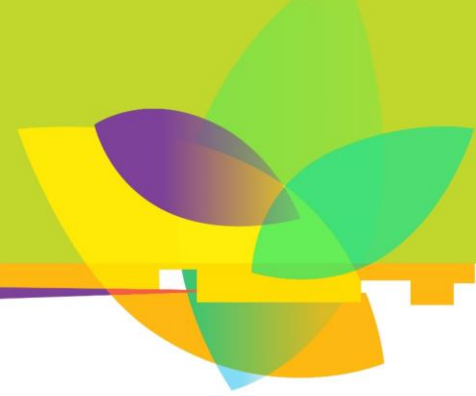
Mental Health Advisory Council



ADVICE TO THE COMMISSIONER FOR MENTAL HEALTH

Regional Visit to Geraldton / Midwest area

BACKGROUND

The Mental Health Advisory Council (the Council) was scheduled to visit Geraldton on 10 March 2022 as its annual regional visit to hear directly from people who use and work in mental health services in that area. Due to COVID-19 restrictions, the visit was postponed until later in 2022. However, the presenters who had kindly agreed to present at the face-to-face meeting did so at the online March meeting. The Council greatly appreciated the time taken by presenters to inform members of their programs, the challenges being faced, and outcomes being achieved.
Presentations were delivered by representatives from:

- WA Country Health Service (WACHS) – Midwest Mental Health and Community Alcohol and other Drug Service
- Mental Health Co-response Service Team, Geraldton
- Geraldton Consumer and Carer Advisory Group (CCAG)
- Geraldton Regional Aboriginal Medical Service (GRAMS) – unfortunately unavailable.

Detailed information on the presentations is available in the Meeting Minutes.

ADVICE/RECOMMENDATIONS

From the presentations, the Council recommends that the Commission:

1. ***Liaise with WACHS Midwest to monitor the effectiveness of the General Practitioner (GP) Psychiatry Phone Line (GPPPL) which was due to commence on 24th May 2022.***
   The line provides direct access for GPs to a psychiatrist for advice and support in managing individuals who present with high prevalence, low risk mental health concerns. Modelled on the Great Southern line where calls gradually reduced from twenty to five daily, the line is designed to build confidence amongst GPs by providing access, education and training and thereby providing ongoing capacity building. This in turn is likely to reduce reliance on secondary mental health services and Emergency Department presentations and most importantly provide more effective responses to individuals within a primary care setting.

2. ***Evaluate the impact on diversion from ED and consumer satisfaction of the Extended Hours Program (EHP) which is scheduled to commence in Carnarvon by September 2022.***
   The WA Country Health Service's (WACHS) Extended Hours Community Mental Health Teams (EH-CMHT) will provide access to mental health and alcohol and other services 7 days per week from 10am – 8pm, for all age groups and using a range of delivery options including telehealth and peer workers.

4. ***Work closely with staff from the Community Supported Residential Unit (CSRU), run by Fusion Australia to explore suitable accommodation options for:***
   i. people who reach 65 years of age
   ii. people who experience deterioration in their mental health
   iii. people who require long-term accommodation to which to transition.

   Lack of appropriate accommodation options particularly for the above groups is currently causing a bottleneck within the CSRU or results in the service needing to exit people when they become significantly unwell (despite a close relationship with the Mental Health and Alcohol and Other Drug service).

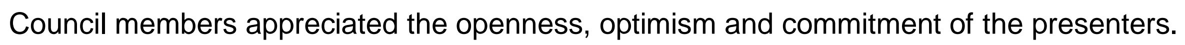
5. ***Monitor and promote the decreased use of force which is a feature of the Mental Health Co-response Service.***
   This reduction in use of force is to be applauded as it removes a significant re-traumatising experience for consumers which is particularly important in a mental health response.

6. ***Assess the impact and effectiveness of and continue to support the role of the Aboriginal Mental Health Worker as part of the Co-response Service team.***
   This role is unique to the Geraldton Co-response model. The role provides a culturally secure link for Aboriginal community members who might otherwise be hesitant to seek support or take assistance from the team which includes police. The Aboriginal Mental Health Worker also indirectly provides education and capacity building to other team members which, given the regional context and size of the Aboriginal population, has a broad and ongoing benefit.

7. ***Continue to liaise with WACHS to support the mental health and wellbeing of regional practitioners.***
   The Council heard from one presenter who spoke eloquently of his journey from being a mental health practitioner in a regional area to having to leave the career he loved as a result of his mental health deterioration. This deterioration was caused by excessive demands due to ongoing workforce shortages and lack of effective support after attendance at a road trauma incident. (A copy of the individual's presentation is attached, at his request, for the Commissioner's attention).

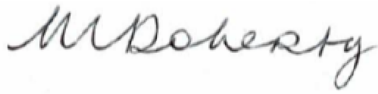
8. ***Liaise with the NDIS to identify resources for consumers and family members seeking to test NDIS eligibility.***
   Members of the Geraldton CCAG advised that contact people in two NGO's who had been helpful in assisting people to assess NDIS eligibility were no longer funded to do so. Presenters reported that there were no known supports or resources to assist community members to gather evidence and test eligibility. There also appeared to be no specific culturally appropriate resource or person to explain the scheme and its benefits to Aboriginal communities in ways that could be easily understood and actioned. Given the significant support that individuals with psychosocial disability may be eligible to receive from the NDIS, this can be life-changing for the individual and their family.

9. ***Explore diversion options from ED particularly for children and young people.***
   Presenters spoke of the inappropriateness of the ED as a place for children or young people to attend when either physically or mentally unwell, due to the high level of acuity, intoxication and challenging behaviour of some people who are also waiting to be seen.



Council members appreciated the openness, optimism and commitment of the presenters.

Sincerely



Margaret Doherty

CHAIRPERSON
Mental Health Advisory Council
6 June 2022

Enc. Individual presentation from community member

The fight with burnout

Hello all

I want to tell you about a person who was working in remote are nursing for six months straight whilst maintaining their self-care. The problem was this person became burnt-out even though self-care was maintained.

Why, is that? Two critical instances happened in quick succession towards the end of the six months. One was a mental health client going catatonic who had to be watched while they regressed until they were unable to look after themselves. The other was a rollover that occurred outside the community involving seven adults and an infant in a station wagon.

On the day of the rollover, the nurse started early in the morning and worked until midnight. Midmorning one of the community members, came rushing into the clinic stating the incident had happened on the dirt road leading into the community. The nurse grabbed their gear and attended to the incident. They triaged the situation and directed the community to do the recovery, first aid, transport, and evacuation of the rollover victims. The person thought it was a pleasure to see the community work together.

The nurse went to bed at midnight, after the last person was evacuated by the RFDS. They made themselves available for only emergencies the next day and attempted to debrief and seek supervision through RualLink (a telephone support service). Unfortunately, the satellite link-up was not functioning. So, debriefing and follow up supervision did not happen.

Three days later the elders noticed the nurse couldn't continue. The nurse was taken back to the regional hospital and made to see out the remainder of their contract. It seemed as though support of any kind, was not given. The person withdrew more and more into burnout.

On arriving in Geraldton, in 2010, the person attempted to link in with Midwest Mental Health, but because of budget restraints, they were only taking on acute mental health cases.

After about 10 years this person got sick of the status quo of being burnt out and the cycle of their quarters becoming a rubbish dump before cleaning it up, as well as hiding from the world in video games. They reached out to the property manager who referred them to Mission Australia for the STEP program, and in turn, gave them access to the Partners in Recovery Program.

Through the Partner's in Recovery program, the person developed goals to reconnect in society. They studied at TAFE and gained qualifications in community services. It was important to do these studies in a class situation, so the connection with other people would happen.

This person now has a strong support network, has gained part-time employment and is very involved in the community once again. That person, of course, is me!

Partners in Recovery played a huge role in my recovery process, but the program no longer exists. Places like Ruah and Fusion provide some recovery support, with Ruah assisting recovery in the community.

Although much progress has been made in burnout prevention with self-care. Access to debriefing and supervision is vital.