and early intervention.
- Meet the workforce shortage in housing and experience.
- More non-clinical peer support and social support services.
- More DA support staff needed.
- Recognition of existing local services.
- 'Head to Help' – Victorian model of information sharing.
- Being realistic about the time it takes for bushfire recovery for clients and to retain staff and volunteers.
- Clinical group work.

Action area 4 - Network integration and networking

- More wrap around supports – ongoing – adapting – transitioning.
- Triage – we are here to help and direct handovers to case managers.
- Regular catch ups of mental health services.
- Mental Health Professionals Network (MHPN)
- Interagency networks.
- Improved coordination of available services.
- Collaboration and centralisation of resources and available services, for example, a centralised triage and workforce management.
- Structural reform – emergency management cycle – not just the pointy end – bushfire recovery – grief and loss.
- Establish a Recovery Gateway.

9. Action planning

Work Teams used a co-design process and template to explore and document the following six project proposals based on priorities identified in the World Café exercises. A full transcript of each project scope is provided as Appendix 3.

1. Community Connection Activities – an exploration and implementation of activities that promote social cohesion.
2. Mental Health Triage System – a central entry point for information and referral to the mental health system.
3. Recovery Gateway Project - an overarching coordination service to support clinical and non-clinical mental health.
4. Youth Engagement – a project to increase youth awareness and understanding of good mental health and support.
5. Non-Clinical Group Project – a nurturing of cultural and traditional healing practices.
6. Key Mental Health Services to Deliver 'Clinical' Group Work.

Figure 3- Co-design process template

10. Check out activity.

As a result of being here today…….

- I have become more aware of mental health agencies and options.
- I better understand the strengths and needs of Eurobodalla.
- I feel more connected.
- I have a new appreciation for group work!
- I feel more connected to the communities in which I deliver services and feel better oriented to the other services working locally.
- I feel hopeful.
- I reconnected with my network.
- I feel more connected with other providers.
- I feel inspired.
- Need wider government change re purchaser/ provider model i.e., short-term funding.
- Will live in hope.
- I have met some great effective people.
- I am better informed on how resilient community can look.
- I feel heard and hopeful.
- I have made lots of great connections and have collaborated for better recovery ongoing.
- I have been able to commence relationships to support referral pathways and build community engagement for my team.
- I have met zoom buddies face to face.
- I will try and support other services in achieving their goals.
- I feel empowered to take action with support.
- I feel better informed in assisting people I work with in their recovery process.
- I have met some great people to connect with and learnt so much about what is happening in the region.
- I have made new networks.

11. Forum attendance list

Title	First Name	Surname	Email	Position	Organisation
Ms	Janice	Ackland	Janice.Ackland@anglicare.com.au	Pastoral Care Worker	Anglicare
Ms	Leanne	Atkinson	leanne.atkinson@cssa.org.au	Facilitator Bushfire Community Recovery Services	Catholic Social Services Australia
Ms	Lynne	Blanchette	lblanchette@coordinare.org.au	Project Manager - Regional Mental Health Plan	COORDINARE
Ms	Deb	Plant	deborah.plant@health.nsw.gov.au	Director Community Mental Health Drug & Alcohol	NSW Health - Southern NSW Local Health District
Mr	Jason	Morris	jason.morris@health.nsw.gov.au	Eurobodalla Bushfire Recovery Clinician	NSW Health - Southern NSW Local Health District
Ms	Jodie	Quinnell	jodie.quinnell@health.nsw.gov.au	Manager Eurobodalla Community Mental Health Drug & Alcohol	NSW Health - Southern NSW Local Health District
Ms	Erin	Evans	erin.evans@health.nsw.gov.au	Bushfire Recovery Clinician	NSW Health - Southern NSW Local Health District
Ms	Jennie	Keioskie	jennie.keioskie@health.nsw.gov.au	Rural Adversity Mental Health Coordinator	NSW Health - Southern NSW Local Health District
Ms	Julie	Irwin	JulieAnn.irwin@health.nsw.gov.au	Rural Suicide Prevention Counsellor	NSW Health - Southern NSW Local Health District
Ms	Mary	Moore	Mary.Moore1@health.nsw.gov.au	Aboriginal Mental Health Families & Carer Support Worker	NSW Health - Southern NSW Local Health District
Dr	Caroline	Alcorso	caroline.alcorso@mentalhealthcommission.gov.au	Director National Disaster Mental Health Framework and Response	National Mental Health Commission

Title	First Name	Surname	Email	Position	Organisation
Mrs	Lee-anne	Parsons	ceo@clalc.com.au	Chief Executive Officer	Cobowra Local Aboriginal Land Council
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Dr	Catherine	Dale	catherine.dale@esc.nsw.gov.au	General Manager	Eurobodalla Shire Council
Ms	Kathy	Arthur	kathy.arthur@esc.nsw.gov.au	Director Community, Arts and Recreation	Eurobodalla Shire Council
Ms	Kim	Bush	kim.bush@esc.nsw.gov.au	Divisional Manager Community Development and Participation	Eurobodalla Shire Council
Mr	Steve	Picton	steve.picton@esc.nsw.gov.au	Community Recovery Officer	Eurobodalla Shire Council
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Mr	Bryan	Smith	bryan.smith@bushfirerecovery.gov.au	Recovery Support Officer	National Bushfire Recovery Agency
Ms	Simoene	Smith	ssmith@coordinare.org.au	Health Coordination Consultant	COORDINARE South Eastern NSW PHN
Ms	Helen	Smith	helen.smith@lls.nsw.gov.au	Recovery Officer - Rural Recovery Support Service - South East	DPI Rural Recovery Support Team

Title	First Name	Surname	Email	Position	Organisation
Ms	Lyn	Burdon	Lynburden60@gmail.com	Convenor	Presbyterian Community Services
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Ms	Tracy	Creech	Tracy.Creech@racr.org.au	Centre Manager	Headspace Batemans Bay
Mr	Glenn	Cotter	glenncotter58@gmail.com	Community Ambassador	R U OK?
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Ms	Cadence	Page	Cadence.Page@esc.nsw.gov.au	Case Management Officer	Bushfire Recovery Support Service
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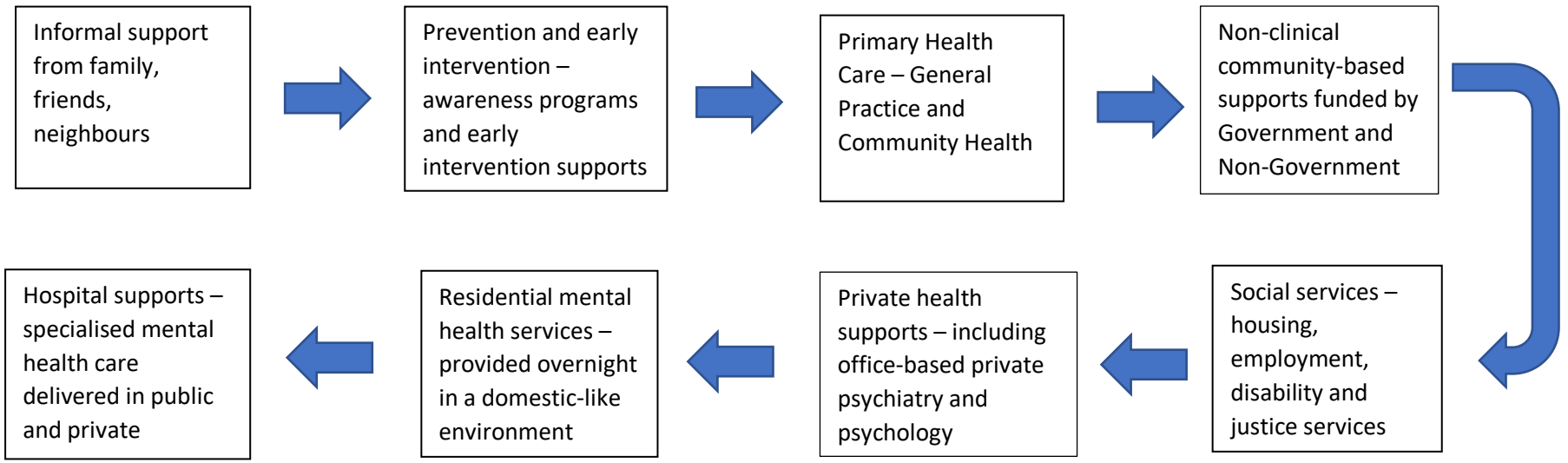
Ms	Judith	Ahearn	Judith.Ahearn@esc.nsw.gov.au	Case Management Officer	Bushfire Recovery Support Service

Appendix 1- Wellbeing and mental health continuum



After the fires

YOUR STORIES AND WHAT WE LEARNT

Australian Government
National Mental Health Commission

Community research

OUR PURPOSE AND THE NATIONAL DISASTER MENTAL HEALTH AND WELLBEING FRAMEWORK

Australian Government
National Mental Health Commission

The new Framework

- National Disaster Mental Health Framework announced following Black Summer
- Acknowledgement that mental health and wellbeing support needs to be better coordinated and consistent across the country
- Responds to what we now know – can be severe, impacts last for years, disproportionately affect some individuals and groups
- Framework to be finalised by end June 2021
- Consistent with our ‘catalyst for change’ role
- Also a National Action Plan for Emergency Services Workers

Our Stories research

- Early message to the Commission - disconnect between government activity and people's experiences
- We wanted to find out more by attentive listening to people who'd lived through major disasters
- Community Stories project: local researchers + academic experts
- Result is the Our Stories – Beyond the Disaster report (launched this week)
- Important in its own right; also very useful to inform government policy.
- Useful information to contribute to Eurobodalla Mental Health Form goals

Our Stories (your stories) and the Framework

Report themes:

- Recovery not a linear process
- People look for help not services
- Local context determines what will work, and who is best placed
- The *way* support and services are organised counts
- Disasters make chronic system weaknesses more acute
- Long term and continuing responses are needed

- ✓ Inform the Framework **principles**
- ✓ **Components of care** are separated from how services are delivered (**delivery mediums**)
- ✓ Focuses on **enablers** – workforce, service mapping, integrated information
- ✓ Proactive approach needed (eg screening, outreach)
- ✓ The ‘who’ and the ‘how’ need to be worked out locally
- ✓ Considerations for different population groups spelled out – young people, First Australians, people with pre-existing disability and mental health issues.

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Project 1 title - Connection Activities

Working Group – Jennie, Jane R, Mary, Matt, Glenn, Maureen, Cadence, Janice (Host)

Description

- Identify areas of need in the community that could benefit individual's sense of self control, self-esteem and connection as well as enhance social cohesion through coordinated attempts to further develop the creative arts and sporting sectors in the Eurobodalla.
- Assess those areas that create barriers towards development of connecting programs and explore how these might be overcome or alternative programs that may be less problematic in their implementation.
- Come up with a resource that is accessible to the community with information on what is happening in the community, how to connect with existing activities and how to contribute ideas, skill sharing and opportunities to implement further activities.
- Research event organizing information for the area (Council website?) which would include guide to Covid safety Plan, Insurance requirements, funding sources and possible venues for activities, mentoring opportunities and other requirements.

Desired Outcomes

Tangible

- Offer communities self-determining opportunities at a time in disaster recovery when many of these have been lost or delayed through access to helpful and coordinated information, ideas on programs that are needed according to the needs analysis performed by group that would provide impetus for those interested, while encouraging those ideas that individuals contribute, or may have already initiated.
- Enhancement of individuals in capacity and strengths building activities for the community that will have a positive impact on mental health as people engage with one another and participate in the initiation and implementation of programs.

Intangible

- Social/ Community cohesion- community members helping each other.
- Inclusion
- Empowerment
- Self determination
- Highlighting the therapeutic value of Connection Programs in recovery from trauma

Insights and Ideas

- Need to start small, use available resources and build on them- community groups, churches and businesses can sometimes be helpful with resources to assist programs that will benefit health of the community.
- Where to place focus- look at longer term, sustainable programs, not just ad-hoc events that serve a different purpose and are usually driven by agencies.

Questions/Challenges

- **What to consider in research and implementation of information for dissemination:**

- Blanket restrictions that affect small communities, costs involved for permits and Insurance for events.
- Covid requirements can be a determinant.
- Affordability - funding if needed – how it is distributed and how to access.
- Research cohorts in our areas- where are resources being directed, where are the gaps?
- What is most valued.
- Time and availability of group members to contribute to the research required implementation of this resource.

Supports needed

- Access expertise from Council and research already available to compile
- Discussion with existing Creative Arts Groups and individuals in the Shire to assist with a current understanding of what is already available and where there are needs and how best they may be filled.
- Invite community members to participate in a think tank eg MAP (More Art Pleas Collective), CABBI

Next Steps

- Those in the group who have expressed interest in pursuing Connecting Activities to meet soon (within 2-3 weeks?) to discuss roles to implement this plan.
- Janice to co-ordinate and contact members for initial meeting.

Project 1 end.

Appendix 3 – Project Scoping Documents

Project 2 title - Regional triage system for everyone, a central place for entry to information and referral

Working group: Elizabeth – Wayahead, Lynne – Coordinaire, Belinda – Psychology Clinic, Kim – ESC, Jenny – CatholicCare, Vanessa- Anglicare

Insight & Ideas

- Wayahead directory, can tailor LHD specific information
- Develop an app?
- How to cope with constant changes
- Bring triage and information functions together
- Regional focus

Tangible

Individuals can be triaged
Have all available MH services in one area

Intangible

Communication

Challenges

Coordination
One central agency running it
Keeping it up-to-date

Support Needed

Input from all providers to talk through issues and staffing

Next Steps

- Get information on Head to Help report from Simone
- Contact NSW Mental Health Commissioner, Elizabeth or Lynne to contact
- Can something be done to like Head to Help
- Share emails

Project 2 end.

Project 3 title - Recovery Gateway Project, an ongoing centralised hub for disaster services coordination and communication

Working Group

Katy Garland, Service NSW
Lisa Freeman private clinical psychologist
Lyn Burden, Presbyterian Church
Mary Anderson, BRSS
Helen Smith, DPI
Nicole Dawson BRSS

The best practised response to any natural disaster is a prepared one. The Royal Commission into the Summer Bushfire of 2019 & 2020 event encouraged governments/organisations to plan for the natural disaster as an ever-increasing future event due to unprecedented nature in current times. Since vulnerable consecutive and compounding natural disasters will place increase stress on existing recovery efforts arrangements the proposed Recovery Gateway Project was created in response to such experiences in the Eurobodalla.

The Recovery Gateway Project includes flexible, context and co-ordinated service delivery following the recommendations by the National Mental Health Commission 2021 Our Stories Beyond the Disaster.

(1) Our Stories: Beyond the Disasters - Kate Brady - YouTube

Descriptions

The proposal of a gateway will be incorporating the two-fold response in emergencies such as acute and long-term phases in recovery. This would include across the state and local supports, a physical space, ongoing long-term relationship, multi-disciplinary team, and interagency involvement. The gateway would be an overarching coordination service that would sit above other agencies such as mental health, local planning, private practitioners, agriculture, emergency, health, volunteer, and emergency preparedness. Ensuring inclusivity of disability, gender, cultural and or age, working as collaborator between agencies, offering individualised support and building of social networks as well as identifying gaps if present regardless of current disaster presence.

Insights and ideas

The Gateway would address the shortfall of understaffing in human welfare rights to plan-prepare-respond-recover.

- Deliver agency training in trauma informed care
- Ensure service response in line with psychological WHS practices
- Ensuring environment/supports are capturing potentials in its coordination
- Ease communication difficulties
- Utilising all resources available rather than requesting more resources
- Centralised and relevant processing system

Supports needed

Funding for a development committee and permanent positions. This would be of a professional nature not just a volunteer group. Local government be the host and chair.

Questions and challenges

Non-political agenda for a long-term solution.
Human nature and inability for future insight
Funding
Privacy legislation creating barriers to co-ordination outweighing the needs of people's well-being in seamless service delivery

Tangible	Intangible
Physical space	Inability to recognise the value in non-monetary assets in social well-being
Dedicated liaison officer	

Core Team

Resilience>>NBRA>>Local Providers>>EM Committee>>Recovery Co-ordinator

Next Steps

Unified Consent form across government and non-government

- Marea Stefek from NBRA noted in last Recovery case manager meeting the Royal Commission into the bushfires is looking at this issue of sharing information and consent nationally. To follow up with the progress
- Working group Recovery and Resilience- approach Jane Robertson to continue co-ordination of project
- Send proposal to Steve Picton to include as working group in Mental Health Forum follow up.

Project 3 end.

Project title 4 - Youth Engagement

Working group:

headspace, Royal Far West hospital, Campbell Page, Child and Adolescent Mental Health Services (CAMHS), Coordinare, Eurobodalla bushfire recovery support.

Description

Increase youth access and engagement with mental health and suicide prevention services in the region.

Insights/ideas

- share information about what works to engage young people in services, research, gaps in services and who is not being effectively engaged.
- connect across services to increase awareness of what is available.
- build on the increased awareness in the community of the need to pay attention to the mental health needs of young people.
- engage with primary and high schools and other referrers.
- understand how suicide prevention funding for the region may be applied to services for young people.

Questions/challenges

- engaging homeless youth.
- services for under 12-year-olds.
- services for people who are not high risk enough to access CAMHS but are too high risk for headspace services (the missing middle).

Desired outcomes

1. Coordinated services for all young people who need to access help in the region.
2. Less gaps in the system.
3. Greater confidence for service providers when referring young people to appropriate services.

Next Steps

Coordinare to set up a follow-up meeting to talk about how our organisations can work together to:

- develop a plan for youth suicide prevention activities in the region enabled by NSW government funding.
- advocate for funding/support for services for under 12-year-olds.
- advocate for funding/support for service(s) to fill the gap between high and low risk mental health services for young people.

Project 4 end.

Project 5 title - Non-Clinical and Clinical Groups Project.

A combination of Community lead, Traditional and Culturally based non- clinical Practices that walk alongside Modern Mental Health Knowledge and Perspectives.

Working Group

1. Malindey Sorrell, The Family Place
2. Deirdre Bagot, Coordinaire
3. Rebecca Osei-Agyeman, Aboriginal Affairs
4. Janine Hutton, Campbell Page
5. Michelle Bonner, Bushfire Recovery Support Service
6. Judith Ahearn, Bushfire Recovery Support Service

The high service demands of most MH programs do not often allow the luxury of putting "experimental knowledge" (Non- Clinical) into written or on the ground descriptions and practice methods which can be shared with other models of mental health service provisions.

There are cultural and other non-clinical Practices and Projects that can stimulate a greater exchange of these culturally oriented and non- clinical approaches that could help build a supportive network among MH professionals when working with individuals, families and community members.

The goal of any initial project is to provide community and culturally enhanced mental health services to all peoples through a co- operative agreement with all participants via healing through cooperation and tradition.

Descriptions

This proposal is around incorporating and utilising traditional wisdoms and other non-clinical models of healing such as; Group work, Drama and Theatre, Puppets, Sand play, Art and Drumming, Aboriginal Dreaming and Storytelling alongside other Culturally Orientated Healing Practices and connections with lived experiences. These practices can address the holistic and complex care needs of people that have been impacted by events such as Cultural Disconnection, Bush fire, Flood and Disasters, as hearing, expressing and being made aware of yours and other's stories via these pathways can support the healing process.

There are always concerns that the needs of any community will remain supported by long term funding and broad support being maintained which allows ongoing non-clinical methodologies to be utilised. There would need to be a regional strategy around a collaborative approach in the grant writing processes as this would be challenging to keep pushing ahead with this type of program.

Cultural and Traditional considerations around MH explores the relationship between culture and personal identity, which can have particular significance for the MH of people with a diverse world view, spiritual connection, concepts of health and illness, values, social norms, communication styles and various tribal family systems.

The implementation of this therapeutic orientation shift would need to be supported from both a federal, state level and by local services and general practitioners with a need to make a long-term commitment and shift towards a more holistic service delivery that has the security of long-term funding.

Further challenges would be around seeking out and making available suitable and stable physical spaces or alternatives that cover a diverse population and cultural need and building ongoing long-term and multi-disciplinary teams that are well trained and willing to continue with diverse client engagement modalities that they may not really understand.

Interagency networking, commitment and involvement may also have its challenges as all these issues would all have to be well planned, agreed to and enacted ensuring inclusivity of disability, gender, sexual diversity, cultural and linguistic diversity. Age, physical and mental capacity and all other considerations that impact working with people who have complex MH concerns would also have to be considered as well as varying psycho-social environments regardless of any historic or current disaster that they have experienced.

Traditional trauma counselling for bushfire impacted people was noted to be repetitive, difficult to access when required, had long waiting times, was not always culturally considerate or appropriate, was mainly medically focused and limited to church based counselling or given by out of town /Sydney based fly in counsellors that offered short term outcomes for clients with complex needs.

Insights and ideas

It was identified that there is a huge need to have non-clinical groups within the community to support Clinical group work, as there was no group work offered to clients who had suffered from the impacts of the recent local bushfires.

A need for Early Intervention work that identifies issues, is creative and addresses the challenges for culturally sensitive mental health Programs which must also mesh with state and / or federal requirements for and number of issues such as;

- Record keeping and sharing information, consent obligations across different services must be adapted to meet people's cultural needs and not just as a means of gate keeping between services.

There is also a need for training of Cultural MH workers or acknowledgement of accreditation of non-clinical and clinical MH workers that have gain accreditation in other countries. The utilisation of these individuals would address the shortfall of understaffing in the human welfare sector and assist in the expansion of cultural diversity and practices regarding appropriate cultural responds to MH and recovery, which may in turn deal with entrenched structural disadvantage.

Research has pointed to success with programs such as; Yoga, Tai Chi, Meditation and Mindfulness practices, Music, Dance, equine and Art Therapies.

All could benefit from change and flexibility in counselling models to incorporate groups as well as individuals in most of these non-clinical approaches when working with MH.

Appendix 3 – Project Scoping Documents

Desired Outcomes:

Tangible

- The desire to review and address the collective responsibility of the past and current generations that have added to the lack of awareness around the sources of pain and MH issues being felt by people.
- An understanding that we all need to assist in the healing of the colonial dis-ease through the recreation of sound communities, individual empowerment, and the re-establishment of relationships based on traditional values and truth telling.
- The development of and commitment to addressing all the physio-social issues at hand and their root causes that have created material and social deprivation.
- Admitting the failure to confront the real reasons behind the dominant cultural discourse that chooses not to pledge long term funding of MH services for all community members.
- Development of a supportive community and the courage to begin attacking the cause of discontent and deprivation that is the basis of MH and entrenched disadvantage.

Intangible

- A transformation from threatened to confident, from sick to healthy, from weak to strong, will be a collective effort. But the collective will require the shining lights of leadership provided by individual guides and mentors, but who will these mentors or leaders be? as this kind of leadership will be the most crucial in our recovery from the collective over or dominant culture that oppressors the systems that we all function within.
- Moving beyond the politics of pity and reinfusing our societies with the positive energy required to confront the continuing injustice, as do we continue to hold dear the ideology to protect what we have in place (Even though it does not work for all peoples).
- It is not enough to think of individual healing, we must build our new future as a collective, as mainstream self- help and new age esteem work is not enough, as without foundation and a connection to community the larger mind set surrounding any community development represent nothing more than self-centred escapism.

Questions:

- Capacity and willingness to make a change.
- How do you get services to move to a Non-political agenda and grow services and government limited insight?
- Where to find and who would be responsible for the resourcing of this kind of reconstruction of such a service?

Challenges:

- Entrenched structural disadvantage.
- Neglecting the real issues surrounding MH and the issues that have an impact on people suffering from anguished hearts, minds, and bodies.
- The culture of dependency and the feelings of defeat.
- Governments keeping people economically and socially dependant.
- Undermining the integrity of culture that are the keys top empowerment.
- Reclaiming traditional ways of healing that at not recognised by the medical model.

Support Needs:

- Long term funding commitment.
- Willingness to look at the bigger and longer-term picture.
- "Walk the talk" AND PLEDGE IT

Next Steps:

- Ongoing collaboration.
- Psycho-social Intervention.
- Pray for a path to wisdom and change for the better.
- Stop being deaf to peoples suffering.
- Open your ears and listen to the truth of the people.
- Dedication to move in the right direction for all humanity rather than just for the sake of money. Its peoples mental and physical health that is stake, as healthy individuals are your future GDP.
- Utilising all resources that are currently available rather than requesting more resources from an already stretched system.
- Development of a centralised and appropriate processing model.
- Develop a business plan that demonstrates community needs and collaborative partnerships b/w clinical and non-clinical services with supporting evidence for the flexibility of service provision - groups and individuals.

What, Who, When.

- Will engage with and collaborate more with New Services
- All service engagement in more non-clinical approaches

Partners:

Steve Picton, Eurobodalla Shire Council

NSW Health Mental Health Services

NGO services

Private Practitioners

Stakeholders:

All clinical services both private, government and not for profit.

Project 5 end.

Appendix 3 – Project Scoping Documents

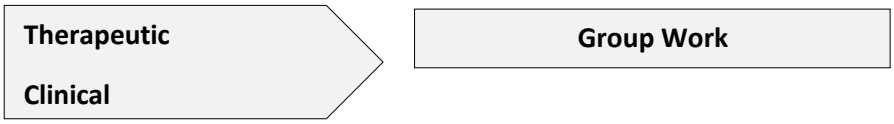
Project 6 title - Key Mental Health Services to Deliver 'Clinical' Group Work.

Host: Deb Plant, Director, CMHDA SNSWLHD
Date: Wednesday, 17 March 2021
Attendance: Nicole Dawson, Eric Evans, Damien Eggleton, Simone Smith

Desired Outcomes

Tangible	
Establishment of Clinical Groups	→ Face to Face → Telehealth/Virtual
Intangible	
Connections	→ Lived experience
Support Network	→ For individuals can support consumer treatment plans

Description



Area of Need

- Specific conditions
- Therapies
- Education
- Targeted Strategy
- Interventions
- Pharmacology

Insights & Ideas

- Services are accessible to a broader range/mix of people
- Provides connections
- Telehealth/Face to Face

Questions/Challenges

- Identifying community needs → (? Through clinical teams/data/referrals)

Support Needed

- Training → specific to areas of need
- Locations
- Equipment

Next Steps

What	Who	When
1. Identify current programs 2. Identify Staff Skill 3. Identify community/consumer need 4. Identify preferred delivery methods/models 5. Telehealth equipment 6. Workbooks/programs (evidence based)	SNSWLHD Managers and Clinicians	12-18 months establishment / implement / evaluate

Core Team	Partners	Stakeholders
Local Health District	▪ Pharmacists ▪ NGO/Community Organisations ▪ Private Practitioners ▪ PHN	Community

Project 6 end.