

COMMUNITY FORUMS GULF REGIONS QLD

2016

- COMMUNITY WELLBEING & SERVICES -
A BRIEF REPORT ON CURRENT ISSUES, SERVICE
PREFERENCES AND IMPACTS ON THE REGION

SUMMARY

The purpose of the community forums was to hear from people of the towns and surrounding areas of the Gulf regions (Cattle Stations/Properties) on issues that impact themselves or others, with a focus on mental health and wellbeing. Due to the protracted drought there are a number of funded services and organisations that provide services to the region. To ensure that the resources are directed in the right areas and in the right way, it is essential that members of the region are able to contribute to the delivery of these services/programs.

The forums were hosted by FNQ Partners in Recovery and supported by the Croydon and Etheridge Shire Council.

There are two regions participating in the community consultation, Croydon & Etheridge (Gulf) and Mareeba Shire (inclusive of Mareeba and Chillagoe)

Privacy was ensured for each participant to enable honest and open feedback on each item.

Note* Feedback and completion of these forms were completed by individuals who attended the forums as well as mail and email and two were completed via phone.

The forum was broken into four sections:

1. Overview of service.
2. Getting to know community as a group
3. Needs Analysis of region
4. Interview with forum co/facilitator - verbal or written



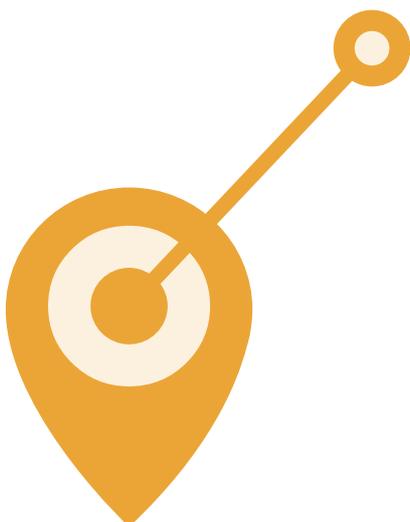
SUMMARY cont....

Far North Queensland Partners in Recovery (FNQ PIR) region extends from the Cassowary Coast, north to the Torres Strait Islands and west to the Croydon Shire.

Despite limited numbers of PIR participants self-identifying within the Gulf region there was evidence demonstrating a high level of mental health support needs.

These were identified by:

- Service/program identification and promotion
- A higher than average suicide rate
- The number of individuals and families accessing psychologist services
- Industry and Association representatives highlighting areas of poor mental health
- Reports from services around the poor mental health of community members
- Self-reports from individuals from informal community consultation
- Government staff such as Police, Teachers, Council and Nurses



SUMMARY cont....

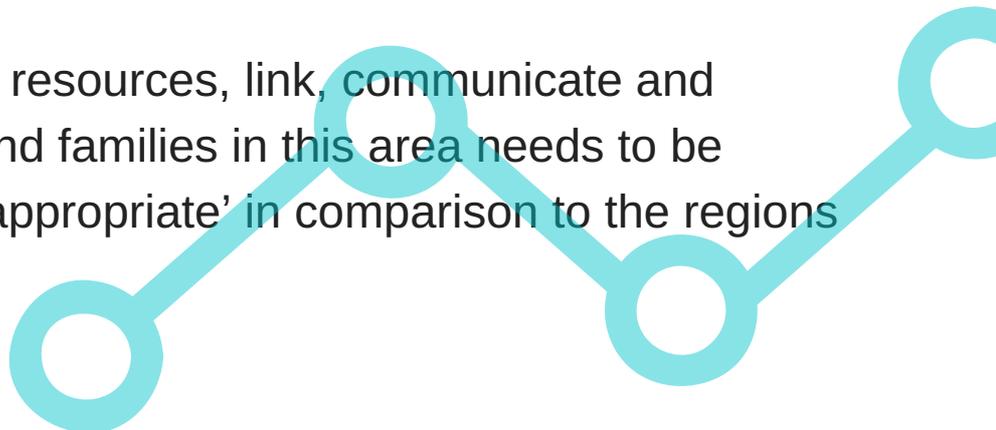
This was not surprising as the negative issues impacting these geographical areas were extensively documented within the public arena, social and general media, research, government policy and funding and service provision.

The community forum identified the following stressors:

- Prolonged severe drought
- Environmental impacts such as fire, flood and weed problems
- Significant negative impacts on Succession Planning
- Financial stressors
- Lack of employment
- Death of animals and stock
- Industry and sector legislative changes
- Family separation due to financial constraints
- Live exports impact, inconsistent market of buy and supply
- Land and Pest management concerns
- Negative forecast for future weather events in regards to drought

Communication, need for privacy and geographic isolation appear to be significant barriers to seeking assistance with mental illness. As indicated above. Despite people not physically seeking assistance there is evidence of significant mental illness and suicide in these regions.

'How' we support, provide resources, link, communicate and connect with individuals and families in this area needs to be 'different, innovative and appropriate' in comparison to the regions urban counterparts.



OVERVIEW OF SERVICES

The Forum commenced with a brief overview of the below details;

What is a mental illness?

A mental disorder/illness is a mental or behavioral pattern that causes suffering or distress, impacts mood, thinking and behaviour and impairs a person's ability to function in day to day life.

What is mental health?

Good mental health is a sense of wellbeing, confidence and self-esteem. It enables us to fully enjoy and appreciate ourselves, other people, day-to-day life and our environment.

When we are mentally healthy we can:

- form positive relationships and connectedness with others
- use our abilities to reach our potential and engage in activities
- deal with life's daily challenges

What is Counselling?

One definition of counselling is that it is a therapeutic relationship between a qualified counsellor and the client. It is both professional and intentional. In difficult circumstances, family members and friends are unable to provide an objective point of view. Counselling offers this objective perspective, thus enabling the client to gain insights and strategies to assist in managing their particular situation.

Counselling draws upon a set of psychotherapeutic and psychological theories along with some advanced interpersonal skills which emphasise on the process of facilitation. They are based on ethics about respecting clients and their values, beliefs, their uniqueness and giving them a right to self-determination

- It requires an in depth training process that will help develop an understanding of human behaviour, therapeutic capacities, ethical and professional boundaries. It is solely because of this explicitly contracted depth of training utilised for a range of therapeutic procedures, that professional counselling can be differentiated from counselling provided by other professionals
- The socio-political and cultural context in which the person lives is taken into account. It also considers how these factors affect the presenting issues. This will include an awareness of and assessment of cultural influences such as age, development, disability, religion, ethnicity, sexual orientation, socioeconomic status, indigenous identity, nationality and gender. Professional counsellors and psychotherapists will value these differences and avoid discrimination due to these factors.
- It may involve work with current issues, an immediate crisis or more long term difficulties. Depending on the nature of the problem, the work may be short term or long term. The work may involve working with a single individual, a couple, a family or a group.
- It may occur in a variety of organisational settings in both the private and the public sector.
- The processes of self-monitoring, self-examination, self-awareness, self-development and professional development are considered central to effective practice.
- These practices lead to develop a capacity to utilise oneself in a therapeutic endeavour.



GULF WELLBEING AND COUNSELLING SERVICES

From the feedback received from individuals it was evident that most people were unaware of the services that visited the regions, frequency, access and what these service actually provided.

Services that were identified within the forum were:

- Royal Flying Doctor Service – Social and Emotional Wellbeing Counsellors
- SeaChange Psychology – Psychologist & Counselling Services
- Tablelands Sexual Assault Services – Educational Workshops (Cyber Safety & Protective Behaviours)
- Pastoral Service – Catholic / Police Chaplin
- Outback Futures – Events throughout the year that include social and emotional health and allied health/primary health care
- Country Call Back Service – Uniting Care (Lifeline Counsellor)

This is not an exhaustive list and highlights the need to map services and improve communication and access to information across the region to people whom may wish to seek services and support.

GROUP DISCUSSION

Counselling / Social & Emotional Wellbeing Services:

Where do people want to meet with a counsellor? Eg: at home, clinic, outdoors, workplace, etc.

The majority of responses identified home visits as the preferred location for support services, but acknowledged that this was dependent on location/remoteness and that the township nearest them would be a second preference. This did not necessarily include the clinics as the location to meet a service, due to community members identifying that an individual was seeking support.

How do people like to access services? Eg: via phone, internet, phone book, social media, etc.

A variety access types were identified by participants, including internet, phone, word of mouth, community services directory's, cold calling by services and police referral system. Services arriving at the front door of the home without an appointment were identified as the least preferred option, unless they were introduced by someone well known to them, eg: a local chaperone.

What times/days suit best? Eg: early morning, evening, weekdays/weekends?

All responses stated the weekdays were preferred however varied over times of the day (slight majority for mornings) and identified that times booked via appointment were most suited. This was to ensure that work commitments on the property did not interfere with time commitments to support/appointment.

How often would people want/need to access? eg: weekly/fortnightly /monthly?

Participants advised that 'flexibility' is ideal and that alternate contact methods such as phone or skype would be preferred at times when a person requires additional support and is currently working with a service/counsellor and is able to discuss any issues that arise between visits. It was noted that this type of contact would only be effective if the individual and the counsellor had an established professional relationship and not in the early stages of rapport building.

Do you think people would like to do counselling over the phone or skype type technology?

Information received was that this would not be suitable unless the counsellor and individual had a strong rapport and it was an interim measure and not as a regular appointment, only in the absence of a normal face to face appointment.

What have you heard that's working in relation to counselling/support services?

Flexibility, continuity, longevity and commitment of providers and services were paramount. Additionally face to face services and the use of the Seachange Psychology model of service was recognised as the most suitable service.

What have you heard that's not working in relation to counselling/support services?

A consistent message over the two shires was that counselling services need to be flexible in location eg: at a location specified by the individual with a preference for home visits.

The primary concern amongst participants was a lack of knowledge of services, who they are, what they do and access details.

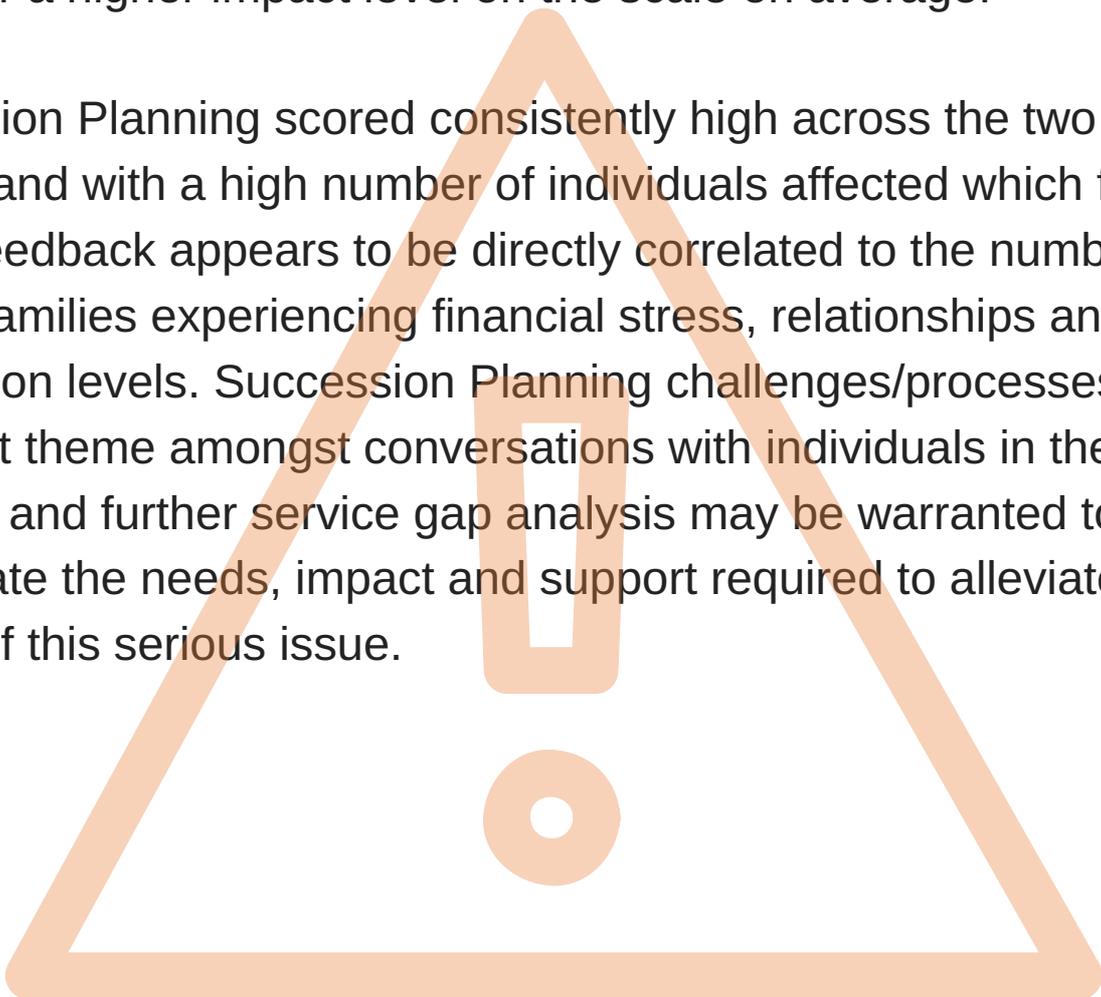
NEED & IMPACT ANALYSIS

The Croydon area identified as particularly high level of impact in relation to drugs and alcohol especially in the town area.

Georgetown identified slightly lower numbers in people experiencing the issue, however the impact figures were similar. The drug ICE was identified as a particular concern with Alcohol (regular and bingeing) identified a close second.

Relationships, Financial Stressors & Depression also scored higher than most items with a significant number of people across the regions identified who are experiencing these issues to a level that is significantly impacting their day to day life and wellbeing. 539 individuals were identified in the Croydon Shire, and Georgetown reported lower numbers of individuals experiencing these issues, however a higher impact level on the scale on average.

Succession Planning scored consistently high across the two regions and with a high number of individuals affected which from verbal feedback appears to be directly correlated to the numbers of people/families experiencing financial stress, relationships and depression levels. Succession Planning challenges/processes is a recurrent theme amongst conversations with individuals in the Gulf Regions and further service gap analysis may be warranted to investigate the needs, impact and support required to alleviate the impact of this serious issue.



Of concern is the high number of individuals whom are affected by current or recent Suicide (including plans/thoughts/attempts) within both regions of Croydon and Etheridge Shires (individuals were identified by six participants). This may indicate that the individuals experiencing this issue have been identified multiple times however one participants did identify four individuals whom are experiencing suicidal plans/thoughts and attempts. Self-Harm/Misadventure impacts were also included within the forum; however numbers and impacts scores were lower than Suicide issues.

As expected, Privacy & Confidentiality was highlighted as a consistent concern within the analysis and was identified that individuals will NOT seek support or access information if they are not guaranteed of privacy and confidentiality whether that be there personal information or the person being identified by other community members as seeking support. Eg: attending a Counsellor appointment in the township where other community members are aware of their attendance.

Due to the nature of the type of work, physical fitness and wellness is essential to be able to perform on the Stations/Properties. The individual's ability to access healthcare/allied health professionals and pharmacies as well as easy access to specialist health practitioners is complicated and costly. Physical Health/Injuries/Pain was identified within the forum as an area of impact and concern.



CONFIDENTIAL Q's

The below questions were completed by individual participants without group discussion and identification of individual responses was confidential.

'Do you know anyone (name not required) that has accessed counselling or support services in the past year and if yes, what was their experience?'

All participants stated that experiences for themselves or people that they knew who had accessed counselling services had been positive and had enhanced social and emotional wellbeing for the person/family. This positive experience was dependent on a number of factors:

- a) Face to face service with a professional
- b) That the professional is experienced
- c) Service was provided on the station/home
- d) That the Provider was 'accepted' within community



If you were to access a counselling or support service what would be the ideal version to suit you? Eg: face to face, at home, go to clinic?

All participants stated that 'face to face' support/counselling would be their preference.

'What resources do you think would assist this region to better support individuals and families with their wellbeing?'

- a) Central location to obtain information and points of contact
- b) Remote face to face Psychologist service/model to continue (multiple endorsements for this model to continue evidenced in feedback forms)
- c) Continuity of Services
- d) Better access to what services are available
- e) Community Events (where local people don't have to volunteer or organise)
- f) Financial help
- g) Better Service Mapping and advertising



‘Do you think that financial hardship prevents people from travelling to access counselling or wellbeing supports?’

Of the respondents, 99% identified cost as a factor when considering accessing a wellbeing service. The ‘time’ it takes to travel was also identified as a secondary factor to cost.

‘What do you think is working well regards counselling and wellbeing services?’

- a) Outreach Services/Home Visits
- b) Face to Face Counselling/Psychological Services
- c) ‘Mustering Wellness’

‘What do you think is not working well regards counselling and wellbeing services?’

a) Participants identified that many services are often not attended or are ‘missed’ as there is no advertisement/info sharing/communication with families and community members regards the event or service.

b) A number of people also identified that attending counselling services in the township or at the Clinic would prevent them from accessing services despite being unwell.

c) ‘Cold Calls’ either via phone or at the front door by Mental Health Workers without rapport or introduction by a known local was also identified as an issue that would prevent individuals from engaging.

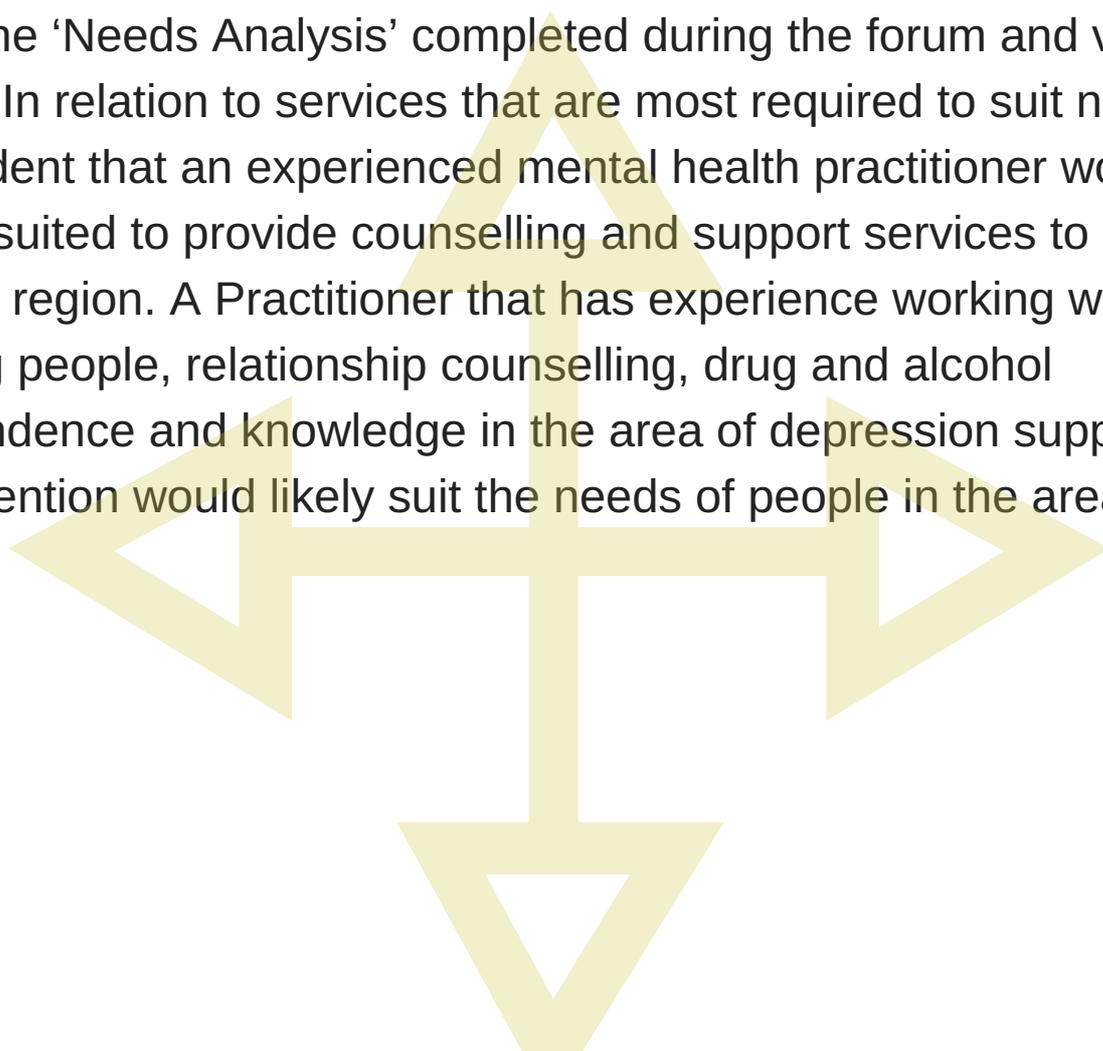
d) The community feels that existing services ‘do not communicate or co-ordinate well’ and that little is known about ‘what they do and how they do it’.

Q: 'Do you think that the services available in your region are private and confidential?'

A: The majority of respondents stated that they felt that counselling/psychological services were confidential, however this was dependent on the location of the services, eg: Clinic may not be confidential due to community members witnessing people attending the service, vehicle parked out the front or nearby and that they may be seen in the wait area.

Q: What type of counselling and wellbeing services do you think are most required in the region? Eg: drugs/alcohol, relationships, depression?

A: Participants identified a range of issues that are impacting on individuals and families in these remote areas, which is consistent with the 'Needs Analysis' completed during the forum and via mail back. In relation to services that are most required to suit need, it is evident that an experienced mental health practitioner would be most suited to provide counselling and support services to people in this region. A Practitioner that has experience working with young people, relationship counselling, drug and alcohol dependence and knowledge in the area of depression support and intervention would likely suit the needs of people in the area.



Q: Do you think that there is a gender preference for counselling services for men/women/children?

A: As with mainstream statistics and preferences, there was a 50% preference from the participants to have access to same gender counsellor and children be provided a female counsellor. The other 50% reported that gender was a personal preference and did not consider important in a therapeutic relationship.

For further information in relation to this report, please contact Peta O'Neill, Service Coordinator, FNQ Partners in Recovery, (07) 40440100 or email Peta.O'Neill@centacarecairns.org



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