CO-DESIGN OF GOLD COAST COMMUNITY SUICIDE PREVENTION SERVICE

CAC RESULTS, SEPTEMBER 2020

Beacon Strategies, working in partnership with Wesley Mission Queensland and Gold Coast Primary Health Network (GCPHN), are leading a project to co-design a suicide prevention service model on the Gold Coast. As part of the co-design process, Beacon Strategies met with the Community Advisory Council (CAC) seeking their lived experiences, input and feedback.

What sort of issues and needs should a new service to support people with situational distress be able to help with?

- As issues and needs can be wide-ranging and complex, any new service should provide **safety, reliable support contacts and meaningful communication** via their staff and volunteers.
- The service itself doesn't need to be equipped to deal with every issue, but it's vital for the service to have the ability to **link people into existing services** to support their needs.
- New support services should **incorporate follow-ups** for people who have attempted suicide.
- New support services should provide means of **early intervention and immediate care** and support.
- CAC members advocated the use of **peer support and shared experience** as a way to deal with mental health struggles e.g. social barbecues or walks with other group members/patients in a relaxed environment.

Who in the community would benefit the most from a new service focused on situational distress?

- The **'invisible' community** e.g. single mothers, young people with poor safety nets and lacking in coping strategies, **domestic violence** victims, **widows/widowers** and the **homeless** community.
- Men who are often **less inclined to engage** with others with situational distress.
- People with **personality disorders**, those who have **suicidal ideations** and who may/may not be at imminent risk of danger.
- **Healthcare** personnel.
- CAC members had some discussion around **affordability**, noting that **transport issues** and **socio-economic status** play a part in healthcare.
- **Access** to the same opportunities in mental health should be an **equal** and a **basic right** for everybody.

Gold Coast Primary Health Network
Level 1/14 Edgewater Court Robina QLD 4226
info@gcphn.com.au | www.gcphn.org.au | Ph: 07 5635 2455 | Fax: 07 5635 2466

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WHAT HAS WORKED WELL, OR WOULD WORK WELL, IN MOMENTS OF SITUATIONAL DISTRESS?

Having a support network, friends to call when things are tough.

CAC members focused on the importance of connection and compassion from healthcare workers, friends and family during difficult situations.

Having judgement free spaces, which opens up safe conversation.

Giving consumers the choice of how they'd like to talk e.g. online, phone, face-to-face, and educating people of the options that are available to them.

Meditation and mindfulness exercises.

These sort of spaces would be ideal to have for people to go to before they reach crisis mode.

Some CAC members shared positive experiences which occured in the private system.

CAC members discussed positive experiences with programs such as: **Plus Social, Emotional CPR**, **Lifeline** and **headspace**, but concerns arose around what happens when there are not enough volunteers and patients fall outside of the age bracket.

CAC members noted that many of those who failed to connect with a GP were potentially at a higher risk of self-medication. Finding a good GP can be the catalyst of seeking further help.

Helping consumers understand there is a future and working on a practical path out of the current circumstances.

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WHAT HAS NOT WORKED WELL, OR WOULD NOT WORK WELL, IN MOMENTS OF SITUATIONAL DISTRESS?

CAC members shared their concerns and experiences around trying to be “fixed”, not being listened to, and processes around forcing people into non-consensual treatment.

Inappropriate questions being asked by medical staff can be triggering. More training needs to be implemented to help better educate some professionals.

The current process of having to see a GP, who refers to a psychologist, and then having to find a psychologist, is too difficult for some to deal with during times of crises.

Lack of availability and changes to services can be a barrier.

CAC members felt some clinicians can seem more concerned about risk, rather than the individual and their needs.

CAC members felt 10 subsidised mental health sessions per year was not enough. Consistent weekly contact, over a period of months, is needed.

More support and education is need for healthcare personnel to prevent them burning out. and leaving the industry.

Some medical professionals and facilities don’t know how to locate suitable care.

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Additional feedback from CAC members:

- CAC members discussed the importance of **volunteering** in the mental health space and the **merit** that should be placed on it.

  Volunteers are typically more passionate and are a great asset to those who are in need of mental health support.

- Free, means-tested relationship counselling would be very helpful for lower socio-economic groups.

- CAC members encouraged more neighbourhood-type support services to be implemented e.g. support workers who could assist consumers in everyday tasks such as accompanying them to the shops or going with them to the transport office and sitting with their children while the parent is at the desk.

Recommendation to the GCPHN Board

CAC member feedback be taken into account in the design process for the community suicide prevention service.

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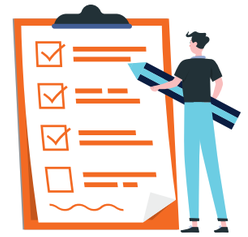
phn GOLD COAST
An Australian Government Initiative

STAKEHOLDER ENGAGEMENT FRAMEWORK

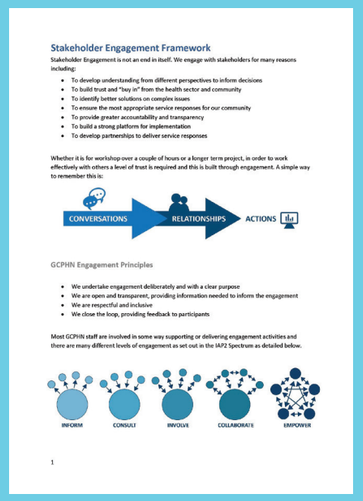
CAC RESULTS, SEPTEMBER 2020



The Gold Coast Primary Health Network (GCPHN) Stakeholder Engaement Framework is currently being reviewed. The Community Advisory Council (CAC) were asked for their feedback on particular sections of the document and provided their suggestions.

100% of CAC members **STRONGLY AGREED** or **SOMEWHAT AGREED** with the basic concepts on page 1 of the Framework.

- Many CAC members responded positively to the diagram under the GCPHN Engagement Principles heading, but flagged that it should be labelled appropriately to avoid confusion (i.e. IAP2 Spectrum).



Stakeholder Engagement Framework

Stakeholder Engagement is not an end in itself. We engage with stakeholders for many reasons including:

- To develop understanding from different perspectives to inform decisions
- To build trust and "buy in" from the health sector and community
- To identify better solutions on complex issues
- To ensure the most appropriate service responses for our community
- To provide greater accountability and transparency
- To build a strong platform for implementation
- To develop partnerships to deliver service responses

Whether it is for workshop over a couple of hours or a longer term project, in order to work effectively with others a level of trust is required and this is built through engagement. A simple way to remember this is:

CONVERSATIONS → RELATIONSHIPS → ACTIONS

GCPHN Engagement Principles

- We undertake engagement deliberately and with a clear purpose
- We are open and transparent, providing information needed to inform the engagement
- We are respectful and inclusive
- We close the loop, providing feedback to participants

Most GCPHN staff are involved in some way supporting or delivering engagement activities and there are many different levels of engagement as set out in the IAP2 Spectrum as detailed below.

INFORM CONSULT INVOLVE COLLABORATE EMPOWER

1

- Some CAC members suggested adding commitments by government in this section.

- Some CAC members suggested using the text area as an opportunity to explain the evidence behind incorporating consumers in the process of planning and delivering health services.

80% of CAC members **STRONGLY AGREED** or **SOMEWHAT AGREED** with the information on page 9 regarding engaging with partners.

- The meaning of RISK should be fleshed out so both partners can clearly identify how they are impacted by any f failure.

- Perhaps GCPHN could broaden the scope of who might be a "partner".

- The use of language seems out of place as the focus is on monetary risk. Language that includes the "human" aspect of consumers might be more appropriate.

- Equity does not necessarily lead to respect. Possible suggestion: equity leads to enthusiasm.

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89% of CAC members **STRONGLY AGREED** or **SOMEWHAT AGREED** with the information on page 5 regarding **engaging with consumers**.

Engaging with Consumers

Who are consumers?

Before discussing consumer engagement, it is important to clarify what is meant by the term consumer. GCPHN has adopted the Health Consumers Queensland definition which identifies consumers as "People who use, or are potential users, of health services including their family and carers." (HCQ, 2012). Anybody can be a consumer and engagement can occur with individuals, groups, formal organisations, representatives or communities. Consumers are not professionals and don't represent a particular organisation. It is the responsibility of the organisation engaging them to ensure appropriate support is provided to enable their participation.

Why engage?

Health consumers experience both the positive and negative effects of decisions made about health services, they have valuable insights that cannot be gained through any other avenue. Successful consumer engagement can inform health service organisations and policy makers about the needs of those who use their services (presently and in the future). This knowledge can identify potential barriers and is critical to ensuring systems and services are functioning well. Engagement provides a mechanism to improve the planning, design and delivery of services, to monitor and evaluate their quality and safety and gather input on reforms.

How does this relate to GCPHN?

There are multiple ways GCPHN engages with consumers including through working groups, newsletters, events, programs and services. As required by the Deed with the Commonwealth GCPHN has a formal mechanism for engaging with consumers through the Community Advisory Council (CAC). The purpose of the CAC is to provide a community perspective to the GCPHN Board to ensure that decisions, investments and innovations are appropriately patient-centred, cost effective, locally relevant and aligned to local care experiences and expectations. GCPHN staff can utilise the CAC to gain consumer insights across all stages of project or program development including conceptualising, planning, implementation and evaluation.

5

- Focus was about what GCPHN **is** rather than how GCPHN would engage.
- Incorporate wording such as **'experts by experience'** or similar into the first paragraph, to pay homage to the unique expertise consumers offer.
- Consider using **alternative** wording for the following:
  'Families' instead of 'family'.
  'Anybody/people' rather than 'consumer'.
  'Presently and in the future' with 'currently and in the future'.
- Consider including the phrase: "in line with our (or the) GCPHN Strategic Plan".
- Broaden the image of what might be a consumer e.g. homeless people who might not know anything about their right to healthcare.
- Consider community development for GCPHN staff members i.e. day in the life of a homeless person or disabled person, so they can also become experts by experience.
- It was suggested that **engaging with consumers** be a **separate document** from the Framework, due to the vast amount of information that should be considered.
- Members encouraged GCPHN to use advisory groups such as CAC as champions for GCPHN, to help get messages out to the wider community.
- Consider targeting those in everyday essential services.
- CAC members agreed that demystifying processes increases engagement and sets realistic expectations.

  Being transparent and providing the Framework document to consumers would be open and transparent.

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Feedback on the new Aboriginal and Torres Strait Islander section of the Framework

Which people or groups should be consulted?

- Representatives (individuals and groups) of all Aboriginal and Torres Strait Islander people on the Gold Coast.
- The Yugambeh people - to discuss the needs and preferences of their community, as well as explore ways to improve their current relationship with the health system.
- Kalwun, Aboriginal and Torres Strait Islander Health services and other similar Aboriginal and Torres Strait Islander groups.
- Local elders, leaders and Aboriginal case workers
- The Department of Family and Community Services (Aboriginal and Torres Strait Islander branch).

What key information should be taken into account?

- Feedback from the groups consulted would be best placed to identify the priorities and can assist in reaching objectives around those priorities.

Feedback on the new Multicultural section of the Framework

Which people or groups should be consulted?

- Those who identify as multicultural on the Gold Coast and have personal experience of what it's like to be of a different culture in Australia.
- Local groups which support multicultural residents i.e. Multicultural Communities Council Gold Coast.
- Religious establishments

What key information should be taken into account?

- The variety of cultures, languages and ages of multicultural residents of the Gold Coast.
- How religious and cultural attitudes towards our health services may be different.
- Consulting sensitively with cultural groups before anything is published should be considered, especially where language interpretation has been involved.

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STAKEHOLDER ENGAGEMENT FRAMEWORK

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- CAC members discussed the idea of contacting hard-to-reach audiences such as schools and marginalised groups in the initial stages of review.

- CAC members also suggested the below groups could be considered for separate sections in the Framework:

  Homeless, particularly those suffering due to COVID job-loss
  Families with children (becoming more and more i identifiable as a vulnerable group)
  Disability and carers
  Chronic Disease and Palliative Care
  People with a lived experience with mental health
  Persistent/Chronic Pain

- Some CAC members were unsure of the word **"ephemeral"** and the lack of the word/term **"advocacy"** throughout the document.

- Use the Queensland Lived Experience Framework as a **baseline** example of a researched framework.

- Consider other ways of sharing information rather than in a document (e.g. video).

- Establish a private Facebook group which uses champions to share information to the community.

Some general feedback around the Framework

Recommendation to the GCPHN Board

That feedback from CAC will be considered in the review of the Stakeholder Engagement Framework. In particular, there was limited support for the idea of community facing document on how the PHN engages.

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