

Our Healthy Clarence Workshop Report

Overview

This report is a summary of the discussions from the Our Healthy Clarence - Community Wellbeing Collaborative Workshop, held on 20th August 2018, Duke St Grafton. The workshop was attended by members of the Our Healthy Clarence Steering Committee and members of the CRRMH evaluation team.

The report has been prepared by: Robyn Considine, Nicholas Powell, Dr Hazel Dalton, and Prof David Perkins.

The purpose of the workshop was to reflect on the evaluation findings, consider evidence from the literature and identify next steps in planning for Our Healthy Clarence. Points raised included: the governance of the initiative and to the target groups and settings that were identified in the workshop.

In summary, the areas of interest for OHC in the next 2-5 years were identified to be:

- Promoting and enabling prevention and early intervention
- Establishing a culture of inclusivity with strategies meet the cultural needs of target groups (Aboriginal and Torres Strait Islander People, LGBTIQ and rural & remote)
- Continuing to build collaborations and partnerships

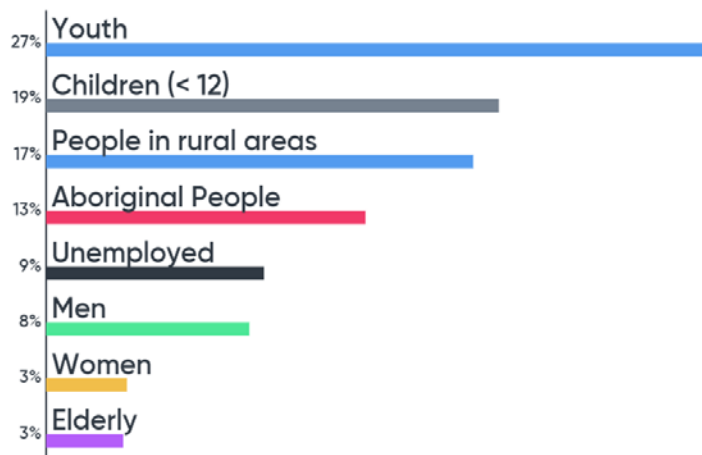
Governance

The steering group has been and should continue to be an effective vehicle for bringing together stakeholders and developing and guiding the implementation of the wellbeing plan. Within the group, there needs to be a balance between size, commitment and confidentiality, and broader community representation. There was a view in the interviews that the decision making power of the steering group could become more unwieldy or inefficient if the group becomes too large or lacks decision makers. Based on the interviews and the discussions at the workshop we have developed these recommendations which may help to refine the function of the steering group:

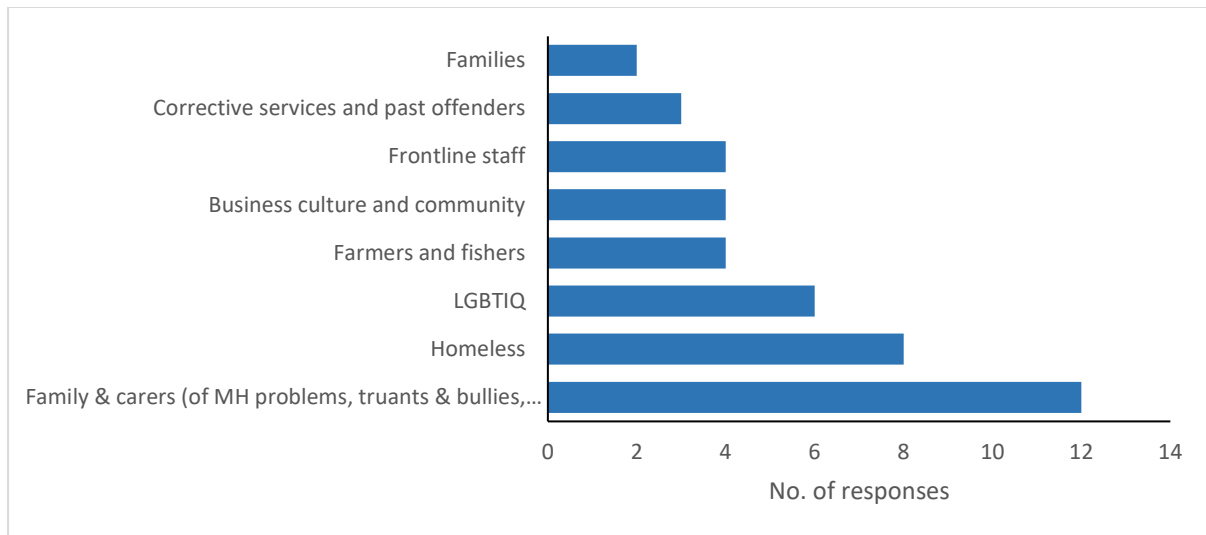
- On finalisation of the new OHC plan, the membership of the steering committee should be reviewed with consideration to:
 - Ensuring a balance between the number of community members and key agency representatives
 - Community members being influencers (champions) in their communities and representing locations and/or specific target groups
 - Time frames for appointment to and review by the steering committee
 - Service representatives are decision makers
 - Mechanisms are in place to manage attrition of members
- A significant investment is required to be involved in the steering committee, and perhaps this is a barrier to involvement for community members, particularly in rural areas. As such the steering committee should consider other mechanisms for hearing from the community.
 - One suggestion was to have an OHC forum once or twice a year where community members are invited to hear about the progress of OHC and voice their opinions on future actions. As the community learn that OHC can follow through on these discussions, they may become more willing to participate

- Another option could be to develop a mailing list of representative community members who can advise the committee based on their context. The letters that this group send to OHC could be the basis of a discussion at the next committee meeting.
- The appointment of the chair should be based on their capacity to chair meetings and strategically negotiate and advocate to achieve the outcomes of the plan. An impartial chair with authority in their professional position may be the best person to resolve conflicts by following an agreed-upon process
 - The new chair needs the skills to keep the steering committee meetings focused on the objectives (this should also be included in the TOR)
 - The chair should also be able to draw upon communication and rapid decision-making tools to guide the decisions of the steering committee
- The terms of reference require review in the context of the new plan and ensuring accountability between the steering committee and the working parties
 - Part of the TOR should clarify who is responsible for implementing projects and/or objectives. It is then their responsibility to update the steering committee on progress at each meeting
 - The TOR should include some reference to the amount of engagement expected (attendance at meetings, participating in activities, collaborating with agencies)
- There needs to be a clarification of roles (what you were appointed for – e.g. Education) and membership (including a conflict of interest declaration). This should be made clear to all committee any new and existing members through documentation
 - New members should be briefed before their first steering committee meeting about the group, OHC and its purpose as well as the expectations of members. Perhaps an induction folder with several documents could clarify each of these areas. New members from agencies should also brief their organisations about OHC
 - It should be made clear to prospective members that while anyone is able to apply for membership, attendance at committee meetings is not guaranteed
- It should be clear that discussions within and emails about the steering committee are confidential unless otherwise stated. This may require a signed agreement by members. Before the minutes of each meeting are circulated and published on the website, all committee members should be given the opportunity to amend the minutes, so that committee discussions can be open
- It has been recognised that the working groups may not be suitable for all people or all objectives. It was suggested that in the future working groups should be established on a project bases (for a single purpose or event within a definite time frame). The OHC should reach into their community networks to draw together capacities as they are needed. The purpose of each working group could cut across several objectives of the plan and enhance the capacity of the community for future projects. These projects would be a good way for committee members involve themselves to show that their commitment is to the wellbeing of the CV and not just leveraging resources for their agency
 - There was also the observation that lots of events and activities exist in the community which have supplanted the work parties. This is good for community engagement and could be partnered with OHC so that the resources, networks and knowledge of the steering committee can support the community activity.

Target Groups

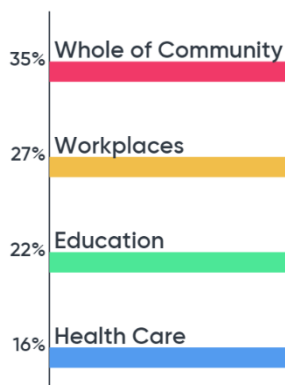


Other major group suggestions:

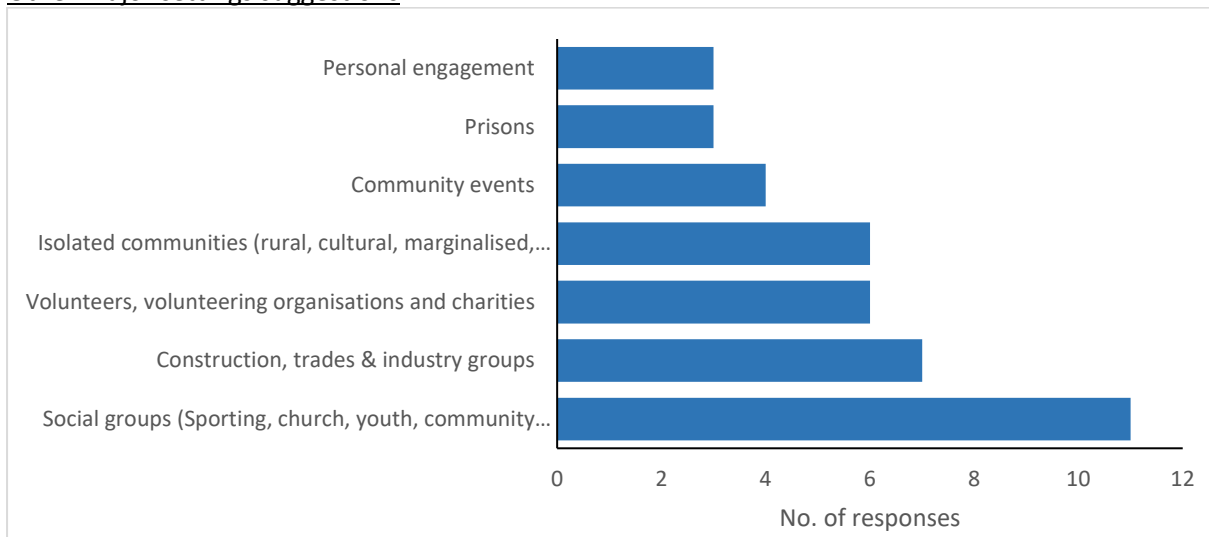


Other suggestions: FIFO community, rurally isolated elderly people, seniors, working poor, veterans & civic leaders

Target Settings



Other major settings suggestions:



Other suggestions: Family engagement days, corporate events, online platforms & first responders.

It was also recognised that OHC needs to have access to a political forum so that political interest can be used to generate support in terms of resources and policy. Some people also used this opportunity to expand on the goals for the healthcare setting. Special attention should be paid to adult acute mental health care units, emergency services and accessibility and appropriateness (needs-driven and person-centred) of health care.

Community Capacity

The role of OHC in the community was viewed to be in creating connections and creating an informed community. The most effective way to do this may be through existing social groups (sport clubs, community & volunteer groups, faith-based organisations and rural & remote communities). It may be up to OHC to partner with these groups to support them in activities, broaden their networks and make wellbeing part of their culture. Each of these groups could benefit from knowing how to help people they are worried about, which could arise from training and assistance with referral pathways.

Youth

The two prevailing goals for youth were the interdependent ideas of resilience and connectedness, which are appropriate focuses of the new objectives. Connectedness can be promoted through social activities and facilities, especially those that increase the sense of community or create a sense of belonging to something larger than oneself. There are many protective factors for resilience; community support is one area that falls directly within the purview of OHC. This can be fostered through: (a) early prevention and intervention programs, (b) safety in neighbourhoods, (c) relevant support services, (d) recreational facilities and programs, (e) accessibility to adequate health services, (f) economic opportunities for families and (g) religious and spiritual organizations (Zolkoski & Bullock 2012).

The other major goals that arose during the discussion included hope, employment, options, participation, capable and self-efficacy. Many of these could be promoted through youth involvement in the working/project groups. Contributing to the projects of OHC could increase the capabilities of those involved and would give them experience that may help with employment. For example, the OHC steering committee needs secretariat support, and perhaps a young person could be engaged and trained to provide that support.

Education

The work conducted in and with high schools was mentioned as exemplary in the discussions and interviews. As representatives from high schools now meet and discuss their actions, students receive the same care or programs or support at each school, which is centred on evidence-based approaches. This model could now be extended into other settings within the education sector (preschools, primary schools & TAFE). Greater collaboration between each of these settings could help improve the continuity of support as children move through their education.

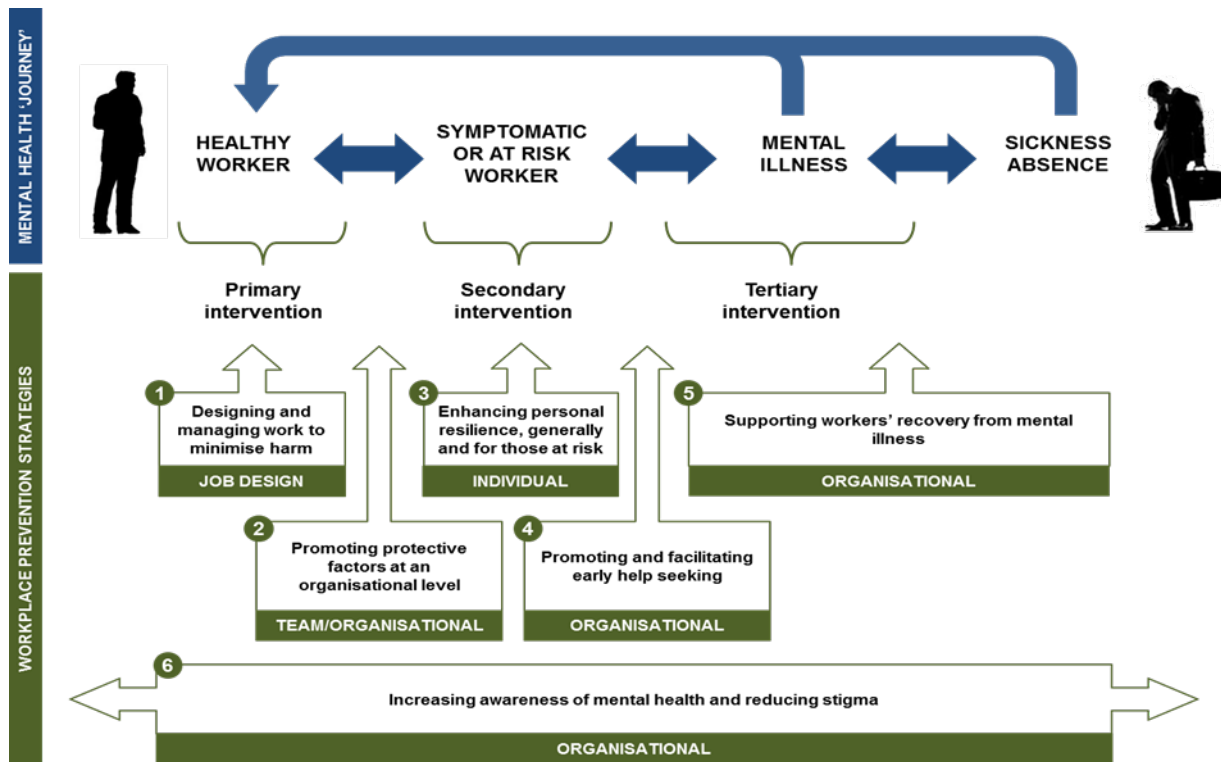
Embedded mental health literacy and support skills training have a greater impact on long-term behaviour than one-off events (Kutcher *et al.* 2015). Embedded mental health training relies on classroom teaches making mental health a common topic for open discussion. Training programs for teachers and educators can help to facilitate this. Beyond this, the discussion theme of holistic wellbeing should be maintained as a focus for education. General health literacy and events/activities that promote wellbeing can help young people make healthy choices as they begin to self-manage their health, which can set them on positive trajectories for long-term wellbeing.

Workplaces

The discussion focussed on building mentally healthy workplaces. This includes having policies and protocols in place to support workers, some examples of which are shown in the figure below. Beyond this though, is instilling a positive health and wellbeing outlook to workplaces. This would mean workplaces being a place that can enhance or maintain all aspects of health and wellbeing. These ideas

have been implemented through champions and training in other workplaces. It was recognised that those who are underemployed cannot be neglected from wellbeing programs.

The report referenced below refers to some protective factors for wellbeing in the workplace, which are broadly related to relationship, control and choice. If all of these factors are maintained for all workers, the culture will improve. With an awareness of wellbeing and personal higher wellbeing, co-workers are more likely to demonstrate inclusive and supportive behaviour, and, ideally, supervisors will be more aware of their employees work/life balance and develop flexible plans to assist workers to maintain their wellbeing. This covers most of the goals that were identified for workplaces.



Helpful resource: Harvey, S.B., Joyce, S., Tan, L., Johnson, A., Nguyen, H., Modini, M. and Groth, M., 2015. Developing a mentally healthy workplace: A review of the literature.

Also see: *Heads Up* from The Mentally Healthy Workplace Alliance (<https://www.headsup.org.au/general/about-us/mentally-healthy-workplace-alliance>)

Health

The primary aims of OHC in relation to health care remain accessibility and sustainability. To make care accessible the community need to be aware of options and of referral pathways, which is a strength of the pop-up hubs, training and school programs. It was recognised that care should be accessible for people with different needs, that is to cover prevention, early intervention and postvention, and that there should be pathways between these services. These support programs should also reach beyond the health sector into workplaces, public places and ideally, homes.

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