Mental Health, Suicide Prevention and AOD Service Reform Project

Ideas Generation workshop synthesis

1. Executive summary

1.1. Introduction

Healthy North Coast (HNC) was appointed to deliver the North Coast Primacy Health Network (PHN) Program in 2015 to work with primary health care (health services provided outside of hospitals) and the broader health sector. All work delivered by HNC aligns to our strategic vision, to have healthy people in North Coast communities. We aim to achieve this by building a person-centred health system in which each member of the North Coast community, especially those with the greatest need, receives care that is integrated, high quality and easy to access. Our commitment to closing the gap and reducing health inequity for Aboriginal people and communities is paramount to each of our objectives and outcomes.

All PHNs use a commissioning approach to procure medical and health care services. At Healthy North Coast, our Commissioning and Procurement Framework establishes a pathway to decide which services to fund based on the priority health needs across the region.

1.2. Purpose of this report

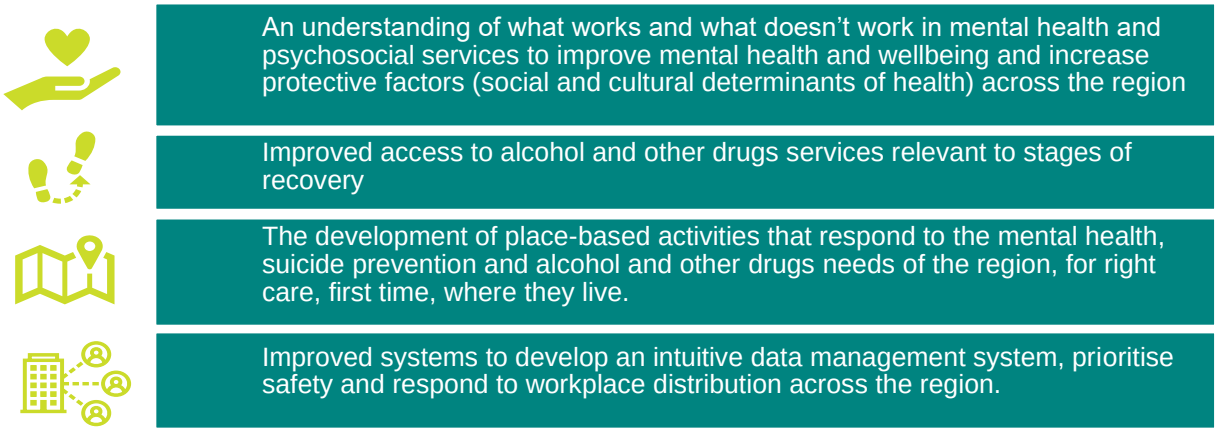
This report will summarise and synthesise the outcomes from the first round of workshops where we engaged with community members, service providers, community organisations and other health organisations, and will present the key ideas that emerged from conversations and the next steps for this project.

Healthy North Coast acknowledges the traditional custodians of the lands across its region and pays respect to the Elders past, present and emerging. Healthy North Coast recognises that those lands were never ceded and acknowledges the continuation of culture and connection to land and sea. Healthy North Coast acknowledges Aboriginal peoples as Australia's First Peoples and honours the rich diversity of the world's oldest living culture.

2. The Mental Health Suicide Prevention and AOD Service Reform Project

Healthy North Coast is committed to being a leader in primary mental health, suicide prevention and alcohol and other drugs services. We are funded to use money efficiently and effectively. The way we make sure we do this is by monitoring and evaluating services that we fund. Thinking outside the box in the way that we deliver services to seek better health outcomes for our community.

To do this, we have developed the Mental Health, Suicide Prevention and AOD (MHSPAOD) Service Reform Project to ensure our programs are meeting the needs of our community by recognising current challenges and co-producing ideas and solutions. Through this project we aim to achieve:



2.1. Project approach

The project approach is to use collaboration, participatory design, evidence and lived experience to develop potential service models that responds to challenges identified.

This includes:

1. Understanding the data and internal conditions: looking at how we are currently working and what can be done differently
2. Ideas Generation workshops: bringing together communities to prioritise responses
3. Solution design workshops: bring together communities to develop service solutions
4. Feedback loops: connect with groups who were unable to be part of the workshops
5. Service design: procurement and commissioning of services

This report will summarise and synthesise outcomes from **2. Ideas generation workshops.** For more information about the project please visit the Project webpage at: https://hnc.org.au/mh-service-reform/.

2.2. Ideas Generation workshop overview

Due to the large service region of Healthy North Coast, face-to-face workshops were held throughout the major centres at:

- Coffs Harbour
- Port Macquarie
- Grafton
- Kingscliff
- Lismore

A case for change was presented to each group by demonstrating why Healthy North Coast is undertaking this project. This included data collected from our funded programs and other national databases to present current conditions of mental health, suicidality, self-harm and substance misuse, the socio-cultural conditions and the distribution of workforce across the region.

The workshops were attending by:

- Members of the community
- People with lived experience
- Carers
- Service providers (included those funded by HNC, housing services, family and domestic violence services, GPs and mental health practitioners)
- Community organisations (including Neighbourhood centres and Aboriginal Health Organisations)
- Local Hospital Districts [LHD] (Northern NSW LHD and Mid-North Coast LHD)
- NSW Department of Education
- NSW Department of Communities and Justice

2.2.1. Workshop Framework

To facilitate discussion, the workshop groups were presented with five problem statements and hypothesis. The problem statements had been extracted from the case for change (see Discussion Paper) and represent areas of particular focus for the MHSPAOD service reform project.

	Problem statement: We have observed that…	Hypothesis: Health outcomes can be improved by…
1.	Mental health and problematic alcohol and other drug use (AOD) use are presenting as serious and acute conditions at increasing levels	Doing more in destigmatisation and prevention of mental health and problematic AOD use
2.	Specific regions, communities, and geographies are missing out on services and experiencing poor outcomes	Customising MHSPAOD services and workforce strategies to better reach areas experiencing the highest unmet demand
3.	Specific cohorts are missing out on services and experiencing poor outcomes	Developing targeted MHSPAOD services and supports for men aged 35-69, and young people aged 12-25 (appreciating these are not the only priorities)
4.	Poor performance in social determinants such as employment and housing are driving poor outcomes	Exploring ways to work outside of usual health settings to enhance social determinants and protective factors
5.	Service models are prescriptive, limiting innovation and response to needs	Promoting innovation of MHSPAOD service development and delivery

2.2.2. Workshop format

Working in five small groups, each problem statement was presented to each table by a Healthy North Coast staff member. Participants were first asked to discuss and write down all the challenges, barriers, obstacles to address the problem or enacting the hypothesis. The participants then discussed and wrote down ideas that could help address the challenges and/or advance the hypothesis. All ideas were captured on post-it notes, which have informed the basis of the synthesis of the workshops.

Once all groups had discussed the challenges and ideas associated with the problem statement, three ideas were extracted per problem statement for prioritising. Participants were provided with three dots to use to vote for the ideas they would like to see progressed.

2.3. Synthesizing methodology

From across the five workshops, ideas and challenges were captured in 1800 post-it notes.

As each workshop used the same problem statements and hypothesis, trends or common ideas emerged across the region. To synthesize the volume of information, the post-it notes were grouped into themes. This allowed information to be captured at a whole of region and local level.

2.4. Challenges

Each workshop had across the region had unique challenges that reflected the environmental, geographical, economic, social and cultural conditions in that area. However, there were common themes in challenges that emerged across all locations. These include:

- The current service system and funding models cannot adapt to individual or community needs
- There are a variety of challenges across the regions due to workforce distribution, diversity and capacity
- The diverse geographical challenges across the region and the varied environmental impacts this has upon accessing and receiving health and wellbeing supports.
- Services do not collaborate well to provide a holistic response to an individual, families, kinship groups, particular cohorts or communities
- Within some cohorts or groups, there the lack of health literacy and high levels of stigma. This contributes to challenges people face in recognising they may need support and finding support that suits their needs.
- There is the need for more early intervention, engagement and education across all ages and cohorts to prevent the escalation of needs.
- Not all workplaces are not equipped to support employees who may be experiencing mental health and AOD challenges
- Communities have not been empowered or engaged to develop and be knowledge holders of mental health, suicide prevention and AOD services.
- There is an overall under-servicing of AOD services across the region, particularly detox and rehab.
- Mainstream services are unable to provide or step-up care for people presenting elevated or intoxicated.

Challenges identified that are out of scope for the service reform, but are options for advocacy and service collaboration:

- Access to stable, secure and affordable housing is a challenge across the region
- Reliable and accessible infrastructure including transport (public transport) and services infrastructure (esp. in remote geographical areas)
- Legislative reform
- Funding distribution and allocations at Department of Health and State Government levels
- Acute and tertiary health care
- School curriculum and education reform
- NDIS specific service responses
- Emergency services (Ambulance, Fire, Police)
- Rising costs of living

2.5. Ideas Generation

The ideas generated out of each of the five workshops were classified under the following categories.

Ideas Groups		
Capacity Building	Service Hub	Early intervention
Community Engagement	Service Integration	Outreach
Data collection and evaluation	Training/Education	Service Navigation
Evidence	Streamlining access	Cultural specific service
Flexible programs	Workforce	Technology
Funding models	Social connectedness	Stigma reduction
Non-clinical services	Housing	Communications and service awareness
Peer workforce	Health Literacy	
Service examples	Leadership	

These categories do not reflect all ideas presented, but represent common areas that people focused upon and how we can best design programs to respond to health needs across the region.

2.5.1. Summary of ideas per problem statement

2.5.1.1. 1. Mental health and problematic AOD use are presenting as serious and acute conditions at increasing levels

- Communications and service awareness: Use ‘every day’ people to raise community understanding, awareness and destigmatise, while having a central location in communities to find information. This also responds to the need for an increase in health literacy across the region.
- Capacity building: Increase the capacity and skill set of the current workforce e.g., trauma informed care, culturally safe practice and person-centred practice. While also building the capacity of community groups, grassroots organisations, and existing charities to support and provide connections to communities.
- Early intervention: Programs for school aged children and their parents/guardians and training for educators to recognise early signs and offer support or referral to services. School programs to be delivered outside clinical settings, e.g., sport, art, mentors & peer support.
- Peer workforce: Increase the capacity of peer workers and mentors to be able to be a ‘soft’ connection with services and information regarding mental health, suicide prevention and alcohol and other drugs

- Service integration: wrap around services & the integration of AOD and mental health supports

Service examples:

More AOD services across the region and drop-in centres that offers a range of supports health and wellbeing supports.

2.5.1.2. 2. Specific regions, communities, and geographies are missing out on services and experiencing poor outcomes

- Capacity building: Increase the capacity of community supports (e.g. local spaces and newsletters) and local champions of change to be the bridge between community and services. This includes increasing the capacity of Aboriginal Mental Health and AOD workers within communities.
- Community engagement: Increase engagement with communities to ask what their needs are and what types of services they would like delivered.
- Data collection and evaluation: Sharing information and data outside of usual reporting to expand awareness and understanding of the gaps or cohorts who are not engaged. Additionally, ensure the collection of data is culturally safe, e.g., data through stories.
- Funding models: Flexibility in funding cycles to allow for the capacity to adopt place-based and cohort-based service provision (e.g., funding partners or collective funding models). This could also include consistent practices for intake, assessment, and referrals to allow for streamlining service navigation, service connection and collaboration.
- Outreach/Service hub: Take the services to where people are on a regular basis and increase the networking and collaboration between service providers through co-location at existing community spaces.
- Workforce: Develop workforce strategies to attract and maintain workers within the region. This includes remuneration, learning and development opportunities and long-term contracts.

Service examples

A services day or services bus to more remote or hard to access communities, free community transport to access services, use existing community-based infrastructure or groups to provide information and social connection.

2.5.1.3. Specific cohorts are missing out on services and experiencing poor outcomes

- Capacity building: Resource existing community networks to deliver education and information through events that are based on social connection.
- Early intervention: Investment in protective factors, such as healthy lifestyle and engagement in sport, recreation, creative and exercise programs for young people to help build self-esteem and sense of self. Innovating school-based training or curriculum to provide education and awareness of mental health, suicide prevention, alcohol, and other drugs and where to find help or support.
- Funding models: Increase funding for stepped model of care – to provide community or primary supports for the mid-medium

- Service integration: Collaboration with services in a holistic way, to share experiences, knowledge, and reporting, while increasing community engagement and peer participation.
- Training & education: To increase a whole of system response providing service options and specialisations suited to diverse needs for clinical staff & GPs to check in and recognise mental health, suicidality, self-harm, and substance misuse.

Service examples: Safe injecting rooms, cultural healing through camps and bushwalks, Yarning Groups, Safe Havens (non-clinical supports in community settings), Men's Sheds (meeting people where they are or their interests are at), Service hub or drop-in services (to take varied services to people as well as addressing comorbidities)

2.5.1.4. 4. Poor performance in social determinants such as employment and housing are driving poor outcomes

- Capacity building: Engaging and resourcing 'within' community resources to empower community to build cohesion from the ground up and develop a local approach to respond to social determinant challenges. Service awareness in 'everyday places'.
- Early intervention: Mental and psychological support to reduce stigma and increase protective factors
- Service hub: Place-based co-location of services to provide safe spaces to seek support, information, or a place to connect. Both for health and wellbeing services and social connection events/activities.
- Service integration: Integration and collaboration between housing, education, health & employment initiatives, and programs.

Out of scope

- Housing: Although out of scope, there was consistent ideas generated across the five workshops to provide more innovative housing solutions to respond to housing needs. For example, using current vacant public spaces for temporary accommodation (e.g. car parks), tiny houses or transportable housing, long term housing strategy.

Service examples: Embedding primary care in non-clinical settings, community centred services that are free, interesting and informative (e.g., art classes, music performances etc).

2.5.1.5. 5. Service models are prescriptive, limiting innovation and response to needs

- Capacity building: Funding models to have an element of capacity building to address specific community needs e.g., trauma informed practice. This could also include supporting smaller organisations to respond to tenders.
- Data collection and evaluation: Adapt current reporting from funded programs to increase outcomes-based targets, using evidence to compare best practice and not 'reinvent the wheel, and expand program performance measurements to include engagement and collaboration.
- Flexible programs: Fund a variety of programs that support people along all stages of care/recovery and beyond clinical support. For example, programs to support the development of practical skills and transitions into different stages of care.
- Funding models: Use funding models to increase innovative practices and responding to need. For example, longer term and flexible funding, include engagement with

consumers as part of funding models, and budgets to be flexible to adapt to emerging needs.

- Service integration: Integrate services (medical & psychosocial) to develop stronger connections, partnerships, clear referrals, clearer care navigation, case coordination and warm handovers.

Service examples: Expand the location of Safe Havens, funding less clinical after care services, expanding support for AOD community services, register of GPs and mental health and AOD clinicians in local area.

2.6. Summary

Discussions held across all five workshops highlighted that responding to the complex health and wellbeing needs across the region will take a coordinated approach from all service providers and funders. To achieve the best outcomes for North Coast community members:

- Services should be place and cohort based
- There is the need for multifaceted education and early intervention programs for children and their families to educate and destigmatise mental health and alcohol and other drugs use.
- Existing community supports and groups are recognised, and their capacities increased
- There is the need for services at all stages in the stepped care continuum (or flexibilities for adapting the needs of individuals)
- An investment in the current workforce to expand skills, professional development, and the necessary supports for wellbeing.
- Services also need to exist outside clinical settings and be innovative to respond to the social and cultural determinants of health. In particular, services should meet people where they are at or provide 'soft' entry points and are culturally safe.

3. Next steps

To respond to the lack of representation in the first workshops from some cohorts and parts of the region, as well as an increased need to check back in with key collaborators, feedback loop sessions have been established for:

- General Practitioners
- Aboriginal Medical Services
- Nambucca Valley community
- Lived Experience Representatives

Based off the ideas generated in the first workshops, a series of solution design workshops will be run to expand these ideas into service delivery models. The recommended service models will be adapted to develop funding models in tender documents to approach the market. It is expected Tenders will be released late-November 2022, with contracts awarded early 2023. There will be a 3-month transitional period to support existing customers and service providers move across to the new service models.