

Connecting Communities and Services to Close the Gap in Social & Emotional Wellbeing

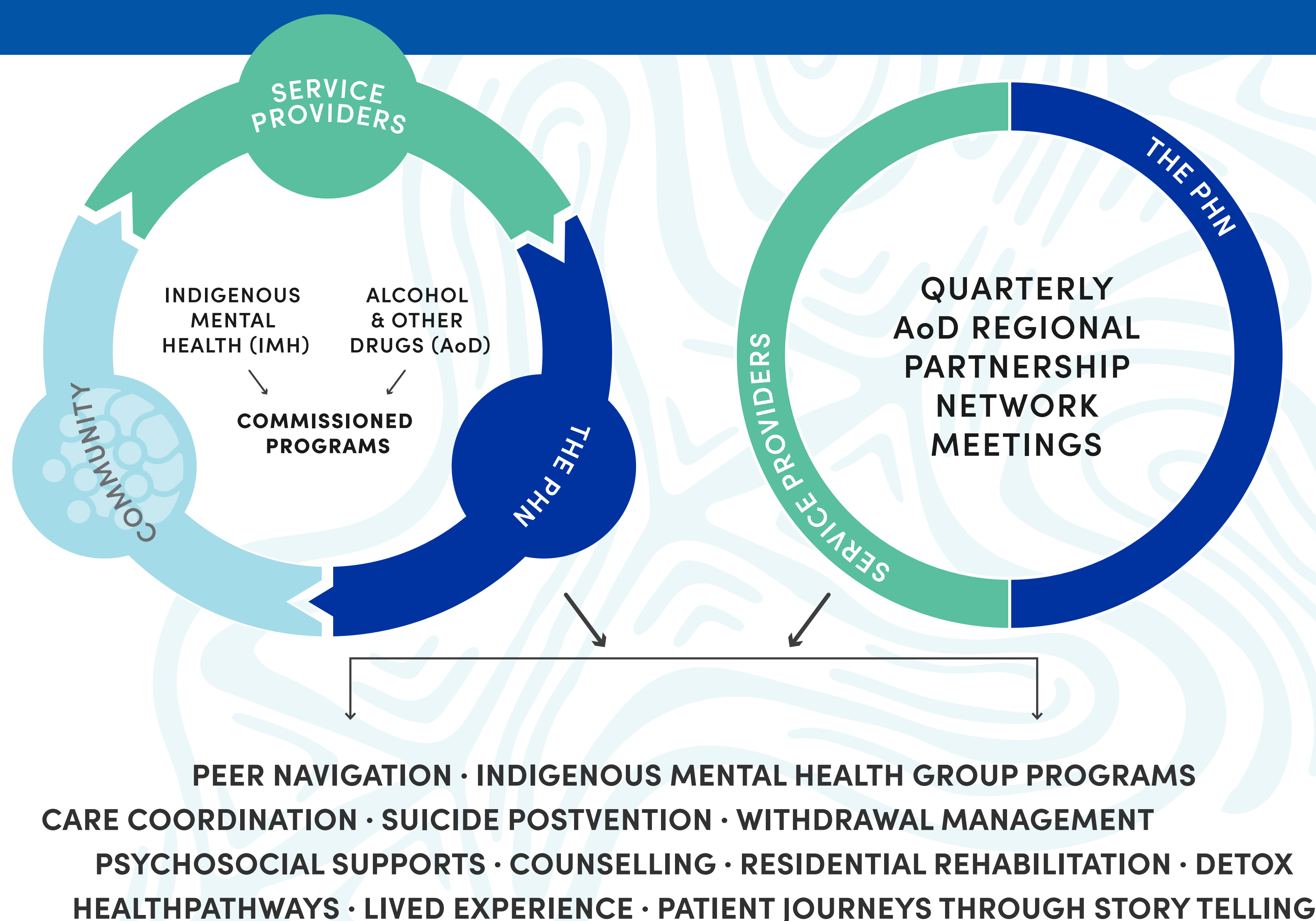
BACKGROUND

The method of quality improvement provides the opportunity for review of processes within the PHN to establish best practice to inform the development of Indigenous Mental Health and Alcohol and other Drugs (AoD) commissioned programs.

Engaging with communities clearly demonstrated the need for trauma informed care and expertise of the staff who would be employed in the Indigenous Mental Health services.



**FIRST NATIONS
HEALTH**



DESCRIPTION

The HNECC PHN partnered with the Healing Foundation to deliver four community healing forums across the PHN region areas of need with three so far completed.

The forums and AoD Regional Partnership Network meetings are informing how the PHN:

1. Understands the impacts of intergenerational trauma and subsequent mental health issues, drug and/or alcohol misuse, and
2. What all communities are needing due to drug and alcohol misuse and or mental health from a commissioned service to enable development of commissioned services specifications and action plans to embed drug and alcohol activities locally that are community driven.

Local steering committees have been formed comprising both Elders, community members and service provider members to frame local content around the healing forums.

STEERING
COMMITTEES

LESSONS LEARNED

Through the process of engagement at every opportunity, First Nations communities are given a voice in shaping the narrative around drug and alcohol activities for their local areas.

- There is no engagement or transparency without a safe platform to give rise to the voices of community and service providers. Addressing power inequalities, cultural safety and awareness and a deliberate attempt to negotiate, share and collaborate on strategies are imperative.
- When you engage with First Nations communities there is more 'buy-in' to support the implementation of activities or commissioned services.
- Bringing everyone together is an opportunity to enable working better together and the sharing of service knowledge and referral pathways. As well as identifying gaps in service delivery and developing strategies to fill them.

CONCLUSIONS

1. Returning to the process frequently rather than a one-off approach is imperative to continue to build on the relationships with trust and transparency.
2. Working together as a network to develop more quality improvement strategies is ongoing. The PHN will continue to remain open to learning new ways of doing things that provides fairness and equity to all.

With the Steering Committees in place it is envisaged quarterly meetings could be established in parallel with the current Drug and Alcohol Regional Partnership Network meetings occurring quarterly.