

Mental Health, Suicide Prevention and AOD Service Reform Project

Solution Design workshops synthesis

1.1. About Healthy North Coast

Healthy North Coast (HNC) works alongside community members and health professionals to improve access to well-coordinated quality health care. We aim to work together to transform the healthcare system to reduce health inequalities. Our work begins by gaining an understanding of the health care needs of the North Coast. This needs assessment involves our community, clinicians and service providers and is available for all to use (<https://hnc.org.au/needs-assessment>). We use this information to work with health professionals and community members to find gaps and facilitate local solutions.

HNC is a commissioner of services that best meet our community's needs. We have well-established and effective clinical and community councils across the region which guide our actions to improve the quality of health care.

HNC priorities are:

- Better mental health and emotional wellbeing;
- Closing the gap in Aboriginal and Torres Strait Islander health;
- Improving our population's health and wellbeing;
- Building a highly skilled and capable health workforce;
- Improving the integration of health services through electronic and digital health platforms; and
- Improving the health and wellbeing of older people.

The HNC region covers 35,570 square kilometres from the Tweed Heads in the north, to Port Macquarie in the south. The population in the region is 520,000 with high rates of older people and disadvantage. The organisation also covers the Arakwal, Birpai, Bundjalung, Dunghutti, Githabul, Gumbaynggirr and Yaegl Nations which number approximately 25,000 people (ABS 2016).

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.

1.2. About the Mental Health, suicide Prevention and AOD Service Reform project

The aim of the Mental Health Suicide Prevention and AOD Service Reform Project (MHSPAOD Project) is to improve mental health and alcohol and other drugs services by working alongside key stakeholders, including people with lived experience and consumers, to ensure Healthy North Coast's commissioned programs are meeting the needs of our community.

The project approach is to use a five-stage process with a focus on collaboration, participatory design, evidence, best practice and lived experience to develop potential service models that respond to identified challenges.

This includes:

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

This report will summarise the outcomes from **stage 3, the solutions design workshops**.

For more information about the project please visit the Project webpage at:

<https://hnc.org.au/mh-service-reform/>.

For more details about the earlier stages of the project please see the Ideas Generation Workshops Summary.

1.3. Purpose of this report

This report will summarise feedback from five online workshops, delivered between 26 October and 9 November 2022. The workshops were split into four HNC funding activity areas to align with the procurement approach and support the development of service delivery models. The four funding activity areas include:

- Universal health promotion and prevention
- Severe and complex mental health
- Alcohol and other drugs
- Psychosocial supports

For each of the activity areas, participants were presented with the question, *what is a solution that fits with HNC funding criteria and reflects what the community want/needs?* The outcomes of the discussions are detailed below under each of the activity areas.

Not all solutions that have been raised and discussed will be possible to include in service delivery models. However, to ensure the report reflects the conversation and to record any potential solutions that may be used in future service delivery design, a wide range of solutions have been included in this report.

1.3.1. Universal prevention and health promotion

The following image depicts a synthesis of the ideas generated under the universal prevention and health promotion activity area:



Workshop participants were provided the objectives for universal prevention and health promotion, evidence of best practice and requirements to align with funding specifications.

As outlined in the funding specifications, services/programs must meet the following criteria:

- targeted psychological interventions to support people with mild to moderate mental ill-health through low intensity mental health services
- support region-specific, cross sectoral approaches to early intervention for children and young people with, or at risk of mental illness
- address service gaps in the provision of psychological therapies for people in under-served and/or hard to reach populations
- encourage and promote a regional approach to suicide prevention including community-based activities and liaising with Local Health Districts (LHDs) and other providers
- enhance and better integrate Aboriginal and Torres Strait Islander mental health services at a local level facilitating a joined-up approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services.

The summary below includes the solutions generated in small groups, under the universal prevention and health promotion activity area:

Capacity building:

- Training:
 - Suicide prevention training delivered by those who are already in suicide prevention space i.e., train the trainer. This allows for capacity building and a professional development for current workforce. Need to consider additional supports for workforce, such as supervision.
 - Evidence-based training and practice.
- Peer-based
 - Expand peer training model and professional development e.g., Roses in the Ocean (See Appendix B).
 - Embed peer workers in broader service areas to carry out care coordination and support for consumers as well as adding a “soft-entry” point for hubs.
 - Interagency Collaboration.
 - Support referrals or case coordination, share evaluation of programs to understand what works/does not work and implementation of standard guidelines.

Outreach, co-location models

- Central locations or spaces for information that can be accessed by the whole of community and/or informal settings where people would already go.
- Increase use of telehealth services and combine with options of peer workers to assist users in walking this journey. This could include providing technology, possibly with the support of a peer worker to access supports at a central location or hub.
- Integrate services, for example by creating an agreement or memorandum of understanding between agencies such as community colleges, community health, police, general practitioners, and hospitals.

Improving Health Literacy

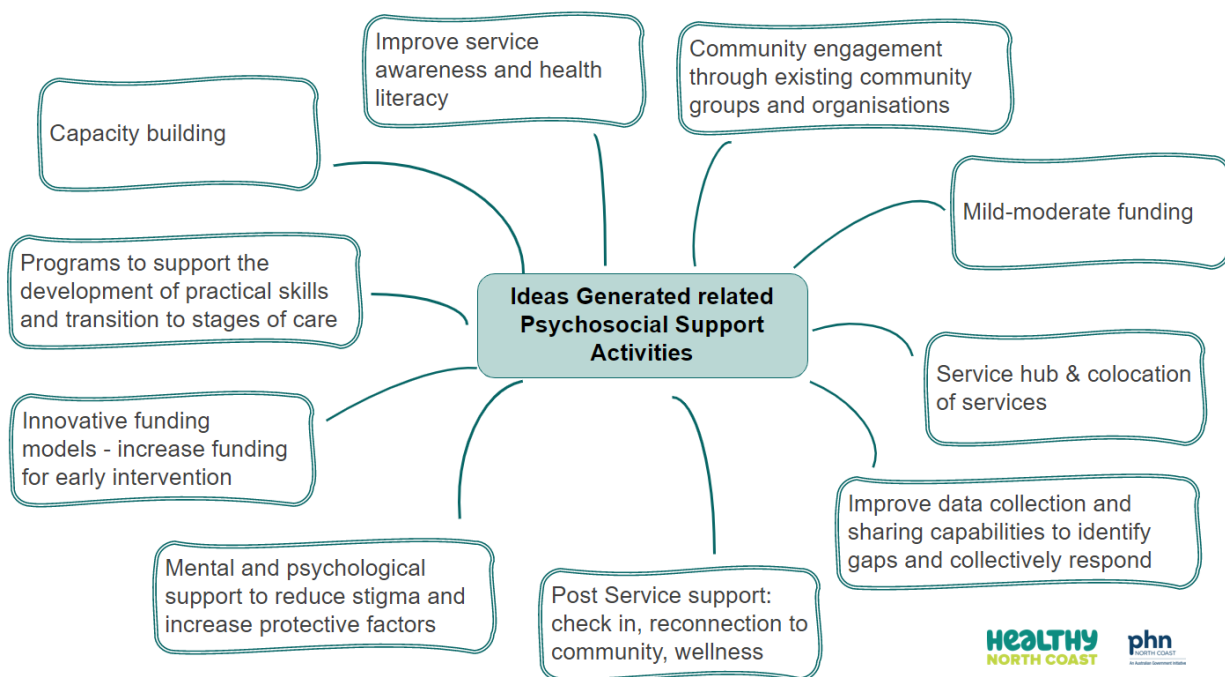
- Peer-based model to build awareness and provide connection into families and communities to information and services.
- Telling stories, for example via a podcast series, to normalise experiences and reduce stigma.
- Local experts in AOD to become champions or leaders by offering upskilling or capacity building for other service providers/ health professionals/peer.
- Organisational capacity building in health literacy with auditing requirements. This could also include requirements for peer engagement or partnership approach to ensure services are providing quality care against the standards.

Early intervention

- Using schools to integrate awareness, practical skill building, recognition of indicating behaviours, and harm minimisationⁱ.
- Drop-in centre for holistic adult mental health interventions. Services working together for wellness checks and flag when someone may need additional supports.

1.3.2. Psychosocial Supports

The following image depicts a synthesis of ideas that address the needs of the population that require psychosocial supports:



The aim of this activity area is to commission psychosocial support services to support new and existing eligible consumers under one consolidated psychosocial program.

Funding for this activity area is provided through the Commonwealth Psychosocial Support (CPS) Program from the Department of Health. The objectives of the CPS program are to provide support to existing and new consumers and reduce the avoidable need for more intense and acute health services and enhance appropriate/optimal use of the health system. These services should aim to:

- Increase functional capacity to live independently in the community;
- Reduce the need for acute mental health services;
- Increase connection and reduce isolation;

ⁱ Many of the solutions that are schools based early intervention can be included in Healthy North Coast's new Resilient Kids Program

- Increase knowledge and skills;
- Increase engagement in daily activities, relationships and the community;
- Improve or stabilise mental health and wellbeing;
- Improve self-confidence and independence;
- Move towards personal recovery goals;
- Support access to appropriate supports, including the NDIS where appropriate.

The following themes were discussed in small groups to generate potential solutions under the psychosocial supports activity area.

Capacity Building

- Outreach services to direct and connect participants to other services and meet the needs of more remote communities.
- Recovery services that focus on collaboration and partnerships to address health literacy and reducing stigma, capacity building and a link with education for participants and workers.
- Collaboration and co-location across services and education by utilising same spaces for multiple providers.

Post Service Support

- A service that supports reintegration into community after acute care, by introducing people to services via a soft introduction with peer support, follow up and support engagement in services, for example Hospital to Recovery Program.
- In light of recent flooding events, supporting people in temporary housing/pod villages. This could occur through collaboration with housing to connect people to community and to ensure psychosocial and wellbeing needs are being met.
- Short to medium term programs for people with psychosocial support needs.
- Partnerships or networks between health and housing to accommodate people that are unwell and ensure gaps are being recognised and addressed.

Reducing stigma and increasing protective factors

- Collaboration across different stages of recovery, through clinical and non-clinical approaches to support people through peer support groups. This approach is particularly effective for people who are experiencing suicidal behaviour.
- Use more relatable terms or explanations to help educate and develop awareness about mental health. For example, using sporting terms about scoring to expand upon principles of holistic health.
- Navigating supports in the community. Family and community can play a role in promoting the early intervention and prevention and link to supports.

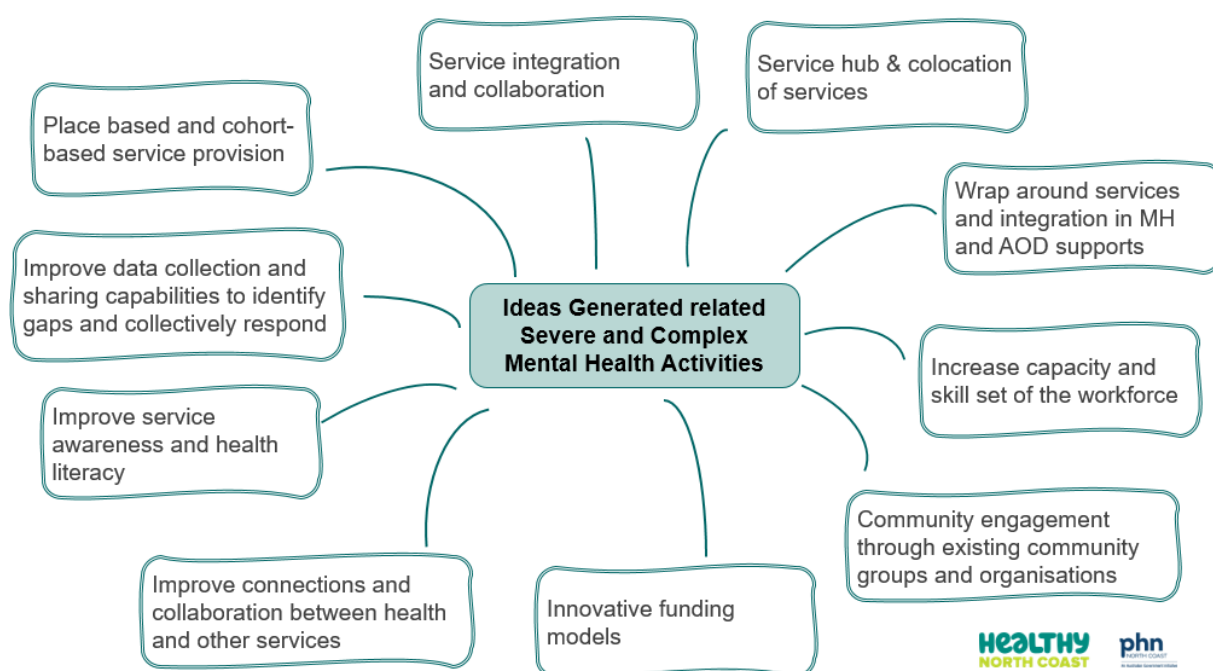
- Engaging school children via teacher support with programs targeted at normalising mental health and understanding of stigmaⁱⁱ

Increasing health literacy

- Group programs that build health literacy and support individuals find information and services that suit their needs.

1.3.3. Severe and Complex Mental Health

The following image depicts a synthesis of ideas generated to address the needs of the population that are living with severe and complex mental health issues.



Severe and complex mental health service provision includes a requirement for the phased implementation of tailored interventions to meet the diverse needs of community members, including access to mental health nurses, psychiatry, psychological therapies, and care coordination.

The below summary is from small group discussions on potential solutions to address the needs of consumers under the severe and complex activity area:

Workforce and access:

- Training and development packages for first responders and community service workers to better address community need.
- Peer workforce development.

ⁱⁱ Many of the solutions that are schools based early intervention can be included in Healthy North Coast's new Resilient Kids Program.

- Increasing capacity of current mental health workforce to respond to people who have severe and complex mental ill-health.
- Improve access to services in regional areas through provision of mobile treatment teams
- Capacity building to target population through creation of opportunities such as Mind Recovery College (See Appendix B).
- Build outreach onto pre-existing services to better reach more rural and remote communities.

Community Based and Integrated Care:

- Increase number of community service networking opportunities and have a responsive form of service mapping to allow for non-static access to service availability.
- Hubs that incorporate co-location of services across the stepped model of care and social determinants of health. These hubs should include peer workers to allow for soft entry and service navigation. Hubs can also facilitate telehealth appointments to specialists such as pharmacists, exercise physiologists etc. Hubs are also to provide outreach in a two-pronged approach including:
 - Outreach through the adoption of peer workers using tablets to allow for non-static assessment and identification opportunities
 - Assertive outreach to allow for more responsive case management of consumers
 - Streamlined transition from hospital services to primary care.

Outcomes and Data Sharing:

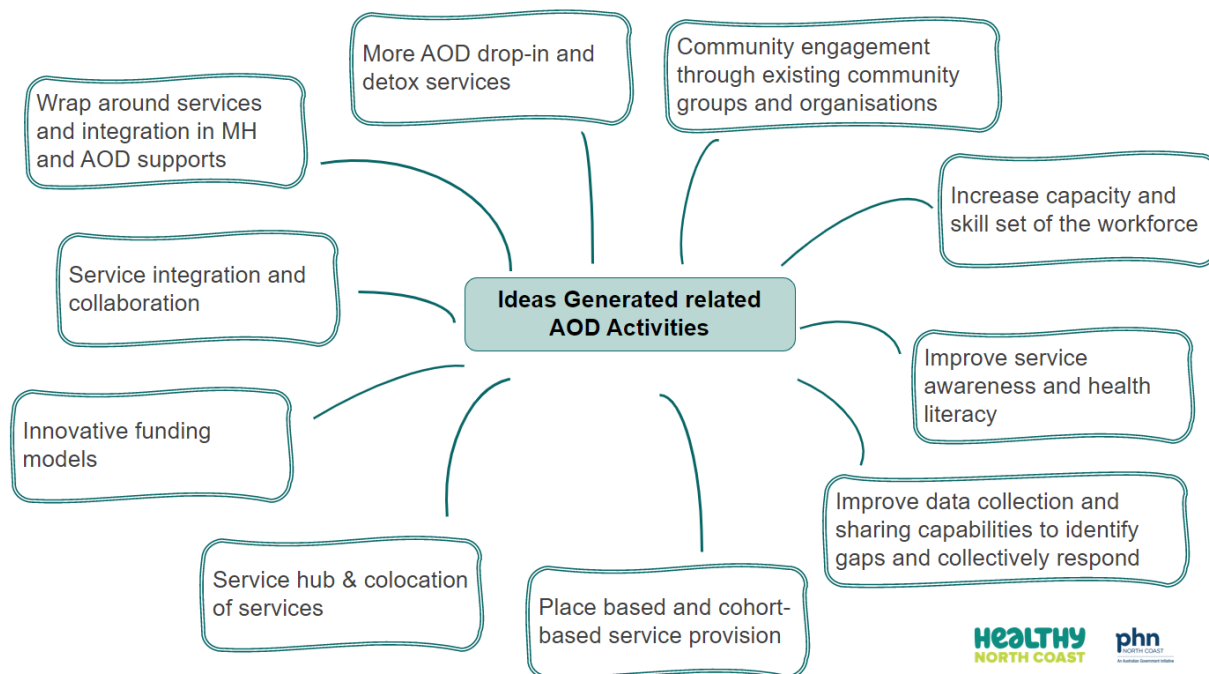
- Provide feedback on outcomes of evaluations and surveys to create meaning as to why services collect data.
- Support consumers to be empowered by outcomes and data collection by focusing on developing goals collaboratively and celebrating achievements

Service Types and Models:

- Hubs that include all services response to the needs across the stepped model of care in one place including access to telehealth – also consider telehealth not just as video but also phone conferencing.
- Services to engage people while they are in hospital to allow for more streamlined and supported discharge experience

1.3.4. Alcohol and Other Drugs

The following image depicts a synthesis of ideas that address the needs of people experiencing problematic alcohol and other drug use.



Healthy North Coast delivers drug and alcohol services through funding from the Commonwealth Department of Health Drug and Alcohol Treatment Services Program. The aim of this funding is to achieve improved health and social outcomes for individuals, families, and communities at risk of, or currently affected by problematic alcohol and other drug use.

The following summary includes areas discussed in small groups under the alcohol and other drugs activity area.

Capacity Building

- Specialist training for in outreach service (e.g., AOD counsellors), including multidisciplinary service provision. Looking at the 'whole health' of a person, recognising early signs and providing necessary information and pathway to available supports if required.
- Connecting with General Practitioners to share available services and referral pathways. This outreach could occur through practice visits or holding workshops.
- Cross organisation reflective practice to share learnings and practice experiences
- Preventative AOD programs for young people. Existing workers trained in delivering programs across a wide range of services.

Wrap around Services

- Networks to coordinate service provision and strategic coordination. This includes building partnership agreements and providing a platform to share and collaborate
- Providing AOD training for mental health, housing and employment support staff
- A Youth Hub as a non-clinical drop-in centre to provide AOD support information

- Support for people to engage with training or employment opportunities.
- Services connect individuals with employment agencies or training as part of recovery.
- Case management support that considers the whole experience and context of an individual. This could include services or models that have co-located supports to access physical, mental health, social services and a navigator to help guide the person and their connection to wrap around supports.

Improving health Literacy

- Use current services to capture emerging AOD challenges with the goal of harm minimisation, while focusing on the mental health, psychical health and any AOD challenges. By looking at the whole health of the person in the context of their cultural, social and physical environments the risk of harm can be managed and seeking help or support destigmatised.
- Provide a list or map of service pathways of available AOD services at regular touchpoints.
- Safe spaces to talk about challenges that are easily accessible. For example, online support programs such as SMART recovery (See Appendix B), that focus on and provide supports to achieve self-motivated change
- Using something similar to a recovery model in mental health space to increase education, research and awareness about substance misuse within the region
- Connect people with lived experience of AOD or people accessing current services to get their reflections on what they would like to see

Community Engagement

- Provide training to volunteers/staff in Neighbourhood Centres or casual access points to recognise and support AOD challenges
- Evidence based training and support for community groups to increase information for supports and conversations to destigmatise problematic alcohol and other drug use.

1.4. Next Steps

Solutions discussed in the workshops will inform service delivery design and the development of tenders. 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. To keep up to date on Tender opportunities please register via www.tenderlink.com/hnc.

Appendix A: Collation of solutions falling outside the direct remit of the Department of Health Activity Funding Schedule

During the Solutions Design workshops, there were many ideas that are not currently possible for HNC PHN to build on within the mental health activity funding areas. For the purpose of this report, these ideas are collated here in Annex A. Some of these solutions will be re-directed to inform other activity areas, while others will be reviewed for purposes of advocacy and future program design.

Universal Health Promotion and Prevention

- The importance of secure and safe housing of managing participants in varied states of distress and need.

Severe and complex Mental Illness:

- Extended funding to allow for better engagement of workforce
- Money for package to attract workforce to regional areas
- Advocacy / work with LHDs to better support needs of families and individuals who are required to travel a long distance for inpatient stays – e.g. – Travel from Port to Lismore and are therefore away from supports.
- Often pilots are in one location – advocate for pilot programs to be in areas within the region where they have not been before. Use needs assessment to identify where these areas are best suited.

Alcohol and Other Drugs

- Acute outreach workers by upskilling existing services (e.g. paramedics)
- AOD and Mental Health Emergency Services
- Residential services for young people
- Training for hospital staff to support people through AOD detox
- Withdrawal management and detox services

Psychosocial support

- Housing support and advocacy
- Disaster Recovery and community-based resilience
- Partnership with schools for alternative education programs
- In-patient hospital care

Appendix B: Collection of specific service examples that were provided in each of the workshops

Universal Health Prevention and Promotion

- [Roses in the Ocean](#)
 - Capacity building for people with lived experience of suicide, organisations and government to develop their capacity, confidence and expertise to integrate and partner with each other

Psychosocial Supports

- [Adult Community Residential Mental Health](#), Alfred Health
 - The Adult Community Residential Mental Health service offers community residences to assist in recovery from mental health issues
- [ACE and Beat Program](#), NSW Health
 - The ACE program is a suite of tools and resources that provide a cognitive impairment intervention for people in alcohol and drug treatment settings.

Severe and Complex Mental Health

- [Child and Adolescent Mental Health Services](#), NSW Health
 - NSW Health's Child and Adolescent Mental Health Services (CAMHS) provide a range of services in the local community to children, adolescents and their families with a range of difficulties that seriously impact on their mental health and emotional wellbeing.
 - New funding has in June 2021 created safeguards teams, which is dedicated Child and Adolescent Mental Health Service (CAMHS) designed to provide care to young people aged 0-17 years who are experiencing acute mental health distress.
- [SANE complex mental health support](#), North Western Melbourne PHN
 - Free digital and telehealth complex mental health support for people with complex mental health issues and their families and carers.
- [MIND Recovery College Model](#), MIND Victoria
 - Offers structured courses targeted at health professionals and community members alike. Provides pathways for people with lived experience to increase their capacity through attending courses, as well as through employment opportunities.
 - Mind Recovery College participants are able to learn from facilitators who use their own lived experience of mental health, wellbeing and their personal recovery journey. Courses are designed for participants to learn new skills, knowledge and increase awareness. They also enable participants to connect with others in a safe and supportive environment, and feel empowered

Alcohol and Other Drugs

- [SMART Recovery](#) program
 - SMART Recovery meetings offer a supportive environment to achieve behaviour change goals of an individual's choice around alcohol & other drug use, or any behaviours of concern. Provides free support meetings (online and in person) and support for family members

- Preventure
 - Preventure is a school-based intervention aimed at reducing drug and alcohol use and improving emotional well-being.