



Mental Health Community Network

An Evaluation of the Book of
Proceedings from the Inaugural
Open Space Forum held in
Perth on 4 April 2008



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Introduction

The Mental Health Community Network (MHCN) of the Mental Health Division is facilitating open forums for the Western Australian community to come together to discuss matters of importance or concern regarding mental health.

The inaugural Mental Health Community Network Forum was held on Friday 4 April 2008. Almost 250 participants attended representing a diverse cross-section of the community and included consumers, carers, policy makers, health service managers, clinicians, non-government organisation representatives and members of the general public.

Community members were invited into a transparent process that allowed passion, discussion and responsibility to emerge. The agenda was set using Open Space Technology; “a philosophy, practice and process that enables groups of any size to come together around complex, important issues and accomplish something meaningful.”

The central theme for the first Forum was: *“What can we ALL do to better the mental health of ALL West Australians?”*

In opening the forum, Minister for Health, Mr. Jim McGinty, encouraged participants to speak freely of the issues that are important to them and of the need to challenge the stigma that surrounds mental illness.

Over 60 discussion topics were addressed throughout the day with every conversation recorded in a Book of Proceedings (BoP), 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 are solution focused and will 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 2000 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

A worldwide shortage of appropriately skilled mental health workers creates a significant challenge for WA if it is to continue to provide high quality mental health services. This issue generated a great deal of debate throughout the day with two clear sub-themes emerging.

1.1 Career Promotion, Recruitment and Retention

Participants felt that it was vital to improve the attraction and retention of staff in mental health as well as promoting mental health as a positive career choice.

- Raise and improve the profile of mental health careers to facilitate better recruitment and retention of staff.
- Develop clear career pathways for the mental health workforce, with the aim of retaining staff.
- Improve career development opportunities through better training and education.
- Increase the support and supervision of staff in order to create a better 'Work Life Balance' and reduce and address the issue of burn out.
- Promote organisational and individual responsibility for a healthy work environment.
- Consider introducing peer support to bring more diversity, skills and competencies to the existing mental health workforce.

'Staff don't need to be clinicians.'

- Develop alternatives to the traditional workforce professions that incorporate holistic and culturally sensitive approaches.
- Improve remuneration and other incentives for mental health workers across the sector.

1.2 Training and Professional Development

Lack of training and development opportunities across the sector were considered to be contributing to the difficulty of attracting and retaining staff.

Suggestions for improvement included:

- Increase and strengthen the existing educational curriculum for new and existing staff.
- Improve accreditation and recognition of overseas qualifications.

‘Currently there are people entering the country with qualifications and skills who are not having these recognised and used.’

- Make registration of mental health sector workers an easier and more streamlined process.
- Promote the recruitment of Australian graduates and overseas staff.
- Promote a model of care and an understanding of mental health issues that is broader than the medical model.
- Provide more training opportunities in regards to cultural sensitivity.

‘Train Aboriginal people from their own areas/countries/regions to service their own people.’

- Embed a culture of service quality, which is driven by evidence-based practice and client need.

‘Qualifications and membership of professional associations provides quality assurance for the sector.’

2 Carer and Family Involvement

Carers and family of mental health consumers want better communication, involvement and engagement with mental health services. Specifically:

- Greater involvement of carers and family enhanced by the appropriate use of confidentiality requirements.

‘Carers are frustrated at not having enough rights with regard to their family member’s treatment.’

- Improve understanding of legal and legislative requirements of confidentiality for mental health workers across the sector.

- ‘Care for Carers’ by providing suitable respite options, appropriate information, and assistance to access services that promote their wellbeing and maintain their role as a carer.

‘If carers are supported to care, they can do so for longer, more effectively and capably.’

- Greater engagement and inclusion of carers in the development of care plans that include medication and discharge preparation.

‘Carers need to become an embedded and intrinsic part of the care team, sharing and receiving information regularly in a professional way.’

3 Infant, Child and Youth Mental Health & Early Intervention

Promoting and supporting the optimal development of WA’s infants, children and youth through the provision of properly targeted and resourced services were clear priorities amongst attendees:

- Provide targeted services for infant, child and youth, including specialist infant mental health services, accommodation services for youth and age appropriate inpatient services.
- Targeted support to build stronger, more resilient families.
- Equitable resource allocation across the age groups.
- Invest in preventative measures for the infant, child and adolescent mental health sector.

‘International experience tells us that money spent on infant mental health is money saved later.’

- Provide programs that address parenting skills, promote infant mental health and develop resiliency in children and adolescents - “life skills”.

‘Parents receive little or no training about how to encourage healthy mental development of their children.’

4 Supported Accommodation

Another key theme from the forum was the importance of appropriate supported accommodation. Participants wanted the following:

- A clear and precise framework for mental health housing strategy initiatives within WA.
- Flexible psychosocial support packages tailored to individual need.

‘There needs to be a range of models to meet various levels of need but all should have the ‘sense of home’ embedded in the model and have the appropriate level of support to address this.’

5 Coordinated Care

Participants wanted a coordinated and collaborative approach to care delivery and put forward a range of suggestions, including:

- Develop a well maintained and comprehensive directory which encompasses mental health, housing, recreation and social wellbeing services and which is easily accessible to consumers, carers, NGO’s and both private and public health care providers.

‘Need an up to date list/map/directory of services that people can easily access and are aware of.’

- Better-quality collaboration between the consumer and service providers when developing care plans.
- Encourage a holistic approach to the development of care plans which incorporate a range of treatments.

‘Care plans should include not just medication but activities.’

- Ensure that patients with multiple diagnoses do not fall through the gaps between services. Agencies need to work together to ensure appropriate treatment rather than shuffling people between services.

‘Sharing care demands more of both/each agency however outcomes are potentially much better.’

6 Mental Health Promotion and Community Education

Participants wanted better mental health promotion and made clear recommendations:

- Invest in reducing the stigma attached to mental illness, which is a barrier to social inclusion during illness, rehabilitation and recovery.

‘Get rid of the stigma that people with a mental illness were nothing before and will be nothing after their illness. We are all individuals with skills and qualities.’

- Work closely with the media to more accurately portray the lived experience of mental illness so that negative stereotypes are not perpetuated.

‘Media can play a significant role, particularly in not labeling people, in normalising mental health issues, and in providing positive stories regarding recovery etc.’

- Resource community awareness and capacity building initiatives that improve mental health literacy.

‘Community education programs are an important capacity building strategy to increase positive response to community issues of mental health.’

7 Rehabilitation & Recovery

Embracing the concept of recovery, and promoting recovery through quality rehabilitation service provision, were clear directions from participants:

- Provide a range of services in the community to support consumers in their rehabilitation and recovery journey.
- Enhance and mandate practices that ensure the continuity and coordination of care post discharge from a mental health inpatient facility.

‘Better transition from hospital with appropriate follow up and communication between agencies, family etc. to assist people to live independently in the community.’

8 Service Capacity

Recommendations were made on how to improve existing services:

- Advocate for sustainable resourcing for mental health programs.

'...the ultimate way of being respectful is through adequate resourcing. Resourcing must ensure that there is constancy and consistency in the provision of programs, in the provision of staff as far as possible. Of particular concern are programs that are only funded for a short period of time, when in fact the maintenance of a program may be cost effective and much less than the setting up stage.'

- Improved after hours access to mental health services for emerging needs to prevent the potential for escalation.

'Assistance may be needed after hours however the needs are not of a crisis nature. The only clinical assistance after hours is through MHERL or other 24 hour programs, which is a high level service for a lower level need. This not a match between client need and service.'

9 Services for Specific Populations

A range of comments, ideas and solutions were offered by participants regarding ways in which mental health services could be more responsive to the needs of particular groups.

9.1 Culturally and Linguistically Diverse Mental Health

- Implement cultural awareness education programs for mental health service providers.

'Routine cultural sensitivity and CaLD mental health management training for GP's and other health professional.'

- Provide flexible working practices that allow staff to deliver care appropriate to the individual's cultural needs e.g. outreach programs for Aboriginal communities, flexible work hours, alternative approach to gender and religious sensitivities.

'Currently there is a culture within some aspects of the public service which refuses to embrace the need for flexibility or appropriate cultural responses to particular community issues.'

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- Undertake community education programs regarding ‘*What is Mental Health*’ for new migrants and refugees.

‘People who arrive from refugee camps don’t recognise their illness and symptoms because either everyone else in the camp is experiencing the same symptoms or because they are stigmatized and marginalized within the camp if they discuss their symptoms.’

- Provide better access to face to face interpreter services and ensure they are appropriately skilled in mental health concerns.

‘MH workers need to work with interpreters to create appropriate language and descriptions where there is no language or description within a language group.’

9.2 Multiple Diagnosis

- Improve service responses for people with co-morbid mental illness and drug use issues or intellectual disabilities.

‘Research needed into numbers of people with intellectual disability and mental illness issues and how mental health issues are identified in people with intellectual disability.’ (3C)

9.3 Forensic Mental Health

- Implement appropriate mental health care pathways for prisoners and people on remand experiencing mental health problems.

‘Educating the courts, justice systems about the need to look at diverting people with mental illness to general mental health services – diverting from Department of Corrective Services.’

9.4 Aboriginal Mental Health

- Strengthen the Aboriginal workforce across the mental health sector through better training and support of Aboriginal staff.

‘Train Aboriginal people from their own areas/countries/regions to service their own people.’

- Increased availability of and access to Aboriginal cultural awareness training across the mental health sector.

‘Cultural awareness security consultants and training for non-Aboriginal workers.’

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 a valuable opportunity to gain new perspectives on mental health.

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.

Workforce was an issue which featured in many discussions, often unintentionally. Participants contributed many suggestions to maximise our ability to attract, recruit and develop the skills of mental health staff across the sector.

Other emergent themes highlight the need to deal more effectively with mental illness at all points of the age spectrum, to target populations at particular risk and to direct resources to the treatment of both high prevalence and severe acute disorders. Participants also called for more community education around mental health.

The final set of themes underline the need to go beyond the medical model and provide a range of treatments, accommodation and psychosocial services. It was reiterated that the delivery of this care should be undertaken in a coordinated manner in which different agencies work together effectively to ensure the needs of the consumer, carers and families are all taken into consideration.

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