

Mental Health and AoD Community Briefing Outcomes

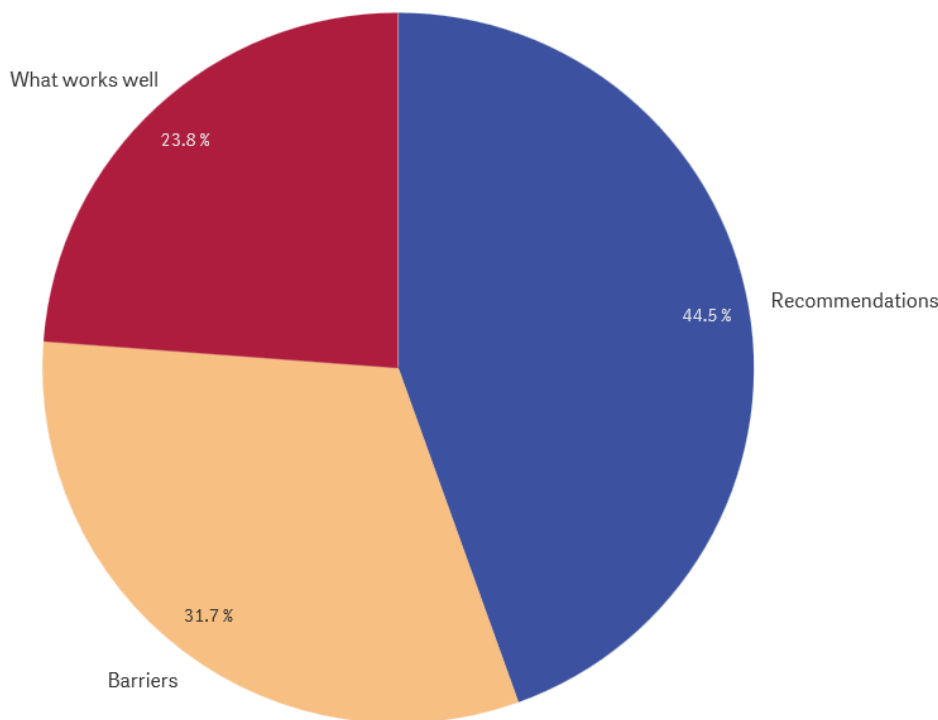


The Community Briefing on 28 June was attended by almost 100 participants and data from 7 stations were gathered on the following topics:

Suicide Prevention
CALD and Indigenous
Child and Youth
Severe and Complex

Psychological Services
Mild Mental Illness
AoD

The following pie chart shows the overall break up between “post-it notes” on **what works well**, **barriers** and **recommendations**.



The following recommendations include only what is in scope. The definition of what is in and out of scope relates to Department of Health parameters only and does not include for example education, housing, transport and funding models outside the reform agenda.

The information collated from the Community Briefing forms the basis for future planning.



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Suicide Prevention

Recommendations

Develop a Mentors program to partner and buddy with someone who attempted suicide and work together with counselling services

Clinicians to be trained in Aboriginal and Torres Strait Islander Trauma and Social and Emotional Wellbeing

Explore interest in a support group for suicide attempt survivors Australian Institute for Suicide Research and Prevention in Brisbane is currently trialling

Development of Home based care

Development of program to reach out to males both Aboriginal and Torres Strait Islander and not, to engage in counselling and talk about issues

Develop more training for clinicians to work with vulnerable populations

Encourage Flexible natural supports and mentoring to promote recovery

Facilitate relationship counselling for ease of access for all parties

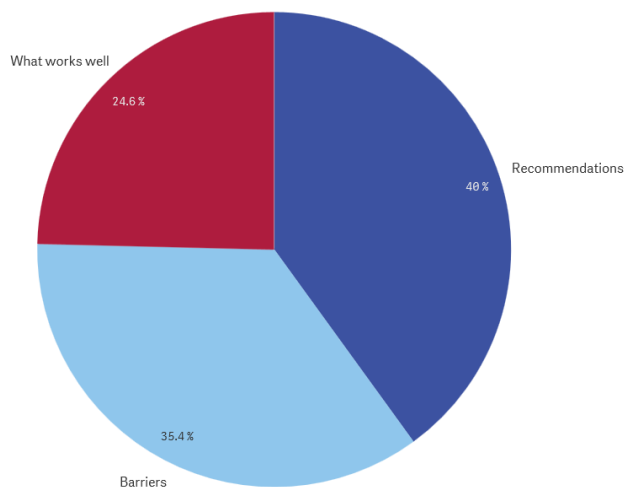
Promote Sponsors lived experience like in AA Alcoholics Anonymous

Training for GPs - General Practitioners to address suicide prevention at grass roots level

Mental Health Nurse to work in conjunction with client and family support

Training for Allied and Primary health workers

Enable Better info and support from admission planning discharge services better support and knowledge of family and friends



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Culturally & Linguistically Diverse and Aboriginal & Torres Strait Islander

Recommendations

Facilitate co-design of service models

Consider the time when working with CALD - Culturally and Linguistically Diverse community takes more time for engagement & follow up

Establish connections with local Culturally and Linguistically Diverse communities

Use accredited translation and interpreter services

Use local and accessible bilingual clinical and community workers

Engage and talk with Elders in Culturally and Linguistically Diverse community and Aboriginal and Torres Strait Islander

Arrange specific training for support workers/carers

Share Knowledge of trauma and torture work

Ensure Funding for Culturally and Linguistically Diverse programs/services is integrated into mental health & AoD services and teams

Develop a one stop shop that coordinates services accordingly to consumers and family's needs

Develop a training initiative where 2 people per club/group/association where these group of people connect with to deliver brief interventions and family supports

Provide services for the Indian community

Develop parenting groups programs for Culturally and Linguistically Diverse

Develop support groups for the African community

Develop training for key members of the community to give them the ability to support its residents

Allocation of resources specific for Culturally and Linguistically Diverse & indigenous community

Develop greater cultural competency and sensitivity training for MH service workers and community

Ensure existing Culturally and Linguistically Diverse /suicide prevention programs that are successful continue

Continue existing evidence based programs for hard to reach groups

Create specific indigenous and Culturally and Linguistically Diverse peer positions - gain perspective

Continue to support groups for Culturally and Linguistically Diverse young mothers

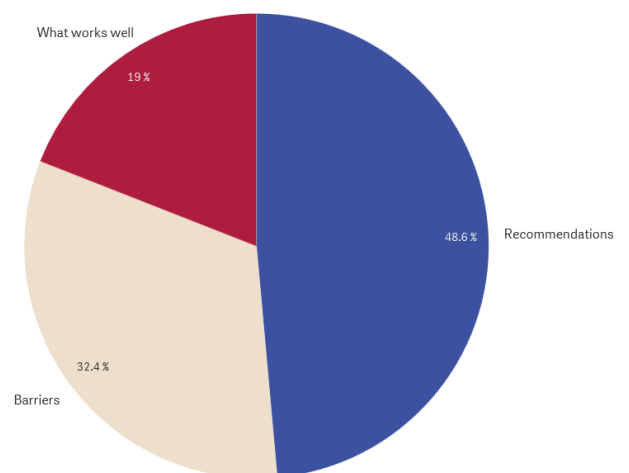
Engage lived experience Culturally and Linguistically Diverse workers

Increase peer support workers

Promote holistic strengths based therapy

Provide options for peer support

Provision of appropriate resources



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Child and Youth

Recommendations

Develop better assessments to identify impact of AOD - Alcohol and other Drugs on children and parental capacity.

Plan for more support for the family who care/support the young person with mental health diagnosis

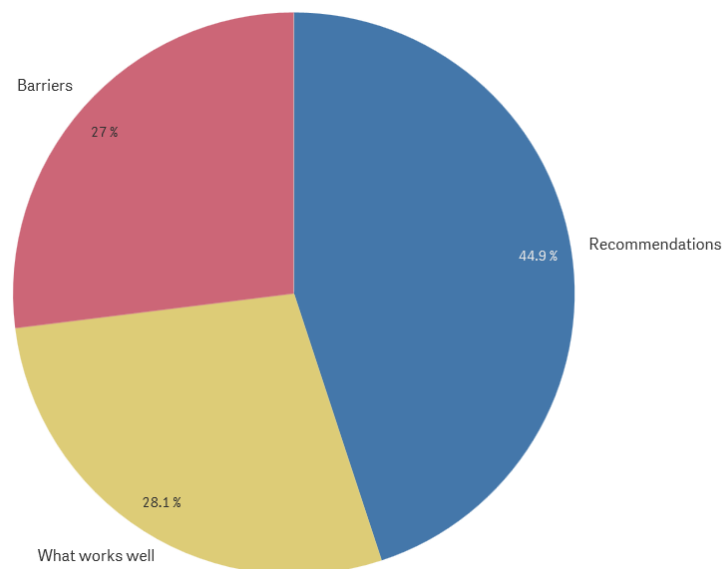
Promote family therapy

Explore the use of flexible funding to address complex issues "outside the box"

Develop whole family focused approach to mental health intervention programs

Develop early identification of parental mental health issues and assistance to promote good mental health role modelling for children (break generational cycles)

Support for carers - training and education for carers to be better equipped to support child



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Severe and Complex

Recommendations

Address increase of children entering child protection system and improve prevention strategies (especially Aboriginal and Torres Strait Islander)

Develop options for counselling for children impacted by domestic violence.

Improve public awareness of services available and single entry point for complex issues e.g., Dual Diagnosis.

Develop intensive outreach services.

Follow up support post visit.

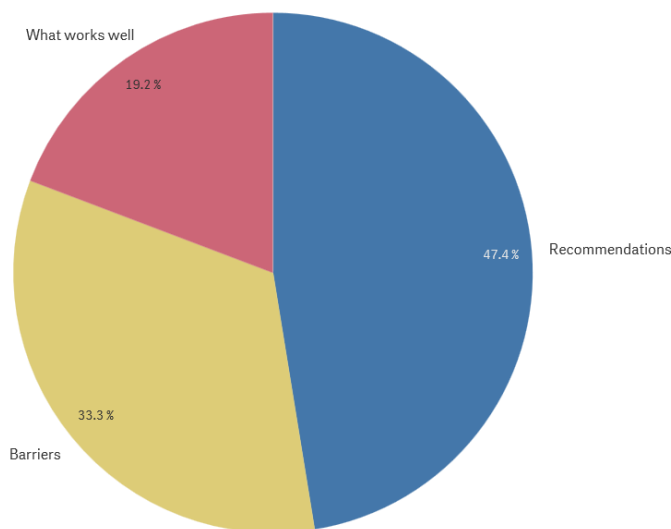
Availability of long term ongoing regular support. 10 sessions a year for severe MH issues is not sufficient – explore options.

Arrange Comorbidity case conferences together with coordination of NGO Non-Government Organisations & Clinical

Encourage integration of NGO - Non-Government Organisations & Clinical supports should be integrated with MH service care to provide co-ordinated well informed interventions & support.

Encourage clients to determine length of service to depend on need of client.

Find ways to support to access services



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Psychological Services

Recommendations

Promote greater Holistic focus for treatment.

Teaching patients optimal health. Water, exercise, vitamin D (sun), walk barefoot (grounding), sleep, eat real food, nutrition.

Encourage more client driven directives (what they need).

Plan for More info in one place.

Hub house activities groups.

Train and recruit more & trained staff

Encourage Better inter-service communication & cooperation in terms of GPs General Practitioners

Education of GPs and other medical personnel re. The way forward.

Plan more services for Men

Plan for more evidence based treatments funded.

Plan in reach of GP/NGO into hospital & community.

Plan resources for greater capacity to CM clients to ensure they access more effectively.

Giving clients options - private, community MH including MHNP

Plan Improved support of personality disorders.

Explore the development of a better Data base of services & providers.

Plan for More MH support groups for DBT - Dialectical Behaviour al Therapy

Budget for training for service providers in Indigenous trauma

GP training for referrals to services - referring to specialised services if required, rather than one regularly used.

Explore more options for GPS to use practitioners they don't know

More community education re Mental Health Nurses and how to access them (mild to moderate groups)

Assists GPs to be a key conduit between services and users, optimise this touch point

Encourage more social workers in community to help access services and to help clients who could 'drop off the radar'

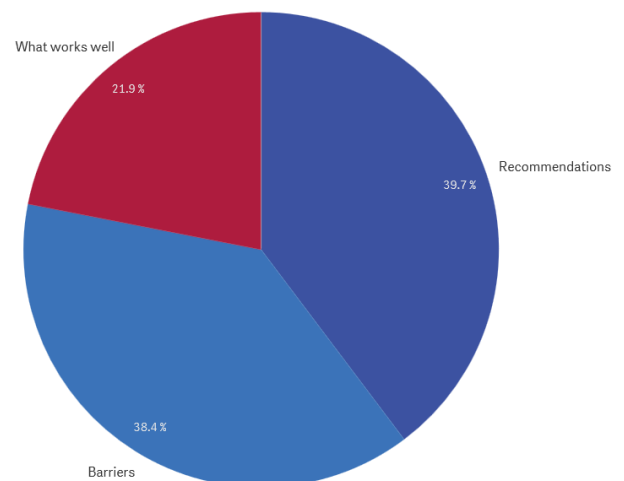
Build Better education of the services & access/pathways available by GPs

Promote Group programs to be more effective, run more

Mixing peer support i.e. Group meetings and social events with likeminded/diagnosed people.

Connecting Psychologist to community organisations to be able to refer on after sessions are done.

Encourage GPs & Psychologists having more understanding of psychology & social worker services in community - greater education.



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Mild Mental Illness

Recommendations

Integration of continuum of care - Bringing in other services earlier to help build relationships before 10 sessions are up, rather than waiting until the end and 'dropping client'

Encourage More targeted referrals by GPs, More specific database of services/specialists

GPs encourage support people to accompany the consumer to their visit to help/provide insight into their journey.

Increase number of treatments available for psychology care program (not limited to 10).

Enhanced primary care kicks in after 10 visits with Psych recommendations - Change Medicare system, similar to private health cover

Encourage More information sharing across services, My Health Record.

Publish List of Psychologists coming from another culture.

Promote catering to the needs of people with complex trauma, particularly Domestic Violence , or significant dual diagnosis issues that need between 2 and 7 years of psychotherapy, usually weekly

Promote Optimal Health practices provide better outcomes for people with chronic physical and mental health conditions. This is something that we need to promote amongst our services and educate our community on. Prevention is better than cure.

Plan Mandatory cultural training for service providers

Treat Mild Mental Illness as early intervention so people don't get more unwell

Promote Better education around Mental Health and services

Promote Better Mental Health training for Centrelink staff

Promote Workforce development education

Plan for Education for postnatal stress for CALD Culturally and Linguistically Diverse mothers

Plan for More education re impact of physical health on MH

Emphasize the need for more GP education

Promote Better resourced information to GPs on what's available and what works

Support Parent line excellent support, more \$ needed

Promote Art Therapy programs

Plan for Weekly support groups (as opposed to monthly)

Plan for Outreach models for Aboriginal and Torres Strait Islander

Promote Multi-medium access to support e.g. phone, F2F, outreach, web based, drop-in

Plan for Outreach support for CALD Culturally and Linguistically Diverse new arrivals

Share info re: medical history and mild MH leading to integrated services

Promote Tailored support and care (person-centred)

Advocate for Wider scope of afterhours services

Increase services for men

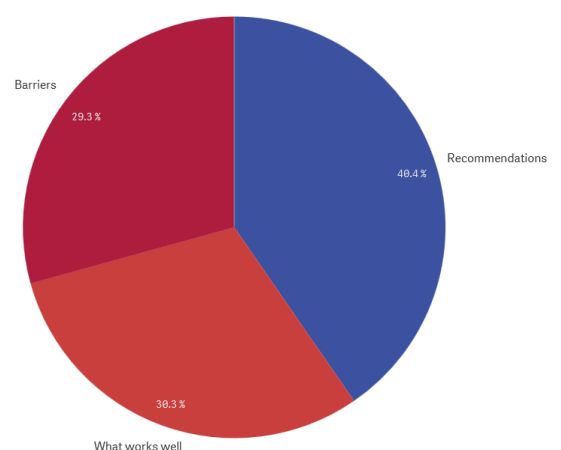
Increase Central access (virtual and physical location)

Promote Central location web and community Directory of Services

Promote Mental Health check like physical health

Encourage More natural supports and mentoring

Increase home visiting



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Alcohol and Other Drugs

Recommendations

- Build Local Gold Coast Detox centres
- Fund FASD - Fetal Alcohol Spectrum Disorder services
- Plan and Build Rehabs for mums with children
- Extend detox programs for methamphetamines
- Advocate for Family rehab. Programs including Child Health Nurses in living well program run over 1 school term period
- Encourage Consumer peer reps to communicate info
- Improve and promote Service Finder App
- Advocate for Shorter term rehab services
- Advocate for More flexibility with rehab programs
- Advocate for Family facility for rehab
- Plan for Mental health service & AoDs in same building we need integration of services
- Immediate Upskilling of GPs in detox
- Provide Ongoing long term regular relapse prevention support
- Provide Access to service more flexible for those who are using. Not have to be / have not used prior to access
- Provide Shorter residential programs
- Provide Shorter residential programs to compliment longer programs
- Plan for the Need detox units on the Gold Coast
- Plan Day Programs
- Budget for Training for new workers to sector ASAP
- Investment in sector and workforce development
- Treatment Matching - One size does not fit all
- Plan Integrated Service using user input User input
- Advocate for Detox beds
- Provide Wrap around in home support for parent rather than remove children
- Provide Specific training provide for working with Aboriginal and Torres Strait Islander community
- Advocate for In home detox options
- Invest in technology, web based approaches i.e. daybreak
- Fund a range of AoD services (residential community, public health)
- In home relapse prevention for mothers
- Residential support for people older than 30
- Need for skilling of dual diagnosis approach
- Co-location of mental health & AoD services in public & community & private services
- Child friendly services
- Better connections between public & private hospital services
- Advocate for Inpatient unit hospital beds ward specifically for AoDs only patient with AoDs specialised staff
- Advocate for more rehab. Consumers in hospital recognise that they have AoD issues and want to go to rehab. Currently a 2 week waiting period

