HEALTH AND COMMUNITY SERVICES ACCESS AND MAPPING PROJECT FINAL REPORT

28 June 2019

GP DOWN SOUTH
SHIRE OF AUGUSTA MARGARET RIVER
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Version	Date	Who	Summary of changes
Draft 0.1	17th May 2019	Clare Wood	None
Draft 0.2	26th June 2019	Clare Wood	Changes applied from Project Steering Group

Contents

Executive Summary

This report outlines the Health and Community Access and Mapping project for Augusta Margaret River (AMR). This project was a partnership between WA Primary Health Care Alliance (WAPHA), GP down south (GPds) and the Shire of Augusta Margaret River (AMR Shire). A Community Partnership Officer (CPO) was funded by WAPHA and employed by GPds, to be positioned within the Community Planning and Development team at the AMR Shire. A Project Steering Group (PSG) consisting of representatives from WA Country Health Service (WACHS), AMR Shire, WAPHA, GPds, Department of Communities and the Red Cross provided governance and oversight for the project which commenced on 20 August 2018 and ended on 30 June 2019.

Project Aims

The Health and Community Mapping and Access project aimed to;

- Gain a better understanding of what is available in the community in terms of services and support, and explore the integration and connectedness between services;
- Improve the access to services by identifying and providing referral pathways for community members and for primary care providers, particularly General Practitioners (GPs);
- Using knowledge gained; inform service delivery/design improvements and future joint agency service planning and commissioning;
- Strengthen and/or develop communication pathways between service providers and between service providers and the community;
- Inform the development of the AMR Shire Public Health Plan and Community Resilience Plan; and
- Make recommendations for future health community service models.

The project involved consultations with health and community services providers and peer support groups that provide services within AMR.This final report will provide information to WAPHA and the wider health services sector in the South West region on potential system-led improvement opportunities. It will also inform the AMR Shire in the development of the Public Health and Community Resilience policy and plans.

The project explored the service integration strengths and challenges in AMR. This report explores the following key themes;

- Knowledge of services and how to access them.
- Service integration strengths and challenges.
- Public Transport.
- Mental health Services.
- Disability Services.
- Aged Care Services.

- Chronic Disease Management.

Key Findings

- There are a significant number of health and community services in AMR however challenges exist in the knowledge of what services are available and how to access these services. This is in part due to the large number of services who provide service via a drive in and drive out mode of service delivery, and the changing nature of services due to regular changes to service funding each financial year.
- Limited public transport in the AMR is a barrier for community members' access to health and community services.
- Need for improved service integration in mental health and alcohol and other drug services

Reported gaps in services in AMR

- Alcohol and other drug rehabilitation and treatment services.
- Crisis accommodation.
- Family domestic violence services.
- Access to low cost mental health for young people (12-25 years).
- Palliative care services.
- Suicide prevention and postvention services.
- Identified need for Community Social Worker role.

Summary of Recommendations

The recommendations outlined in this report were identified via the consultation process and developed by the CPO with the guidance of the PSG.

1. Implement the use of an online platform like *My Community Directory* to improve service integration and visibility and access to services.
2. Encourage use of *My Health Record* and *Health Pathways* by health professionals to improve service integration.
3. Establish a local coordinated response to family domestic violence in AMR.
4. Address alcohol abuse via the WALGA *Management of Alcohol in Our Communities toolkit* and increase education to the community about alcohol related harm.
5. AMR Shire and partners to host a Health Expo to improve knowledge of health and community services.
6. Implement strategies to increase the mental health literacy of the community.
7. Establish a Local Mental Health Practitioners Network to increase support and education to General Practitioners (GPs) for their treatment and management of community members with mental illness and mental health issues.
8. Strengthen partnerships between health and community services providers with key community leaders and non-clinical support groups.

9. Provide education to culturally and linguistically diverse members of the community about health and community services.
10. AMR Shire to support the capacity of peer support groups via a partnership with Connect Groups, the peak body in WA for support groups.
11. Improve access to and knowledge of palliative care services via local involvement with the South West Palliative Care Strategy.
12. Ongoing support for the Dementia Friendly Communities project.

Long term recommendations:

1. A purpose built health and community services hub to improve service integration, referral and access.
2. Health and Community services to be place based with co-design of services to match local needs.
3. Establish partnerships to address disadvantage and homelessness.

1.0 Introduction

1.1 Background to Project

The Health and Community Services Access and Mapping project (the project) occurred in response to challenges in the knowledge of and access to services experienced in the area of Augusta Margaret River (AMR). The project was a collaboration between the local government Shire of Augusta Margaret River (AMR Shire), GP down south (GPds) and the WA Primary Health Care Alliance who funded the Community Partnerships Officer position (CPO).

1.2 Aims of Project

This project aims were to:

- Gain a better understanding of what is available in the community in terms of services and support, and explore the integration and connectedness between services;
- Improve the access to services by identifying and providing referral pathways for community members and for primary care providers, particularly General Practitioners (GPs);
- Using knowledge gained; inform service delivery/design improvements and future joint agency service planning and commissioning;
- Strengthen and/or develop communication pathways between service providers and between service providers and the community;
- Inform the development of the AMR Shire Public Health Plan and Community Resilience Plan; and
- Make recommendations for future health community service models.

1.3 Project Governance: Project Steering Group

A Project Steering Group (PSG) was established to oversee the project. A Terms of Reference and Communication Plan were developed for the project, see Appendix 1 and 2 respectively. The Steering Group membership is detailed in Appendix 3.

2.0 Project methodology

A key priority was to improve access to services within the community. This was initially achieved by using the information provided through a previous initiative commenced by the WA Country Health Service (WACHS). The mapping component of the project involved collecting information from health and community service providers (hereafter referred to as service providers) and community peer support groups who provide services in AMR. The project methodology included data collection via: face-to-face interviews, focus groups, surveys and attendance at networking meetings.

2.1 Project Stages

Stage One: Scoping

Stage One commenced in consultation with the members of the PSG and via attendance at the Health and Community Recovery Working Group meetings (this group has now transitioned to the Response, Recovery, Resilience, Augusta Margaret River - RRRAMR).

Two interview guides were created and used to guide face-to-face consultations. One guide was developed to seek information from service providers (Appendix 4). The second guide was developed for consultations with community peer support groups and key community members/ identified community leaders (Appendix 5).

Stage Two: Consultation with Key Service providers.

Stage Two consisted of conducting consultations with service providers. Invitations to participate in the project were sent via email to health and community services, which provide face-to-face services in Margaret River. This included services, which have a shop front/office in Margaret River, and those, which provide services via a drive in drive out service delivery mode.

Excluded from the consultations were service providers, that did not provide face-to-face services in AMR. This exclusion was due to the projects focus on service providers who operate and provide service in the area. The consultation list did not include the additional range of online and phone services, which are available for rural communities to access (via phone, email, live chat and online support groups).

Service providers were also invited to participate in an online survey in April 2019 via survey monkey. This survey collected data on the perception of the needs and gaps of health service provision in AMR and on which networking meetings service providers attended. (Appendix 6).

In addition, the CPO attended a range of network meetings (listed below) to introduce the project aims and scope and to foster relationships with service providers:

- Cape to Cape Youth Network meeting (Regional group that meets in Busselton);
- Vasse Human Services Alliance Meeting (Facilitated by the City of Busselton, local focus);
- Youth Stakeholders Group (Facilitated by the AMR Shire, local focus);
- Community Access and Inclusion Reference Group (CAIRG) (Facilitated by AMR Shire, local focus);
- Dementia Friendly Communities Project working group (Facilitated by Alzheimer's WA and AMR Shire, local focus);
- RRRAMR (Response, Recovery, Resiliency AMR working group) (Facilitated and funded by AMR Shire, local focus); and
- AMR Community Health Network Group (Facilitated by AMR Shire, local focus).

Consultation with community groups occurred in collaboration with the AMR Shire Community Planning and Development Team and aligned with the Shire's community consultation and stakeholder engagement policy.

During the term of the project the Lishman Health Foundation commissioned an initiative to explore options for addressing the mental health and wellbeing in AMR.

The Lishman Health Foundation engaged the Centre for Rural and Remote Mental Health (CRRMH) research team from the University of Newcastle to undertake the initiative. Consultation for this community-led project occurred over two weeks in November 2018. The CPO shared information with the CCRMH research team. The findings documented in the final CRRMH report (May 2019) are consistent with the findings of this project and have been incorporated into this report as relevant to this project.

Stage Three: Analysis and Collection of Data

Stage Three consisted of analysis of the information collected. The interviews were coded and categorised into clusters to enable analysis of emerging themes. Information from the data collected during the consultations were clustered based on similar attributes and key themes were then extrapolated. These themes were named, labelled, and triangulated from other data sources such as via desktop research and attendance at key network meetings. Analysis and collation of information occurred throughout the consultation stage. The emerging themes were discussed with the PSG via monthly updates.

Stage Four: final report and feedback

The final stage of the project involved the reporting of project findings and recommendations. A final report and recommendations were produced in consultation with the PSG and AMR Shire Community Planning and Development team. The project and preliminary report findings and recommendations were shared with the local Community Health Network Group and with the RRRAMR working group.

3.0 Key deliverables.

The key deliverables of this project were:

1. A final report, which detailed the Health and Community Service Access and Mapping and Gap Analysis (this report); and
2. Exploration of Health and Community Services Directory options for consideration by the PSG.

4.0 Augusta Margaret River Profile

AMR is located in the South West Region of Western Australia, about 250 kilometers south of Perth. The AMR is located on Wardandi-Pibelmen country whose ancestors and their descendants are the traditional owners of this country. AMR is bounded by the City of Busselton in the north, the Shire of Nannup in the east, the Southern Ocean in the south, and the Indian Ocean in the west.

The main townships are; Augusta, Cowaramup and Margaret River, and smaller settlements at Gracetown, Karridale, Prevelly/Gnarabup and Witchcliffe. AMR is largely rural land, used largely for agriculture; in particular for viticulture, beef and dairy farming, sheep grazing and horticulture. Augusta Margaret River is a major tourism destination for Western Australia.

Population demographics

The Census usual resident population of the AMR in 2016 was 14,258, living in 7,797 dwellings with an average household size of 2.39.

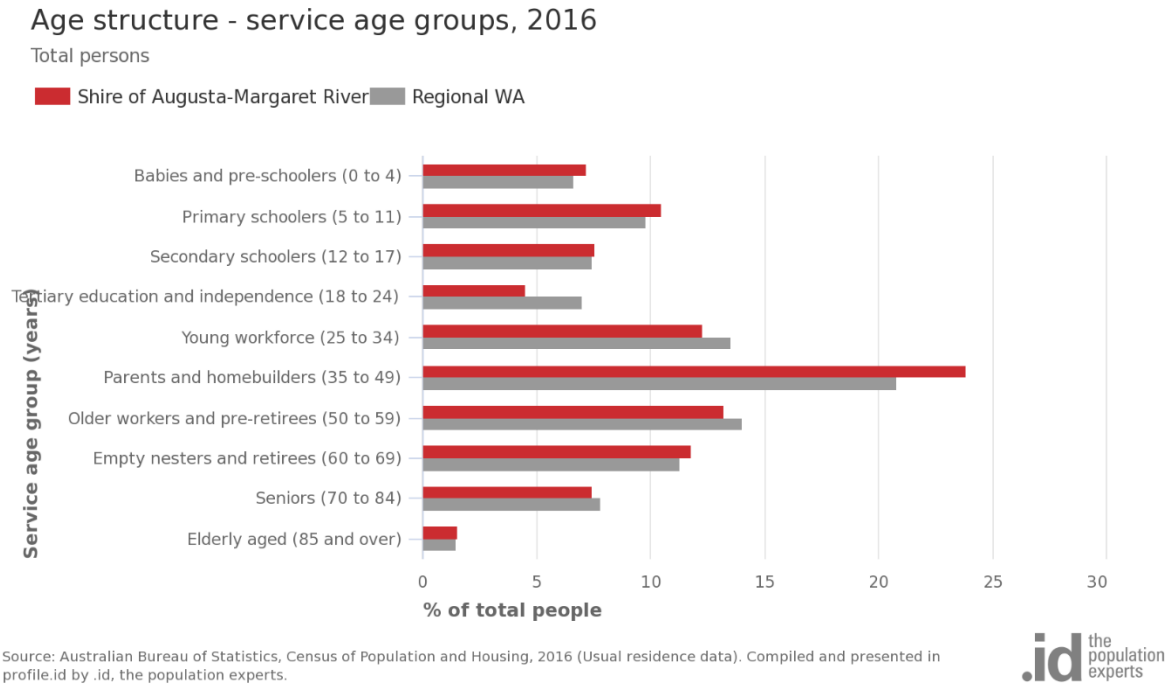

Figure 1: Age structure in AMR by service age groups Source: Australian Bureau of Statistics, Census of Population and Housing, 2016 (Usual residence data). Compiled and presented in profile.id by .id, the population experts

The AMR age profiles differs across town sites, the overall medium age for AMR is 39 years, however in the town of Augusta the medium age is 59. This has implications for health and community service planning and delivery.

Ancestry

AMR is home to a variety of cultures, with ABS data showing families in the area who speak a second language to English at home increasing from 3.1% of the population in 2006 to 8.4% in 2016. In the 2016 census, 70% of AMR residents stated that they were born in Australia while 7.6% were born in England and 3% in New Zealand. 26% of persons in AMR had both parents born overseas while 49% had both parents born

in Australia. 85% of residents indicate that English only is spoken at home, which is higher than the WA and national average. In 2016, the percentage of Aboriginal people residing in AMR at 1.4%, was less than the national average of 2.8% (2016 ABS).

Country of Birth 2016			
Country of Birth	Persons in AMR	Persons in WA	Persons in Australia
Australia	**69.6%**	60.3%	66.7%
England	**7.6%**	7.8%	3.9%
New Zealand	**3.0%**	3.2%	2.2%
Germany	**0.8%**	0.4%	0.4%
South Africa	**1.0%**	1.7%	0.7%

Source: 2016 ABS

Figure 2: Comparison of Country of Birth data - AMR, WA and National, ABS, 2016

SEIFA Index of Disadvantage

The SEIFA Index of Disadvantage measures the relative level of socio-economic disadvantage based on a range of Census characteristics. SEIFA provides a general view of the relative level of disadvantage in one area compared to others. The SEIFA Index of Disadvantage for AMR in 2016 was 1025, compared with Western Australia at 1016. This means that people living in AMR are less disadvantaged than the state average.

Education Levels

In AMR in 2016 compared to Regional WA, there was a lower proportion of people that left school at an early level (Year 10 or less) and a higher proportion of people who completed Year 12 or equivalent. Overall for AMR, 27.5% of the population left school at Year 10 or below, and 52.2% went on to complete Year 12 or equivalent, compared with 36.4% and 38.7% respectively for Regional WA.

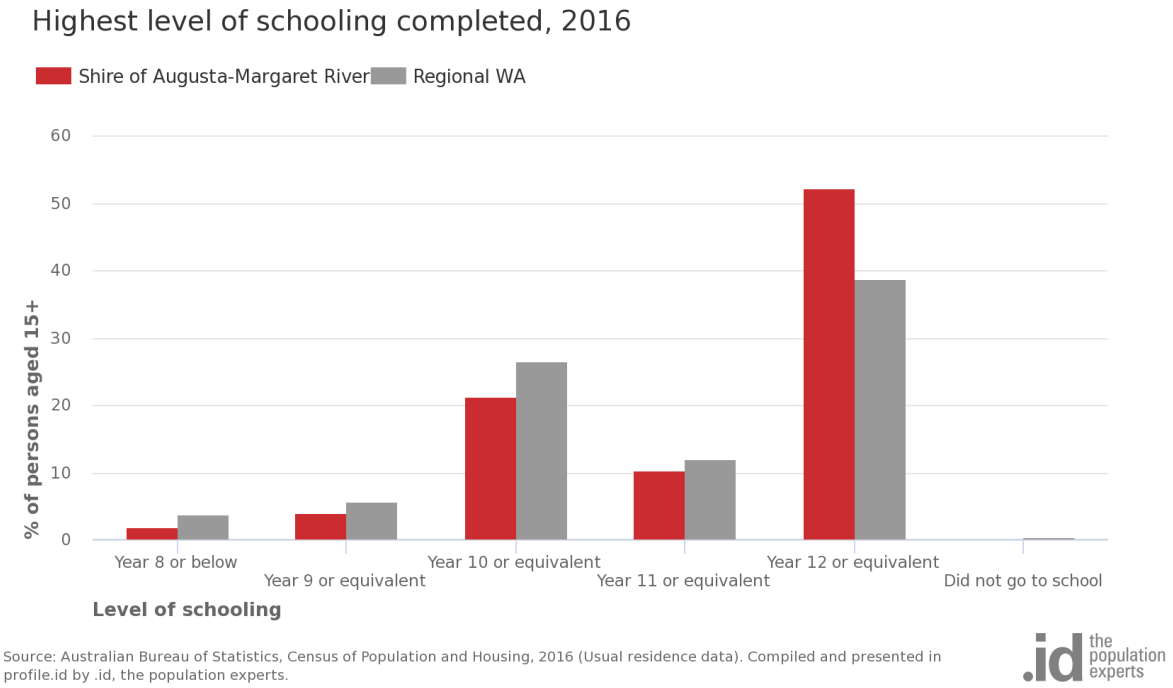

Figure 3: Highest level of schooling completed, Source: Australian Bureau of Statistics, Census of Population and Housing, 2016 (Usual residence data). Compiled and presented in profile.id by .id, the population experts.

In 2016 compared to Regional WA there was a higher proportion of people holding formal qualifications (Bachelor or higher degree; Advanced Diploma or Diploma; or Vocational qualifications), and a lower proportion of people with no formal qualifications in AMR. Overall, 53.6% of the population aged 15 and over held educational qualifications, and 34.3% had no qualifications, compared with 43.0% and 42.3% respectively for Regional WA.[1]

Employment

The size of AMR labour force in 2016 was 7,222, of which 3,264 were employed part-time and 3,498 full time. Analysis of the employment status (as a percentage of the labour force) for AMR in 2016 compared to Regional WA shows that there was a higher proportion in employment, and a lower proportion unemployed. Overall, 95.3% of the labour force was employed and 4.7% unemployed compared with 93.6% and 6.4% respectively for Regional WA.

[1] https://profile.id.com.au/augusta-margaret-river

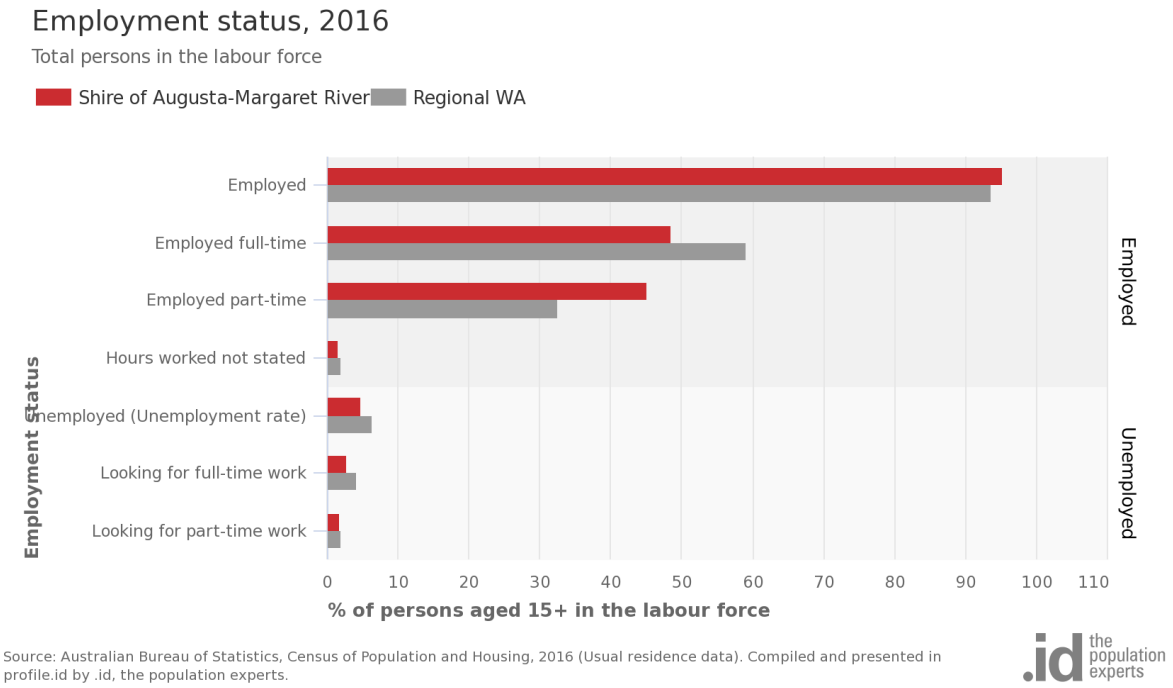

Figure 4: Employment Status Source: Australian Bureau of Statistics, Census of Population and Housing, 2016 (Usual residence data). Compiled and presented in profile.id by .id, the population experts.

The labour force participation rate refers to the proportion of the population aged 15 years and over that was employed or actively looking for work. In 2016 there was a higher proportion in the labour force (64.7%) in AMR Shire compared with Regional WA (60.1%), however, AMR had a higher percentage of part time workforce (less than 35 hours per week); 47.4% compared to 34.8% in Regional WA.

Volunteering

In 2016, the AMR Shire had a higher proportion of people who volunteered for an organisation or group; 28.0% reported performing voluntary work, compared with 23.3% for Regional WA.

5.0 Strategic Context for this report

This report and others such as the Lishman Health Foundation's AMR Mental Health and Wellbeing Report (May 2019) and The Addressing Disadvantage and Inequity in AMR Report (May 2018) provides information which can be used for future health service planning and commissioning. This report will also inform the AMR Shire's Public Health Plan and other plans such as the Community Resilience Plan.

5.1 Public Health Plan

The WA *Public Health Act 2016* requires Local Government Agencies to develop and implement a Public Health Plan for the communities they are responsible for. The purpose is to ensure the wider health and well-being of the community and through policy and programs that protect, maintain and improve the health of individuals and their communities and to prevent and reduce the incidence of illness and disability. It is anticipated that the AMR Shire's Public Health Plan will be completed by the end of financial year 2019-20.

5.2 Community Resilience Plan

The AMR Shire Community Resilience Plan, a sub plan of the Public Health Plan, will include strategies for volunteerism, community capacity building and addressing disadvantage. It is anticipated that the Community Resilience Plan will be completed by then of financial year 2019-20.

5.3 Lishman Mental Health and Wellbeing project

The Lishman Health Foundation's AMR Mental Health and Well-being Report was finalised in May 2019 and is available from the AMR Shire website. This will also inform the AMR Shire Public Health Plan. A Community Alliance, which includes representatives from the Lishman Health Foundation, (WACHS, WAPHA and the AMR Shire is being established to oversee the response to the Lishman commissioned report and its' recommendations. It is anticipated that the Alliance will also consider findings and recommendations from this report.

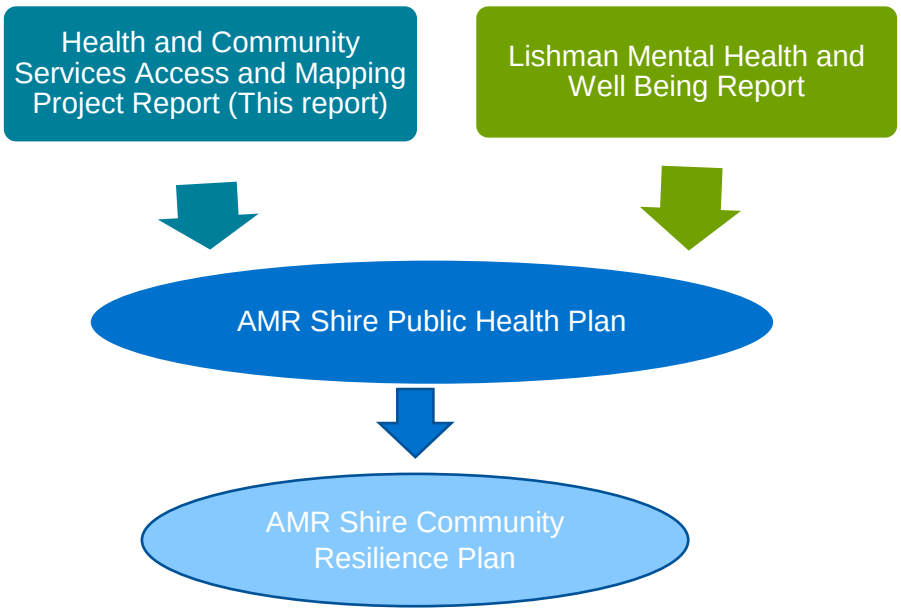

Figure 5: Relationship between projects and the Shire's Public Health and Community Resilience Plans

6.0 Health and Community Services in AMR

This section provides an overview of the services provided in the AMR.

6.1 Overview of Consultation process

There was a high response rate to the invitation to participate in the Health and Community Service Access Mapping project with more than 85 service providers and community groups invited to participate. Of the 80 participants invited from the health and community services, 67 were interviewed by the CPO and 13 declined or there was no response. Appendix 7 provides a list of services that participated in the consultation process.

Recording of consultations

Notes were manually recorded during the consultation process and subsequently transcribed into a database at the end of each consultation event. Interviews were not recorded to assist the CPO to establish rapport and trust participants.

Limitations to Data

Geographical boundaries for WAPHA and WACHS are different to local government geographical boundaries. This creates some challenges to source data specific to AMR. In response, the AMR Shire has recently contracted a consultant to collect and analyse all the data available and create a health profile of the AMR to inform the development of the AMR Shire Public Health Plan.

6.2 Overview of Health and Community service providers

Figure 6 shows the types of organisations which individuals that participated in the consultation were from. The highest proportion of participants (76%) were from the non-government organisation (NGO) sector; 13% were from a State Government Agency; and 11% identified as coming from a Community Peer Support Group.

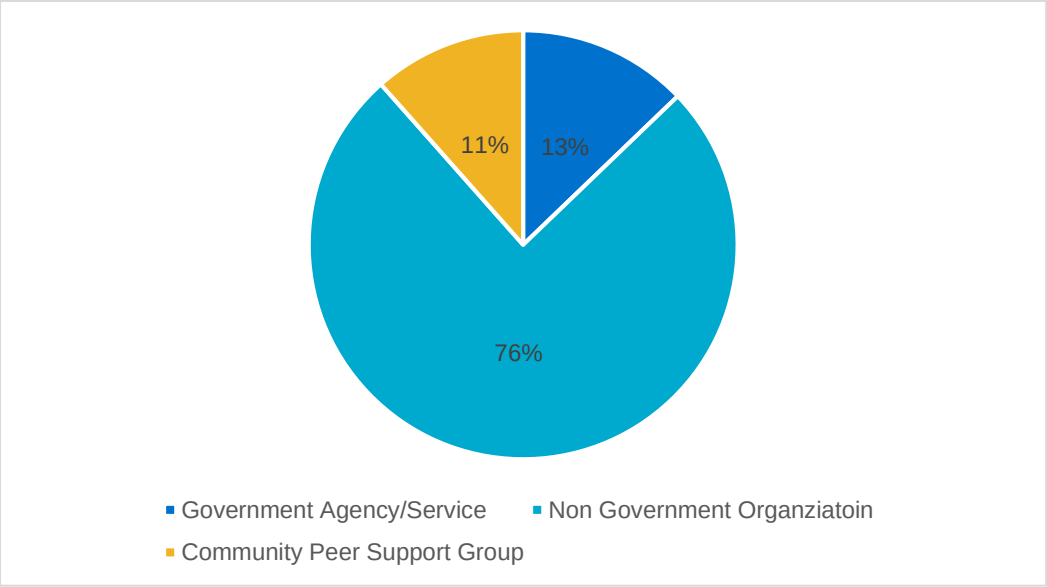

Figure 6: Consultation participants by sector.

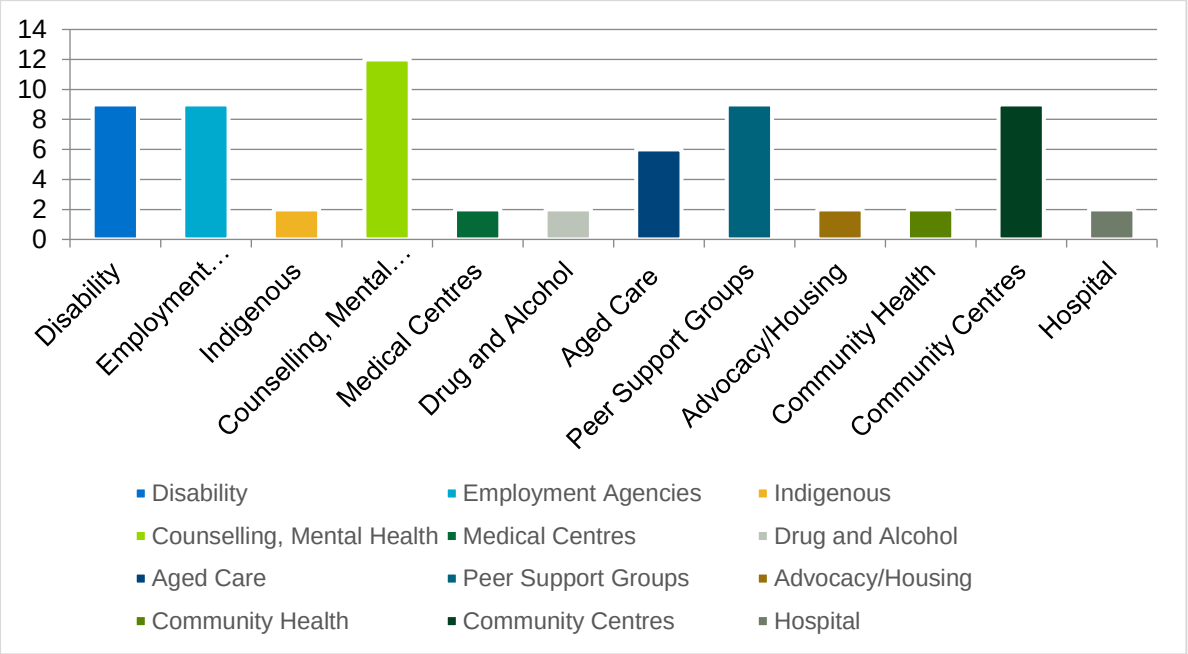

Figure 7: Consultation participants by service type.

6.3 Non-government Organisation context in AMR

The non-government sector in the AMR, like other locations, is dynamic and fluid, the nature and type of service delivery can change rapidly depending on funding and consumer demand for service. This project provides a snap shot of services and programs being delivered in the AMR, how services are integrated with each other, and the gaps in services for the time October 2018 to April 2019.

Significant changes have occurred within the disability and aged care sector with the introduction of the National Insurance Disability Scheme (NDIS) and My Aged Care Packages. These changes seek to give consumers greater control over their health care. The change in funding model has impacted on previously block funded NGOs who are now required to alter their business model to an individualised service funding model.

The project identified that a significant number of health and community services are provided within the AMR. Over 50 percent (56%) of these services are provided via a drive in and drive out service delivery model, see Figure 8.

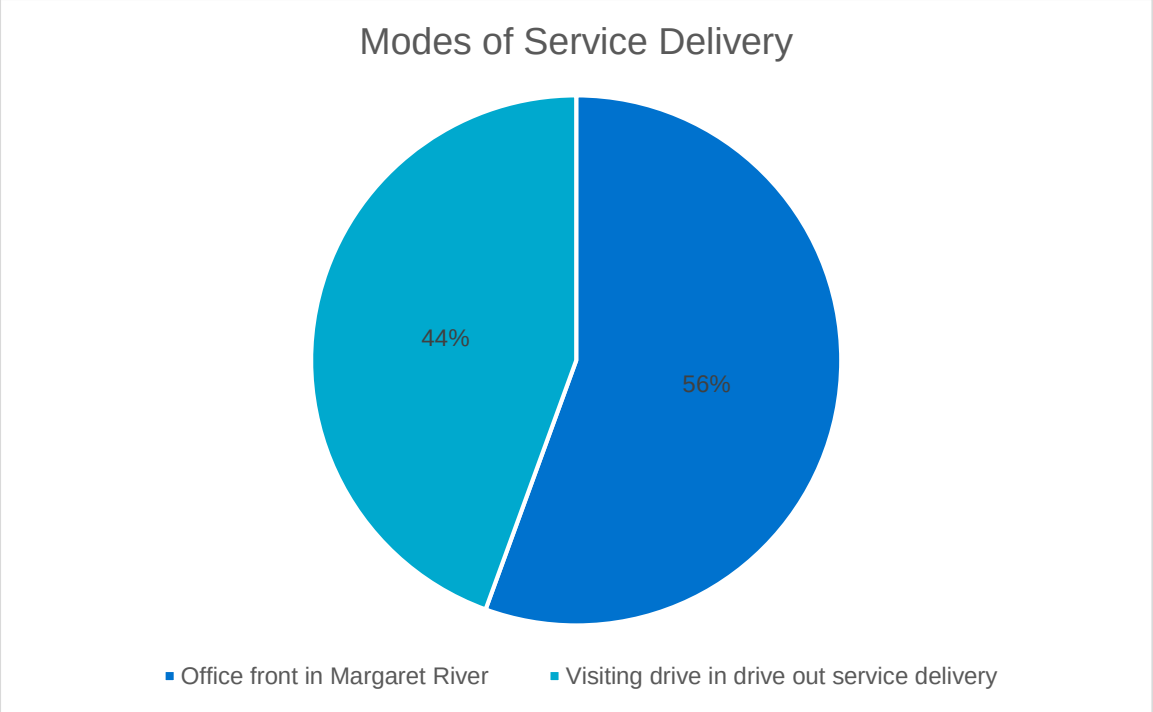

Figure 8: AMR health and community services current Modes of Service Delivery

Most non-government organisations (NGOs) providing services in AMR operate across multiple local government areas in the south west region, including Bunbury, Busselton, and Augusta Margaret River. The central office hubs for these services are generally located in Bunbury or Busselton with satellite or visiting services provided to AMR. In addition, some NGOs that provide services to the AMR may also provide services across Western Australia such as, Relationships Australia and Applied Personnel Management (APM) with head offices in Perth.

Of the services provided in the AMR, the majority are provided in the Margaret River town site with only a handful of services provides in Augusta, see Figure 9. Feedback received noted that**:**

"Services are town centric in their planning and delivery, and do not want to outreach to rural areas of Augusta." Source: A health service provider

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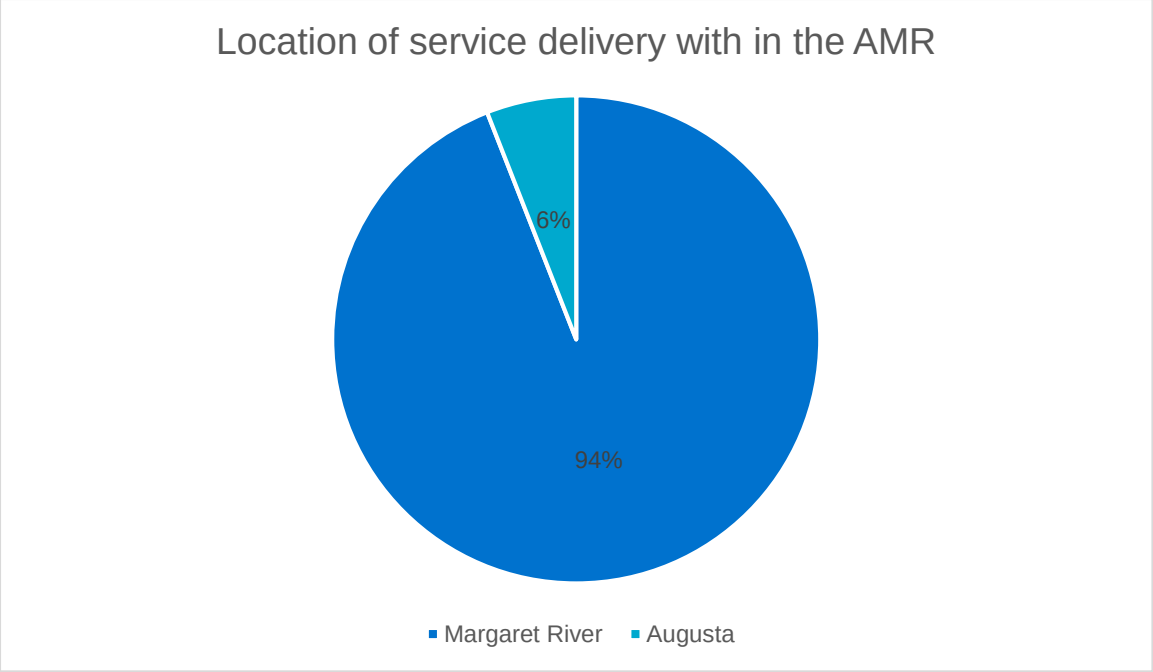

Figure 9: Geographic Location of service delivery within the AMR of those services who participated in the consultations.

6.4 Government Context

In addition to the Margaret River and August Hospitals, several government departments provide health and community services to the AMR via residential services and/or a visiting service from the central hubs of Busselton and Bunbury.

WACHS provides Community Adult and Youth Mental Health, Community Child and School Health Services, and Community Allied Health services. These services all have a residential workforce in the AMR and offer assessment and treatment services as required. The WACHS provided South West Aboriginal Mental Health Service, provide visits as required.

There are several public primary schools in the AMR; specifically, Cowaramup, Karridale, Augusta and Margaret River Primary Schools and one high school, Margaret River Senior High school. These schools all have access to Education Department school psychology services.

The Department of Communities currently provides a drive in - drive out service delivery model with central offices in Busselton and Bunbury. In 2018, associated with the introduction of the NDIS and the WA Department of Communities reform, Department of Communities disability service staff were moved to an office in Busselton and the office was closed in Margaret River.

"Over the past decade there has been significant loss of services to rural areas, there is an increasingly city centric outlook to service delivery" – A community health service provider

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Service providers expressed concern that this closure of the Margaret River office would contributes to barriers to access to services and support. A key theme, throughout the project consultation, was the need for place-based planning and service design to ensure services meet local need.

A recent announcement by Department of Communities of a new full-time role, based in Margaret River, has been welcomed by AMR service providers and community groups. This role will act as point of contact for people in the community, the approach will promote early intervention, be strengths based and designed to fit the local community's needs.

6.5 General Practitioners (GPs) in the AMR.

There are two large and two smaller practices in Margaret River, and one in Augusta and one in Cowaramup. There is a high demand for GP services in the shire and many GPs provide both general practice, and hospital inpatient and emergency department services. Feedback suggests that demand for GP services increase when the population of the region swells during peak tourism times and during special weekend events.

Service delivery and role requirements made it challenging for GPs to contribute to the project. GPs were informed about the project via visits to the clinic and emails inviting GP's to contact with the CPO for an individual consultation. The CPO visited practices and provided information about the project and provided information to assist with improving access to health and community mental health services. services

6.6 Private practitioners in AMR

At the time of writing this report, there were over 20 private providers providing face to face mental health services in AMR. There are also several private providers delivering allied health services such as physiotherapy, occupational therapy and podiatry services.

7.0 DISCUSSION

Several key themes were identified during the consultation process and these are discussed in this section.

7.1 Knowledge of services and how to access them
7.2. Service integration
    7.2.1 Strengths
    7.2.2 Challenges
7.3 Public Transport
7.4 Mental health Services
7.5 Disability Services
7.6 Aged Care Services
7.7 Chronic Disease Management
7.8 Gaps in services identified by the community

7.1 Knowledge of services and how to access them

Pivotal to the effective use of services is for community members and health and community service staff to be aware of what and when services are available, and how to access them. The consultation process confirmed a lack of provider and community knowledge about the large number of available drive in/drive out health and community service providers, and how to access them. Health professionals reported they are often unaware of what community services and community peer support groups are available to refer people too, and likewise community services and community peer support groups were not always aware of available health services.

A significant number of NGOs provide visiting services within AMR; however, these services can be limited to one day per week/fortnight/month. It is difficult for community members and community and health service staff to know when the services are scheduled to visit. The lack of visible 'shop fronts' contributes to the lack of awareness.

Service providers reported that the lack of awareness extended to services provided from the Margaret River Community Centre (MRCC). The MRCC is not funded to promote or advertise the services, which rent space from the facility. The MRCC does promote workshops offered by their tenants when able to, however staff noted that it is not part of their core-funded activity. Support for promotion and advertisement of services would greatly assist the community to know what services are available.

GPs also reported it was difficult to maintain knowledge of what services are provided in AMR and how to refer and access them. Service providers reported they provided information to GP practices by visiting at an allocated time (morning tea or lunch) to meet with GPs. If service providers are unable to visit practices in person, the services will send letters to the practices to provide updates on service information and access/referral criteria. During the project the CPO visited AMR practices on a number of occasions to provide information about available services and referral pathways.

As the consultations progressed, it became increasingly apparent that there is high need for the creation and promotion of an online health and community service directory for the AMR. An online service directory would greatly assist community members and service providers to identify what services are available and improve knowledge and access to the many services provided in the region. The support for a comprehensive and up-to-date service directory was unanimous when discussed at different community networking meetings. This preliminary recommendation was discussed with the PSG and the AMR Shire Community Planning and Development Team have commenced investigating an online resource directory in collaboration with the City of Busselton. During the project the My Community Directory was identified as an application that an online and printable directory system. It was noted that the benefits of an online directory would be increased if neighbouring local governments adopted the same tool, as many health and community services are delivered from Busselton and Bunbury.

7.2 Service integration

The consultation identified several service integration strengths and challenges. Integration in health and community services is important as it is required for continuity of and coordinated care; and improves access to services and health outcomes.

> *"Integrated care is a concept bringing together inputs, delivery, management and organisation of services related to diagnosis, treatment, care, rehabilitation and health promotion. Integration is a means to improve services in relation to access, quality, user satisfaction and efficiency.* [2]

7.2.1 Service Integration strengths

The following section outlines examples where a high level of service integration exists within AMR. The MRCC, Margaret River youth services and the Augusta Community Resource Centre where reported as examples where co-location and service integration is occurring. Co-location and greater service integration has been shown to result in better consumer/client focused and more coordinated care.

Margaret River Community Centre

The MRCC located near the AMR Shire library, is an existing hub for health and community services and for several community groups. There are approximately eleven permanent tenants and several casual tenants who provide services from the centre.

The centre also acts as a workshop space for visiting services that provide education to health professionals and the community. MRCC staff manage the tenants and the facility maintenance in order for this heritage listed community asset to be used.

> *"It's great to be a tenant at the Community Centre as you are able to build relationships with other services." MRCC tenant*

Consultation participants reported a high level of service integration between the emergency relief program run by the MRCC, the Margaret River Soup Kitchen and the Just Home service. These services, located at or nearby the MRCC, collaborate to provide support and referral to some of the most vulnerable community members who may be experiencing significant and complex issues such as unemployment, homelessness, and challenges/issues with mental health and alcohol and other drugs. The MRCC and Just Home service is a vital service and is often the first point of call for community members seeking support and information. While the MRCC provides emergency relief and support for vulnerable people, MRCC staff noted that it does not have dedicated funding to undertake this role.

[2] Gröne O, Garcia-Barbero M. Integrated care. International Journal of Integrated Care. 2001;1(2):None. Retrieved 10th June : http://doi.org/10.5334/ijic.28

The Just Home Housing Officer will often have initial contact with vulnerable community members when they present at MRCC for assistance. After building trust and rapport, the housing officer can act as a referring agent to services such as: South West Advocacy; GPds primary mental health service; St John of God Bunbury's South West Community Alcohol and Drug service counselling; and / or support people to make a GP appointment.

The MRCC is also a hub for services for children and families including community allied health (occupational therapy, physiotherapy, speech therapy, dietician and social work). GPds Integrated Primary Mental Health Service and South West Counselling for children and family counselling service also provide service from the MRCC.

Youth Services

During the consultation Margaret River High School Student Services team were identified as demonstrating a strong level of service integration where multiple services are provided from the school site.This service integration is characterised by referral pathways and shared co-ordinated care for at-risk youth between Youth Care, Youth Focus, Community School Health, School Psychology Services and education staff. The student support services team via Youth Care also has strong links with many community services such as Margaret River Rotary, Lions Club of Margaret River, MRCC, St Vincent De Paul and various church groups. The links support vulnerable and or at-risk students and families.

MR Student Services team representatives are also members of the Youth Stakeholders Group which is chaired by the AMR Shire. This group further strengthens partnerships within the AMR. Lamp Inc., Community Youth Mental Health and other youth service agencies are members of this group, that report a strong commitment to collaboration and partnership in supporting young people and youth projects in AMR.

> *"We are isolated and find we have to work with what we have in the community and get community people to help, we have a community which want to help, and not rely on expert psychological responses rather than forge connections and relationships."- Member of youth stakeholder group*

The *"need for a more cross sectoral approach to youth mental health and for innovation in this space"* was raised during the consultation process, and activity to enable services to discuss and respond to place-based issues with specific programs where local knowledge was used was suggested. The Youth Stakeholder Group was formed two years ago and there is great potential for innovative programs to support mental health and community resilience via this network.

Lamp Inc. operates a youth service two afternoons per week from the Margaret River Youth Precinct Zone Room and three days per week during school holiday periods. Established and funded by the AMR Shire, the program is funded until October 2019 with provision for the service to continue for a further 12 months. The program aims to provide support, connectivity and referral to mental health support for young people.

The program operates as a drop-in service with one to one youth worker support as well as opportunities for group activities for young people in the 12 to 25 year age bracket.

In addition, a Friday night program operates at the Margaret River Youth Precinct, Zone Room for at risk youth (indigenous and non-indigenous young men) called 'Yeah the boys'. The program, funded by a small grant, is run on a volunteer basis. Feedback about the program is that it has a high level of engagement from at-risk youth with up to 15 young men attending. However, support is required to develop partnerships to ensure funding sustainability of this program into the future.

Augusta Community Resource Centre

The Community Resources Centre (CRC) in Augusta is a vibrant and active community centre, and provides support and internet access for community members. The CRC provides events for children, families and communities over school holidays and supports networking for women in business. The CRC also actively seeks partnerships to improve community access to services, such as providing a venue for the Yoga for Pain initiative to support community members' to self-manage chronic musculoskeletal conditions. The CRC has expressed a commitment to match its activities and services to community need and is interested in responding to the anecdotally reported changing demographic of the community with an increase in families in the Karridale and Augusta region.

The CRC also has strong partnerships with various volunteer groups such as the Country Women's Association, Leeuwin Lions, Augusta Men's Shed and the local Bendigo bank. These relationships support the CRC to host a range of community events, which promote connection and well-being, and business development.

7.2.2 Service integration challenges

This section outlines the service integration challenges present in the AMR health and community services sector.

Challenges in service delivery models, funding and location

A challenge for NGOs and government agencies delivering services from larger regional cities to smaller town is to have and maintain sound knowledge and understanding of local context and the communities they serve, so that their service delivery can be tailored to community's strengths, to meet the needs of the local population and respond to community needs.

Short term funding cycles creates uncertainty for health and community service agencies and the communities they service. Funding uncertainty leads to challenges in staff retention, difficulty in providing service continuity; a lack of consumer confidence and buy in and knowledge of services due to the changing nature of services available.

During the consultations, NGOs discussed how short funding cycles meant services were limited in their capacity to plan and respond to local need and or sustain service delivery in an ongoing way. The challenge of funding cycles was also acknowledged at various network meetings as a barrier for both government agencies and NGOs considering expansion into the AMR and south west region.

A key issue impacting on service delivery identified by service providers was their ability to find a suitable location to deliver services where staff were not working in isolation. NGOs reported that it was difficult to find a location to provide service from and that costs were prohibitive, *"rents prevent services being sustainable in Margaret River".*

Increasing client complexity

Service providers who have worked in the sector in AMR for several years report anecdotally an increase in complexity in clients they provide services to. It was reported that clients are increasingly facing multiple complex needs such as mental health concerns, substance use, poverty and economic and housing insecurity, and chronic health conditions. The AMR Shire maintains it should be a requirement of health services to review their capabilities to appropriately respond when communities are suffering from collective trauma resulting from a significant critical incident. The Shire sees this as essential for key agencies to provide a holistic localised service and response, that meets the needs of the community and that is done in partnership with key stakeholders.

Support needs for local general practitioners in responding to mental health concerns.

The consultation process highlighted that GPs require greater support to respond to mental health concerns and to navigate the mental health sector. GPs reported that it is challenging to be across which service providers are available in town and keep up with the growth of new private providers particularly in the mental health and disability sector. Service providers reported a desire to improve communication and feedback to and from GPs. Service providers also advised they would like to know if GPs had a special area of interest such as mental health, AOD and grief, death and dying so they could advise their clients.

The Lishman Mental Health and Wellbeing report stated the 'capacity of GPs in relation to mental health needs to be strengthened'. This sentiment was echoed in the consultations for this project; service providers also reported a need for this to occur so that GPs can better respond to clients presenting with mental health concerns including referring the client to others as their condition requires.

The Response, Recovery, Resilience AMR (RRRAMR) working group reported that post the Osmington event they had received community feedback that people did not believe a visit to the GP would assist and that some people advised they did not get the support they were seeking from their GP. The Red Cross, who provided support post the Osmington event, reported this feedback was consistent with reports from other communities that had experienced disasters/tragedies. During the project the Red Cross noted the need for GPs to have greater access to training to be able to provide adequate psychological first aid to people seeking support post natural disasters and significant trauma.

"GPs need more education about what services are available and how to access these, this is an ongoing need.'" – community service provider

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AMR has experienced significant disasters in recent decades with the 2011 Margaret River Bushfires and the 1996 Gracetown cliff collapse. GPs have the potential to be key players during disasters both at the time and in the following recovery period.

Dr Penny Burns who is completing a PhD in the role of GPs in disaster management reasons, *'GPs are the eyes and the ears of the community when disasters happen, and yet we're not linked in to what happens with emergency response….' To me, the real role of the GP is in that long-term recovery: we are frontline, comprehensive, do mental and physical health and we're there for the long term, for the families and the community.'* [3]

In response to the concerns raised by service providers and GPs about the challenge of maintaining current knowledge of services and how to access mental health support, the CPO and GPds provided information to GPs about the mental health services available during practice visits. The information consisted of mental health referral pathways (Appendix 8) and a list of available counselling, therapy and mental health services (Appendix 9). The CPO also liaised with the Red Cross about the possibility of providing a short course on 'communication in crisis' for local GPs.

A health and community Directory would support GPs' access to information and referral criteria about services available in AMR. Assistance could also be sourced through the use of HealthPathways WA[4], however further work is required to contextualise the pathways to be of greater use to clinicians working in AMR and the SW; and to promote their use. HealthPathways is web-based information portal supporting primary care clinicians to plan patient care through primary, community and secondary health care systems within Western Australia. It is like a 'care map', so that all members of a health care team – whether they work in a hospital or the community – can be on the same page when it comes to looking after a particular person.

HealthPathways is designed to be used at the point of care, primarily for General Practitioners but is also available to Hospital Specialists, Nurses, Allied Health and other Health Professionals within Western Australia.

7.3 Public transport

Another key theme, which emerged from the consultation process, was the challenge for the community to access appointments due to limited access to public transport. The lack of public transport is a significant barrier to people accessing health and community services and was identified as a clear gap in local services. There is limited public transport in Augusta, Cowaramup and Margaret River.

> "*Distance and service provision are key issues for the disadvantaged. Although 'ensuring regions have the same access to services as metropolitan population' is one of the key tenets of the Department for Regional Development, the practical implication of this for AMR residents frequently involves journeys to larger regional centres such as Bunbury and Busselton. This compounds the level of disadvantage especially for young,*

[3] Swannell, K. (2019) When disaster strikes, GPs are frontline Medical Journal of Australiare, Retrieved 10th June 2019 https://www.mja.com.au/journal/2019/210/7/when-disaster-strikes-gps-are-frontline

[4] https://wa.healthpathways.org.au/LoginFiles/Logon.aspx?ReturnUrl=%2f

elderly and disabled who often do not have their own vehicles (or licences) and do not have ready access to public transport." [5]

Transport connecting town sites within the region and people with the larger regional centres (Busselton and Bunbury) are limited and costly. An adult bus fare from Margaret River to Busselton return costs $28. In addition, the timing of the service (departs at 6.45am for Busselton and returns at 4.45pm) means that the service is not always a viable option for people to access appointments due to other commitments.

"Transport is expensive by bus and the timetables mean you have to go for the whole day which is not feasible for people if they have families, or work commitments or lack of funds" – Community service provider

Service providers reiterated that the lack of transport reduced or limited AMR community member access to specialist domestic violence and sexual abuse services such as Warratah, which is also located in Busselton and Bunbury. It is challenging for parents with children and or people who are working, to access the time and manage family commitments in order to travel for regular appointments and or treatment.

Service providers also reported the lack of transport as a barrier to accessing mental health services for children and young people such as headspace and the Child and Adolescent Mental Health Service (CAMHS) which are both located in Busselton.

"Families are unable to travel to Busselton there needs to be more outreach and or home visiting services. It is difficult for families with complex needs, poverty and a chaotic lifestyle to make appointments in Busselton so young people do not access services." – Health service provider

"We need to remove barriers to get young people to engage in mental health services."- Community Health service provider

Correspondingly, service providers reported it was a challenge for people within AMR who do not drive to reach health appointments. Community members with chronic and complex conditions may have up to three appointments per week with various agencies, using taxi services to travel to appointments creates significant drain on their weekly budget. This issue is magnified where a person has a low income. An additional challenge faced by people living in AMR was that at peak tourism times it can be hard to get a taxi, with some people reported tohave had to wait up to two hours to return home after an appointment.

[5] Burke, G & Stocker, L (2018) Tackling Disadvantage & Inequality through the

Consultation participants also spoke about how young people without a motor vehicle licence struggled to find work in the region due to lack of transport and that this contributed to mental health concerns. It was noted that young people may struggle to reach the required supervised hours to gain their license if they do not have a network of support to achieve this.

Service providers suggested exploring the potential of the Ryde program, or similar, in the AMR. The program has recently been established in Busselton with initial feedback being positive.

> *'Many young people find it difficult to complete the 50 hours of driving experience now required for a Western Australian Driver's License. This might be because they haven't got access to an appropriate vehicle, or a qualified person to spend all of those hours in the passenger seat. The RYDE program will connect Learner Drivers with Volunteer Mentors and a Program vehicle, so that they can get their License'*[6]

Service providers report the lack of transport options also affects community members' ability to access legal advice, and access family mediation provided by Relationships Australia and the impact of this on mental health and well being. Providers advised if community members were able travel to Busselton or Bunbury more timely access could be achieved.

7.4 Mental health and Alcohol and other Drug (AOD) services

7.4.1 Integration of mental health services

Several key service integration challenges and opportunities within the mental health and AOD sector were identified during the consultation process. Consultation participants identified that services were not always joined up, were not always consumer focused, and that the system was difficult to navigate.

The opportunities identified included:

- Increased joined up care (integration) between mental health care and AOD providers across the NGOs, and private and public services;
- Increased integration between clinical and non-clinical support services, so that greater 'wrap around' support was provided;
- Increasing access to low cost or free mental health and AOD providers/services particularly for young people;
- Stronger relationships and partnerships between the rural areas of AMR such as Karridale, Scott River and Augusta and mental health and AOD care providers;
- Strengthening local support for mental health presentations at Margaret River Hospital (consult-liaison position or psychiatric liaison nurse);

[6] Retrieved from https://ryde.org.au/what

- Increasing mental health and AOD literacy of the community and reducing the stigma around accessing mental health and AOD support particularly in the rural farming areas; and
- Implementing strategies with a focus on addressing mental health and AOD concerns present in Fly in and Fly out (FIFO) workforce and their families.

As discussed, earlier service providers reported there was lack of knowledge in the community and amongst health professionals about the mental health and AOD services available in AMR. There was also a lack of knowledge about what type of service was being offered, what the referral criteria was and how to access these services, where they are located, and when they are available. Margaret River hospital staff reported a lack of understanding of what was in available in AMR outside of the public sector and the need to better connect with those services. We (the hospital*) "need to know what skill set is out there in private practice and have a greater interface between private providers and the public sector."* Service providers and local GPs reiterated difficulty in navigating the complex mental health system.

The recently released Western Australian Government Sustainable Health Review acknowledged that the '*The WA mental health system is convoluted, with multiple providers at a Commonwealth, State and local level. This system is funding-centred, rather than people-centred, and the needs of people have been lost in these confusing arrangements."*[7] This quote describes the challenges present at a local level in AMR where there aremany providers across the government, NGO and private sector with different funding arrangements.

A lack of integration between private providers, NGOs and government services was highlighted throughout this project. Consultation participants reported that when people present at Margaret River Hospital Emergency Department with mental health or AOD related concerns or in crisis, the hospital does not have access to their mental health history. The hospital may not know if the person has been or is being treated by a private provider or NGO.

The mental health system is difficult for consumers, health professionals and GPs to navigate. GPs reported they would benefit from support to ensure the information on available mental health services remains current. The GPs also identified the need for support in making decisions as to which service would be the best fit for their client.

> "*The interface between private and public sector need to improve and have increased partnerships to help hospital staff better respond when people present in Emergency Department seeking support during mental health crisis." – Margaret River Hospital Staff Member*

[7] Sustainable Health Review. (2019). Sustainable Health Review: Final Report to the Western Australian Government. Department of Health, Western Australia.

As previously mentioned, as part of the project a resource list was developed for GPs and other health and community providers outlining the counselling and mental health services available in the region to respond to these challenges. (Appendix 9)

At the time of the project there were 26 private mental health service providers located in the Margaret River town site. These providers work as sole practitioners or in small collectives at local clinics. Private providers who are registered with the Better Access for Mental Health Scheme charge a Medicare gap payment for people to access mental health services.

The Medicare gap payment averaged from $80 to $100 and was reported as being a significant barrier to people accessing mental health care, particularly for youth or for people with insecure employment. Private providers report they are increasingly asked by GPs to bulk bill or provide a reduced gap payment. Private providers noted that reducing the gap payment increases pressure on operational costs of their businesses. Many private providers do offer a sliding financial hardship scale based on an individual's or family's circumstances.

There are several low cost / free mental health and support services provided by the NGO sector in AMR, however, some of these services report low referral rates. GPs have a strong history of referral pathways to the private sector. Some NGOs advised if the referral rates increased, they would be able to respond to increased demand for services in the AMR and plan towards having a greater presence in AMR. Consistent with the Lishman Health Foundation's AMR Mental Health and Wellbeing Report, this project's consultation participants reported that referrals were '*related to personal relationships between professionals because of the lack of knowledge of the broader system and access and referral criteria.'* [8]

The short funding cycles experienced by NGOs is thought to influence GP referral patterns, as GPs are uncertain of which NGOs are available to provide mental health services in an ongoing manner.

Throughout the project, the lack of connection and integration between clinical and non-clinical services was identified as an issue. A stepped care approach to mental health service delivery could be further strengthened in the AMR by improving the connection and integration between GPs, mental health service providers, private practitioners and community peer support groups. There are several peer support groups in the Margaret River region, which are outlined in the community peer support section of this report.

7.4.2 Mental Health Literacy

Another key theme which emerged during the consultation process, was the need to increase mental health literacy of GPs, health and community service providers and community members. Service providers and community members reported a reluctance by community members to visiti the GP to access support for mental health issues, as they believed their issues would be medicalised. It was noted that the lack of mental health literacy meant that optimal mental health and prevention of mental health issues is not achieved. Health service providers attributed the lack of help seeking from a GP for mental health concerns as relating to mental health stigma in

[8] Considine, R, Dalton.H, Perkins., Powell.D. Mental Health and Wellbeing in the Shire of Augusta Margaret River. Prepared for the Lishman Foundation by Centre for Rural and Remote Mental Health April 2019.

the community and a lack of knowledge of the benefit of counselling, therapy and other mental health treatment options.

A lack of awareness of the scope of the GP role and recognition of potential benefits of social prescribing[9] and health promotion could also contribute to the lack of help seeking from the GPs as highlighted by this comment: *"if people don't need drugs, and don't want psychology then what is the point of visiting a GP".*

The Lishman Health Foundation's AMR Mental Health and Wellbeing Report also commented on the community mental health literacy.

> " Whilst the levels of awareness of mental health, mental illness, suicide and contributing factors have increased it was perceived there will still be significant gaps in the community. In particular there were concerns that there was a lack of understanding of early signs of mental illness, how to access referral pathways to care."[10]

7.4.3 Mental health service provision to rural and farming regions in AMR.

Service providers reported that they were unsure of the mental health needs in the more rural areas of the AMR (Rosebrook, Karridale, Scott River, East Augusta and Augusta) and also highlighted the challenges in providing outreach to these regions within their current resourcing. Community peer support groups report these regions have been impacted by suicide and the Osmington tragedy in recent years. The leaders of these groups also report the significant stigma around mental health and seeking mental health support.

Peer support groups reported that farmers are under increased stress and pressure due to the challenges of modern day farming, such as: pressure on the dairy industry; responding to climate change; and recent vegan activism. Currently there is no outreach to these farming communities by service providers. A peer support group called the Scott River Open the Gate Group recently raised significant funds at a charity ball to support mental health awareness and education in the communities of Karridale, Scott River and Augusta. Members Scott River Open the Gate Group report that the lack of mobile coverage and internet (satellite only) means that community members are limited in accessing mental health services which are provided via videoconference or mental health support sites online.

Consultation participants highlighted the opportunity for community and provider partnerships to create a place-based response to the mental health concerns of these rural communities and support suicide prevention strategies.

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[9] "*Social prescribing (sometimes referred to as non-medical prescribing or community referral) is a relatively new concept, developed as an innovative way to move beyond the medical model and to address the wider social determinants of health. Social prescribing enables GPs and allied health care professionals to refer patients, whose health or mental health is affected by non-medical factors such as housing, financial stress, health literacy, loneliness or social exclusion, to a range of community services that can deal with these issues".* https://insightplus.mja.com.au/2019/7/social-prescribing-linking-patients-with-non-medical-support/

[10] Considine, R, Dalton.H, Perkins., Powell.D. Mental Health and Wellbeing in the Shire of Augusta Margaret River. Prepared for the Lishman Foundation by Centre for Rural and Remote Mental Health April 2019.

7.4.4 Mental health concerns for Fly in Fly Out (FIFO) workers and their families.

Service providers identified that many of their clients are FIFO workers or that they have a FIFO worker in the family. Service providers reported that the nature of FIFO work impacts parenting routines and contributes to increased stress in family systems, and that mental health issues and substance use reduces opportunities for community connectedness. Service providers also report that FIFO life structure can create further challenges in people accessing health and mental health care when required.

> *"Often people move to Margaret River with no extended family support, then the husband works away FIFO and this compounds people experience mental health concerns and can lead to alcohol and drug abuse"- Health service professional*

The Lishman Health Foundation's AMR Mental Health and Wellbeing report outlined how relationship breakdown was perceived to be more common in FIFO families and that the downturn in the economy had significant impact on these families with an increased level of stress and distress.

A WA Mental Health Commission report released in September 2018 identifies the impact of FIFO work arrangements on the mental health and well-being of FIFO workers. There is "greater risk of mental ill health amongst those workers operating under FIFO work arrangements."[11] The report also found that psychological distress of FIFO workers was significantly higher in compared to their counterparts that do not work FIFO. The report detailed how risky alcohol and drug use are risk factors for suicide and that these factors were present in the FIFO sample. "FIFO workers have a demographic profile (gender, age, education, job role) in which suicide likelihood is greater, while also reporting feelings of loneliness, stigma, bullying and perceived lack of autonomy." The report suggests that FIFO workers are likely to be at greater risk of suicide.

There is an opportunity to explore partnerships as to how best to support the mental health of FIFO workers and their families in the region.

7.5 Disability Services

7.5.1 Identified key challenges impacting on access to Disability Services

Three consistent areas of concern relating to disability services were identified during the consultation process:

- Transition from the WA National Disability Insurance Scheme (NDIS) to NDIS (National) and changes in local area coordination;
- Gap in service coordination support for people with NDIS plans in AMR; and
- Emerging gaps in service provision due to transition to NDIS.

There are significant changes occurring in the disability sector due to the transition from the WA Disability Insurance Scheme to the NDIS. The full impact of these

[11] Impact of FIFO work arrangements on the mental health and wellbeing of FIFO workforce (2018). Prepared for the Government of Western Australia Mental Health Commission by Centre for Transformative work design

changes is still to be realised. Consultation participants expressed uncertainty, reporting that existing NGOs may retract and or expand their services depending on the number of clients with NDIS funding who they provide service to. New services providers may set up in the region providing service coordination and provision for people with NDIS funded plans.

Applied Personnel Management (APM) has been awarded the tender to provide local area coordination and community capacity building in the disability sector in the south west. A new office opened Margaret River in May 2019. Service providers and community members report that community members have experienced significant stress and anxiety during this transition. There are concerns about not knowing how local area coordination will operate and be integrated with existing providers. All service providers that participated in the consultation process, expressed concern about the anxiety and distress of this change and the uncertainty it brings to people's lives. There have been significant delays in the roll-out of NDIS, which has further added to the level of anxiety experienced by people with disabilities and their carers/families. Service providers reported people with disability and or their carers now must engage with an increased number of service providers in order to manage their plan and funding which increases the likelihood of fragmented service provision.

Service providers reported that as part of the transition to the NDIS people living in AMR were required to have their plans reviewed or transitioned over the phone or travel to appointments in Busselton, which further created anxiety and stress. Consultation participants provided feedback that people have expressed a preference to receive services from local staff and build relationships of trust with service providers. Service providers are not funded to support people prior to a NDIS plan being in place.

Service providers expressed uncertainty as to what services people would be eligible to receive under the NDIS. One identified gap is access to services for clients with a significant psychosocial disability. Service providers have reported that clients who need support to stay well have been assessed as ineligible for service under the NDIS. This has been documented nationally as an emerging gap in service in the Mind the Gap: The National Disability Insurance Scheme and psychosocial disability Final report.[12]

Service providers also noted the amount of travel time funded for people living in rural and regional areas as another emerging gap with travel provisions not being extensive enough under the NDIS for rural areas. Service providers expressed concern that the NDIS service provision may not be able to be flexible and responsive to events in a person/families life, which may require increased support at times. As an example: increased support was required for families with children who have autism who were impacted by the Osmington tragedy. The Department of Communities was able to increase the level of support needed, however service providers expressed concern as to whether NDIS planners would be able to be as responsive to changes in need.

[12] Mind the Gap: The National Disability Insurance Scheme and psychosocial disability Final report Retrieved from http://sydney.edu.au/health-sciences/documents/mind-the-gap.pdf

Service providers advised that at the time of the consultation process there were limited services providing support coordination for people with NDIS plans in AMR. It was noted that while people have increased choice in who can provide services, when they decide to make changes handover between providers has not occurred.

Eligibility for the NDIS relies on medical diagnosis of disability and other allied health assessment of a person's functional impact and permanency of disability.

The level of paperwork required from GPs and the evidence required by clients to apply to the NDIS are seen to be barriers to access to support. In addition, consultation participants expressed concern about the timeliness of the assessment and notification process.

Another gap, identified by service providers and community members, was the need for increased support for parents with children with autism and other disabilities to help them manage the unique parenting challenges these conditions present. Currently there is a carers WA group which meets in Margaret River to provide support in this area. Service providers also reported the need for more community education to decrease the stigma associated with disability and to promote inclusivity in the region.

7.6 Aged Care services

Representatives from the Augusta and Margaret River Hospitals, Silver Chain, Alzheimer's WA, and WACHS provided Older Adult mental health services were consulted about aged care in the AMR.

Key challenges identified include:

- Changes in clinical service delivery due to the transition from Home and Community Care (HACC) funding to My Aged Care;
- Access to residential aged care beds within the AMR;
- Access to palliative care; and
- Loneliness and social isolation.

There is significant change in the delivery of clinical services in the aged care sector due to the transition from Home and Community Care (HACC) into My Aged Care. Service providers reported extensive waiting periods for people to access Commonwealth Home Support Packages (CHSPs) and Home Care packages (HCPs). These packages enable support services to keep people living in their own homes. It was reported that people may wait six to twelve months or longer for access to a package. Service providers report that this increases the demands and stress on non-paid carers and where people's health deteriorates without the required support at home it can lead to hospital admissions or nursing home admission. This feedback is consistent with recent transcripts in the Royal Commission into Aged Care Quality and Safety.

"The waiting times to which older Australians have been subjected in between being assessed as needing home care packages and actually receiving funding for care are severe and unacceptable. This has caused great suffering and continues to do so. The long waiting lists are cruel, unfair, disrespectful and discriminatory against older Australians. Community expectations would be that older Australians receive the care that they need without delay. At the highest level of need, being a level 4 package, as at 30 June 2018, the waiting time was

almost two years. The waiting time between assessment and the allocation of the funding must be reduced as closely as practicable to zero."[13]

A key theme which emerged during the consultation was the number of residential aged care beds available in the AMR. It was reported that a waitlist to local beds meant that community members were required move to facilities outside of their community and away from their spouses, family and community of support.

Lack of access to palliative care for people wishing to die at home was also identified during the consultation process as an issue within the AMR.

> *"Up to 70 per cent of Australians prefer to die at home – but currently in WA, 61 per cent of people were in hospital on the last day of their life.* [14]

This will be further explored in the report in the identified service gaps section of the report. It was noted that WACHS has established the South West Coastal Palliative Care Reference Group to provide a forum to strengthen relationships and improve systems and service integration in palliative care for the Coastal sites of Busselton, Margaret River and Augusta.

Loneliness and social isolation were also identified as key issues within the AMR during the consultation process. While it was noted that social isolation was not just experienced by older people, many older people living in AMR live by themselves, including some that live on rural properties. Service providers report that support is required for older people to remain connected to the community as a means to stay mentally and physically healthy.

Service providers reported the need to create opportunities for the older age group to connect with local schools and young people, should they wish to do so. The feedback acknowledged the large number of volunteer groups in AMR noting that participating in a community group might assist with decreasing social isolation. It was also noted that some community members including older people need support initially to join community groups. It was also recognised that many older people have experienced significant grief and loss and that that additional counselling support tailored for the older population could be beneficial.

The AMR Shire is currently facilitating a Dementia-Friendly Community project in partnership with Alzheimer's WA. This project aims to raise awareness and understanding around dementia and better support people living with dementia to remain in their community. This project will also provide training opportunities to the community about dementia and aims to provide information and education to GPs and

[13] Transcript of Proceedings IN THE MATTER OF THE ROYAL COMMISSION INTO AGED CARE QUALITY AND SAFETY (2019). Adelaide.
[14] Productivity Commission. Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services. Productivity Inquiry Report: No. 85. Canberra; 2017

health professionals to assist with identifying dementia early and improving access to dementia services.

7.7 Chronic care coordination

The consultation process also highlighted the need for greater care coordination and support for people with chronic conditions and other complex problems. There '*is a lack of support for people with chronic pain and chronic conditions'* in AMR.

Many people with mental health and AOD issues may also be diagnosed with a chronic condition or be leading a lifestyle which pre-disposes them to developing a chronic condition in the future. There is an opportunity to increase health promotion and illness prevention strategies in AMR.

GP down south provides the South West Integrated Chronic Disease Care (ICDC) Program funded by the Health Department of Australia via WAPHA. The ICDC program aims to improve health outcomes for the most socio-economically disadvantaged or otherwise eligible individuals living in the South West region who suffer from chronic health concerns such as diabetes, cardiology, respiratory or musculoskeletal conditions. The program provides care coordination and supports people to develop skills to better self-manage their condition/s.

One example of a successful approach to self-management is the GPds Yoga for Pain program, which were held in Augusta and Margaret River. One in five adult Australians experience chronic pain and within the SW region of WA, the rate of reported arthritis (23%) among the adult population is significantly higher than the state average.[15]

8.0 Reported needs

Several service needs were reported during the project. These are outlined in this section and relate to:

8.1 Alcohol and Drug rehabilitation and treatment
8.2 Crisis Accommodation/Homelessness
8.3 Family Domestic Violence
8.4 Access to low cost mental health care for Youth
8.5 Palliative Care
8.6 Suicide Prevention
8.7 Identified need for Community Social worker role
8.8 Suicide prevention services.
8.8 LGBTQI
8.9 Survey Monkey results perception of gaps in services

8.1 Alcohol and other drug rehabilitation and treatment services

A key service gap identified during the project was access to AOD counselling and treatment services. Service providers and community members report that there are waiting times to access AOD counselling in Margaret River. At the time of the consultation process, it was reported that there was a six to eight week wait for counselling services, and the capacity to provide regular counselling was limited.

15 http://www.wacountry.health.wa.gov.au/fileadmin/sections/publications/Publications_by_topic_type/Reports_and_Profiles/South_West_Health_Profile_2018.pdf

The South West Community Alcohol and Drug Service (SWCADS) provided by St John of God Bunbury provides counselling services on Thursdays in Margaret River. It was reported that due to the limited time service staff are in Margaret River (one day per week) it was difficult to develop and maintain interagency networks and partnerships.

Community members can travel to Busselton or Bunbury if they wish to access counselling sooner, however travelling to access services was noted as a barrier, due to the cost and the time away from their community. In addition, some clients may also have lost their licences due to driving under the influence.

The employment sector reported that substance abuse was a contributing factor in community members not being able to sustain or gain employment. An increased presence of AOD services within the AMR would support better care coordination and service integration with GPs, Augusta and Margaret River hospitals and youth service providers and further develop partnerships with mental health service providers.

Feedback received noted that GPs are able admit patients to hospital for low-level three-day detoxification treatment. However, there is a lack of post-discharge services to support the patient recovery and prevent relapse. Service providers cited a need for comprehensive post rehabilitation service in the lower south west for people who may have attended rehabilitation programs outside of the region. Service providers also identified the lack of access to a local residential rehabilitation facility an issue for people living in the AMR.

> *"need local rehabilitation facility for alcohol and other Alcohol and other drug use.' - Community Service provider*

Most referrals received by SWCADS for counselling in Margaret River are for alcohol abuse. It was reported that a contributing factor to the high rates of alcohol use could be due to local cultural factors within the hospitality, wine and tourism industry with normalise drinking behaviours. Feedback received included it is culturally sanctioned to drink 'a bottle of good wine'. Other service providers reported education for the community is needed about alcohol related harm and risk-taking behaviour including risky (binge) drinking and driving. The Lishman Health Foundation's AMR Mental Health and Well-being report also acknowledged the use of marijuana was normalised in AMR and that 'high levels of risky alcohol use were a key feature of life in the shire.'

The south west region has significantly higher rates of people who are consuming alcohol at levels considered to be at high risk to their health. The 2017 Primary Health Network Needs Assessment reported the Augusta Margaret River Busselton (SA3)*[16] area had over 20% higher per capital alcohol consumption by estimated service population than the national and state averages in 2011/2012.

[16] Statistical Areas Level 3 (SA3s) are geographical areas for Census data collection in 2016 to enable the collection of data at a regional level.

The National Drug Research Institute Data project examines national alcohol sales. In 2011/2012 the consumption rate for the Augusta Margaret River Busselton SA3 area was 14.24 litres of alcohol sold per person. The WA average consumption rate was 11.94 litres per person. [17]

The WAPHA Country PHN Needs Assessment also reports that *'excessive alcohol consumption increases the risk of some health conditions, including coronary heart disease, stroke, high blood pressure, and liver and pancreatic disease. It also increases the risk of violence and anti-social behaviour, accidents and mental illness'*.[18] It is critical that substance abuse is addressed within the AMR Shire as a public health priority, this presents a significant cultural challenge for the community where substance use is normalised.

The recently released Sustainable Health Review found that '*family and domestic violence is a major public health and social concern, with women being at most risk'*[19] It is estimated that one in four women have experienced family and domestic violence in Australia. While there are many factors that contribute to family and domestic violence, considerable research suggests alcohol is a significant factor in intimate partner violence.[20] In 2011/2012 in Western Australia more than half of almost half of all domestic assaults were alcohol related.[21]

The AMR Shire has an active role in facilitating a Liquor Forum with local liquor licensees and WA Police (WAPOL) every quarter, and a Local Drug Action Group (LDAG). LDAG Margaret River aims to raise awareness and act to reduce and prevent alcohol and other drug related harm. A key to the success of any future strategies to decrease the use of AOD would be engagement with the LDAG and promotion of its work in the community to attract more members.

8.2 Crisis Accommodation and Homelessness

Service providers and community members report that the absence of crisis accommodation available within AMR. A key theme during the consultation process was the need for crisis and low cost accommodation as *"women and young people have nowhere safe to go"* if they need to leave family and domestic violence situations. Feedback received highlighted that rental and mortgage pressure contributed to mental health concerns, substance abuse, and the ability to maintain employment which can contribute to homelessness.

In response to identified issues the AMR Shire developed an Affordable Housing Strategy in 2016 and Homelessness Policy in 2017 which included three years of funding for Just Home to employ a local Housing Advocacy Officer.

[17] National alcohol sales data report, 2016 retrieved http://ndri.curtin.edu.au/NDRI/media/documents/nasdp/nasdp005.pdf)
[18] WAPHA PHN?
[19] ANROWS. Rates of violence against women and men since the age of 15. Senate Finance and Public Administration References Committee. Domestic Violence in Australia. Senate of Australia; Canberra, 2014. Retrieved from: https://dh2wpaq0gtxwe.cloudfront. net/s3fs-public/Key per cent20statistics per cent20- per cent20all.pdf
[20] Retrieved from https://aic.gov.au/publications/rip/rip07
[21] Retrieved from In Western Australia more than half of all domestic assaults are alcohol related.

Service providers and community members reported that homelessness is a significant issue in AMR and employment sector service providers reported insecure housing being a barrier to seeking work.

> *"Homelessness is a major issue. People may have their Centrelink payments cut or paying back debts then not have enough food for rental or accommodation, this leads to increases in mental health issues such as depression and anxiety. Then this means they live on the streets or in cars or couch surf and this cause social problems for the community' – Community Service provider*
>
> *" People live rough in the bush and in cars. No crisis accommodation for our most vulnerable people' Community Service provider*
>
> *"There used to be options of supporting young people to camp over summer period however now the caravan parks are full or it is too expensive to do this." Youth service provider*
>
> *"People with chronic medical conditions, rentals may go up then people can't afford housing, can't maintain rent and end up homeless' Health service provider*

At the time of consultations three people were sleeping in their cars at the MRCC due to the lack of crisis or short-term accommodation services. The MRCC provides some support to people experiencing homelessness in terms of access to a shower and washing machine and connecting people with services such as Just Home Margaret River Inc.

Just Home provides support for individuals and families with the experience of homelessness and acts as a referral service to other agencies. A recent Just Home annual report highlighted a waitlist of eight years to access public housing in AMR. The report stated there is '*no crisis, emergency or public housing for our clients and private rentals are too expensive*'[22]. It was also reported during the project that the needs of the client group were complex requiring increased resources.

8.3 Family domestic violence services

In addition to the lack of emergency and crisis accommodation for both women, young people and families leaving family domestic violence, service providers and community members report a lack of family domestic violence services in AMR. Family and domestic violence is a significant issue in Australia and the leading cause of death and injury in women under 45 years of age, with one woman murdered by her current or former partner every week. [23] [24]

[22] Margaret River Just Home Inc Annual report 2018

[23] Australian Bureau of Statistics Personal Safety Survey (2016) Retrieved from https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4906.0Main+Features100002016

[24] World Health Organization. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva; 2013

There are limited programs, which support women, young people and children that experience and or witness family domestic violence in AMR and no specific specialist services in domestic family violence in AMR.

> *The clients I have seen some do not have access to a vehicle and even if they do travelling for support services can be impossible. Part of domestic violence dynamic is power and control. This means many victims have no access to money, for some victims their odometer is monitored and regular trips to Busselton would be noticed"- Health Service Provider*

Warratah in Busselton is the closest service providing specialist counselling for family domestic violence, but it is not accessible to many vulnerable women and young people due the cost of travel and time required to access the support. During the consultation process peer support groups identified that women do not know who to go to for support or how to plan to leave a relationship and therefore stay in the relationship and are exposed to further family domestic violence. Peer support group members also spoke of the taboo in speaking up and out about experiences of physical and emotional abuse in small towns due to fear of judgement and lack of support options.

> *"'There needs to be crisis accommodation for young people who need to leave home early due to family domestic violence"- Community Service provider*

Service providers report this lack of crisis accommodation means women may not access the support they need or leave relationships where there is family domestic violence present.

> *"There is no crisis accommodation, this means in emergency situations there are no places for women to seek refuge in Margaret River."-Health Service provider*

Leaving their home and relationship may mean leaving their home community where they may have support and also disrupt their children's lives if they attend local schools. Service providers also report that women do not have access to services which could help women develop a safety plan when deciding to leave a relationship where family domestic violence is present and the challenges in creating safety plans for women living in rural and isolated areas. The following quotes outline the feedback received during the consultation process including the need for specialist support and training for health workers.

"Family and domestic violence victims need specialised and ongoing support that generalised counselling and mental health services aren't designed or equipped to cater for. Too often regional services are amalgamated into one and this can work in some situations but due to the nature of Family Domestic Violence it requires a specialised intervention.'- Community Service Provider

"The workers need specific and ongoing training and support. We need to be aware that when we get this intervention wrong the outcome can be serious injury or death to the victim, children and support workers. When a person's isolation increases, so does the risk of death. A person physically living rural, regional or remote and away from family supports and friends is at an even higher risk than one living in a city. This high risk translates into more serious physical harm and injury.".- Community Service provider

Legal services in Bunbury have also reported an increase in women from the south west region Culturally and Linguistically Diverse (CALD) community seeking legal advice about their rights if they were to leave their relationship where there is domestic violence. This population is especially vulnerable given their lack of secure income, lack of access to services under Medicare (depending on visa status) and reported lack of knowledge about health and support services.

Service providers and community peer support groups spoke about the need for women to come together as a collective to discuss and support women experiencing family domestic violence and to speak up about the experience of family domestic violence in AMR.

Breaking the silence, which supports women who may be experiencing abuse in rural and remote regional Australia, have recently been funded to trial their web-based services in ten (10) WA local government areas. AMR was not included in this trial however, this could be explored as an avenue of additional support for women living in AMR. Breaking the silence acknowledges women in rural and regional communities who experience family and domestic violence 'face additional challenges in relation to their geographical location, and the cultural and social characteristics of living in small communities.' They also acknowledge that women may find it difficult to access support as services may know both the victim and perpetrator of violence.

8.4 Access to low cost mental health care for young people.

A key theme, which emerged during the consultation process, was the need for access to low cost mental health services for children and young people. There are a number of providers in youth mental health and wellbeing, which provide free or low cost services in Margaret River such as Lamp Inc., Youth Focus, GPds and South West Counselling as well as a range of private providers, which offer a lower Medicare gap payment. This identified gap in services could also be indicative of the need for more information on the available services and referral options for children and young people with mental health concerns in the AMR.

Mental health service providers reported the financial, time and opportunity costs were significant barriers to accessing specialist mental health services (CAMHS or headspace) in Busselton and prevented children and young people with complex mental health needs and family systems from seeking help.

Service providers working in the youth sector reported a need for better care coordination locally, which included GPs for youth at risk of suicide and youth with complex needs. The commitment to establish a headspace satellite service in Margaret River by the Commonwealth Government was welcomed by service providers as it is believed that the service would help resolve some of the access issues associated with travel and gap payments for youth seeking help. The community and service providers are awaiting further information on the new headspace service.

> *"There should be a headspace in Margaret River, so young people could walk into a headspace and have support with no cost."- Health Service provider*

8.5 Palliative Care

The Sustainable Health Review (SHR) reported, 'up to 70 per cent of Australians prefer to die at home – but currently in WA, 61 per cent of people were in hospital on the last day of their life.'[25] [26] Consistent with the SHR, service providers and community members noted the opportunity to increase the number of people dying at home, should they wish to do so. There were considerable conversations among both health professionals and community members about how palliative care services can be improved in the AMR with discussion about the need to improve support particularly for people aged 65 years and younger who wish to die at home.

A local community group Transition Margaret River held a public meeting on 'death and dying' recently and over 50 people attended the initial meeting. There are now over 60 people in the group. From this group a subgroup for 'palliative care' has been formed to explore ways that communities respond to the gaps in palliative care to assist people to die at home. The lead for this group recently visited Albany to learn more about, the Compassionate Community's project. The project is being delivered in partnership by WAPHA and the City of Albany. Compassionate Communities is a whole of community approach to increasing awareness of end of life and bereavement and empowering people to live and die well, at home where possible, should they choose to do so.

Within the south west:

- The South West Compassionate Communities Network launched on 8 August 2018, is working to improve death literacy and support for people that are bereaved, dying or caring for some that is dying.

[25] Sustainable Health Review. (2019). Sustainable Health Review: Final Report to the Western Australian Government. Department of Health, Western Australia.

This network with health partners is seeking research funds to implement and evaluate a compassionate community approach to palliative care in Bunbury. It is hoped that this initiative will assist in measuring the client, family and health system benefits of this model, so that the approach can be expanded to other areas within the south west and country WA.

- A workshop was held on 30 May 2019 to commence the development of a SW Palliative Care Strategy

There is a high level of community interest in palliative care in the AMR and a strong potential to develop local strategies to increase access to palliative care.

8.6 Suicide Prevention

The Mental Health Commission reports that suicide is the main cause of preventable deaths for 15-24 year olds and globally for every suicide, there are approximately 20 suicide attempts[27]. The Australian standardised rate (ASR) for deaths from suicide and self-inflicted injuries for people aged 0-74 years for the period 2011-2015 for AMR was 17.9 per 100,000, which higher than the national and state rates of 13.6/100,00 and (16.4/100,000 respectively. [28]

The suicide prevention coordinator at St John of God SWCADS is currently working to strengthen partnerships to build local capacity and support the delivery of suicide prevention training within the AMR, such as Gatekeeper and other programs for professionals and para professionals.

Community peer support group, Suicide Prevention Margaret River, have identified a need for additional support for people who experienced the loss of a loved one to suicide (postvention services). The need for postvention services was identified a priority area in the survey by the local Community Health Network Group conducted which measured perceived gaps in services for AMR.

The Lishman Health Foundation sponsored Suicide Prevention project in 2016 involved the development of an on-line multi-media training program for GPs. The program provides education to assist GPs in suicide prevention. Prior to the training being developed the project found that:

- 75% of GPs had not undertaken suicide prevention training in the last three years
- fewer than 50% of GPs could identify early warning signs of suicidal intent, and
- fewer than 10% of GP's consider current inter-professional collaboration as adequate in the management of the suicidal patient.[29]

Data outlined in the Western Australian Suicide Prevention 2020 plan; together we can save lives Report, states that cannabis users are estimated to have ten times higher risk of suicide than non-users and that alcohol also compounds other risk factors for suicide. The reported normalisation of drug and alcohol use in the AMR would need to be addressed as part of any suicide prevention initiatives.

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[27] Suicide Prevention 2020: Together we can save lives. Government of Western Australia Mental health Commission.

[28] Australian Bureau of Statistics. Causes of Death, Australia, 2016. cat. no. 3303.0. Canberra; 2016 WA Government, 2019

[29] Retrieved https://lishmanhealthfoundation.org.au/suicide-prevention-module/

8.7 Identified need for Community Social worker role

Another need that emerged during the consultation was for a role in the community that supported people to access services. Service providers reported the need for a port of call for community members to access information and referrals and to stop people falling through the gaps and to prevent crisis. Stakeholders described this role as a "community social work" or "health navigator" role. Service providers believed this role could hold a knowledge base of what services are in the community and refer onto to the required services. Currently people seeking information are reported to attend the Margaret River Hospital reception looking for social support or present at the MRCC. The Department of Communities will commence a prototype of Local Communities Coordination. The role will be embedded in the local community of Margaret River and will work alongside individuals, families and community to build resilience and capacity. The role will relieve pressure on formal services through an evidence based, strengths based, early intervention approach. The role will complement, not duplicate existing services.

8.8 LGBTQI

Research in Australia and globally demonstrates that LGBTI people have poorer health outcomes than the general population because of the discrimination that they experience. In terms of mental health in particular, LGBTI people experience markedly higher levels of depression, anxiety, emotional distress and for some, self-harming and attempts of suicide.[30]

A recent survey completed by South West Counselling in 2018 identified that 65% of the LGBTQI young people that completed the survey reported a lack of support in the community. The survey reported a high number of young LGBTQI had experienced bullying online or in person due to their sexuality and gender identity. Service providers reported stories of young people who have used their services as having engaged in self-harm, experienced suicidal ideation and or attempted suicide and citing discrimination experienced in the community in relation to their sexuality and or gender expression as a contributing factor to their distress.

> *LGBTI people are at a higher risk of suicidal behaviours and have the highest rates of suicidality compared with any population in Australia.* [31]

A stakeholder reported that services "need to be more LGBTQI friendly places so when community members present they know these are safe places." A local peer support group for LGBTQI youth called Q-squad have formed in 2018 response to the need to support LGBTQI youth.

8.9 Survey Monkey results perception of gaps in services

A survey was circulated to the Community Health Network Group (membership of approximately 90 health and community service providers) and twenty responses were returned.

[30] Retrieved https://www.qip.com.au/standards/rainbow-tick-standards/
[31] https://mhaustralia.org/general/lgbtiq-and-suicide-prevention

Participants were asked about the top five perceived services gaps in AMR, which needed to be addressed in the community in the next five years.

The results are outlined in the graph in Figure 9. These results align with the findings of the consultation process. However, it is interesting to note that adult mental health is a perceived gap. There were many services identified in the AMR through this project, so this result could indicate that additional education/information is required on the services and how to access these services. It could also indicate the need for improved integration in the mental health sector.

1. Drug and Alcohol Services
2. Domestic and Family Violence
3. Adult Mental Health
4. Child and Youth Mental Health
5. Suicide Prevention Services

Please refer to the graph below which outlines the results of the survey monkey.

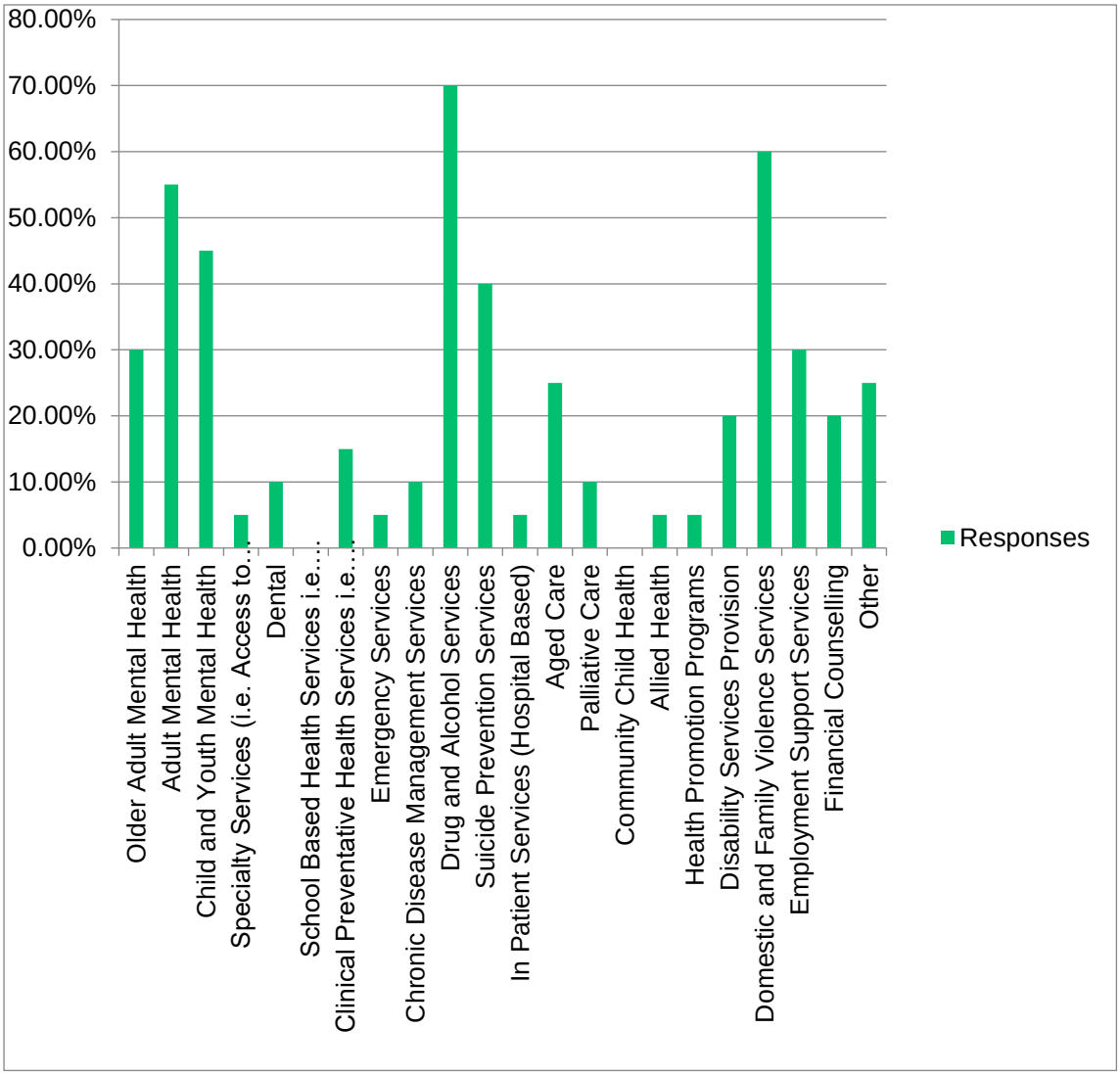

Figure 10: Perceived service gaps in AMR.

9.0Partnership and Networking

Partnerships are important for bringing together skills and resources for more effective health and community services. Partnerships through collaboration, co-located/shared resources and shared direction can increase the efficiency of systems and impact health outcomes.

9.1 Overview of findings.

Service providers identified multiple networks, groups and forums, which facilitated sharing of information and networking opportunities for health and community service providers. These networking groups and forums facilitate dialogue between, NGOs, local government and state government sectors.

Networking meetings are facilitated by the AMR Shire, City of Busselton or state government departments. Health and community service providers reported they attended the networks and forums, which were relevant to the agencies' core business and client group. Several other care coordination meetings such as Children and Risk (CAR) and the Family and Domestic Violence Coordinated Response Service (FDVCRS) interagency meeting are both held in both Busselton however were inclusive of AMR clients.

The Community Health Network Group organised and chaired by the AMR Shire is a key networking group, all members consulted valued this network greatly, and the opportunity to share information at this forum as well as the networking opportunity it provides. Members of the Community Health Network Group also attend the Vasse Human Services Alliance hosted by the City of Busselton.

> *"There is a benefit of the Community Network meeting is in connecting with likeminded people, letting people know what their work is and changes in services which is essential dur to the dynamic nature of the sector' Community Service Provider*

Service providers also reported that they felt networking could be strengthened and move beyond information sharing to establishing richer partnerships in service delivery. Service providers identified the need for higher-level strategic meetings specific to service delivery issues in Margaret River, which address the items raised at the Community Health Network Group meetings. The Community Alliance that is being established in response to the Lishman Foundations AMR Health and Wellbeing Report may assist in meeting this need.

There are limited opportunities for networking groups to meet with key community leaders and or community groups to network and share information about issues affecting community members. Future forums where clinical and non-clinical support services can exchange information may be useful for the sector and support the co-design and development of place-based services.

One example of health and community professionals and community leaders working together is the RRRAMR working group which developed a series of healing events in response to trauma community members have experienced over the past two decades. The RRRAMR group has been funded and facilitated by the AMR Shire.

The Community Access and Inclusion Reference Group (CAIRG) is another group where community members, groups and service providers come together to discuss access and inclusion in AMR. The disability sector reported the need to sustain and create further partnerships with local employers and businesses to promote the inclusion of people with disabilities in the workforce. Service providers reported these partnerships could be strengthened by providing education about inclusion to business networks in the region.

Service providers also reported they would like the Capes Early Years Network to be supported by the AMR Shire so it was representative of the capes region.

9.2 Barriers to partnerships

Several issues relating to establishing partnerships were identified by service providers. During consultations, some service providers commented they were unable to attend the network groups due to competing demands, or due to part-time work and their workday not falling on the meeting day. Those participants in the consultations who provide visiting services to the region reported it was challenging to travel to Margaret River to attend the meetings. Greater use of videoconferencing could be considered by the groups as a means to improve meeting attendance and decrease travel time.

Another barrier identified in the consultations was that NGOs are often not funded for partnership development activities and are often funded only for specific program delivery or individual case management. Time spent at network meetings can take away from resources to sustain core business activities. This funding model is a significant barrier to developing partnerships. Despite this many NGOs reported they strived to have a partnership focus to service delivery.

> *"NGO are funded to support individuals not for partnership development however we work to establish relationships across the community, which will benefit clients'- Community Service provider*

Another barrier to establishing partnerships in AMR identified during the consultation was the competition which exists in the sector for funding, this was observed to limit integration and opportunities for partnership.

10.0 Consultations with Peer Support Groups

There are several established and emerging peer support groups in the AMR. These peer support groups, place based in their aims, have been established by community members in response to issues affecting their communities, and community need Peer support groups support a variety of community members and promote connection and support.

They provide emotional support, practical information to community members and have an advocacy role in the community about issues, such as domestic violence. There are many volunteer and peer support groups within the AMR and supporting and building the capacity of these groups requires ongoing and significant resourcing.

Seven (7) peer support groups were consulted during this project and several key themes emerged. The following groups were consulted with during the project:

- Suicide Prevention Margaret River.
- Intercultural Action Group.
- GROW.
- Scott River Open the Gate to the conversation.
- Death and Dying- Palliative Care.
- Beyond Violence.
- Carers support group parents of children with autism.

10.1 Challenges facing peer support groups

During the consultations a clear need emerged for local peer support groups to have support to build their capacity and skills to meet the needs of the group and to achieve their aims. Leaders of peer support groups discussed a range of challenges including:

- Securing funding and fundraising.
- Governance.
- Strategic planning.
- Volunteer retention and recruitment.
- Networking and forming partnerships with health and community providers.
- Capacity building.
- Social media management.

The CPO in partnership with the AMR Shire arranged Connect Groups to visit AMR and meet with the leaders of peer support groups. Connect Groups are the peak body for peer support groups and are funded by the Mental Health Commission to provide support and training to this sector.

Connect Groups are now planning to establish an ongoing relationship with the AMR Shire and local peer support groups to develop the capacity of these groups and ensure sustainability. Providing capacity-building support to these peer support groups would strengthen the sector and establish visibility of these groups to the GPs and the broader health and community services sector. Peer support groups can provide a key role in the supporting social prescribing by GPs and other health professionals.

11.0 Identified risks to note

The MRCC was recognised by service providers and community members as a place where people feel safe and can seek access for support. It was noted that the MRCC strength lies in the grassroots approach and connectedness to the community. However, concern was also expressed that at times the behaviour of some community members visiting the MRCC, due to substance abuse and or mental health concerns, may be unpredictable and that there would be benefit in reviewing processes to ensure the safety of people seeking help, tenants and community workers at the MRCC.

12.0 Recommendations arising from the Health and Community Service Access and Mapping Project

Throughout the consultation process service providers offered recommendations, and solutions which could ameliorate the challenges that were identified in service integration in the health and community service sector in the AMR. The recommendations outlined in this section are informed by this feedback and by attendance of the CPO at Domestic Violence Alert training by Lifeline held in December in Margaret River 2018 and attendance at two forums in April 2019: One forum was participating in the development of the 10 year strategy to address family domestic violence in WA and the second forum was about a new toolkit for local government to address the management of alcohol in communities (MAIOC).

The recommendations have also been informed by the Lishman Health Foundation's AMR Health and Well-being report 2019. Recommendations made by the Lishman report were also supported by the themes emerged during this project, such as the need to increase mental health literacy in the community.

It was outside the scope of this project to research service delivery models and or identify funding partnerships however it was possible to determine areas where partnerships could be strengthened. It is noted that the challenges experienced in service integration and gaps in services in AMR are also experienced by other rural communities in WA.

These recommendations are also informed by the recently released Sustainable Health review and its recommendations.

12.1 Short to medium term recommendations

12.1.1. Service Integration: My Community Directory

The creation of a community directory is a key deliverable for this project as a means to improve access to services and improve system navigation for health professionals and community members. A directory may also contribute to improved integration and collaboration between services. During this project, all existing directories in circulation were collated and made available to service providers

A key challenge of establishing a community directory is the maintenance of the information to ensure its accuracy. A further challenge is to establish a community directory which provides information about services available in the neighbouring cities of Bunbury and Busselton. GPs, health and community service providers broadly acknowledge the need for a directory of services to improve the communities' knowledge of services and how to access them.

12.1.2 My Health Record (MyHR) and HealthPathways

The use of MyHR to be promoted by and with service providers to support the provision of more joined up care and to improve service integration between private providers and the government sector.

Work is required to contextualise and promote HealthPathways in the South West and AMR so that they can be more useful for GPs.

12.2 Family Domestic Violence: Local coordinated response

There are a significant number of experienced mental health clinicians in AMR who provide counselling and therapy services privately or work for NGOs. Further exploration needs to be given to a model of service delivery to better respond to family domestic violence in the community.

A supporting strategy could be to provide capacity building education programs for service providers who may work with women who experience family domestic violence, so they are better equipped to respond.

Consultations suggest a local coordinated response to family domestic violence is required in AMR with partnerships across agencies, community services and community. Further discussion and dialogue with Waratah (the existing service for people who have experienced family domestic violence) as to possible services models is required.

> *"It is essential to save lives we fund a service specific FDV (family domestic violence) counsellor that is accessible locally. People have much higher success in engagement rates with face-to-face services, physically viewing your client can be a vital part of your assessment' There can be very high risk clients we critically need to support immediately." – Community Service Provider*

Service providers spoke about wishing there was a women's centre or place of support where women could access support on women's health issues and or get support if they were in a relationship where abuse and violence were present. The need for a women's refuge was also documented during the consultations. Additional data that shows how many women and children access the women's refuges in Busselton and Bunbury may be useful to contribute to understanding community needs.

> *"We need to be aware the highest risk for death is when a partner is caught planning to leave and straight after their escape. We need to make all possible efforts to keep people safe and supported in our community. "- Community Service Provider*

12.3 Management of Alcohol in Communities

Service provider and community group feedback identifies that a response to the high rate of alcohol and drug abuse and lack of treatment services in AMR is required. The AMR Shire will continue to facilitate the LDAG Margaret River and the Liquor Forum could advocate for increased service provision for AOD within AMR .

12.3.1 The AMR Shire to incorporate the Management of Alcohol in our Communities toolkit across their programs.

A recent toolkit has been released to assist local governments Manage Alcohol in their communities (MAIOC)[32]. It is recommended that this be a priority area for the AMR Shire to consider in the development of the Public Health Plan and that work is undertaken to explore what areas of the MAIOC toolkit could be implemented. Consideration may also be given to the formation of an Alcohol Management Plan with a broader scope than the current informal Liquor Forum be implemented.

12.3.2 AMR Shire Community Planning and Development team to facilitate Good Sports engagement with the AMR sporting clubs.

AMR Shire Community Planning and Development team to consider engagement with the non for profit Good Sports to reduce alcohol related harm at sporting clubs in AMR. It is acknowledged that this would require additional resourcing or the reallocation of resources.

Good Sports has been proven to reduce harm and positively influence health behaviors, as well as strengthen club membership and boost participation. Good sports works with clubs to prevent and minimise the harm caused by AOD. The Good Sports program is implemented voluntarily through community sporting clubs; helping clubs to promote healthier, safer and more family-friendly environments. Good Sports program has been helping community sporting clubs to control the use of alcohol and to promote well-being and healthy behaviors.

12.4 Health Expo

This project reiterated the lack of awareness by both health and community services providers, GPs community groups and community members about the range and number of services available in AMR.

An AMR Health and Wellness Exposition could help to increase the visibility and provide information about available services to the community. Margaret River Rotary hosted a successful mental health promotion event in 2016. A future Expo could be held with the partnership between AMR Shire and the local Community Health Network Group and community peer support groups. Similar events are regularly held in Busselton and Bunbury.

12.5 Mental Health Literacy

The need to increase GPs, health and community service providers, local businesses and community members knowledge of suicide prevention and mental health literacy has been identified throughout the life of the project.

This could be achieved via the creation of partnerships supporting the work of St John of God Suicide Prevention Coordination, Scott River Open the Gate (Appendix 10) and Suicide Prevention Margaret River in the planning and delivery of suicide prevention training and Mental Health First Aid across the region. Training could target areas of AMR where there is reported to be a high level of mental health stigma, such as rural and farming regions and or populations who have been impacted by suicide.

[32] https://walga.asn.au/getattachment/Policy-Advice-and-Advocacy/People-and-Place/Health-and-Wellbeing/190129-WAL6710-Managing-Alcohol-in-Communities_V21.pdf?lang=en-AU

Education could be provided via outreach to these communities in locations relevant to the target group, for example for men outreach could occur at Men's Sheds, agricultural days and sporting clubs with a focus on tools and strategies to engage men with a high risk profile of suicide.

12.6 Establishment of a local Mental Health Practitioners Network

During consultations it was suggested that the mental health professionals in AMR could benefit from the establishment of a Mental Health Practitioners Network. MHPN is a government funded initiative which aims to improve service integration and collaboration via the establishment of local networks. Network meetings provide a forum for practitioners to connect, build relationships, provide peer support and improve referral pathways and access professional development opportunities.

A MHPN currently exists in Busselton driven by volunteer efforts. With the growth of private providers and NGOs offering mental health services in the AMR, there may be enough local interest to establish a network. These locally-driven networks aim to improve consumer outcomes by promoting collaboration between people working in primary mental health care. Network membership is voluntary, and members often include psychiatrists, GPs, psychologists, mental health nurses, occupational therapists, social workers and any other practitioner involved in delivering primary mental health care. MHPN require a voluntary network coordinator who receives support from a MHPN project officer. Leadership from local mental health professionals would be required to establish a MHPN and or host an initial meeting to determine if there is interest in this.

12.7 GP Education and Support

The need for GPs to have more support for the management of people with mental health concerns was identified by both GPs and health and community service providers.

It is recommended that work is undertaken to identify and promote the resources and the referral pathways available to GPs when clients present with a mental health or substance use emergency, and that the pathways are maintained to ensure they are current.

The refreshment of GP MH and substance use skills, as identified by GPs, is referred to the SW Health Professionals Network Steering Group as an area of need.

GPs could also be encouraged to complete the Lishman Health Foundation (or other) online training modules in suicide prevention.

12.8 Strengthening partnerships

The health and community services access and mapping project identified opportunities to build partnerships to meet community needs. In the south west region there are several existing strategic initiatives established or in development to strengthen partnerships, examples include the SW Health Professionals Network, SW Chronic Conditions Collaborative, SW MH and ADO Collaborative and the recent SW MH and AOD workshops held across the region. Partnerships between service providers, community members, people with lived experience are essential to improve and influence changes within the SW health system.

The Community Health Network Group hosted by the AMR Shire provides a key opportunity to develop and build relationships. Feedback during the project highlighted the needto strengthen linkages between clinical and non-clinical services such as peer support groups. An example of this is the work conducted by the RRRAMR group, which is a combined group of community members and health professionals who aim and collaboratively organised a series of Community Healing Events. One strategy to enhance opportunity for networking and information sharing could be to include community leaders in the existing Community Health Network.

There is a need to create opportunities for partnerships between health and community services to improve service integration and referral pathways. Service providers suggested more networking opportunities after work hours for the health and community service community who live in the AMR could help foster connections and provide opportunities for professional development.

The AMR Shire have plans to increase videoconferencing facilities and these could be available for community use within the next year. This resource would provide support for service providers or community groups to engage with regional, state or national stakeholders to foster new partnerships.

Regional leadership and collaboration across local governments in the south west is also required to drive improvements in partnerships and integration. WAPHA and WACHS are engaged in work at a southwest level to improve integration across systems.

12.9 Education to CALD community on health and community services

A recommendation which arose from the consultations with members of the Intercultural Action Group and the local hospital staff was the need for education about health and community services available to the CALD community. It was recognised by health services that community members who have newly migrated to Australia are not aware of how the Medicare system operates and what services they and their families are eligible to access. There is an opportunity for health and community service providers and the Intercultural action group to partner to respond to this need.

12.10 AMR Shire to foster relationship with Connect Groups to build capacity of peer support groups.

Connect Groups are the peak body funded to support peer support groups in WA. Connect Groups recently held a forum in May at the AMR Shire for peer support groups, which was well attended and received positive feedback. Connect Groups would like to develop an ongoing relationship with the AMR Shire Community Planning and Development Team to build the capacity of existing and emerging peer support groups, via their intensive support and grants program. This partnership opportunity would greatly to support peer support groups capacity and foster sustainability.

12.11 Palliative Care.

Further consideration is needed to improve Palliative Care services in AMR. There are several initiatives currently underway in the in the south west region to establish a more coordinated approached to Palliative Care, to improve access and for people to have more choice. A recent SW Palliative Care Strategy workshop was held in Bunbury with representatives from community group Transition Margaret River death and dying group invited. There is also a South West Compassionate Communities Network which has recently formed.

Further work is required to foster partnerships and networks, to establish clear referral pathways, and strengthen the role of community services and community members to improve access and better meet community need.

12.12 Aged Care

The Dementia Friendly Project currently underway through the AMR Shire could be further supported for the working group to achieve the projects aims.

In the development of the AMR Shire Public Health Plan, a key priority is aged care and access to support services to support people to stay well in the community. Community development initiatives, which promote inclusivity and reduce isolation for the older members of population, could also be considered in the development of the AMR Community Resilience Plan.

12.13 LGBTI

Service providers in the AMR could be encouraged to ensure they are safe and welcoming services for the LGBTI community. The Rainbow Tick is a national accreditation program for organisations that are committed to safe and inclusive practice, and service delivery for LGBTI people.

12.14 Access to mental health care for young people (12-25 years).

The Health Minister announced in early 2019 that a headspace youth mental health service will be established in Margaret River. This is a great partnership opportunity for agencies to come together to provider youth mental health and support services for young people in the community and this announcement was welcomed by many health and community service providers who had identified this gap.

13.0 Long Term recommendations

13.1 Health and Community Services Hub

It emerged during the consultations that many health and community services providers believed a fit for purpose Health and Community Services Hub in Margaret River is required. It was acknowledged that the MRCC currently acts as a hub for community services, however, services reported concerns for staff safety working form the MRCC due to the layout of the buildings, they also cited the need for a space that was able to accommodate the growing population and increased number of health services.

Service providers reported it would be ‘great to have health hub for easy access’ believing that a central visible point for community services would assist the community’s knowledge of and access to services.

Service providers also reported that a health hub could support the coordination of care via co-location of services, increase the capacity to share professional knowledge and reduce the isolation of workers.

> *"Margaret River needs improved physical hub for health services and this could mean more co-location of services… this could improve partnerships and help with the integration of services.'- Health Service Provider*
>
> *Stakeholder also posed questions the concept of the health hub 'requiring leadership from different sectors to make this happen' and " who advocates for health needs in the shire?" – Health Service Provider*

Service providers believed a health hub would support the integration of services by encouraging services to have a presence in Margaret River. A health hub could increase opportunities for partnerships and cost-sharing of both office space and administrative support. Service providers noted a health hub could make consulting rooms available and therefore increasing the opportunity to partner with visiting specialists who may be attracted to work in Margaret River. Health providers also reported a new health hub, with videoconferencing capability, would improve accessibility for community members to both preventative and treatment services in the community.

The co-location of MH and AOD services was identified as a means to increase the ability to coordinate care for clients with complex needs (including comorbidity) and improve the integration of services. The co-location of mental health and chronic disease management services would also help address the ten year gap in life expectancy for people with chronic mental health concerns[33].

Service providers recommended the development of community place-based services needs approach to be a priority and that providers which are already active in the community are often well placed to provide services due to their local knowledge and skills. This can be difficult to achieve as services are funded by multiple different sources and part of broader programs however, buy local strategies to strengthen existing services and service sustainability can be advocated for.

A Health and Community Service Hub is a long-term vision however there are opportunities, which already exist to develop local models of care to better co-ordinate health and community care via improved partnerships as means of improving health outcomes and in preparation for a Health and Community hub.

[33] Retrieved https://www.who.int/mental_health/management/info_sheet.pdf

13.2 Place Based services and co-design of services to match local needs

State and Federal policies largely fund and guide the purchasing and subsequent delivery of health and community services. Increasingly there is recognition that to be effective community and service provider engagement is required to make sure services meet local needs. Providers and community groups reiterated that greater consultation was required during the planning, delivery and evaluation of services.

> *"Effective local delivery requires effective participatory decision-making at local level. This can only happen by empowering individuals and local communities."* [34]

During the project providers and community group members identified the need for access to primary health services to be increased in the AMR and for these services to designed around principles of place based services, which include:

- Building services around people and communities.
- Removing barriers to better outcomes and reduced costs through integrated working across agencies.
- Involving the voluntary sectors as equal partners;
- Collaborating to put together a workable whole public sector approach, joint responsibility and shared leadership.
- Local innovation and co-design with central government departments.
- Local delivery tailored to local needs and circumstances.

13.3 Addressing Homelessness and Disadvantage

13.3.1 Addressing Homelessness

The need for access to emergency and crisis accommodation in AMR was identified during this project as a matter of priority. This finding is aligned with needs identified in the AMR Shire Affordable Housing Strategy 2015 and Homelessness Policy 2016 which acknowledges the housing vulnerability in the region is equivalent to that of Melbourne.

"The AMR has a median multiple of 8.4, which is equivalent to the severely unaffordable ranking of Melbourne, Australia's second most unaffordable city. When compared with the rest of the South West Region of WA Augusta Margaret River displays a median multiple twice that applicable to other centres and significantly higher than Regional WA generally." [35]

Homelessness is complex issue. To address this issue successfully the AMR Shire will require strong partnerships with state and federal government to create solutions and enable action. The Shire is due to review its Homelessness Policy and local partnerships in 2019-20.

[34] Marmott,M retrieved http://www.instituteofhealthequity.org/file-manager/FSHLrelateddocs/key-messages-fshl.pdf

[35] Reference page 4 of the AMR Shire Affordable Housing Strategy Link: https://www.AMRhire.wa.gov.au/library/file/0Publications/Documents%20SD/Updated%20Affordable%20Housing%20Strategy%20December%202015.pdf

There are local community groups actively pursuing action in this space, along with state and national programs to support. The WA Alliance To End Homelessness has produced a 10 year commitment to end homelessness Strategy (2018-2028) This strategy has valuable knowledge which could assist the community to take local action to a more collaborative regional to address homelessness. More information about the Alliance can be found via the agencies website: https://www.endhomelessnesswa.com/ and the strategy can be located here: https://www.csi.edu.au/media/Version_1.0_WA_Strategy_to_End_Homelessness.pdf .)

There is the need for strong collaboration across sectors and localities to achieve a sustainable approach to addressing homelessness. Additional information is required to determine the nature of crisis accommodation needed in AMR with a focus on the following:

- Accommodation for young people leaving home environments where there is drug and alcohol abuse and or family domestic violence.
- Women and children who require crisis and short term accommodation when leaving family domestic violence.
- Single men who may be experiencing complex and chronic mental health and AOD concerns who required supported housing options.

These following recommendations to address homelessness/crisis accommodation emerged during the consultation with service providers and community group members:

1. Short term and crisis accommodation options for community members so community members can have the security required in order to engage with further training and study and or participate in the workforce.
2. Provision of a variety of affordable housing options in the area and the need to attract a service provider to the region who can provide crisis accommodation.
3. Wrap around services to support housing for vulnerable people to maintain their tenancy.

13.3.2 Addressing Disadvantage.

The Tacking Disadvantage and Inequality through the Economic Development Strategy; A report to AMR Shire (2018) recommended several key actions for the AMR Shire to consider and to inform the development of an AMR Sustainable Economy Strategy. The recommendations seek to improve the mental health and well-being of community members. Stakeholders consulted recommended the need to create innovative training and employment pathways for young people and to create a strategic focus on supporting a diverse, inclusive and sustainable economy.

It was also noted that “focusing solely on the most disadvantaged will not reduce health inequalities sufficiently”. To improve health equity “actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage.” i.e. the greater the disadvantage, the more community and health service support is required to improve health outcomes and equity.[36]

[36] (Marmott,M 2010- ‘Key messages of a fair society, health lives’)

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Appendices List

Appendix 1; Term of reference

Appendix 2; Communications Plan

Appendix 3; Members of Project Steering Group

Appendix 4; Interview Guide; Health and Community Service providers

Appendix 5; Interview Guide; Community Peer Support groups

Appendix 6; Survey Monkey Interview

Appendix 7; List of Health and Community Services and peer support groups Consulted

Appendix 8; Mental Health referral pathways

Appendix 9; Counselling and Mental Health service providers' resource List

Appendix 10; Scott River Open the Gate

APPENDIX 1

Community Partnership Officer – Advisory Steering Group
TERMS OF REFERENCE

INTRODUCTION

Individuals who experience an emergency / disaster / adverse event, do not necessarily have to experience long term effects, if they are supported well in the short and medium term. Research indicates that if appropriate services are easily accessible at the right place and the right time in the Community, this expedites the recovery of both individuals and the community.

Subsequent to meetings of the Health and Community Recovery Sub-committee(s) (formed in response to the Osmington tragedy) it was identified that there was a need in the Augusta Margaret River (AMR) community for service mapping, co-ordination and integration. The proposal by the WA Primary Health Alliance (WAPHA) of appointing a Community Partnership Officer (hereby referred to as "the CPO") embedded in the Shire to undertake this work was well received and accepted by the Sub-committee.

A Memorandum of Understanding (MOU) was subsequently signed between the AMR Shire and GP Down South (GPds) to support this 0.5FTE position funded by WAPHA for 12 months. It was agreed that a Steering Group Committee, comprising of representatives from all stakeholders including the Shire, WAPHA, GPds, WA Country Health Service (WACHS) and the community, would be formed to support and guide the work, scope and purpose of the CPO. The CPO would also sit on the Health and Community Recovery Sub-committee to share information / suggestions to and from the Sub-committee but would be guided by the Steering Group and accountable to GPds.

NAME

Community Partnership Officer Advisory Steering Group (hereafter referred to as CPOASG)

PURPOSE

The primary purpose of the CPOASG is to:

- provide support, guidance and direction to the Community Partnership Officer in order to clearly map out available services in the Shire of Augusta Margaret River (SAMR) and how to access these;
- identify and assist developing a plan for how the community / Shire could best respond in any future local emergency situations (either "prescribed hazard" or "non-prescribed hazard"), including: what services have a current emergency response plan – and what is it; and how would services manage a significant increase in demand in an emergency response situation.

It is envisaged that in order to make this service mapping sustainable and enduring a working document be formulated that is easily accessible by the community and easily monitored and updated by the Shire for ongoing relevance for the community post the cessation of the CPO role on 30 June 2019.

ROLE

The role of the CPOASG is:

- to advise and make recommendations regarding the work being undertaken by the CPO
- to help define the role and duties of the CPO (see References)
- to offer input from all stakeholders with a vested interest in the work of the CPO i.e. WAPHA, GP down south, Shire of Augusta Margaret River, local community professional representatives
- To facilitate understanding of the needs of the impacted community
- To offer input on potential community resilience needs
- To support the coordination of community events as required
- To offer input on potential psychosocial support to be available
- To support the coordination of events supporting psychosocial wellbeing and community connectedness as required
- To provide recommendations via the CPO to the Health and Community Recovery Sub-Committee

MEMBERSHIP

The CPOASG is a closed group with representatives from key stakeholders inclusive of WAPHA, WACHS, AMR Shire, GP down south and representatives from the Community who have an interest / area of expertise in service provision in the AMR region. Membership acceptance is via consensus by the SAMR and GP down south.

MEMBER RESPONSIBILITIES

- Regularly attend meetings
- Raise common issues on behalf of other members of the local community and/or group
- Offer input into the development / execution of the role of the CPO.

CHAIR

The CPOASG will be chaired by the Shire Augusta Margaret River alongside a representative from GP down south.

Administration support will be provided by the Shire of Augusta Margaret River.

MEETINGS

The CPOASG's meetings will be conducted as follows:

1. The Group will meet at least every 6 weeks OR more frequently as determined by the Group
2. Notice of meetings shall be given to members, when possible, at least 1 week prior to each meeting.
3. The SAMR will prepare the Agenda and send out to all members of the Group for approval / amendments a minimum of 3 days prior to the meeting
4. The Minutes of the meetings will be recorded and circulated by the SAMR

Recommendations will be made by consensus within the group. However, if there is not consensus within the group, GP down south have the power to make the decisions for recommendations, being the stakeholder who holds ultimate responsibility (both financial and governance) for the CPO.

DELEGATED POWERS AND OPERATIONAL GUIDELINES

- The CPOASG has no delegated powers under the *Local Government Act 1995* to make decisions on behalf of SAMR.
- The CPOASG has no power to make decisions on behalf of GP down south, or other agencies being represented.
- GP down south has ultimate responsibility for governance, oversight and reporting requirements of the CPO, in accordance with contractual arrangements.
- The CPOASG has capacity to make recommendations for the CPO regarding undertaking projects and initiatives that are deemed in line with the purpose of the CPO position and with the WAPHA and GPds Executed Contract.

These Terms of Reference may, from time to time, be amended by agreement of Shire of Margaret River Augusta and GP down south.

CONFIDENTIALITY

Members of the CPOASG must be aware that there may be information discussed that is of a highly confidential nature.

Members must:

a) ensure that all confidential information they have access to is appropriately secured at all times and accessible only to those who have authorisation to access the information;
b) only access confidential information needed for official business;
c) only release confidential information if they have the authority to do so; and
d) only use confidential information for the purpose it is intended to be used.

TERMINATION OF COMMUNITY PARTNERSHIP OFFICER ADVISORY STEERING GROUP

Termination of the group shall be at the direction of GP down south and / or the Shire of Augusta Margaret River, while termination of any membership within the group shall be at the direction of the members within the group by consensus.

CONFLICTS OF INTEREST

If a member believes that they may have an interest in a matter to be discussed at a meeting, he or she should disclose this interest to the Group prior to the commencement of the meeting.

This includes interests, and perceived interests, of a financial nature (eg. if any financial loss or gain may result from a recommendation of the group), or of a proximity nature (eg. if a recommendation relates to property that adjoins the member's or person's land), that affect the member or a person with whom the member is closely associated such as a spouse, business partner or employer.

If the interest is of a financial nature, and the other Group members consider it necessary, the member will need to leave the meeting while that matter is discussed.

REFERENCES

Community Partnership Officer – Position Description (GP down south)

DEFINITIONS

Nil

APPENDIX 2

Communications Plan

Health and Community Services mapping project

Project Description

- The project aims to build partnerships and better integrate and coordinate services and care by mapping existing services and identifying gaps or areas of need. This project aims to build service integration and coordination by building on existing service mapping, improving community and General Practitioners linkage with existing service providers, and identifying areas of need and possible resource

There are three main components to the Community Project Officer role;

1. Health and Community Service Mapping
2. Development of Community Directory
3. Support and provide input into Osmington based recovery activities and support individuals to connect to relevant mental health care services

- The Key messages for each component are below.
- Effective internal and external communications will be critical for the success of the project.

Internal Communications

- Regular feedback will occur to the Steering Group on six weekly basis. The Community Partnership Officer will provide monthly ½ page briefs outlining project progress via email to the Steering Committee; GPDS, Red Cross, WAPHA and Department of Health on a monthly basis.

External Communications

- External communications will provide clear message of aims and outcomes of project with any messaging to be cobranded by AMRS and GP Down south. The Steering Group must approve all external communications.

- A project information webpage will be created on GPDS webpage with a link from the AMRS page. The CPO will create content for the webpage along with regular updates throughout the project.
- At the completion of the final report, stakeholders will be invited to a forum to discuss the findings and recommendation from the project.

Strategy

- Utilise existing health and community service provider networks and AMRS networks to engage in face-to-face Interviews and focus groups. Networks to access include;
    - The Cape to Cape network group,
    - Health and Community recovery subcommittee (Response, Recovery, Resilience Augusta Margaret River working group).
    - Vasse Human Services Alliance.
    - Existing MR GP education meetings at MR Hospital
- Utilising key community leaders and existing AMRS community networks stakeholder groups for engagement in focus groups and or online surveys.
- Ensure key outcomes of the project and benefit to the AMR community are outlined in all engagement and communication.
- Utilise existing online platforms for communication such as GPDS Facebook page and any online forum at AMRS.
- Liaise with CDT team at the AMRS to create communications plan. This strategy will explain to stakeholders how the Health Services Mapping Project, the Lishman Health Institute research project and Community Resilience plan align with one another.

Target Audience

- Health service Providers
- Community and Social Service Providers
- Community Peer Support Groups and community leaders

Key Messages

1.0 Health Services Mapping

- The project aims to promote partnership, integration and connectedness between health and community services and identify gaps in service provision in the Augusta Margaret River Shire.
- The Health and Community services mapping will include Focus groups, face-to-face interviews with organisations, and online survey tool and will be conducted by the Community Partnership Officer.
- Feedback and the final report will be provided to all stakeholders consulted during the in the project as well as access to the final report.
- The project will provide analysis on health and community service gaps in Margaret River Shire. A final report will outline health services and gaps and explore possible future funding partnerships.

1.1 Community Directory

Key messages

We are developing a Community Service Directory that will make it easier for community members and health service providers in AMR Shire to find and access what health and community services are available.

1.2 Recovery Based Activities

Key messages

Contact Community Partnerships officer (CPO) for support with community members accessing support and referrals for appropriate mental health care.

Prepared by; Clare Wood. Community Partnerships Officer, GP Down South

APPENDIX 3

Steering Group Committee Members

Organisation	Name
WA Primary Health Alliance	Kate Cross, Regional Manager South West
GP Down South	Graham Hope, Regional Manager Jan De Groot, Mental Health Clinical Lead
AMRS	Nigel Anderson, Manager Human and Community Services Stacey Hutt, Community and Corporate Planner
WA Country Health Service	Sarah Rosenbach, Social Worker Margaret River Hospital
Department of Communities	Erin Staz, Local Coordinator Disability Services)
Red Cross (Community Preparedness and Recovery)	Claire Silveria, Emergency Services Coordinator

APPENDIX 4

Health Services Mapping and Access Project

Interview Guide for Health and Community Service providers

1.0 Organisation details

1. What services does your Organisation deliver?

2. What programs are delivered by your service?

3. Is your organisation is based in Margaret River where are your services located in Margaret River?

4. 4a. Is your physical location in Margaret River adequate for meeting the needs of service delivery?

   4b. If no, please comment on why the physical space is not adequate to meet the needs of service delivery.

5. What are the hours of operation of your service in AMRS?

6. Does your organization have social media platforms;

   Facebook
   Instagram
   Twitter
   Website

7. What mode of service delivery does your organization offer?
   Phone
   Face to face
   Online
   Videoconference
   Skype consultations

1.1 Referrals Process

1. What population does your service target?

2. What is your pathway for referral to access your organization/programs?

3. Who can refer to your programs?

4. What are the barriers to receiving referrals?

5. What suggestions do you have to have to limit the barriers to effective referrals?

6. How often are referrals within scope of what you deliver?

7. What ways do you refer on to other services?
   Provide client information
   Warm referral
   Supported referrals

8. If you refer to other services, which services or providers do you refer too?

1.2 Service Integration

1. What does effective service integration mean to you and your organisation?

2. What does service integration currently look like in the Augusta Margaret River Shire?

3. Does your organization coordinate care with other agencies?

4. What mechanism do you use to coordinate care?
5. If your organization shares care of a client, how easy it to effectively coordinate care with other agencies?

6. Is information shared easily with other agencies?

7. What support does your organisation offer to support people to manage their chronic and complex health needs effectively i.e. clients with chronic disease and mental health concerns?

8. Are you involved in any shared care, care coordination or planning meetings to support clients with chronic and complex needs?

9. To what extent does current service collaboration meet the needs of clients with chronic disease and or complex needs?

10. Do you have any suggestions of how the health care of people with comorbid and or complex conditions could be better integrated and coordinated?

11. Does your service interface with any peer community support groups? If so which groups?

12. Do you have strategies to build better service coordination in the Augusta Margaret River Shire?

2.0 Emergency or Crisis response

1. Does your service/organisation have policy and protocols for responding to disasters/traumatic events?

   1b. If yes, what is the criteria for an event to be considered a disaster or traumatic event and elicit a disaster response and receive additional resource allocation?

2. Do you have any disaster response protocols/ policies, which could be shared with the Community Partnerships Officer for purpose to assist, inform the AMRS emergency response plans?

3. Is your organisation agile in being able to be responsive to community need in times of crisis i.e. does your organisation have the ability to alter core business outcomes to meet increase or sudden spike in demand?

4. How does your organisation respond to significant increase/request for service?

5. Does your organization have policies or procedures for people who present at risk of suicide?

6. What does your service do if they assess someone to be at risk of suicide?

3.0 Capacity

1. Is there a waitlist for your organisations' service?

2. Demands on staff. What organisational supports are in place to support staff through high demand periods?

3. Does your organisation have challenges in recruitment and or retention?

4. What is your organization's capacity to take on new clients, short, medium, long term?

4.0 Strengths

1. What are the key strengths of your organisation in its provision of service?

2. What strengths do you see in the AMRS Shire health and community service sector?

3. What do you think currently works well in your organisation in the delivery of services to Augusta Margaret River Shire?

4. What ideas do you have which could assist to strengthen service delivery in AMRS?

5.0 Future service

1. Does your service have any plans to increase/ /decrease modify/alter its service provision to the Augusta Margaret River Shire?

2. Do you have any suggestions on how health and community service provision could be improved in AMRS?

3. Do you have a vision for health and community service provision in AMRS?

4. Does your organisation collect any outcome measures, which may indicate need for an increase/modification/change in the delivery of service or service model to Margaret River Shire?

7.0 Well being

1. Does your organisation run Wellbeing activities, which promote community connectedness?

2. How does your organisation advocate and promote mental health?

APPENDIX 5

Community Peer Support Groups Interview Guide

Support Group Details

Name of peer support group;

When was the peer support group established and why was it established?

What is the support groups key mission?

How many members are there of your support group?

How many volunteers support your support group's activities?

Is the support group incorporated?

Where are your meetings held?

What community service directories is your support group listed in?

Do you have an online presence? Facebook? Instagram? Website?

Community Networks

Which health service providers or community agency do you collaborate with in supporting your members and or community?

Has your support group held any events this year?

If so, who has your support group partnered with to host these events?

Has a health professional or GP ever connected a person to your support group?

How do people usually learn about the groups' events and or meetings?

Leadership and Training needs

Does your support group have a succession plan?

Does the support group have a plan to ensure sustainability of support?

What are the education/training needs of the support group in order for the group to continue to operate?

In particular, what are the support group's training needs in relation to mental health first aid, psychological first aid, suicide prevention, and mental health literacy?

APPENDIX 6

Service Gaps 2018/19

Health and Community Services Mapping for the Augusta Margaret River Shire Region

Analysis of health and community services in Augusta Margaret River commenced in September 2018, and will finish on 30 June 2019. The work aims to identify potential partnerships and support integration of health and community services through service mapping.

This survey is the final step in the project, designed to add qualitative data to the information collected.

We are calling on all health and community service providers and community support groups in the region to participate in this short five minute survey.

This project is being coordinated by Clare Wood, GP Down South Community Partnerships Officer. To find out more about this project, please contact clarew@gpdownsouth.com.au

All those that complete the survey will be eligible to go into the draw to win a $50 Margaret River Farmers Market Voucher.

1. Please provide contact details.

Name

Phone Number

2. Does your organization provide services in the Augusta Margaret River Shire?

- ◯ Yes
- ◯ No

3. What type of organization does your service provide in the August Margaret River Shire

4. What gaps in health and community service provision in the Augusta Margaret River shire has your organization identified?

5. What are the top five services that you think need to be addressed as gaps in health care services over the next 5 years to improve health in our community? Please tick five areas.

- [ ] Older Adult Mental Health
- [ ] Adult Mental Health
- [ ] Child and Youth Mental Health
- [ ] Specialty Services (i.e. Access to nephrology, endocrinology etc.)
- [ ] Dental
- [ ] School Based Health Services i.e. (Nurse, Education and Screening Programs)
- [ ] Clinical Preventative Health Services i.e. (Immunization Programs, Cancer Screening)
- [ ] Emergency Services
- [ ] Chronic Disease Management Services
- [ ] Drug and Alcohol Services
- [ ] Suicide Prevention Services
- [ ] In Patient Services (Hospital Based)
- [ ] Aged Care
- [ ] Palliative Care
- [ ] Community Child Health
- [ ] Allied Health
- [ ] Health Promotion Programs
- [ ] Disability Services Provision
- [ ] Domestic and Family Violence Services
- [ ] Employment Support Services
- [ ] Financial Counselling
- [ ] Other

6. To what extent does the current level of youth mental health service provision meet the demand for the Augusta Margaret River Shire?

No extent	A Small Extent	Some Extent	Moderate Extent	Large Extent
○	○	○	○	○

7. To what extent does the current level of service provision meet the demand for Drug and Alcohol services in the Margaret River Shire?

No extent	A small extent	Some extent	Moderate extent	Large extent
○	○	○	○	○

8. To what extent does the current level of services meet the demand for services relating to domestic violence?

No extent	A small extent	Some extent	Moderate extent	Large extent
○	○	○	○	○

9. To what extent does the current level of suicide prevention and post-vention services meet the demand in the Augusta Margaret River Shire?

No extent	A small extent	Some extent	Moderate extent	Large extent
○	○	○	○	○

10. Please tick the community network groups you actively are a member of:

- [ ] Augusta Margaret River Community Health Network Group
- [ ] Vasse Human Services Alliance
- [ ] Cape to Cape Youth Stakeholder Group
- [ ] Capes Early Years Network
- [ ] Augusta Margaret River Community Access and Inclusion Reference Group (CRAIG)
- [ ] South West Agencies in Partnership (SWAP)
- [ ] Warren Blackwood Human Services Network

Other (please specify)

APPENDIX 7

List of the Health and Community Services consulted during as part of the Health and Community Services Mapping and Access project

Organisation type	Name of organisation
Government Agency	• Department of Communities • Department of Health; Child health • Department of Education; School psychology • Department of Education; Aboriginal education officer. • WACHS; Community Allied Health • WACHS; Community Mental Health Adult and Youth • WACHS; Augusta Hospital • WACHS; Margaret River Hospital
Medical Centres	• Margaret River Medical Centre • Margaret River Surgery
NGO Mental Health and Wellbeing Sector	• Accord West • Anglicare • GP down south • Jobs South West • Lamp Inc. • Relationships Australia; 4 families • Saint John of God; Community Alcohol and Drug Service Team • Saint John of God; Suicide Prevention • South West Counselling • Warratah Busselton • Youth Care • Youth Focus
NGO; Disability Sector	• Applied Personal Management (APM) • CAMCAN • Enable • Life without Barriers • Mission Australia • Senses • Therapy Focus
NGO; Employment Sector	• APM employment services • Forrest Personnel • Great Southern Personnel • Job Life • Jobs South West • Skill Hire • SMYL community services
Community Groups	• Margaret River Rotary

Community Peer Support Group	• Beyond Violence • Death and Dying • GROW • Intercultural Action Group • Mankind project • Scott River; Open the Gate • Suicide Prevention Margaret River • SWANN Margaret River • Tingle-House • Valued lives peer support
NGO; Advocacy	• Margaret River Just Home Inc • South West Advocacy
Community Centres	• Augusta Community Resource Centre • Margaret River Community Centre
Indigenous	• Angela Ramirez 'Yeah the boys' • Lamp Inc; Indigenous outreach worker • WACHS; Indigenous mental health service
Aged Care Services	• Alzheimer WA • Dementia Friendly Communities Project officer. • Silver Chain Community Services • WACHS Older Adult mental health

APPENDIX 8

GP down south
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Referral Pathways for GP's in Augusta Margaret River Region – Mental Health Services

Patient identified to be experiencing a mental health problem

MILD TO MODERATE Mental Health Problem

CHILD AGED 0 - 12yrs

FREE

- 4Families (Relationships Australia)
- GP down south Counselling Service

COSTS MAY APPLY

- Private Providers
- South West Counselling

YOUTH AGED 12yr-25yr

FREE

- Accordwest
- 4Families (Relationships Australia)
- JSW (12-18yrs)
- YouthFocus (in Schools)
- Headspace (Busselton)
- GP down south Counselling Service
- LAMP – youth mental health services

COSTS MAY APPLY

- Private Providers
- South West Counselling

ANY AGE

FREE

- SW Drug & Alcohol Service 14yr+
- Accordwest (Drug & Alcohol counselling) (12-35years)
- GP down south Counselling Service
- Waratah – Sexual assault & domestic violence (Busselton)

COSTS MAY APPLY

- South West Counselling
- Private Providers (as listed on resource list)

SEVERE Mental Health Problem

ACUTE - SEVERE

Complex, acute and high risk mental health problem. Consultant Pychiastrist is available for assessments, GP phone consultation and medical reviews.

AGED < 18yr

Refer to:

SW Child & Adolescent Mental Health Service

(Free)

AGED > 18yr

Refer to:

South West Mental Health Service

(Free)

SEVERE / CHRONIC – not currently in crisis

Managed by GP

ANY AGE

Financially OR Socially Disadvantaged

Refer to:

GP down south Mental Health Service Integrated Care Management

See attached Service Provider Directory for contact and referral details

GPds Mental Health Service is funded by WAPHA – WA Country PHN

APPENDIX 9

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COUNSELLORS AND MENTAL HEALTH CARE PROVIDERS IN THE AUGUSTA MARGARET RIVER SHIRE

Provider name	Area of interest	Practice Address	Contact Details	Availability /referral pathway	Cost	Skype
Accord West	**Family and relationship service**. Across the lifespan. Builds relationship capacity of individuals and families. Provide counselling, parenting advice and education, mediation. **Tenancy Advice** education service; advocacy, casework and conciliation to tenants, community education, please refer to accord west information brochure for detail on programs. **Drug and Alcohol**; 12-35 years counselling individual and family, casework, information and education, advocacy.	Outreach to Margaret River resource centre. Main office in Bunbury.	Gail.varis@accordwest.com Ph: 9729 9000 and speak to intake officer www.accordwest.com.au	Telephone and face to face appointments Referral form to be sent to intakereferralofficer@accordwest.com.au	No Cost	No
ALRIDGE, Lorraine	Mental Health Issues, Addictive Behaviours, Substance Abuse, Eating Disorders, Weight Issues, Body Image, Performance	Refocus Psychology 7/2 Rosa Brook Road Margaret River	Ph: 0487459435 enquiry@refocuspsychology.com.au	By appointment	MHCP required. Bulk Billl and offer financial hardship scale	Yes
ANDERSON, Jay	Children, Youth Adults	Margaret River Community Centre. 33 Tunbridge Street	Ph: 0411 380 36 swwellbeingcentre@gmail.com	By appointment	MHCP required Gap payment required	No
BASILI, Ann	Female sexuality, post trauma work	The Reef Centre 14/33 Fearn Ave MR	Ph: 0433 155 624 Info.mrch2015@gmail.com	Tuesdays Thursdays	Fee Payable	No
BOULANGIER, Veronique	Counselling and therapy adults with range of mental health issues	By appointment	Ph: 0418 902 178 PO Box 120, Dunsborough WA 6281	By appointment	MHCP available	Yes
BLUNTSCHLI, Eve	Counselling Adults	Augusta Clinic 70 Blackwood Ave, Augusta	Ph: 0437 880 608 Eve.bluntschli@gmail.com Fax: 08 9716 7422	Thursdays in Augusta and via appointments	MHCP required Bulk Billing via Medicare Private Health rebates	Yes

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COUNSELLORS AND MENTAL HEALTH CARE PROVIDERS IN THE AUGUSTA MARGARET RIVER SHIRE

Provider name	Area of interest	Practice Address	Contact Details	Availability /referral pathway	Cost	Skype
CASTEN, Lani	Social worker; Play therapy, parent guidance	South west child and family therapy centre Unit 5/45 Station Rd MR	Ph: 0472 510 741 info@southwestchildtherapy.com.au	By appointment	MHCP required Bulk billing on prior negotiation, financial hardship scale	No
CHAMBERS, Deb	Occupational Therapy – Mental Health and Wellbeing, Families, Children Individual sessions and group program Art Therapy, Yoga for Pain & Mindful movement. Mindfulnes & meditation	Debra Chambers OT Provider No 2913533T Office & rooms @ Ferart Studio 34 Wilderness Rd (PO Box 350) Margaret River 6285	Ph: 0409 108950 Debbie@ferart.com www.ferartstudio.com	Mon to Fri & weekends by arrangement. Home visits by arrangement	-MHCP required -EPC -Private Health insurance rebates -NDIS, -Bulk bill by arrangement	Yes
DUFFY, Mary-Jo	Clinical Psychology, Mental health and relationship issues	Mary Jo Duffy Clinical Psychology 20 Coronation St Margaret River	Ph: 0419 868 736 Maryjo.duffy@gmail.com www.goodtherapy.com.au/mary-jo_duffy	By appointment Wed, Thursday, Friday	MHCP required. Bulk bill on prior negotiation offer financial hardship	Yes
EDMOND,Jo	Children and Youth	Core Therapy Psychology practice at Willmont Health and Wellbeing Centre. 48 Willmont Ave MR	Ph: 9750 5413 info@coretherapy.net.au www.coretherapy.net.au	By appointment Thursday	MHCP required. Medicare gap fee	yes
GP down south **Integrated Care management Program**	Severe and persistent mental illness (over 12-month period). Care coordination. Recovery focused support goal orientated. See information sheet for more details	Friday Margaret River community centre. 33 Tunbridge Street	Ph: 08 9754 3662 Fax: 08 9754 2985 www.gpdownsouth.com.au	Please send ICM referral form to GP down south via Fax: 9754 2985	MHCP required No Cost	No

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COUNSELLORS AND MENTAL HEALTH CARE PROVIDERS IN THE AUGUSTA MARGARET RIVER SHIRE

Provider name	Area of interest	Practice Address	Contact Details	Availability /referral pathway	Cost	Skype
GP down south **Brief intervention service**	Maximum 6 sessions. Free counselling and care coordination for financially and socially disadvantaged clients. All ages	Fridays at Margaret river community centre 33 Tunbridge st	Ph: 9754 3662 Fax: 08 9754 2985 mhteam@gpdownsouth.com.au www.gpdownsouth.com.au	Initial assessment via phone and then face to face. For those risk of developing mild to moderate mental health concerns	No Cost .No mental health care plan required. For people who self-report financial hardship.	No
Headspace, Busselton	Clinical mental health professionals provide support, treatment and management of mental health.	Satellite office in Busselton 71 Kent St. head office in Bunbury	Ph: 6164 0680 Fax: 6210 5905 info@headspacebunbury.org.au	Referral form on website. Monday to Friday 9-5pm. Late finish on Tuesday only to 8pm	Bulk bill via Medicare	No
HIRSCHMAN,Mary	Counselling and psychotherapy, adults	Mary Hirshman Willmont Health and Wellbeing in MR.	Ph: 9757 2677 Maryhirschmann55@gmail.com www.willmotthealth.com.au	Mon, Tues, Thurs	MHCP required Medicare gap payment	No
JSW training and community services	**Youth South West** Program 12-18 years; Parent/teen conflict, Bullying, Legal issues with court or youth justice, School work, Substance abuse, Referral to other service, Employment/ training, Sexual health Social emotional issues	Outreach to Margaret River	Ph: 9721 5033 info@jsw.org.au www.jsw.org.au/index	As needed, outreach model includes home visit for at risk youth and activity based therapy.	No cost	No
JESSUP, Delma	Counselling for Adults, Adolescents and Children.	Margaret River Surgery. 1 Station rd Margaret River	Ph: 0448 047 007	By appointment	MHCP required, gap fee payable	No

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COUNSELLORS AND MENTAL HEALTH CARE PROVIDERS IN THE AUGUSTA MARGARET RIVER SHIRE

Provider name	Area of interest	Practice Address	Contact Details	Availability /referral pathway	Cost	Skype
KNOWLES, Laurissa	Counselling therapist specialling in grief, change, relationships, anxiety & chronic illness. Working with individuals, couples, families & youth.	Lifestyle Medical Unit 4/45 Station Rd, Margaret River	Ph: 0438 292 772 laurissa@westnet.com.au	Referrals accepted from health professionals including GPs, self-referral & via the Cancer Council. Appointments face to face in professional rooms, via Skype & home visits where required.	Private counsellor, fee for service negotiated on a sliding scale. Appointments available through Cancer Council (free of charge to cancer patients & their families)	Yes
KELLY, Georgina	Adults and couples, all mental health issues	1/36 Hillier Drive Margaret River	Ph: 0447 440 492 Georgina.kelly@westnet.com.au	By appointment	MCHP required. $20 Gap fee or can be waived if financial hardship	Yes
KNAUSENBERGER,Monika	Psychologist Children, adolescents, adults Couple and family therapy Neuropsychotherapy CBT, DBT, ACT, TA, PACT, trauma therapy Medicare rebates, reg. with Veteran Affairs Workshops and group therapy on request	Brain Change Therapy Margaret River Community Centre (old Red Cross op shop location)	Ph: 0405 616128 mpknausenberger@westnet.com.au	By appointment	MHCP required Medicare rebate or private consult Veterans Affairs Insurances EAP	Yes
LOVELIDGE,Chloe	GP mental health	Chloe Lovelidge Willmont Health and Wellbeing 48 Willmont St Margaret River	Ph: 0407952587 chloelovelidge@hotmail.com www.willmotthealth.com.au	By appointment	Fee payable Medicare rebate	No

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COUNSELLORS AND MENTAL HEALTH CARE PROVIDERS IN THE AUGUSTA MARGARET RIVER SHIRE

Provider name	Area of interest	Practice Address	Contact Details	Availability /referral pathway	Cost	Skype
Lamp Inc	Mental health support - Independent living one-on-one and Day 2 Day Living skills - Partners in Recovery - NDIS support co-ordination and service delivery - Carers support - Youth & Indigenous Family support	Margaret River Margaret River Community Centre. 33 Tunbridge St Head office; 226 Bussell Hwy Busselton	Ph: 08 9754 1834 Fax: 08 97541836 admin@lampinc.org.au	Mon – Fri 9.00am – 4.30pm (closed weekends & public holidays) Referral requirements are dependent upon program, please call for advice.	Membership $60 / annum Can be paid incrementally	No
MILWARD, Aaron	Clinical Psychology 16 years plus	Resolve Psychology	Ph: 0402 561 059 aaron@resolvepsychology.com.au	By appointment	$15 low income fee	Yes
NIKULINKSY, LIsa	Children from 8 years. Adolescents, young adults + adults- families Youth and music culture PhD researcher	Lisa Nikulinsky practices at private garden office and South West Child and Family Therapy Centre 5/45 Station Rd Margaret River	Ph: 040 0427 925 flourish@westnet.com.au www.lisanikulinsky.com.au	By appointment	Yes on prior negotiation and offer financial hardship scale	Yes
NOONAN, Romney	Children and adults specialised in trauma	South West Clinical Psychology SWCFTC 5/45 Station rd. Margaret River	Ph: 0407 985 671 rom@swcp.com.au	Mon/Tues/Thurs	Financial hardship fee available	yes
Relationships Australia 4 families program	Focus on mental health of children and young people. Counselling, Emotional support, Information and referrals, Family support workshops - support for grandparents and carers	Outreach model to Margaret river and Augusta. Home visits and work at CWA Hall in Margaret river	Ph: 086164 0300 Fax: 62105930	By appointment	Free Service	No

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COUNSELLORS AND MENTAL HEALTH CARE PROVIDERS IN THE AUGUSTA MARGARET RIVER SHIRE

Provider name	Area of interest	Practice Address	Contact Details	Availability /referral pathway	Cost	Skype
ROSENBACH-ZIEMBINSKI, Zish	Psychotherapy & Counselling for depression and anxiety, family, relationship, cross-cultural issues, loss and grief, couples, counselling. Gestalt psychotherapy trainer.	Margaret River Clinical Psychology 1 Semillon Rd, Margaret River, 6285	Ph: 0407 081 848 zish@westnet.com.au www.margaretriverpsychology.com.au www.busseltonpsychology.com.au	By appointment	Bulk Bill for individuals with Health Cards	Yes, but only for Professional Supervision
ROSENBACH, Claudia	Gestalt therapy trainer, depression and anxiety, family and relationship issues, loss and grief, couples, counselling	Margaret River Clinical psychology 1 Semillon rd. Margaret River	Ph: 0418720648 claudiarosenbach@westnet.com.au www.margaretriverpsychology.com.au	By appointment	Fee Payable	
SEPHTON, Karin	Psychotherapy & Counselling, specialising in trauma therapy (Richard Trauma Process) and EMDR (Eye movement desensitization and reprocessing.		Ph: 0409 298 727 karinageha@gmail.com www.Karin-sephton.com	By appointment	Medicare Gap payment. Financial hardship scale.	Yes
South West counselling Inc.	Children/Adults Areas of counselling: • Relationship Issues • Depression • Anxiety • Stress • Bereavement • Family Separation • Trauma • Family and Domestic Violence • Gambling Help • Alcohol and Substance Misuse • Sexual Abuse • Grief • Self Esteem Issues • Health Issues • Sexuality • Workplace issues	Outreach service to Margaret river at Margaret river community centre 33 Tunbridge St	Ph: 9754 2052	Monday, Wednesday and Thursdays Home visits by arrangement	$70 per counselling session. $30 for concession card holders Under 18 free.	

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COUNSELLORS AND MENTAL HEALTH CARE PROVIDERS IN THE AUGUSTA MARGARET RIVER SHIRE

Provider name	Area of interest	Practice Address	Contact Details	Availability /referral pathway	Cost	Skype
South West Community Alcohol and Drug Service	Counselling for alcohol and other drugs. Support for family members impacted by substance abuse.	Collocated at Margaret river community mental health. Bunbury head office.	Ph: 97219256 Fax: 97218375 admin@swcads@sjog.org.au	Thursdays in MR. People can self-refer or be referred by GP's, health professionals.	FREE	
TRAVAGLINI, Almendra	Adults, teenagers specialising in depression, anxiety, drug abuse and eating disorders. Also can practice in Spanish.	5 Orchid Ramble, Prevelly, Margaret River	Ph: 0491268037 almentravaglini@gmail.com Facebook: Almendra Travaglini Counselling Service	By appointment	Fee payable	Yes
Therapy Focus Laura Keane Zoe Hayward	Specialising in supporting families and children where there are challenging behaviours, and/or developmental delay, social/emotional difficulties and anxiety	Therapy Focus 3/111 Bussell Hwy Margaret River	Ph: 97945448 Danelle.milward@therapyfocus.org.au	Mon-Friday	Fee payable	
WOOD, Clare	Children, youth, families, parent support, complex trauma, grief/loss, suicidal ideation, non-suicidal self-injury. Indigenous, cross cultural mental health, Clinical Supervision	Clare Wood South West Child and Family Therapy Centre 5/45 Station rd MR	Ph: 0438 859 727 Clare.wood10@gmail.com	By appointment	Medicare gap payment offer financial hardship scale.	Yes
YATES, Petrina	Clinical social worker, trauma, PTSD, grief and loss, depression anxiety, adults, young people and children	Willmont Health and Wellbeing 48 Willmont Ave Margaret River	Ph: 9757 2677 Ph: 0403 679 419 petrina@frogtrtail.com	2 days per week	Yes on prior negotiation and offer financial hardship scale	Yes
WACHS Community Adult Mental Health Service	Adult mental health provides mental health assessment, diagnostic clarification and treatment.	Adult Community mental health clinic in Margaret river. 18 Fearn Ave Margaret River	Referral via Busselton Community mental health team. Triage for referrals in Busselton Ph: 9753 6400	Monday to Friday 9-4pm	No Cost	NA

GP down south
Local health. Our business.

COUNSELLORS AND MENTAL HEALTH CARE PROVIDERS IN THE AUGUSTA MARGARET RIVER SHIRE

Provider name	Area of interest	Practice Address	Contact Details	Availability /referral pathway	Cost	Skype
WACHS Community Youth Mental Health Service (16-24 years),	Youth Mental health provides mental health assessment, diagnostic clarification, mental health education and brief intervention, collaborative treatment planning. • Depression • Anxiety • Psychosis • Self harm and suicide • Grief an lost • Self esteem • Family issues • Sexuality and gender • Anger • Drug and alcohol use.	Outreach service to Margaret river. Home and community visits Or seen at Margret river mental health??	Referral via Busselton Adult Community mental health team. Triage for referrals in via phone call to Busselton Ph: 9753 6400	Monday to Friday 9-4pm	No Cost	N/A
WACHS Indigenous Mental Health	Support Indigenous clients of the mental health service with access and engagement to services. Liaise with elders and traditional healers and support clients under Mental Health Act.	Located at Busselton Community Mental Health Outreach to Margaret river as required.	IMHW; Kelvin Lawrence, referrals Via Adult mental health in Busselton Ph: 9753 6400	Monday to Friday 9-4pm	No cost	No
WACHS Older Adult Mental health	Mental Health assessment and consultation, treatment service over 65 years	Outreach service to AMR shire home visit or see at Margaret river mental health clinic	Referral via Busselton Adult Community mental health team. Triage for referrals in via phone call to Busselton Ph: 9753 6400	As needed based on referral	No cost	No
WACHS Community Child and Adolescent Mental Health Service, Busselton	Mental health assessment Diagnostic clarification Collaborative treatment and planning Mental health education and brief intervention. Flexible	Busselton Hospital community mental health	Referrals to be sent to WACHS-SWCAMHSAdmin@health.wa.gov.au Ph: 97224300 Fax: 97224345	Monday – Friday 9-4	No cost	NA

COUNSELLORS AND MENTAL HEALTH CARE PROVIDERS IN THE AUGUSTA MARGARET RIVER SHIRE

	approach. Home and community visits.		Appointments are offered at Busselton Health Campus.			
Provider name	**Area of interest**	**Practice Address**	**Contact Details**	**Availability /referral pathway**	**Cost**	**Skype**
Waratah, Busselton	Counselling and support service for children and adults and/or family and friends who have experienced or witnessed Family and Domestic Violence, Sexual Assault and/or Sexual Abuse. Also counselling and support for children displaying inappropriate sexualised behaviour.	24 Kent St Busselton	Referral to be sent to waratah@waratah.asn.au Ph: 97912884 Appointments offered as needed based on referral. Phone counselling also available.	Weekly days vary- responding to needs of client.	No cost	NA
Youth Focus	Youth Suicide Prevention. Provides clinical interventions with young people 12-24 experiencing self-injury and/or suicidal ideation, or at risk of self-injury as a result of mild to moderate mental health disorders or other risk factors.	Full day inreach service at Margaret River Senior High School, Cape Naturaliste College and Georgiana Molloy Anglican School.	Self-referral through website for Bunbury appointments, or via Triage Officer Ph: 6266 4333 for school based services.	GP/professional referrals do not require MHCP for school-based services, and can be sent to schoolreferrals@youthfocus.com.au. At MRSHS on Fridays.	No Cost. Not session limited.	Yes

APPENDIX 10

SCOTT RIVER
Charity Ball
Est. 1991

OPEN THE GATE

to conversation…

The Scott River Charity Ball Committee are thrilled and proud to announce the launch of a mental health awareness and suicide prevention program which will directly support the people in the catchments of Scott River, Augusta, Karridale and Nannup.

OPEN THE GATE is a true grass roots project reaching out to support it's people by giving them the tools to respond positively to mental health.

With your generous support and funds raised at the Scott River Charity Ball we will be able to implement OPEN THE GATE into our region by hosting the following presentations:

- **Mental Health Awareness Community Presentations**
  Presented by Laurissa Knowles CMC B.A (Psych.Theol.), Dip.Ed, P.M.A.C.A. 4838, M.C.A.WA A6237, WACOT.
  Laurissa will be promoting the use of mental health, counselling, alcohol and other drugs services, and reducing stigma and discrimination against people using these services. The presentation will also include information on where people can find support locally and will be followed with an informal social time with morning or afternoon tea served. Venues to be confirmed but will be located in Augusta, Karridale, Scott River and Nannup.

- **SafeTALK Training**
  safeTALK is a half-day alertness workshop that prepares anyone over the age of 15, regardless of prior experience or training, to become a suicide-alert helper. Most people with thoughts of suicide don't truly want to die, but are struggling with the pain in their lives. Through their words and actions, they invite help to stay alive. safeTALK-trained helpers can recognize these invitations and take action by connecting them with life-saving intervention resources. Venues to be confirmed but will be located in Augusta, Karridale, Scott River and Nannup.

OPEN THE GATE is an exciting initiative for our region. The vision and intention is authentic and by being a community driven project together we can make a difference. TOGETHER we can OPEN THE GATE to conversation.