AUSTRALIAN SENATE INQUIRY INTO THE ACCESSIBILITY AND QUALITY OF MENTAL HEALTH SERVICES IN RURAL AND REMOTE AUSTRALIA

ConnectGroups Support Groups Association WA Inc.

Submission
11 May 2018

ConnectGroups is the peak body for peer Support Groups in Western Australia, empowering and sustaining community Self Help and Support Groups (SHSGs) through resourcing, education, training, and access to mental health and capacity-building small grants. Programs are developed to advance the capacity of individuals, families and carers who are activity engaged with SHSGs.

Organisational Contact Details

Contact	Antonella Segre CEO
Organisation Name	ConnectGroups Support Groups Association WA Inc.
e-Mail	███████████████████████
Telephone	(08) 9364 6909
Postal Address	PO Box 1209 Booragoon, WA 6954
State	Western Australia

Introduction – ConnectGroups Support Groups Association WA Inc.

ConnectGroups is the peak body for peer Support Groups in Western Australia, empowering and sustaining community Self Help and Support Groups (SHSGs) through resourcing, education, training, and access to small grants. Programs are developed to advance the capacity of individuals, families and carers who are activity engaged with SHSGs. SHSGs provide peer support on a wide range of issues including mental health, chronic and genetic conditions, trauma, and social challenge. SHSGs play a key role in the prevention of mental distress, the promotion of health and wellbeing, reduction of stigma, community inclusion, advocacy, and contribute the enormous healing value of lived experience. Evidence indicates that major risk factors contributing to current rates of suicide in non-indigenous populations include mental illness and interpersonal factors that diminish a person's quality of life and societal connection. Self Help and Support Groups directly impact those risk factors. Member groups represent priority populations as identified in *Suicide Prevention 2020*[1].

Respecting the principles of co-production, strengths-based capacity-building, and local solutions, ConnectGroups manages two innovative small grants programs across a broad range of stakeholders representing the most vulnerable populations in the community. The small grants programs push the boundaries of grant management to be more flexible and responsive to the peer support sector, and are funded by the Mental Health Commission. Improving mental health literacy and service provision, by skilling and empowering Groups, acts as a community protective factor and builds capacity to both positively impact mental health in the community and resilience in the individual.

ConnectGroups is operating increasingly in the suicide prevention space. We are acutely aware of the alarming rates of suicide in WA. As an organisation operating in the mental health space, we are impacted by reform direction and policy both at State (*where a decade-long audit quantified the suicide rate in the Kimberley among indigenous people as among the highest rates in the world*) and Commonwealth levels that focus on trying to decrease those rates. We are closely monitoring the outcomes of the PHN-commissioned Kimberley Suicide Prevention Trial, and are engaged with several of its members.

Community Consultation

ConnectGroups tracks 151 regional members within its service provision oversight. Available resources limits direct engagement opportunities with those members. However, as a result of a grant from Lotterywest in 2017, eleven (11) regional peer Support Group members and community leaders were able to participate in a Perth-based half-day forum facilitated by ConnectGroups to identify successes and challenges experienced in the regions. The forum provided the opportunity for regional leaders across the state who are delivering needed social and emotional wellbeing services within their community to add their voices to this issue. The regions have unique requirements, and are impacted by a lack of cohesive service delivery, limited resources, geographical distance, and limited opportunity for skills development and real capacity-building.

Regional participation was from the Kimberley, the Great Southern, the South West, the Wheatbelt, and the Goldfields. Aboriginal and Torres Strait Islander representation was 45%.

---

[1] *Suicide Prevention 2020: Together We Can Save Lives, pg 41*

The consultation focused on three specific social and emotional wellbeing, and capacity-building issues affecting regional, rural and remote Western Australia:

1. Good practice models and successful community engagement strategies
2. Identification of transferable or scalable models for service delivery
3. Gaps and unmet needs in the regions

The outcomes of the 2017 regional community consultation is articulated in the following pages, specifically addressing the Senate Inquiry Terms of Reference:

(A) The nature and underlying causes of rural and remote Australians accessing mental health services at a much lower rate

(B) The higher rate of suicide in rural and remote Australia;

(C) The nature of the mental health workforce

(D) The challenges of delivering mental health services in the regions

(E) Attitudes towards mental health services;

(F) Opportunities that technology presents for improved service delivery
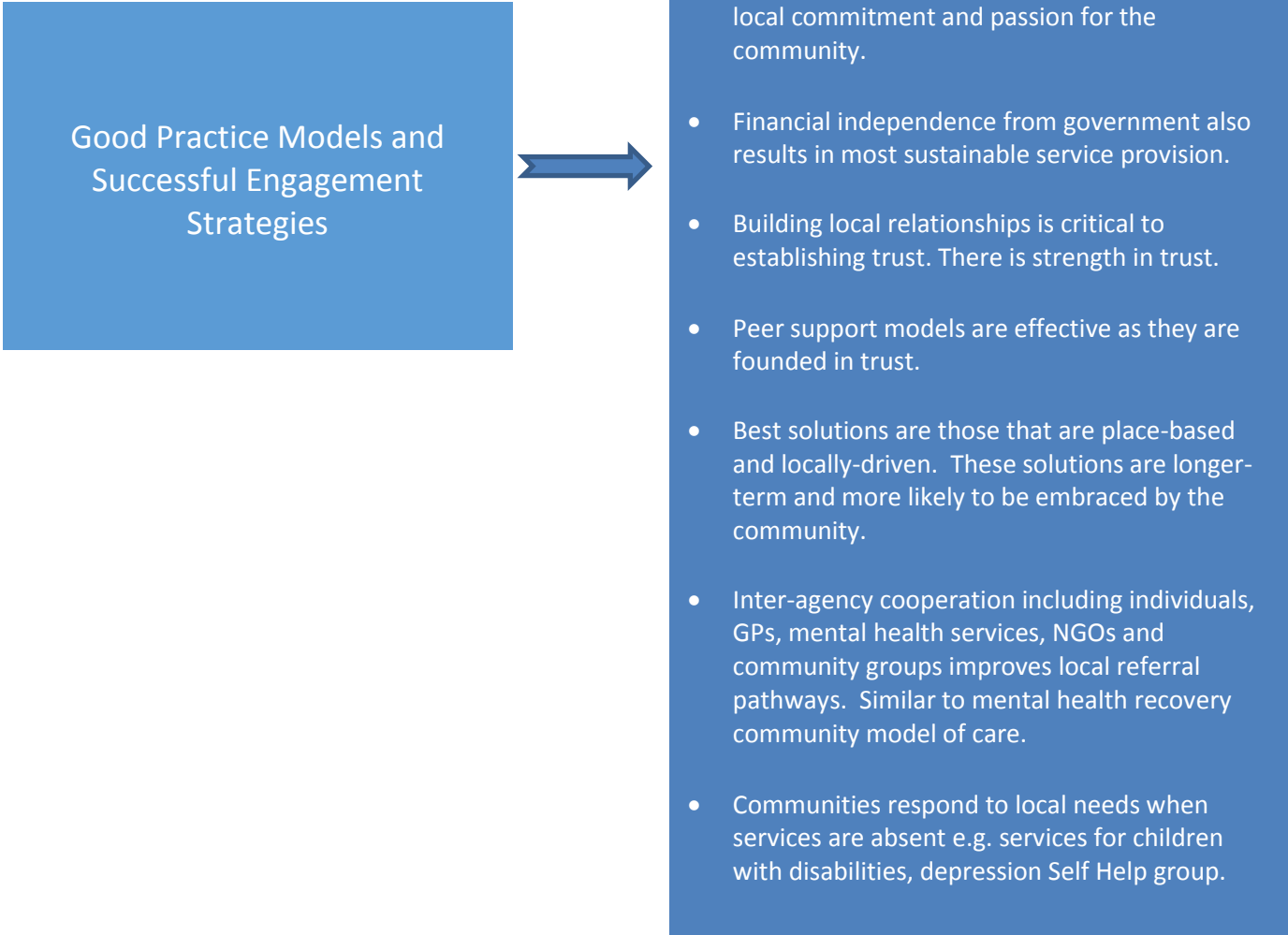
(G) Any other related matters

Additionally, as part of this submission, ConnectGroups is providing commentary on the future of suicide prevention activities, specifically in Aboriginal and Torres Strait Islander communities, based on the experience and knowledge gained through the life cycle of our Aboriginal and Torres Strait Islander small grants program, *Dream it Forward*. This commentary specifically addresses the Senate Inquiry Terms of Reference:

(B) The higher rate of suicide in rural and remote Australia

OUTCOMES

(A) The nature and underlying causes of rural and remote Australians accessing mental health services at a much lower rate

Good Practice Models and Successful Engagement Strategies
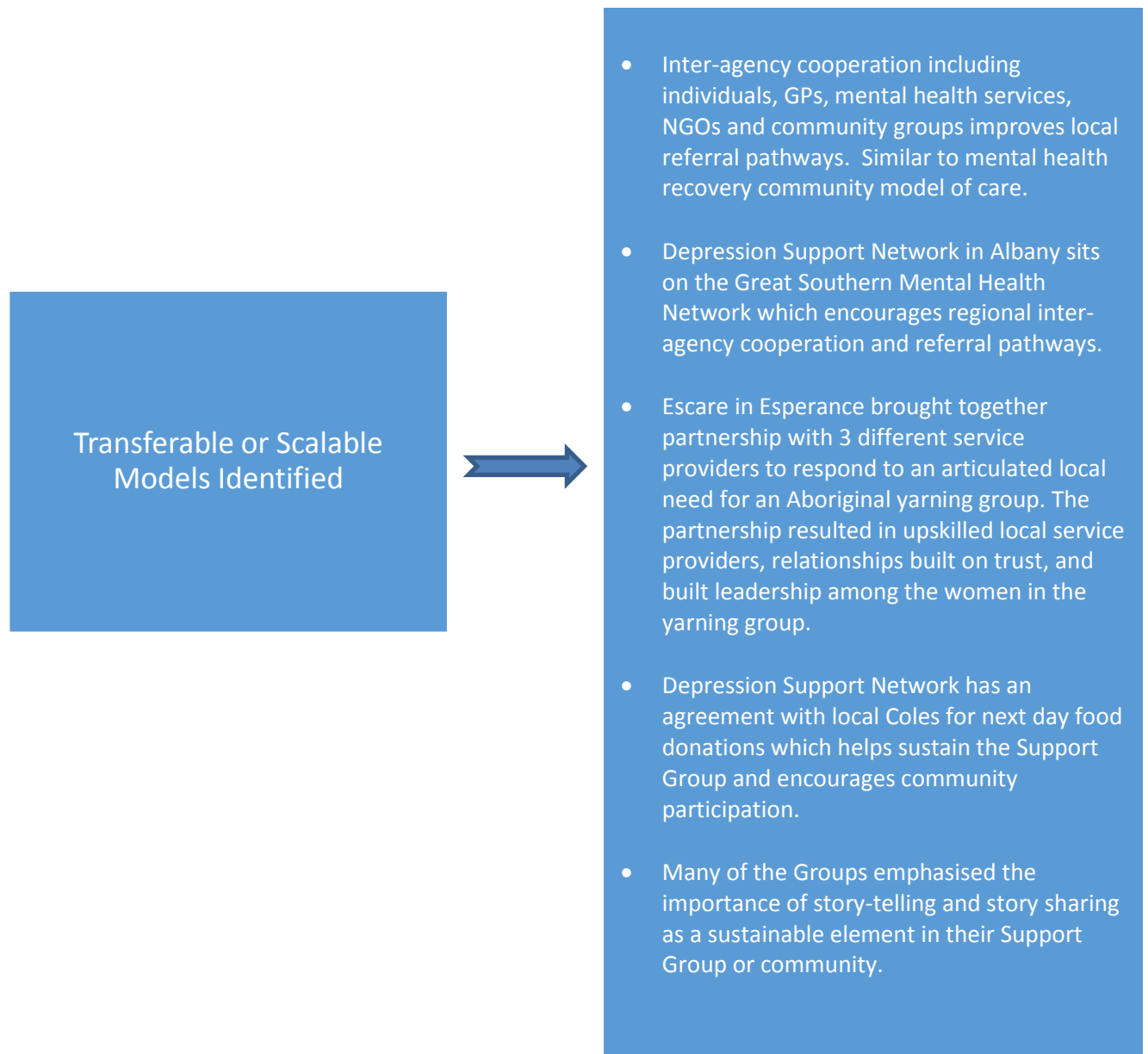
- Co-production builds local leadership.

- Local empowerment and upskilling (building local capacity) results in most sustainable service provision.

- Local capacity-building essential as it leverages local commitment and passion for the community.

- Financial independence from government also results in most sustainable service provision.

- Building local relationships is critical to establishing trust. There is strength in trust.

- Peer support models are effective as they are founded in trust.

- Best solutions are those that are place-based and locally-driven. These solutions are longer-term and more likely to be embraced by the community.

- Inter-agency cooperation including individuals, GPs, mental health services, NGOs and community groups improves local referral pathways. Similar to mental health recovery community model of care.

- Communities respond to local needs when services are absent e.g. services for children with disabilities, depression Self Help group.

ACTIONS

1. Engage with local service providers who are best placed to understand community need, and who can build trust with the community. Transient service provision will rarely be successful.
2. Build local capacity and local leadership. Train-the trainer model.
3. Co-production of services delivery.
4. Establish inter-agency cooperation to improve referral pathways.

OUTCOMES

(D) The challenges of delivering mental health services in the regions

Transferable or Scalable Models Identified

- Inter-agency cooperation including individuals, GPs, mental health services, NGOs and community groups improves local referral pathways. Similar to mental health recovery community model of care.

- Depression Support Network in Albany sits on the Great Southern Mental Health Network which encourages regional inter-agency cooperation and referral pathways.

- Escare in Esperance brought together partnership with 3 different service providers to respond to an articulated local need for an Aboriginal yarning group. The partnership resulted in upskilled local service providers, relationships built on trust, and built leadership among the women in the yarning group.

- Depression Support Network has an agreement with local Coles for next day food donations which helps sustain the Support Group and encourages community participation.

- Many of the Groups emphasised the importance of story-telling and story sharing as a sustainable element in their Support Group or community.

ACTIONS

1. Encourage Support Groups in the regions to engage in inter-agency cooperation via regional networks, partnerships, or alliances to encourage a referral pathway into the Group.
2. When a community need is identified, a local response, from one or more service providers made up of local community members will be most effective.
3. Encourage Support Groups to engage with local vendors to provide donated goods and services as most are willing to support local not-for-profits and community groups.
4. To encourage and support volunteer activity which are a challenge in the regions, apply for annual DSS Volunteer Grants ($5k).

OUTCOMES

(E) Attitudes towards mental health services

Gaps and Unmet Needs →

- Lack of available safe and secure housing for community members in the regions.

- Lack of mental health support in the regions. Communities seem reluctant to take a whole-of-community approach to address mental health and suicide prevention.

- Transient service providers have no local knowledge, cultural understanding nor trust relationships with the community. Good intentions do not translate to better outcomes.

- Despite good intentions to collaborate, in reality, many service providers work in silo.

- Many regional areas struggle to overcome societal attitudes toward alcohol where community gatherings centre around drinking. A lack of community response to the impact of drug use.

- Groups/organisations not sufficiently resourced to conduct rigorous evaluation or research. Funding bodies increasingly require evaluation.

- Engaging and retaining volunteers a big challenge as many rural people volunteer with many activities.

- Suicide, grief, and loss remain prevailing issues in the regions.

- Lack of access or opportunity to upskill community members though it was identified that local capacity is essential.

- Shires are often not progressive, proactive or forward-thinking.

- Red Tape (public liability, food handling licenses, charitable license) can be challenging for small Groups.

- Isolation and the lack of sympathetic services to engage with.

ACTIONS

1. Upskill local community members in suicide prevention strategies, mental health, and AOD issues. Build local capacity to address these issues within the community not just from service providers.
2. Regional communities would be well-served by a local service directory.
3. The gap in availability of compassionate services that encourage a reduction in social isolation could be filled by Support Groups or Support Networks.
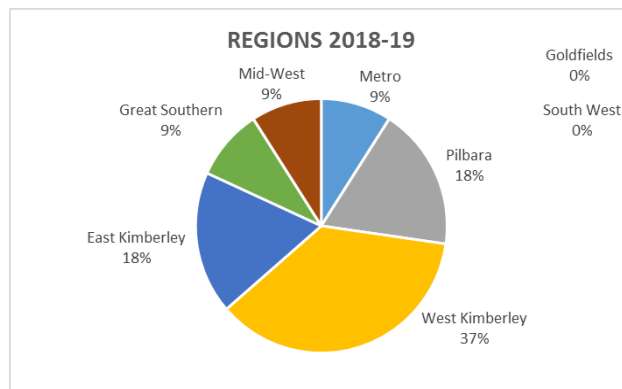
Government Recommendations

- When a community need is identified, a local response from service providers made up of community members will be most effective. Where there is no service delivery to focus on an issue, the community often addresses it e.g. support for parents and families of methamphetamine users. Transient service provision will rarely be successful because of a lack of context, local knowledge or cultural understanding particularly over the long-term.

- Build local capacity and local leadership in the regions. It is essential to reverse deskilling if real outcomes are going to be achieved. Building local capacity among community members who are motivated to live in a thriving community will contribute to effective workforce development in the regions.

- Building local relationships is critical to establishing trust. There is strength in trust.

- Alcohol misuse, illicit drug availability, suicide risk, grief and loss remain prevailing issues in the regions. Policy needs to keep these issues at the front of reform direction, and recognise that the solutions need be contextualised, place-based and community-driven.

(B) The higher rate of suicide in rural and remote Australia

As stated in the introduction, ConnectGroups is operating increasingly in the suicide prevention space. We are acutely aware of the alarming rates of suicide in WA, and are focusing attention on the Kimberley.

The *Dream it Forward* Program (DIF) is a ConnectGroups small grants program that strengthens, sustains or adds value to community-led healing initiatives that activate cultural strength, and is a partnership with Aboriginal and Torres Strait Islander communities in Western Australia.

In its most recent funding round, 90% of awarded projects were in rural or remote Western Australia with over half in the Kimberley.

REGIONS 2018-19

- Mid-West 9%
- Metro 9%
- Goldfields 0%
- Great Southern 9%
- South West 0%
- Pilbara 18%
- East Kimberley 18%
- West Kimberley 37%

Engagement with Elders and community leaders has informed the program that concepts of country, and connection to country and culture are cornerstones of Aboriginal identity. Those links strengthen cultural identity, and are intrinsic to building connections and improving social and emotional wellbeing outcomes.

Projects are place-based, embed cultural understanding into the design and delivery of activities, and use a range of methodologies to strengthen capacity, reduce risk factors of psychological distress, and increase community protective factors. Projects are community specific as the program recognises that every community's needs are unique, and that local place-based solutions identified and delivered by community leaders and Elders are necessary to build resilience.

These principles are consistent with the recommendations for upstream solutions and primordial prevention strategies as referenced in the Final Report of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP)[2]. Further, *Dream it Forward* projects represent a cross-section of success factors (as identified in the ATSISPEP Final Report). While projects are not necessarily suicide-prevention focused, they target universal interventions that encourage social, emotional, and spiritual wellbeing, and help-seeking behaviours.

Government needs to consider similar models of community-led interventions as urged in the ATSISPEP Final Report and it is encouraging to see that the PHN-commissioned Kimberley Suicide Prevention Trial seems committed to doing that.

---

[2] *Solutions that Work: What the Evidence and our People Tell Us" – Final Report Aboriginal and Torres Strait islander Suicide Prevention Evaluation Project Report 30 June 2016*

CONCLUSION

The clearest message provided to ConnectGroups from its rural and regional members participating in the Forum was the need for local capacity-building. In order for services to be effective and accessed, relationships of trust need to be established, and those relationships can only be built with place-based service delivery or community-led interventions. Service provision needs to be co-produced within the community by those who are best placed to understand the local context. Upskilling local mental health and AOD supports within the regions which lead to real pathways into employment or enterprise is the key to local capacity-building.

In partnership with our partner peak WAAMH – the Western Australian Association for Mental Health (peak body for community mental health in WA), ConnectGroups strongly encourages the Senate Community Affairs References Committee to consider visiting Western Australia and conduct hearings in rural and remote areas of the state in acknowledgement of the unique challenges experienced in this state.