

An early intervention and recovery support for people living in regional and remote WA

What have people living in regional and remote WA asked for?

A place-based neighbourhood centre where everyone is welcome to drop in and socially connect in a welcoming space, and through shared activities.

For remote areas, a focus on practical support is offered to help a person feel unburdened before emotional needs are addressed. And then, for Aboriginal people, opportunities to heal on Country may be considered.

Skilled, locally trained staff and peer workers, and in some areas, Aboriginal Health Workers, are needed.

ACCESS CONSIDERATIONS

I may be hesitant to seek help directly for my mental health

I need it to not be just a mental health service, because of stigma

- A local centre based and face-to-face service that offers social connection and support with other things, not just mental health, and building on what is already available in local communities
- No diagnosis required and people can self-refer
- The service can cater for people with co-occurring alcohol and other drug issues in an integrated way
- Build on existing capacity – community resource centres and neighbourhood centres

RECOVERY SUPPORTS

If I have had mental health issues in a small community I may need help to recover and to shake the label

There are times when living in remote areas is stressful and expensive. I need help making things work – sorting out Telstra, my water bills, balancing cultural and employment obligations and finding ways to go back to Country

I may need help with trauma or other complex issues

I need strength based approaches that understand and connect with local issues and supports

- Community based social, education and outreach activities help normalise mental health and wellbeing, build community connection and resilience and connect people to supports
- Opportunities for social connection and engaging with others 'shoulder to shoulder' while busy with activities that are not explicitly promoted as mental health events
- Staff are actively non-stigmatising and recovery focused. Approaches around recovering citizenship – looking at positive integration in the community
- Brokerage funds to assist with making someone's life function better, and unburdening a person are immediate needs to be addressed. This may include petrol money to travel for cultural reasons, which supports mental health
- Help to initiate peer support groups and train local peer workers
- For Aboriginal people, especially living in remote WA, a Traditional Healer or Aboriginal Mental Health Worker can then provide social and emotional support, or support for a person to heal on Country
- One-on-one, individualised support with skilled staff is available

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MODEL DEVELOPMENT – BRINGING IN THE LIVED EXPERIENCE

People living in rural, regional, and remote areas have less access to place-based mental health support than their metropolitan counterparts. One of the largest gaps is community mental health support - to walk alongside people enabling and supporting personal recovery. The Plan identifies a need to significantly increase access to community support across the regions.

This model was developed by an online focus group of people living in the Kimberley, Pilbara, Midwest and South West, and substantiated by survey findings and service provider interviews.

“Because there are no community mental health supports available in our town, the nearest major town with these services is more than an hour away by road with no public transport. Because all the services are in major cities or towns, it’s easy to ignore tiny towns like mine.”

Survey response

“There are few or no support groups in rural areas, and particularly for young people, no public transport available so they can get to ones in bigger towns without their parents help. ...it’s not just a gap in services, it’s a dangerous abyss.”

[Survey response]

People living in regional and remote WA focused on the need for the development and enhancement of locally-based, community-connected services. In many areas community resource centres are a valued resource, and participants are seeking ways to build the capacity of these to work on prevention and to support people experiencing mental health challenges.

These centres already act as the glue in many towns and are seen as a way to build social support and connection, and offer activities that support community

integration, whilst also providing one-on-one mental health support. Together, this approach is seen to be much less stigmatising than specific mental health services.

“Bring back the models that were really working... such as neighbourhood houses. More of a community and village feel. Less clinical spaces that do not stigmatise the visitor.”

[Survey response]

There is a strong desire to build the capacity of local people and local services to provide face-to-face in-person support, rather than rely on fly-in fly-out or telehealth services alone. Many participants express distress at the approach of some service providers who bring in staff from the cities, rather than identifying and building local expertise.

“Zoom is not the answer... the models that get overlooked are those that are on the ground at the coal face, meeting with people locally – which is incredibly important, and it works.”

Service provider interview

The development of peer workers and peer services was again a strong theme.

For Aboriginal people, healing on Country, other opportunities to connect with cultural supports, and access to traditional healers or Aboriginal mental health workers is important.

There will be no need for a diagnosis, and the service will be trauma informed and able to work with people experiencing both mental health and alcohol and other drug issues. These components are all important for the service to be accessible and responsive.

Practical help might also be needed, so brokerage funds and strong links with other services are also essential.