Government of **Western Australia**
Department of **Health**

Peel and Rockingham Kwinana Mental Health Sub Network Establishment Report

Including outcomes of the Peel and Rockingham Kwinana Mental Health Sub Network inaugural Open Meeting

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Executive Summary

Peel and Rockingham Kwinana Mental Health Sub Network

The Mental Health Sub Networks were established to support the Mental Health Network (MHN) in engaging with and delivering outcomes for specific cohorts.

This report outlines the process of establishment of the Peel and Rockingham Kwinana Mental Health Sub Network Steering Group, with a focus on the outcomes of the Open Meeting that will inform the Group's work.

Open Meeting

The MHN in conjunction with the Mental Health Commission (MHC) hosted the Peel and Rockingham Kwinana Mental Health Sub Network Open Meeting on 3 March, 2016.

The Open Meeting was attended by 62 people, including mental health service consumers, families, carers, mental health advocates, health professionals, university academics, service providers and organisations. The participants were highly engaged and motivated throughout the meeting and actively contributed to information collected.

The Open Meeting program is available in Appendix A.

The points below capture the common issues raised during the plenary and in the workshop, as identified by the Open Meeting facilitator:

- Lacking a clear directory of services clearly outlining where the service is provided, how they can help and entry criteria for referral.
- Barriers to accessing services, including inconsistent provision across suburbs, a lack of after-hours support, cultural gaps for Aboriginal consumers and the need for practical transportation assistance.
- A lack of integration and communication between mental health service providers, as well as poor connections with other impacted Agencies and services (e.g. Police).
- Lack of specialist services in the region and pressures on the emergency department to attend to individuals with mental health issues.
- A need to break stigmas and social exclusion around mental health, particularly for employment.
- More consumer and carer involvement and support is needed in service design, delivery and inter-professional training.
- Require increased mental health education and training for the broader community.
- Need for future planning and workforce development to cater to rapid growth and demographic needs.
- Restrictive funding structures.
- A need to ensure patient centred care is provided.

The themed outcomes from the workshop session are outlined under Workshop outcomes with the detailed participant input available in Appendix B.

Steering Group

At the conclusion of the Open Meeting, expressions of interest were called for from individuals to join a Steering Group to drive the work of the Sub Network.

All nominations were considered by the Implementation Group and the names of the successful applicants presented to the MHN Executive Advisory Group for final approval. A list of the Inaugural Steering Group for the Peel and Rockingham Kwinana Mental Health Sub Network is available in Appendix C

The information collected from the Open Meeting workshop will be used to guide the Peel and Rockingham Kwinana Mental Health Sub Network Steering Group in the development of their work plan and to inform and support the MHC in the delivery of the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025* (Plan). The Peel and Rockingham Kwinana Mental Health Sub Network will also be engaged to support consultation undertaken by the Department of Health on the planning of health services.

Introduction

Mental Health Network

The establishment of the Mental Health Network (MHN) was undertaken by the Department of Health with the support of Professor Bryant Stokes, Acting Director General, Department of Health in partnership with Mr Timothy Marney, Mental Health Commissioner, Mental Health Commission (MHC).

The MHN was launched during Mental Health Week in October 2014. The MHN is led by Co-Leads Dr Helen McGowan and Ms Alison Xamon.

The MHN Executive Advisory Group (EAG) membership includes consumer and carer representatives as well as representatives from the Department of Health, MHC, Office of Mental Health, Primary Care, Mental Health Clinician Reference Group, Office of the Chief Psychiatrist, Western Australian Primary Health Alliance (WAPHA) and the Western Australian Association of Mental Health.

The objective of the MHN EAG is to support and guide the MHN to undertake the following:

- Contribute to improving the mental health and wellbeing of Western Australians.
- Draw upon a community of practice approach to share information, engage with the sector and community, foster collaboration and develop partnerships.
- Engage with organisations and individuals to support innovation and change.
- Develop an agreed set of strategic priorities across the mental health sector.
- Promote system change including continued development of a person-centred and recovery orientated culture, with better integrated and connected services.
- Promote adoption of recognised best practice across the sector.

The Mental Health Sub Networks structure was created to support the MHN to meet these objectives.

Mental Health Sub Networks

The Sub Networks are intended to focus on the needs of a particular cohort, be task orientated and to deliver products by bringing together the right people, from the community sector, health, consumers, carers and other interested parties. A structured approach was taken to the engagement and the establishment of each of the Sub Networks.

A prerequisite to the establishment of each Sub Network included confirmed sponsorship from a health service, identified co-ordinators and support of key stakeholders within the sector prior to progressing the development of the Sub Networks.

The MHN Co-Leads took a leadership role in networking with individuals and organisations to identify and establish the Sub Networks.

An Implementation Group of key stakeholders was then formed to assist in the organisation of an Open Meeting, including the selection of appropriate panellists to provide snapshots of key sector issues. The aim of the Open Meeting was to give the broad community the opportunity to actively participate in the formation of the Sub Network and provide critical input to shape its priorities moving forward.

At the conclusion of the Open Meeting, expressions of interest were called for from individuals to join a Steering Group to drive the work of the Sub Network.

Each Mental Health Sub Network Steering Group was required to have representation from:

- consumers
- carers or family members
- community managed organisations
- public community mental health services
- inpatient public mental health services
- inpatient and community private mental health services
- primary health services
- agencies delivering prevention and promotion programs and initiatives
- MHC
- mental health professionals from a range of disciplines including peer workers:
  - allied health
  - nursing
  - medical
  - psychology
  - psychiatry
- individuals and agencies working in regions across the state including:
  - rural and remote and metropolitan districts/ regions (particularly relevant for cross-sectoral working groups)
- individuals and agencies working with different age cohorts (relevant for cross-age cohort working groups), including:
  - infant children and adolescents
  - youth
  - adults
  - older adults
- the sponsoring organisation.

All nominations were considered by the Implementation Group and the names of the successful applicants presented to the MHN EAG for final approval. In order to keep the Steering Groups at workable sizes, applicants were selected on the basis of their ability and willingness to represent the concerns of multiple cohorts.

A list of the Inaugural Steering Group for the Peel and Rockingham Kwinana Mental Health Sub Network is available in Appendix C.

Peel and Rockingham Kwinana Mental Health Sub Network Open Meeting

Stakeholders for Peel and Rockingham Kwinana mental health services in Western Australia met for the inaugural open meeting of the Peel and Rockingham Kwinana Mental Health Sub Network at the Gary Holland Centre, Rockingham on Thursday 3 March 2015.

A total of 62 people attended the Open Meeting including mental health service consumers, families, carers, mental health advocates, health professionals, university academics, service providers and organisations.

- 84 people registered to attend the Open Meeting.
- 62 people attended the Open Meeting (74% of those that registered).
- 33 organisations were recorded as having representatives at the meeting.

Open meeting process

The energy and good will demonstrated throughout the establishment of the Peel and Rockingham Kwinana Mental Health Sub Network continued to develop momentum throughout the Open Meeting.

The Open Meeting program is available in Appendix A.

Following the acknowledgement to country given by Mental Health Co-lead Alison Xamon, the Open Meeting heard overviews from Dr Helen McGowan, regarding the MHN; Ms Louise Southalan on Mental Health – The Big Picture, and Dr Gordon Shymko regarding the Peel and Rockingham Kwinana mental health sector.

Panellists recommended by the Peel and Rockingham Kwinana Mental Health Sub Network Implementation group then shared snapshots of key issues and perspectives in the Peel and Rockingham Kwinana mental health sector.

Following a networking break the meeting resumed with a workshop session facilitated by an external provider.

The outcomes of the panel discussion and workshop session as captured by the facilitator are themed and summarised below.

Panel discussion

The panel consisted of representation from the following perspectives:

• Consumer	Mr Glen Hatwell
• Carer	Ms Maria Franklyn
• Primary Health	Dr Fraser Barrie
• Aboriginal perspective	Mr Jonathon Ford
• Clinician perspective	Emma Heath
• Non-Government Organisation (NGO) clinician perspective	Christine Wichniewicz.

The following points were captured by the facilitator during the panel session:

- There is a need for better collaboration in the region.
- Being attentive and listening can be of huge benefit for carers and consumers.
- There has been a distinct improvement in the supply of mental health services in the last 10 years. This sub network is a great initiative because the major problem holding us back is communication of these services.
- How does a new General Practitioner (GP) to the area find out about available mental health services? The Peel and Rockingham Kwinana website only has an address and phone number, and the hospital or Department of Health can't provide information. A list of services with criteria would be invaluable for GPs to improve the care we provide to our patients.
- The cultural component to mental health is really important for Aboriginal people. There are a lot of complex spiritual mental health issues that Aboriginal people feel they can't tell a GP because they might get sent straight to the Emergency Department (ED), but there is little opportunity for GPs to learn and become more culturally aware.

- We need to find ways for the Aboriginal community to provide direction and guidance to GPs and mental health services on how to provide more culturally compassionate care. At the same time, Aboriginal people need to keep learning how to navigate the clinical services and pathways. How do we reduce the pressure on each other to provide the healing services needed (e.g. spiritual smoking ceremonies)?
- There is a lot of change and innovation happening and I feel it's a great time to be in the sector. Improving referral times, multidisciplinary approaches and intervention packages are functions our group sees as important – improving our relationships with other groups is critical to this.
- We've experienced a lot of partnerships with clinical and non-clinical services and it benefits the consumer but also grows the knowledge of individual practitioners and teams.
- A person centred approach really needs to drive the work we do.

Workshop outcomes

Participants were asked to consider the panel presentations and take into account their own knowledge and experience of the sector to answer the following questions:

  - What do you see as key issues that are still to be resolved?
  - For this issue, what potential solutions would you propose?

Responses were shared in real time via GroupMap - allowing cross pollination of ideas from all participants. The participants were highly engaged and motivated throughout the meeting and actively contributed to information collected.

The following points were captured during the workshop session by the facilitator, summarised and themed:

Lack a clear directory of services clearly outlining where the service is provided, how they can help and entry criteria for referral:

- Need a directory of services clearly outlining where the service is provided and how they can help.
- A lack of information about what exactly individual services do in the region.
- Need easier, simplified pathways for individuals to access services.
- Need a directory available for consumers of mental health.
- Peel and Rockingham Kwinana mental health had an emergency booklet that gave you all the emergency phone numbers and helpful websites that was withdrawn because of funding.
- Lack of a locally based resource to be used by new GPs and services coming to the area.
- Lack of information about the range, type and scope of services available in the area.
- Please can we have a one stop shop, we have asked for many years, please listen.
- Practical, informative and helpful information, support and assistance is needed for family members that are caring, supporting or living with someone experiencing mental health issues or the like.
- Public information services for sharing procedures and pathways.
- Need a simple service access system that everyone can understand and use with active support to assess the need and enter the system at the right point, depending on that person's needs.
- What is a mental health trained GP? What standards should someone expect from one and how do people know who to go to?

- Access to the Internet is limited, so need to consider this when ensuring easy public access to services access information.

Barriers to accessing services, including inconsistent provision across suburbs, a lack of after-hours support, cultural gaps for Aboriginal consumers and the need for practical transportation assistance:

- Access to mental health counselling services without requirement for mental health care plans and diagnosis.
- After hours support, especially for the homeless population before the Council have to act to move people on.
- Difficult for culturally and linguistically diverse consumers to access mental health services.
- Consumers are faced with waiting lists for services that they choose.
- Cultural gaps to integrating the Aboriginal and Wadjella (Non Aboriginal) worlds clinically and spiritually.
- Need easier access to services to support people that may have comorbid conditions.
- Huge discrepancy between the availability of mental health services for private and public patients.
- Lack of consistency in the ability to access services (e.g. services might be available in one suburb but not another under a particular program).
- Gaps in service provision (e.g. one person's needs not being met due to commissioning restrictions and competencies).
- Gaps caused by quality of service inconsistencies in neighbouring districts.
- Close the Gap in the value proposition between expectations and reality.
- Remember that local service is essential as lots of people don't have cars.
- Transportation is required for people to attend programs and services.

A need to break stigmas and social exclusion around mental health, particularly for employment:

- Break stigmas that prevent people from achieving mainstream society goals such as getting a job, starting a business or hobby, or buying a house.
- Increase the number of training and sponsorship partnerships between consumers, carers, community and lack of focus on health promotion and preventative health diversion initiatives.
- Social exclusion across the life span and the impacts on mental health.
- Stigma exists around mental illness for employment and the impacts on health insurance.
- Stigma of mental health and how that relates to limiting employment opportunities.
- Difficult for individuals to be recognised by government and key stakeholders as highly valued and respected members of the community.

Require increased mental health education and training for the broader community:

- The lack of community engagement in service promotion.
- Mental health first aid training needs spreading wider to increase mental health literacy.
- Government.
- Aim to have 5% of the population trained in mental health first aid to provide better immunity against mental health issues.
- Need broad education on suicide issues.

More consumer and carer involvement and support is needed in service design, delivery and inter-professional training:

- Allow consumer representatives to educate the doctors.
- Carers need a vehicle to share their lived experience between GPs and hospital staff.
- Carers WA could speak to doctors and managers to educate them on the services that are available for people who have mental health issues.
- De-jargon all the language so we can all participate in keeping our community well.
- Need to educate families on the mental health service system.
- Require education to assist carers to have a relationship with the mental health service on behalf of the person they are caring for.
- More effective listening to carers about learning disabilities and mental health.
- Need more consumer and carer engagement in service design.
- Lack of carer awareness of the support available for them.
- Recovery for families, carer identification and Children of Parents with Mental IIlness (COPMI).

A lack of integration and communication between mental health service providers, as well as poor connections with other impacted Agencies and services (e.g. Police):

- Lack of communication and awareness of, and between, services.
- Poor communication and education of primary health providers.
- Lack of communication.
- Gap in services and the relationship between Police and mental health services.
- Lack of coordination between Peel and Rockingham emergency psychiatry services regarding where a service is available (especially out of hours).
- Lack of communication and coordination across services.
- Lack of integration and communication between services.
- Lack of networking opportunities for providers.
- Partnerships that work together to achieve care plans and the goals of individuals that incorporate all aspects of recovery, including income and housing and family relationships.
- Passing the buck by service providers (i.e. when two services both assume that the other is doing it but no one ends up doing anything).
- Pulling services together for case conferences.
- There is duplication of services, need greater consideration of triage of services, service hubs and a one stop shop.
- Poor transitional arrangements between GP and NGO or government services.
- Need to better connect services in the region.

Lack of specialist services in the region and pressures on the ED to process individuals:

- Lack of drop-in centre (without referral) as a place for social inclusion on their own terms.
- Lack of walk-in centre for mental health.
- Lack of specialist services in the region.
- Lack of psych education for chronic psychotic patients.
- Lacking a specific mental health ED or similar facility.
- Long waiting time for inpatient bed after assessment in the ED.
- Long waiting time for psychiatric assessment on arrival to the ED.
- No transparent bed management service that allows EDs to see bed state.

- Poor ability to contract adolescent services to come to the Rockingham ED (usually wait for the team from Princess Margaret Hospital (PMH).
- Mental health issues for people with learning disabilities.
- Wrap around services not put in place comprehensively or expediently for consumers.
- Accommodation issues, particularly homelessness.
- More mental health focused supported accommodation services needed.

Need for future planning and workforce development to cater to rapid growth and demographic needs:

- Not enough professionals employed in the workforce to cater to geographic and demographic need.
- Not planning far enough ahead.
- Rapid growth adds to issues around early intervention, not enough services and not enough brief intervention.
- Socio economic variations mean people cannot afford the health care they need, putting a strain on the system.
- Poor technological capacity.

Restrictive funding structures:

- Funding structure is counterproductive and not supportive of collaboration of services.
- Lack of funding.
- Services are doing things others can be paid for.

A need to ensure patient centred care is provided:

- Our essential systems and services do not have the ability to recognise a person as an individual.
- Need to listen to the person (two ears one mouth).
- Treat the person not just the condition.

The detailed participant responses are available in Appendix B.

Next steps

The information collected from the Open Meeting workshop will be used to guide the Peel and Rockingham Kwinana Mental Health Sub Network Steering Group in the development of their work plan and inform the MHC to support the delivery of the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025* (Plan). The Peel and Rockingham Kwinana Mental Health Sub Network will also be engaged to support consultation undertaken by the Department of Health on the planning of health services.

In addition to working on identified projects, the Steering Group will work to foster engagement and communication in the Peel and Rockingham Kwinana mental health sector.

Developments, issues for broader discussion and achievements will be reported back to the broader Peel and Rockingham Kwinana Mental Health Sub Network membership via the Health Networks.

Appendix A: Open Meeting program

Department of Health
Mental Health Commission
GOVERNMENT OF WESTERN AUSTRALIA

Peel and Rockingham Kwinana Region Mental Health Sub Network Inaugural Open Meeting

Thursday, 3 March 2016

Gary Holland Centre, 17 Kent Street, Rockingham

Registrants for this event will have the opportunity to find out how they can actively participate in the Peel and Rockingham Kwinana Region Mental Health Sub Network and help shape its priorities.

Time	Program	
1.30pm	Registration	
2.00pm	Introduction Acknowledgement to Country	Ms Alison Xamon (MC)
2.05pm	Mental Health-The Big Picture	Mental Health Commission
2.15pm	Overview of Mental Health Network & Sub Networks	Dr Helen McGowan
2.25pm	Overview of RPG Mental Health	Gordon Shymko
2.35pm	Consumer perspective Carer perspective Primary health perspective Aboriginal perspective Clinician perspective NGO clinician perspective	Glenn Hatwell and Maria Franklyn Dr Fraser Barrie Jonathon Ford Emma Heath, ATT Clinician Christine Wichniewicz, Ruah Clinician
3.00pm	Networking break	
3.25pm	Reflect and build on themes	Mr Will Bessen
4.15pm	Joining the Peel and Rockingham Kwinana Region Mental Health Sub Network and Steering Group	Ms Alison Xamon
4.25am	Concluding remarks and acknowledgements	Geraldine Carlton
4.30pm	**Close and Networking**	

Appendix B: Detailed participant input

The table below captures the individual issues and respective solutions raised by participants in the workshop session using GroupMap.

Issue	Proposed Solutions
• Need a directory of services clearly outlining where the service is provided and how they can help.	
• A lack of information about what exactly individual services do in the region.	• Updating the 'green book' and service atlas to an online service directory that can be regularly updated. • Opportunities for providers to see, hear and meet other providers to develop better networks and pathways for consumers. • Replicating the panel discussion from today which helped to introduce a range of providers and their perspectives.
• Access to mental health counselling services without requirement for mental health care plans and diagnosis.	
• Access to the internet is limited, so need to consider this when ensuring easy public access to services access information.	
• Accommodation issues, particularly homelessness.	• Add after hours support to address homeless population needs in Rockingham before the council rangers move people on.
• After hours support, especially for the homeless population before the council have to act to move people on.	• Create a drop in space, possibly by expanding the Salvation Army one stop shop hours. • Provide more community outreach workers out of hours similar to the Salvation Army model in the city.
• Aim to have 5% of the population trained in mental health first aid to provide better immunity against mental health issues.	
• Allow consumer reps to educate the doctors.	
• Break stigmas that prevent people from achieving mainstream society goals such	• Educate the community and locals, such as employers and training providers.

as getting a job, starting a business or hobby, or buying a house.	
• Difficult for CaLD consumers to access mental health services.	
• Carers need a vehicle to share their lived experience between GPs and hospital staff.	
• Carers WA could speak to doctors and managers to educate them on the services that are available for people who have mental health issues.	
• Close the Gap in the value proposition between expectations and reality.	
• Lack of communication and awareness of, and between, services.	• An easy to access electronic, living document that provides a listing of numbers and addresses of service providers. • A live blog questions and answers run daily / continuously.
• Poor communication and education of primary health providers.	
• Lack of communication.	• Seamless communication between paediatrics to youth to adult services is needed. • Effective communication between services - government and private. • Sharing information prior to admission and handover. • Clear pathways within services. • Having a community resource directory updated, and practitioners knowing how to refer.
• Consumers are faced with waiting lists for services that they choose.	
• Cultural gaps to integrating the Aboriginal and Wadjella worlds clinically and spiritually.	• Build a clinical view on spiritual healing.
• De-jargon all the language so we can all participate in keeping our community well.	
• Need easier access to services to support people that may have comorbidity.	• Strengthen networking between specialised serves.

• Need easier, simplified pathways for individuals to access services.	• Encourage services that get out into the community and more colocation of services.
• Need to educate families on the mental health service system.	
• Need broad education on suicide issues.	
• Require education to assist carers to have a relationship with the mental health service on behalf of the person they are caring for.	
• More effective listening to carers about learning disabilities and mental health.	
• Our essential systems and services do not have the ability to recognise a person as an individual.	• Require working groups and the like to tackle State and Federal legislation. • Improved local networking and communicating between the local operators of services (i.e. Centrelink, Disability Services, licensing bodies, corporate services etc.).
• Funding structure is counterproductive and not supportive of collaboration of services.	
• Lack of funding.	
• Gap in services and the relationship between Police and mental health services.	• Provide Police focused mental health education. • Put formal agreements in place between services and the Police. • Develop a consistent and sustained approach with the Police targeting specific Police roles and developing specific mental health skills. • Embed clinical mental health specialists in the Police institution.
• Gaps caused by quality of service inconsistencies in neighbouring districts.	• Share intelligence about health needs between health and social care providers (e.g. one service recognising homelessness as a problem in an area and calling for a multi agency approach that has other positive gains for those services and users).
• Gaps in service provision (e.g. one person's needs not being met due to commissioning restrictions and competencies).	• System wide care coordination and working openly with other agencies to deliver a complete package of care to meet the needs of the individual.

• Need more consumer and carer engagement in service design.	• Get a good group of consumers and carers to attend a forum on this subject and you will get a lot of much needed information and many suggestions.
• Need a directory available for consumers of mental health. • Peel and Rockingham Kwinana mental health had an emergency booklet that gave you all the emergencies phone numbers and helpful websites that was withdrawn because of funding.	• Surely volunteers in the service could work on this booklet and then it could be given to every person that attends the service. • This would also help the carers, so please think about this seriously.
• Huge discrepancy between the availability of mental health services for private and public patients.	
• Increase the number of training and sponsorship partnerships between consumers, carers, community and government.	
• Lack of a locally based resource to be used by new GPs and services coming to the area.	• Develop a Peel and Rockingham Kwinana wide service directory.
• Lack of actual focus between employer groups and the mental health area.	
• Lack of carer awareness of the support available for them.	
• Lack of coordination between Peel and Rockingham emergency psychiatry services regarding where a service is available (especially out of hours).	
• Lack of consistency in the ability to access services (e.g. services might be available in one suburb but not another under a particular program).	
• Lack of communication and coordination across services.	
• Lack of drop-in centre (without referral) as a place for social inclusion on their own terms.	
• Lack of focus on health promotion and preventative health diversion initiatives.	
• Lack of information about the range, type and scope of services available in the area.	
• Lack of integration and communication	• Developing maps of services, both

between services.	Internet and printed posters. • Replace and remove out of date web sites and introduce new web services. • Allow services to co-locate and share information.
• Lack of networking opportunities for providers.	
• Lack of psych education for chronic psychotic patients.	
• Lack of specialist services in the region.	
• Lacking a specific mental health ED or similar facility.	
• Lack of walk-in centre for mental health.	
• Need to listen to the person (two ears one mouth).	
• Long waiting time for inpatient bed after assessment in the ED.	
• Long waiting time for psychiatric assessment on arrival to the emergency department.	
• Mental health first aid training needs spreading wider to increase mental health literacy.	
• More mental health focused supported accommodation services needed.	
• No transparent bed management service that allows EDs to see bed state.	
• Not enough professionals employed in the workforce to cater to geographic and demographic need.	• Look at different ways to build a workforce from people with interest such as university departments, Australian college of psychiatrists etc.
• Not planning far enough ahead.	• Need to have COPMI as a core agenda item in our systems, recognising that the children of people with mental health problems are most likely to develop their own mental health issues. • Children's services are woefully absent in the area and mental health issues are evident at increasingly younger ages. • Need to recognise parental role as a motivator and component of recovery.
• Partnerships that work together to achieve care plans and the goals of individuals that incorporate all aspects of	• Form partnerships across the region in all areas and then keep those partnerships informed and working as a team.

recovery, including income and housing and family relationships.	
• Passing the buck by service providers (i.e. when two services both assume that the other is doing it but no one ends up doing anything).	
• Please can we have a one stop shop, we have asked for many years, please listen.	
• Poor ability to contract adolescent services to come to the Rockingham ED (usually wait for the team from PMH).	
• Poor transitional arrangements between GP and NGO or government services.	
• Practical, informative and helpful information, support and assistance is needed for family members that are caring, supporting or living with someone experiencing mental health issues or the like.	
• Public information services for sharing procedures and pathways.	
• Pulling services together for case conferences.	
• Rapid growth adds to issues around early intervention, not enough services and not enough brief intervention.	
• Recovery for families, carer identification and COPMI.	• Education for clinicians, co-location with service providers, Memorandum of Understanding.
• Need to better connect services in the region.	• Regular mental health speed dating across industries and sectors to improve our community mental health literacy. • Work together we have such a vast community.
• Remember that local service is essential as lots of people don't have cars.	
• Services are doing things others can be paid for.	• GPs could do more interventions that they can bill for (e.g. depots so that capacity in mental health services can be realized) and in return mental health services could support training for GPs.

• Need a simple service access system that everyone can understand and use with active support to assess the need and enter the system at the right point, depending on that person's needs.	
• Social exclusion across the life span and the impacts on mental health.	• Provide social connection programs linked to mental wellness.
• Socio economic variations mean people cannot afford the health care they need, putting a strain on the system.	•
• Mental health issues for people with learning disabilities.	• Steering Group could work on a way to educate support staff and National Disability Insurance Scheme about mental health in learning disabilities, which is an often forgotten sector.
• Stigma exists around mental illness for employment and the impacts on health insurance.	
• Stigma of mental health and how that relates to limiting employment opportunities.	• Positive promotion, educative strategy, positive media, Government incentive.
• Poor technological capacity.	• Software is needed that communicates with everyone involved for the care of the consumer in a confidential way • Use of iPads or tablet for frontline services.
• The lack of community engagement in service promotion.	
• There is duplication of services, need greater consideration of triage of services, service hubs and a one stop shop.	
• Difficult for individuals to be recognised by government and key stakeholders as highly valued and respected members of the community.	
• Transportation is required for people to attend programs and services.	
• Treat the person not just the condition.	
• What is a mental health trained GP? What standards should someone expect from one and how do people know who to go to?	• Can WAPHA oversee this?
• Wrap around services not put in place	

comprehensively or expediently for consumers.	
• More open talk about suicide.	• Applied suicide intervention skills training should be a requirement for anyone working in the mental health field.
• Mandurah doesn't have a mental health unit and I believe that we are not servicing our community and personally know of a number of people whose lives could have been saved if they had the care they needed. • As a professional I feel totally unsupported.	

Appendix C: Inaugural Peel and Rockingham Kwinana Mental Health Sub Network Steering Group

At the conclusion of the Peel and Rockingham Kwinana Mental Health Sub Network Open Meeting, expressions of interest in joining the Steering Group of the Sub Network were called for. The Sub Network Implementation Group chose the following representatives to form the inaugural Peel and Rockingham Kwinana Mental Health Sub Network Steering Group:

- Anthony Collier
- Barbara Scott
- Claire Willans
- Debbie Sandvick
- Di Barr
- Gordon Shymko
- Jonathon Ford
- Kim Jennings
- Merinda March
- Sean Gardyne
- Sharon Karas
- Sharon-Lee Holland
- Sherenne Foale
- Step Up – Step Down provider to be confirmed
- Thinh Nguyen.

Appendix D: Acronyms

Acronym	Definition
COPMI	Children of Parents with a Mental Illness
EAG	Executive Advisory Group
ED	Emergency Department
GP	General Practitioner
MH	Mental Health
MHN	Mental Health Network
NGO	Non-Government Organisation
PMH	Princess Margaret Hospital
WAPHA	WA Primary Health Alliance

This document can be made available in alternative formats on request for a person with a disability.