



Mental Health Community Network

An Evaluation of the Book of
Proceedings from the Open
Space Forum held in Broome
on 19 June 2008



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Introduction

The Mental Health Community Network held its inaugural Open Space forum in Perth in April 2008. Participants were asked the question: “*What can we ALL do to better the mental health of ALL West Australians?*”? In the second of this series of forums, held on 19 June 2008, the Mental Health Division invited the people of the Kimberley to come together in Broome and explore this same question.

The diversity of the community was well represented with around 100 participants including consumers, carers, policy makers, health service managers, clinicians, non-government organisation representatives and members of the general public. The efforts of key individuals in facilitating community participation were noted and appreciated by all at the forum.

In his opening comments, Dr Steve Patchett, Executive Director Mental Health Division, welcomed participants and encouraged them to use the forum to engage in open and honest discussion, to share their own experiences and to learn from those of others.

Close to 25 discussion topics were addressed throughout the day with every conversation recorded in a Book of Proceedings (BoP). This was circulated to participants soon after the forum was held. This report has been prepared utilising qualitative research methods to evaluate every line of discussion in the BoP. The key themes which emerged highlight the unique challenges faced when delivering care in rural and remote communities and are focused on offering solutions. They will be used to help inform the development of new policy and service planning for better mental health in Western Australia (WA).

Qualitative Research Methodology

Qualitative research involves an interpretive, naturalistic approach to its subject matter. It attempts to make sense of or interpret phenomena in terms of the meanings that people bring to them. Employing a process called Thematic Content Analysis (TCA) over 500 lines of data from the BoP were debated and thoroughly scrutinised. No comment, or the meaning attached to it, was dismissed.

The TCA process provided a way of distilling large amounts of data into overarching themes and topics. Once a number of major themes and topics had been identified the process was further refined by identifying solutions and recommendations that correspond most directly with the identified issues.

Thus, the TCA process captures not only insights and critiques but solutions, recommendations and remedies. The TCA process also allows for continual refinement as qualitative data gathered from subsequent community forums can be added to the growing body of data. In time, common emergent themes from each forum can be added to the evolving picture or vision of what the community determines as the best way forward for the future of mental health.

What was found?

The following key themes with related, sub-themes, solutions and ideas were identified:

1 Workforce

The worldwide shortage of appropriately skilled mental health workers significantly exacerbates the traditional workforce challenges that face rural and remote communities such as the Kimberley. Workforce issues were widely discussed at the forum with a number of suggestions made.

General

- Provide the workforce with the right skills through area specific training and professional development.
- Expand, recruit and retain a broad mental health workforce through equal and transferable benefits and incentives for rural/remote practice.
- Develop the skills and knowledge of staff in other health or human service organisations to increase capacity to respond to mental illness.

‘Partnership training – skilling up, between prison and health systems – allow prison workers to develop capacity to respond appropriately / case manage.’

Cultural Awareness & Communication

- All mental health professionals to undertake cultural awareness training that is mandatory, ongoing, updated regularly and which is delivered by persons deemed appropriate by the local community.

‘Cultural training as first component of orientation when working in an area where your clients are Aboriginal.’

- Develop the ability of mental health staff to recognise and use appropriate language and other communication techniques to enhance consumers’ understanding of their diagnosis and treatment, and where possible use the consumers’ language.

‘Come down to the level of the client, if big words are needed we need an interpreter.’

‘Language matters. Just to say hello in language is important to the person, makes them feel comfortable and cared for. Like you take a proper interest.’

Indigenous Workforce Development

- Provide initiatives which promote the attraction, recruitment, retention and professional development of indigenous mental health workers.
- Develop clear career pathways which provide opportunities for ongoing training and professional development for indigenous staff.
- Better utilise the skills available in the community by providing a more diverse range of workforce opportunities that recognise the needs of consumers and allow the integration of traditional healing methods.

‘Traditional healers should be paid a fee for their services.’

‘How do you attract more workers to work in mental health? What are the barriers to doing this?’

2 Child, Adolescent and Youth Mental Health

Participants identified the need to create opportunities to support and develop the capacity of children and youth through the provision of appropriate services and resources. The following suggestions were made:

- Strengthen capacity for early identification and intervention through mental health and universal services by providing accessible ‘safe’ environments for children and youth.
- Provide integrated, accessible community-based service options for children and youth that recognise their particular needs and preferences.
- Improve consumer participation including opportunities for mentoring and role modeling.

‘Having services that are welcoming and having the freedom to talk about what they wish to talk about. Talking about what they think is important.’

3 State/Commonwealth and Non-Government Organisation (NGO) Coordination

Participants identified the need to improve coordination between different agencies at the state, commonwealth and NGO level. It was felt that this could be achieved by:

- Providing reciprocal training opportunities between government and NGO's.
- Ensuring staff have a well developed understanding of the remits of commonwealth, state/territory, and NGO agencies.
- Promoting a more coordinated and tailored approach to people who require support from multiple services.

4 Community and Family

The need to ensure that the community is well informed about which factors affect mental health and how individuals can help themselves, families and friends to achieve good mental health within a supportive, socially inclusive environment was widely discussed.

Education

- Provide education regarding mental health and mental illness which is targeted to and appropriate for indigenous communities and which is aimed at improving mental health literacy and challenging stigma.

“Big shame/stigma. As a society, too scared to ask the question, so therefore victim too scared to tell. We don't know what to do with disclosures. Need to make it ok to tell.”

“Education Resources...to be done with effective communication in mind.”

- Improve the understanding and knowledge of mental health issues within the community; this could include the provision of specific targeted programs such as Mental Health First Aid and Mind Matters.
- Improve the understanding of the community regarding current supports available.

Capacity Building

- Promote and support community based events that foster positive attitudes towards mental health and wellbeing, increase awareness of mentally healthy behaviours and which encourage family and community cohesion.

“Family and country are the two main factors of wellbeing for Indigenous people in the Kimberley.”

“Mental Health of any community is the responsibility of the community.”

- Provide targeted support for carers.

“Supporting natural supports: family members to deal with family members who are unwell”

5 Broome Service Design

A number of discussions at the forum were focused specifically on the design of the acute psychiatric unit (APU) announced for Broome. A number of suggestions and ideas were put forward:

- Provide a culturally appropriate physical environment that acknowledges traditional healing, spiritual connection to the land, is consumer centered and sensitive to the needs of carers and families.
- Provide transitional accommodation for patients on release from the APU.

‘Establish meeting places in the courtyards.’

‘It is important to establish boundaries for patients so that they feel safe and the staff feel safe.’

“We would like the APU unit to be called Yaggarbulunjun because it is a Yawuru name meaning ‘come together as one’.”

‘Great need for accommodation of families who will be coming with people who are on the unit.’

‘Great need for step-down facilities for people after discharge.’

6 Service Capacity

The need to provide access to 'right time, right place' mental health care to make it easier for people to obtain culturally relevant mental health information, referral, advice, treatment and management was a feature of many discussions. The following suggestions were made:

- Need for an integrated emergency response service that can effectively support people experiencing a psychiatric crisis.
- Improve access to stable accommodation and associated support for people with mental health problems who are reliant on social housing.
- Need to foster growth in the NGO sector in the Kimberley to enable integrated social and clinical supports for people with a mental illness.
- Provide services which support carers and family members, including respite and accommodation whilst supporting someone in care.
- Flexibility to incorporate traditional healing within service delivery, fostered through ongoing engagement of elders and the community.

'Holistic care with indigenous clients combining traditional activities and western medicine. Need spiritual ongoing connection and country and family.'

Conclusion

Compiling the Book of Proceedings offered the opportunity to stand back and look at what could be learned from the forum. Conducting a detailed evaluation ensured that a true understanding of the key emergent themes was attained. This process offered the opportunity to gain valuable new perspectives on mental health, particularly in the context of a rural and remote setting.

Whilst this evaluation provides insight regarding the themes that emerged from the forum, it is important to remember that this represents an aggregation of issues discussed on one particular day by a relatively small group, and is based upon comments recorded by participants, not an objective third party.

These limitations aside, the key themes that emerged from this forum support many of the strategic directions currently being undertaken nationally and by WA Health, while also indicate other avenues for future reform.

When viewed in conjunction with the themes which emerged from the MHCN forum held in Perth earlier in 2008, a number of commonalities can be seen, such as the need for different agencies to provide more coordinated service delivery. However; it is clear throughout the Book of Proceedings from the Broome Forum that the community and the challenges faced in the Kimberley are distinctive, and that the information gathered will enrich and enhance our ability to provide appropriate reform for all West Australians.

The vital importance of family and community emerged as a key theme of the forum. Participants indicated the central role these play throughout diagnosis, treatment and care planning for people with a mental illness. Participants also indicated the need to strengthen community capacity with targeted mental health promotion measures to raise awareness and challenge stigma and by promoting events which encourage individual and community resilience.

Workforce also emerged as a significant theme, with participants highlighting the need to provide opportunities to attract, retain and develop a workforce which utilises local skills and meets local needs. Participants also welcomed initiatives to improve the ability of staff to communicate more effectively and deliver more culturally appropriate care, citing cultural awareness training as one way in which this can be achieved.

Another emergent theme is the need to improve coordination between different agencies at the state, commonwealth and NGO level, in particular when one individual is accessing multiple services. As indicated in the discussions around child and youth mental health, this coordination can offer key opportunities for prevention, promotion and early intervention and help integrate social and clinical supports.

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The final two themes expose a number of clear needs in the community and suggest ways in which service delivery can be enhanced. Participants articulated a keen desire for accessible, mainstream services that meet the social and emotional wellbeing needs of both Aboriginal and non-Aboriginal people, particularly for those living with a mental illness.

The collection of discussions on which this evaluation is based is a rich source of ideas and suggestions, problems and challenging statements, and of personal accounts. For these contributions, the Mental Health Division thanks all participants. The information from this, past and future consultations will be used to inform future policy and planning processes aimed at improving the mental health of all West Australians.