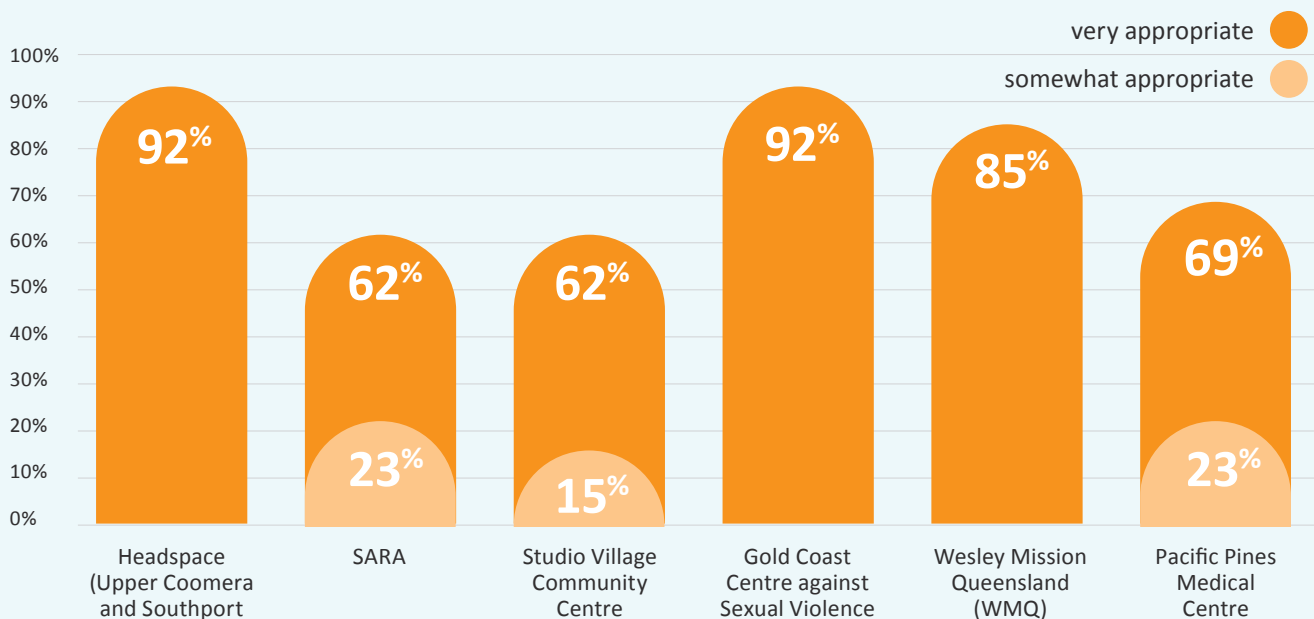


### Learnings from the Community Suicide Prevention Program

The Community Suicide Prevention Program is looking to expand potential referral options on the Gold Coast. A staff member from Gold Coast Primary Health Network (GCPHN) presented to the Community Advisory Council (CAC) on this program and asked for their feedback to help inform those considerations.

#### CAC members rated the appropriateness of the following organisations referring into the Community Suicide Prevention Program:



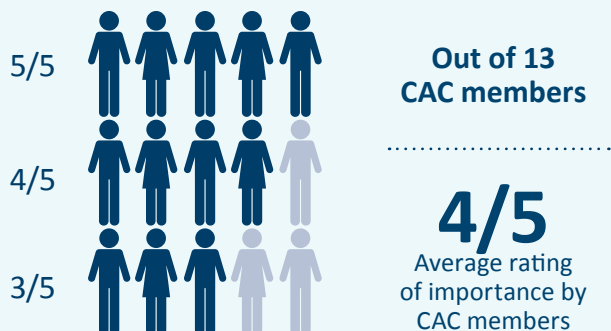
#### Suggestions and feedback from CAC members:

- Key organisations and services missing from the list of current referrers include school chaplains, local community centres, carer organisations, and high school and college contacts.
- Organisations such as Rosie's and Orange Sky Laundry could assist in disseminating information about the service to the homeless community.
- GCPHN should loop back around to drug and alcohol services who didn't have capacity initially, to see if they are now available to engage.
- Going out to organisations for referrals could mean there's a risk of getting too many. There needs to be a way to find a balanced capacity.
- There needs to be more advertising/information made available to let the community know how to get help without waiting for hours (e.g. at the hospital).
- Some people don't want to get help for mental health as there is a risk of this coming back to bite them in the future (e.g. applying for the police, the army).



## GP engagement in the Community Suicide Prevention Program

CAC members rated the importance of GP engagement in the Community Suicide Prevention Program on a scale of 1-5 (1 being not at all important, 5 being very important)



### Suggestions and feedback from CAC members:

- Whilst they might be difficult to engage due to workloads, GPs should be consulted on the best ways to engage other GPs.
- Consider reaching out to GPs again now that the COVID-19 peak has subsided, however be mindful that GPs are very busy and still might not have capacity to get involved.
- GP referrals into this service could be considered problematic as this is a *community* mental health program and GPs tend to refer into other *clinical* programs. If a patient is a suicide risk, it could be considered negligent to refer into someone into a non-clinical service. GPs also have to consider indemnity insurance.
- Patients might feel that meeting a GP for a referral is a barrier (e.g. anxiety and fear of judgement, waiting times, dislike of clinical environments, risk of COVID-19).
- Telehealth appointments with GPs on a rotational basis could assist this program, by ensuring there is always someone available to talk.

One of the CAC members shared a personal experience with a local suicide prevention program and said, *"Communications between the services was poor; the GP was involved, but not engaged. There was also a lack of transparent delivery of information across services."*



### Recommendation to the GCPHN Board:

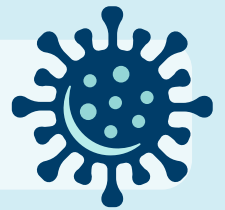
That CAC feedback on Learnings from the Community Suicide Prevention Program be considered in the review of funded suicide prevention activities.

# GCPHN Community Advisory Council (CAC)

MEETING 04.03.22

## Living with COVID-19

The Community Advisory Council (CAC) were asked to discuss their experiences of dealing with COVID-19, after the Queensland border opened to visitors again in December 2021. Members of the group discussed this at length and provided their input and feedback.



### Experiences of CAC members included:

- Families choosing to stay away at home and away from people as much as possible e.g., no restaurant visits and groceries delivered.
- Difficulty in navigating their jobs due to customers not wearing masks and needing to make personal choices about what is a 'reasonable' risk.
- Realising how lucky they are to have friends and family to take them in/assist with check-ins/essential items.

*"Personal circumstances meant that the experience of catching COVID-19 could be vastly different from person to person."*



Of the people who had COVID-19, or knew someone who had COVID-19,

**75%** sought out information related to having COVID-19.

The main sources of COVID-19 information were:

- Queensland Health website
- Press conferences made by the Chief Health Officer
- COVID-19 hotline
- Social media
- Google searches
- GPs

Of the people who had COVID-19, or knew someone who had COVID-19,

**69.2%** chose not to contact a healthcare provider.

Most CAC members chose to follow advice and stay at home. Those who did contact a healthcare provider, spoke to:

- GPs
- The COVID-19 Virtual Ward

*"My experience with the Virtual Ward was positive. Somebody checked in daily for a few days and followed up after the week was over. The follow-up process was very good."*  
– CAC member



Of the people who had to quarantine/isolate or knew of people who had to quarantine/isolate,

**73%** said they did not receive support.

Those who did receive support received:

- Regular phone calls from family and friends
- Food and medication deliveries

### CAC members connected to the culturally and linguistically diverse communities in the region discussed their viewpoints:

- The Aboriginal community don't have a lot of trust in government mandates and are reluctant to engage, due to generational trauma and lack of education. Support from other Aboriginal community members could help with increasing engagement from the Aboriginal community, as well as organisations such as Kalwun and CURA.
- Many people in the Japanese community are not enthusiastic about vaccination, but information is effectively circulated thanks to the police liaison officer, government announcements on social media, and the Japanese consulate in Brisbane.
- Many people in the Nigerian community are distrustful of the government. They feel like they have been left behind and are only being cared about now that COVID-19 is a priority.
- Local cultural centres would be an effective way to get information to people who don't read or understand English. E.g., The Croatian Centre, The German Club who can then translate the info and circulate to their peers.

### Recommendation to the GCPHN Board:

That feedback on Living with COVID-19 be collated and passed on to inform GCPHN's COVID-19 response and shared with other stakeholders as relevant to support future decision-making.

## Special Projects: Commissioning early intervention for Senior Australians

A staff member from Gold Coast Primary Health Network (GCPHN) presented to the Community Advisory Council (CAC) on two projects: Commissioning early intervention for Senior Australians and Dementia Pathways. CAC members discussed this information and provided feedback.

### What information and support is required to manage on older person's chronic disease and keep them healthy at home?

- Having early conversations about the older person's care wishes.
- Letting people stay at home longer.
- Recognition of what is happening, ways to manage how things will change, and discussion around long-term impacts for everyone involved.
- Utilising a care person before they get severe dementia and pre-empting care.
- A dementia pathway for family members and carers, which would guide everyone involved through a step-by-step process on how to manage the person's health.
- Letting people stay at home longer.
- Information needs to be accessible beyond websites as many older people don't have access to mobile phones or computers.
- Advocacy to assistance with filling in paperwork, whether that be by someone walking them through it, or more education on how to fill it in.
- People need to keep giving feedback to RACFs, family members need to work extra hard to advocate for families and other residents.

### Existing healthy ageing programs, social, psychological and welfare supports which work well to keep older people healthy at home:

- The chronic disease clinic at Robina Hospital which assists the Aboriginal and Torres Strait Islander community.
- CAC members shared experiences of meeting allied health providers and finding out about services they didn't know existed and thought this service should be made available to a wider cohort of people.
- The Dementia Support Australia hotline was discussed as a helpful resource.
- Facilitated round table discussions of older people with lived experience of chronic disease. These conversations can take place at local gatherings such as respite centres, social clubs, Men's Sheds, and bowling clubs.
- Support groups which take older people out on excursions to keep them stimulated and engaged.
- Social workers via the hospital system are very successful in getting supports in place and assisting families with the complex arrangements.
- The Gold Coast City Council Active and Healthy Program which helps keep older people engaged with their communities.
- Telehealth – this should be used for regular check-ins to see how things are going.
- Music therapy was reported as successful by one CAC member.

*"I do think people need to understand that each person with dementia has different needs."*  
– CAC member

*"A good team in place will help work to keep the person at home until their disabilities make it necessary to go somewhere else. When family and support providers don't talk to each other, people can be at home for longer than is safer."* – CAC member



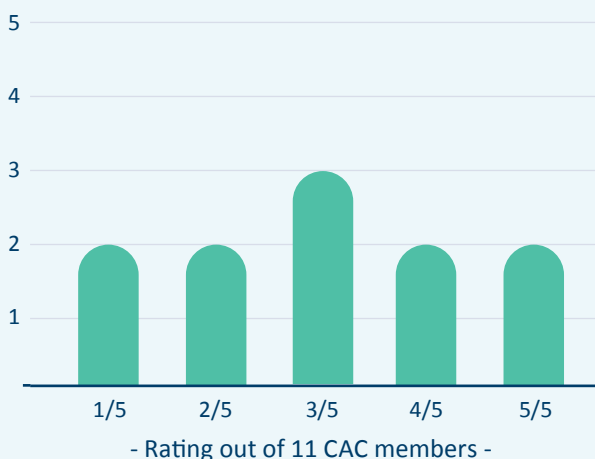
## Special Projects: Dementia Pathways

**After receiving a dementia diagnosis, what information and resources are available to help people living with dementia and their families/carers feel supported?**

- Talking with a GP and getting an ACAT assessment organised as soon as possible.
- Dementia Australia is a great resource for information.
- Joining the Alzheimer's Association, or a similar group for support.
- My Aged Care can organise someone to come in and clean or if it's early onset, you can potentially receive assistance through the National Disability Insurance Scheme.
- Being pro-active and asking for help is the best way to get on the front foot.

CAC members were asked to rate the clarity of the steps to take if they observed changes in a loved one and wanted to investigate and confirm if they had dementia.

The scale was from 1-5  
(1 being not clear at all, 5 being very clear)



- Rating out of 11 CAC members -

Average rating of clarity by CAC members: **3/5**



**Suggested places to look if you needed to find information related to dementia, including resources and available support:**

- Dementia Australia
- The Dementia Guide, which is available to download online at [www.dementia.org.au](http://www.dementia.org.au)
- The Australian Alzheimer's Association
- Speaking with a GP
- Google searches for dementia support groups, carer support groups and other existing service providers.
- Dementia Australia telephone book filled with questions, where to go, contacts etc. Referred to local services.

**Education and information which would be helpful:**

- A reference section or community display of resources for older people wanting current information on planning ahead e.g., enduring Power of Attorney documents, statements of choice.
- Being able to find information in print form at medical centres and pharmacies
- Being able to find generic information which is generic, and not demographic targeted
- ACAT assessment should be used as an opportunity to provide the right education.

### Recommendation to the GCPHN Board:

That feedback from CAC discussion be considered in the next stages of planning for the Special Projects.