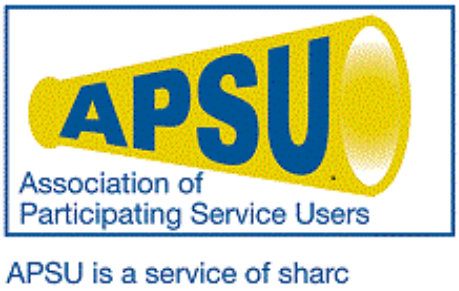

APSU is a service of sharc

"Sitting on the outside, looking in"

Report on the 2018 Regional Roadshow Project

Association of Participating Service Users and Victorian Mental Illness Awareness council

October 2018

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Acknowledgements

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Introduction

This report documents the Regional Roadshow Project, which took place in the first half of 2018 across regional Victoria.

This project was run in partnership between APSU, the peak Victorian AOD consumer representative body (a service of the Self Help Addiction Resource Centre) and VMIAC, the peak NGO body for people with a lived experience of mental health and emotional distress.

The Regional Roadshow Project's broad aims were to connect with consumers of alcohol and other drug (AOD) and mental health (MH) services in rural and regional areas and to capture the experiences and issues that people who utilise services in these regions face. Working in collaboration to investigate the consumer experience of AOD and MH services was essential given the significant number of individuals who experience dual diagnosis issues (meaning they experience both mental health problems and substance use issues).

People in rural and regional areas face a range of stressors unique to living outside major cities and disparities exists for people living in these areas around access to and quality of AOD and MH Services. The Regional Roadshow project workers organised and ran consultations in Bendigo, Wodonga, Wangaratta, Ballarat and Traralgon with a total of 45 people in attendance.

Purpose of project

In 2017 APSU and VMIAC were fortunate enough to receive philanthropy funding and collaboratively identified a need to engage more closely with people living in rural and regional areas of Victoria. A plan was established for APSU and VMIAC workers to hold a series of forums in country hubs across the state under the banner of the APSU and VMIAC Regional Roadshow. The purpose of these events being to capture, through consultation and dialogue, a deeper understanding of the issues of importance and concern for consumers seeking or needing to use AOD and MH services.

AOD and MH services across the state have undergone and continue to undergo significant reform over the last five years which has caused considerable disruption and change to services and relationships. It was timely to meet and talk with local service users to gauge what impact this reform process is having on people's experiences of support, treatment and care.

Better health outcomes and the strengthening of health services for rural communities are priorities and an ongoing focus of policy and planning for our state[1]. It is important to acknowledge, however, that rural communities do not enjoy anywhere near the equity with metropolitan communities, concerning access to AOD and MH services[2]. The disadvantage faced by people living in rural areas is well documented in recent reports, reviews and enquiries[3] Learning first hand from consumers about what problems local communities face, as well as what needs to change, is important work for APSU and VMIAC.

Method

Over a six month period a series of consultations were organised for five rural hubs across the State in Bendigo, Wangaratta, Wodonga, Ballarat and Traralgon. Care was given to ensuring venues were accessible and centrally located close to public transport and parking.

Flyers promoting the consultations were developed and distributed via email to MH, AOD services and networks in each region. It was clearly communicated that consultations were exclusively targeting consumers and carers (people with a lived experience of using services), which drew some criticism from service providers, who felt excluded from what they felt was an important consultation process. After an initial, lower than expected turnout, the project team learnt that the booking of venues and the promotion of these events, needed to start at least six weeks prior to the event and follow up phone contact be made to key personnel in each region.

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[1] State of Victoria, Department of Health and Human Services. *Victoria's Rural Health Care Plan, State-wide design, service and infrastructure plan for Victoria's health system, 2013-3037*, October 2017. <*file:///C:/Users/erafferty/Downloads/Statewide%20design%20service%20infrastructure%20plan%202017-37.pdf> [Accessed August 9th, 2018]*

[2] Robyn Vines, *Equity in Health Care, Why does regional, rural and remote Australia matter?* 2011, InPsych, Vol.33.Issue.5 < https://www.psychology.org.au/for-members/publications/inpsych/2011/oct/Equity-in-health-and-wellbeing-Why-does-regional,> [Accessed August 9th, 2018]

[3] Australian Mental Health Commissions, Senate Standing Committees on Community Affairs, *Submission (52) to the accessibility and quality of mental health services in rural and remote Australia Senate Inquiry – 11 May 2018*
<https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/MentalHealthServices/Submissions> [Accessed September 28th 2018]
Commonwealth of Australia, Department of the Prime Minister and Cabinet, *Final Report of the National Ice Taskforce,* 2015
https://www.pmc.gov.au/sites/default/files/publications/national_ice_taskforce_final_report.pdf [Accessed on September 28th, 2018]

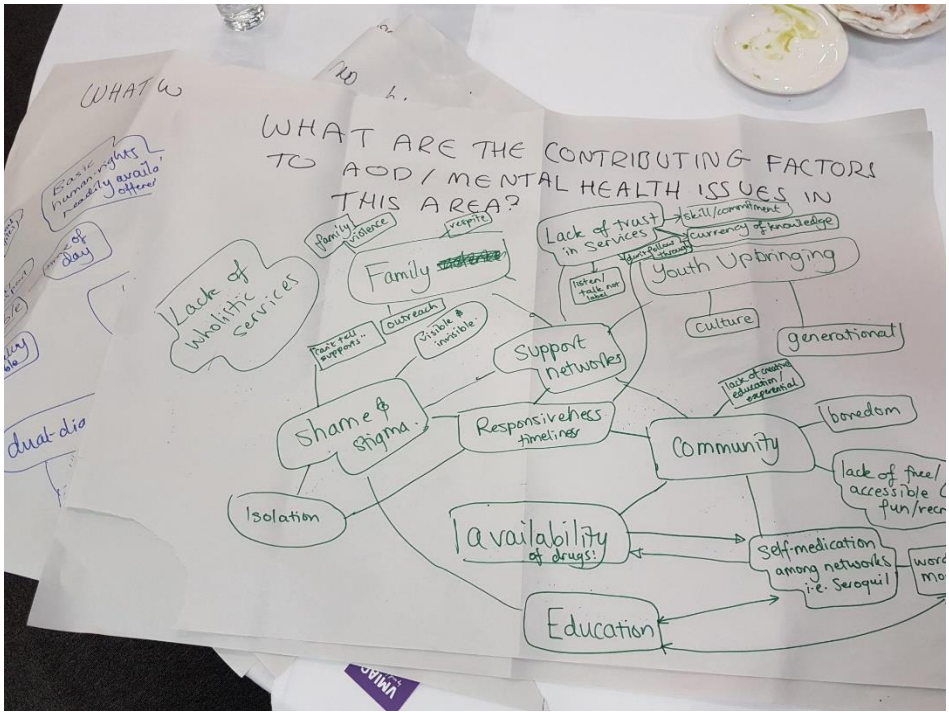
The Roadshow forums were scheduled for early afternoon and ran for approximately 2.5 hrs with a break and light refreshments served. Participants registered to attend the events through social media, Eventbrite or via a phone call to organizers. Meetings attracted a diverse range of participants including consumers, carers and lived experience workers with different backgrounds and ages. Meetings began with introductions and an overview of the purpose of the consultation. Participants were then asked to map out the local services that they were familiar with and were given three questions to respond to over the course of the consultation.

Questions:

1. What are the contributing factors to AOD/MH issues in this area?
2. What are the issues with barriers to accessing services in this area?
3. What would an ideal system look like in this area?

These questions were designed to draw on people's insider knowledge of services in each region and to provide an avenue for discussions, around the contributing factors to MH and AOD issues in each area and the accessibility, quality and utility of local services. The questions also aimed at gaining insight into what changes consumers wanted to see.

At each session, APSU and VMIAC workers facilitated discussion and captured key points for the group on a Whiteboard. At the end of the session APSU and VMIAC summarised key messages and discussed with participants what they would like to see come out of their consultation.



Learnings from Each Area

Bendigo

Bendigo is a city located approximately 150km North West of Melbourne[4] that as of 2016 had a population of 110,447 making it the largest inland city in Australia and fourth most populous city in the state[5]. It is part of the Lodden Mallee AOD Catchment and the Murray Primary Health Network (PHN). The City of Greater Bendigo is located on the traditional lands of the Dja Dja Wurrung and the Taungurung peoples of the Kulin Nation[6].

The Bendigo Regional Roadshow event was scheduled for Friday the 27th of April 2018 at the Bendigo Quest Hotel. Unfortunately, this had to be cancelled due to lack of attendance, contributed to by a late-notice venue change. This did provide an important learning for the project, which was adapted to include earlier organisation of venues and more extensive promotion.

Wangaratta and Wodonga

Wangaratta is a city in the northeast of Victoria, Australia, approximately 250 km from Melbourne[7], which had an estimated population of 18,891 at June 2016[8]. Wangaratta is part of the Hume AOD Catchment and the Murray Primary Health Network. The traditional indigenous custodians of the land in the Wangaratta area are the Pangerang and Yorta Yorta people [7].

Wodonga is a city on the Victorian side of the border with New South Wales, 300 kilometres North East of Melbourne[9]. It's population is approximately 39,351 people[10] however it's services support a larger area and population due to the proximity of its sister city, Albury, which is located on the other side of the river in New South Wales. Wodonga is part of the Hume AOD Catchment and the Murray Primary Health Network. The original inhabitants and traditional

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[4] Population Australia website, Bendigo Population 2018 <http://www.population.net.au/bendigo-population/> *[Accessed 24th of August 2018]*

[5] *Australian Bureau of Statistics, 2016 Census Quick Stats, Greater Bendigo. ABS Census* <http://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/LGA22620 > [*Accessed 9th of August, 2018].*

[6] City of Greater Bendigo Website. *Acknowledgement of Country*. <https://www.bendigo.vic.gov.au/Acknowledgement_of_Country> [Accessed 24th of August 2018]

[7] Brad Gill, Projects & Recreation Coordinator, Rural City of Wangaratta, 2018. Email, 31st of August 2018.

[8] *Australian Bureau of Statistics, ABS Census, 2011 Census Community Profiles: Wangaratta . Archived from the original on 11 November 2017. [Retrieved 14th of August 2018]*

[9] Travel Victoria Website, Wodonga, 2018. <https://www.travelvictoria.com.au/wodonga/ > [Accessed on the 14th of August, 2018]

[10] Australian Bureau of Statistics, *2016 Census Quick Stats, Wodonga.* ABS Census, <http://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/LGA27170 > [Accessed on 24th of August 2018].

custodians of the Wodonga area are the Dhudhuroa, Wagwuwru and the Yaitmathang people[11].

The Regional Roadshow event was held in Wangaratta on Tuesday the 8th of May 2018 at the Wangaratta Library and the event in Wodonga on Wednesday the 9th of May at the Albury Wodonga Serviced Offices. Between both locations, 15 consumers participated in the forums. The consumers were asked to map out the services they were familiar with in the area. A table reflecting this is presented below.

Snapshot of services in Wangaratta and Wodonga as reported by consumers

Clinical services	Community services	Grassroots and self-help services
North East and Border Mental Health Services Kerferd Unit, Wangaratta Nolan House, Albury Blackwood Cottage (Over 65 years of age) Willows Continuing Care Unit (Under 65 years of age) Jarrah Mental Health Retreat (28 day stay) Benambra Mental health Rehabilitation (up to 6 months stay) North East Child and Adolescent Mental Health (NECAMH) Services HOPE Project (hospital outreach, post-suicidal engagement, Wangaratta hospital) Beechworth and Numerkah Health Service (low level rural detox through hospitals) Albury Wodonga Health (acquired brain injury, AOD nurse specialist & detox, post-natal depression mothers clinic)	North East Support And Action For Youth Inc. (NESAY), Wangaratta Wellways (mental health & disability) NDIS Wangaratta (LAC partner/Latrobe Community Health Services & Hume Primary Coordinators) Gateway Health (AOD services, mental health services such as counselling and day rehabilitation, youth services such as headspace & LGBTIQ+ service in Wodonga) Odyssey House (AOD detox & rehabilitation, Benalla) MIND Recovery College (mental health service, Wangaratta) Merri Health, Wodonga and Wangaratta. Centre Against Violence	Self-Management and Recovery Training (SMART) AOD Recovery (through Gateway health) GROW- community based mental health support Narcotics Anonymous (NA), Alcoholics Anonymous (AA), Crystal Methamphetamine Anonymous (CMA) Men's Shed Villa Maria Community services Northern Wangaratta Salvation Army, Anglicare, St Vincent's, Uniting Care Carevan Wangaratta (homeless services) Neighbourhood houses North East Eating Support Group- (peer based support group)

[11] Wodonga Council, 2018. *The Wodonga Aboriginal Community protocol Guide.*

Goulbourn Valley Health Shepparton (detox) ACSO (AOD Intake)	Goulburn North East Women's Health Promotion Integrated Family Violence Network, Wangaratta Junction Support Services, Wodonga (youth and family) School G.P programs and counselling, Wodonga Queen Elizabeth Centre, Wodonga (mother baby service) Albury Wodonga Aboriginal Health Service (Outreach) Mungabareena Aboriginal Corporation Panerang House - Aboriginal and Torres Strait Islander, (ATSI) services.	

The consumers in Wangaratta and/or Wodonga were asked to provide feedback around the three key questions:

- What are the contributing factors to Mental Health and AOD issues in the area?
- What are the issues with and barriers to existing services?
- What would an ideal system look like here?

Some of the information that was emphasized particularly in the Wangaratta and Wodonga area or was specific to this region is detailed briefly below:

- Several attendees were consumer consultants from North East & Border Mental Health Services, which reflected the strong consumer networks in this region.

- Consumers in both areas talked about homelessness, unemployment, a lack of preventative or trauma informed care and a lack of community connection and social activity as key factors which contributed to the amount of mental health and addiction issues in the area.

- Consumers in Wangaratta discussed a lack of bulk billing services and, in particular, of psychologist in the area who would bulk bill. They also spoke about a lack of pharmacotherapy prescribers. The consumers in Wodonga raised concern about the lack of any Aboriginal AOD workers in the area

and a lack of workers trained explicitly in AOD or MH or having qualifications in social work or psychology etc. One of the consumers in Wodonga addressed issues with existing clinical eating disorder support services e.g. barriers to accessing the service and poor quality of treatment.

- Consumers in both Wangaratta and Wodonga talked about the strain on the services that do exist due to the wide geographical area these programs are servicing and the lack of services throughout surrounding areas. This is reportedly compounded by inefficient public transport. Consumers in both areas spoke about the challenges with privacy and confidentially, which are exaggerated by living in smaller regional areas, where there is a high degree of familiarity between local residents. They expressed their desire for this to be better managed by services.
- Consumers in both areas also spoke about a lack of dual diagnosis services and collaboration between existing MH and AOD services. They raised concerns about the lack of long term and step-down support and spoke about the need for a peer workforce to fill these gaps. They reported a new peer work AOD position which they were excited about. Finally consumers in both areas spoke about issues with the National Disability Insurance Scheme (NDIS) services such as access being limited to residents within 50km and no access to non-registered services.

Ballarat

Ballarat is located approximately 105 kilometres west-north-west of Melbourne on the Yarrowee River[12]. It has a population of over 100,000 and is the third largest inland city in Victoria[13]. Ballarat is part of the Grampians AOD catchment and the Western Victoria Primary Health Network. The traditional indigenous custodians of the Ballarat area are the Wadawurrung and the Dja Dja Wurrung people[14].

APSU and VMIAC held the event in Ballarat on Friday the 25th of May 2018 at the Quest Ballarat Hotel with six consumers participating in the forum. The consumers were again guided through mapping out the services they were familiar with in the area. The following table reflects this.

[12] Travel Victoria 2018, Ballarat. Website: https://www.travelvictoria.com.au/ballarat/ [Accessed 14th of August, 2018]

[13] Population Australia website, Ballarat Population, 2018 <http://www.population.net.au/ballarat-population/> [Accessed 14th of August, 2018]> *[Accessed 14th of August 2018]*

[14] Ballarat Council, 2018. Phone conversation on 29th of August 2018.

Snapshot of services in Ballarat as reported by consumers

Clinical services	Community services	Grassroots and self-help services
ACSO (AOD Intake) Ballarat Hospital Psychiatric Services (infant withdrawal, youth & adult services, community care unit, Sovereign House acute withdrawal) Eastern View now Windana (AOD rehabilitation) Salvation Army, Geelong (AOD withdrawal) Uniting Care (Barnagneng Youth AOD, outreach, counselling, Tabor House youth withdrawal , dual diagnosis clinic)	Youth Support and Advocacy Service (YSAS), AOD youth support, Ballarat **headspace**, Ballarat (youth mental health) Child and Family Services (CAFS) Ballarat. Berry Street (family service) Ballarat Community Health (withdrawal worker, counselling, pharmacist, NSP, housing services, mental health) Salvo Connect (housing) MIND home and community support, Ballarat Wellways, Ballarat (mental health and disability support) Centacare (family support)	AA and NA meetings GROW, community based mental Health support Insights mental health support Bipolar support group VIC carers respite and support services (advocacy) Eastwood Leisure Centre (various groups) Eastwood Street Neighbourhood House

The consumers in Ballarat were asked to provide feedback around the same three key questions:

- What are the contributing factors to Mental Health and AOD issues in the area?
- What are the issues with and barriers to existing services?
- What would an ideal system look like here?

Some of the information that was emphasized particularly in the Ballarat area or that was specific to this region is explored briefly below:

- Consumers in Ballarat spoke about homelessness, unemployment, family breakdown, high levels of addiction and a lack of LGBTIQ+ supports as key factors which contribute to mental health and addiction issues in the area.

- Consumers spoke about funding for services being concentrated on acute services and lack of supports for long term, high prevalent conditions such

as anxiety and depression. They spoke about a perpetual cycle of intake and assessment, contributing to long wait times, especially for AOD services and the fact that there is no dedicated adult detox service in Ballarat. Consumers talked about dual diagnosis clients falling between the gaps of AOD and mental health services and the lack of consumer consultants or dedicated peer workers. They also talked about a lack of psychologists in the area and long wait times of up to a month to see a psychologist, even when paying the out of pocket fees.

- As in Wangaratta and Wodonga, consumers in Ballarat talked about the strain on the services due to the large geographical area they are servicing and a lack of services throughout the surrounding areas. Some consumers were concerned over the lack of a dedicated youth acute mental health service and experiencing stigma from mainstream hospitals when presenting with mental health or addiction issues. Other consumers raised concerns with police often functioning as the mental health crisis service and having negative experiences in these situations. When discussing their ideal system, some consumers stated, that they would like more support after attending the Emergency Room or a police response for a suicide attempt or other high-risk incident.

Traralgon

Traralgon is a city located in the east of the Latrobe Valley in the Gippsland region of Victoria. The population of Traralgon in 2016 was 24, 933[15]. It is the largest city in the greater Latrobe Valley area[16]. Traralgon is part of the Gippsland AOD Catchment and the Gippsland Primary Health Network. Traralgon is traditional land of the Braiakaulung people of the Gunaikurnai nation[17].

APSU and VMIAC held the Regional Roadshow event in Traralgon on Friday the 29th of June 2018 at the Comfort Inn and Suites Latrobe. A total of 24 consumers participated in the forum. The consumers were again requested to map out the services they were familiar with in the area. A table reflecting this is below.

[15] Australian Bureau of Statistics, ABS Census. *2016 Census Quick Stats, Traralgon.* <http://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/SSC22556> [Accessed 24th of August 2018]

[16] Travel Victoria Website, Traralgon <https://www.travelvictoria.com.au/traralgon/> [Accessed 24th of August 2018].

[17] Latrobe City Council 2012. *Acknowledging Traditional Owners.* <http://www.latrobe.vic.gov.au/About_Us/Our_Council/Reconciliation_and_Acknowledging_Traditional_Owners/Acknowledging_Traditional_Owners> [Accessed 14th of August 2018].

Snapshot of services in Traralgon as reported by consumers.

Clinical services	Community services	Grassroots and self-help services
ACSO (AOD Intake) Latrobe Regional Hospital Mental Health Services (LRHMHS)- (PARCS in Bairnsdale, Flynn Inpatient Unit, (child and adolescent MH service, community residential care unit, step-down support,) MHAPR (Mental Health Police Response Morwell) Latrobe Community Health Services (LCHS), (withdrawal nurse, AOD counselling, care and recovery, pharmacotherapy) Forensicare- Doorways (mental health housing program) Child and Youth Mental Health Service (CYMHS) through LCHS & LRH HOPE AOD centre in Bairnsdale (rehabilitation service coming soon) Rural AOD detox beds through Bairnsdale, Sale and Leongatha hospital (six beds in total)	Doorways through Wellways (housing support) Barrier Breakers (Mental Health service) MIND, Morwell (outreach, youth residential service) Lifeline, Morwell Halfway houses (multiple) Gippsland Primary Health Network East Coast Housing, MOE Community Hub, (mental health related housing assistance) Ladder Step-Up (AFL initiative), Latrobe Valley Pharmacies providing pharmacotherapy (two in each town) Youth Support and Advocacy Service (YSAS), Morwell (AOD youth support includes outreach to surrounding areas) **headspace**, Morwell (youth mental health)	AA & NA (NA not in Traralgon currently) Anxiety and depression support group through the neighbourhood house GROW (community based mental health support) SMART (AOD recovery group)

The consumers in Traralgon were also asked to provide feedback around the three key questions:

- What are the contributing factors to Mental Health and AOD issues in the area?
- What are the issues with and barriers to existing services?
- What would an ideal system look like here?

Some of the information that was emphasized particularly in the Traralgon area or was specific to this region is outlined below:

- The consumers in Traralgon spoke about: homelessness; a lack of community spaces and social activities; a lack of trust in services; poverty, shame and stigma; lack of preventative services; easy access to substances; and family breakdown as key factors which contribute to the level of mental health and addiction issues in the area.

- The consumers in Traralgon spoke about issues with the AOD and MH workforce in the area. They discussed the lack of university training in social work and other allied health fields and how this, along with under-employment and stigma against the regional workforce, contributes to a brain drain. The consumers also spoke about how this affects their experience with workers in the AOD and MH sector. For example, the consumers talked about how these issues contribute to the wait times for services and some workers having a lack of understanding about trauma or dual diagnosis.

- The consumers spoke at length about frontline services (especially G.P's) having inadequate familiarity and knowledge of referral pathways and available services in the area. They spoke about "not knowing where to start" and discussed the need for more knowledge of MH and AOD service systems generally and how this increased understanding should be included as preventative community education through local schools.

- There were several consumers at the forum who were linked in with ACSO and the AOD family support groups run through SHARC's Family Drug Help program, who had found this service to be invaluable. These consumers discussed how helpful it was, to be able to use ACSO as a hub, to find out about other services and utilise the peer model of support. They discussed the need for more hubs like this throughout the Gippsland region.

- Consumers in Traralgon were unique in discussing confidentiality as a barrier for them as family members, to being informed and involved in their loved ones care. Consumers also spoke about: the fragmentation of services; a lack of step-down supports; long wait times; a perpetual cycle of referral and the size of the Gippsland geographical area, creating issues with service access, due to travel times. Finally, on a positive note, several consumers reported positively on the Mental Health Police Response program in Morwell and recommended similar programs be utilised in other areas.

Common Themes

In analyzing the common themes discussed at the roadshows, we focused on issues that arose from the impact of rurality on MH and AOD service provision. Having said this, there were several issues that were raised by participants, that occurred as an adjunct to MH and AOD issues including: poverty; drug use; domestic violence; homelessness and/or the lack of affordable housing and a general lack of social capital.

Representation

There was a lot of discussion surrounding the representation of rural consumers in the MH and AOD policy and planning space. One participant suggested that consumers in their region were "...sitting on the outside, looking in."; an idea echoed by a number of participants, who generally expressed a feeling of disengagement from what was going on at a higher state level.

Stigma/Privacy/Confidentiality

Whilst stigma was acknowledged as something that existed for consumers of MH and AOD consumers more broadly, roadshow participants said this was exacerbated in the regions. Some Roadshow participants talked about how it felt when accessing services, suggesting that there was a lack of understanding about mental health and AOD issues from mainstream service providers and that they often felt "othered".

Many Roadshow participants also highlighted police and MH and AOD service providers themselves as problematic in regard to privacy, suggesting that due to the fact that in the regions "everyone knows everyone", it often felt like these organisations formed an opinion about someone presenting with mental health and/or AOD issues, before they had even engaged with them.

Absence of services

Roadshow participants identified many services that were absent in the regions that their metropolitan counterparts had access to including:

- Lack of after-hours/crisis services etc.

  There was some agreement across all groups that one of the main barriers to recovery was related to when the services were on offer. One participant said "mental health issues don't work on a 9 to 5 schedule", citing the lack of after-hours support as one of the reasons her mental health recovery had taken longer than she believed necessary. Participants made it clear that they wanted services that were appropriate in terms of time; not only from an 'on the clock' point of view with after-hours access etc., but also in terms of wanting appropriate interventions for the various times in their recovery;

often stating that the supports that they were provided were not appropriate to their specific needs and were "one size fits all". This idea can be shown in the lack of detox facilities, step-up/step-down MH programs, preventative care and crisis supports in the areas that we consulted with.

- Youth specific services

Many participants said that there was a paucity in support for younger people with mental health and/or AOD issues, and that where these supports existed they were only available in regional centers - effectively excluding young people from access, if they did not have access to transport.

- LGBTIQ+

Participants spoke about a lack of understanding of issues specific to people from the LGBTIQ+ community across mainstream services and suggested that this was even worse in terms of mental health and AOD issues. Whilst some regions did have sexuality and gender sensitive programs in place, this was viewed as an exception to the rule rather than the norm.

- Preventative Services

Many of the regions identified lack of preventative services as a major concern, suggesting that trauma-informed and harm reduction practices to be 'virtually non-existent' in their areas. Lack of pharmacies willing to provide pharmacotherapy treatment for addiction was highlighted as a significant barrier to harm-reduction based practice. Participants did, however, identify that in general, needle and syringe programs, were adequate in most areas.

- Peer work

Peer work was by far the most talked about "want" in terms of what could make service systems better. Participants wanted access to more peer workers as they had positive experiences of being supported by peer workers and believed their previous use of the system helped navigate the complexities that arose when seeking support for mental health and/or AOD issues.

Access Issues

Access to quality service provision in the region was an overarching theme of the discussion, with participants identifying a number of concerns, including:

- Waiting list length

Wait times for services varied between programs/organisations, but the general consensus was that there were simply not enough resources being provided to the region, to ensure that consumers were adequately

supported. In a number of the regions, intake and assessment contributed to overall dissatisfaction with services as people did not know places like ACSO existed and, if they did, they said there was some level of 'disjointedness' in the process.

- A "disconnectedness" between services

There was some frustration with the lack of information being provided by services about the other services/programs available in their area and at a broader level; highlighting that access to one particular service did not necessarily give them a chance to be "...linked in to everything available":

- "You don't know what exists outside the services you're engaged in.";
- "Services are not connected.";
- "Even the services don't know what other services/NGOs exist."

Participants also spoke about the frustration of ending up in "an endless cycle of referral" where services did not have the programs to offer people the supports they needed. This was particularly exacerbated in terms of AOD and mental health comorbidity, with participants frequently referencing between treated for 'one or the other' and 'not holistically'.

- Region size

Participants identified that the sheer size of the regions effected how consumers were able to access services. Consumers from smaller, more isolated towns on the fringe of catchment areas were often required to travel significant distances for even the most basic level of support, despite limited public and/or supported transport options.

The implications of size were also felt in the consumer workforce, with consumer workers feeling isolated from their peers and felt they did not have enough time or resources to support one another.

Key learnings and suggested actions

Due to the consumers' active engagement and passion for improving the service system in their areas, there was a vast amount of learning which arose from the Regional Roadshows. Consumers discussed numerous suggestions which they felt would help improve the accessibility or quality of dual diagnosis services as well as their communities as a whole, however for the scope of this report APSU and VMIAC have prioritised three key suggestions:

1. Increase familiarity and understanding of the mental health and AOD service systems through the use of a central database with attached support staff.
2. Continue the community consultation process in the Roadshow areas and increase the amount of consumer participation that occurs in regional areas more generally.
3. Utilise lived experience in the regional communities to respond to barriers to access and issues with services by expanding peer workforce funding and infrastructure.

1. Increase familiarity and understanding of the mental health and AOD service systems through the use of a central database with attached support staff.

VMIAC and APSU suggest that the Department of Health and Human Services (DHHS), The Primary Health Networks and relevant local services collaborate to create a living webpage or phone application that can function as a dual diagnosis service directory and central point of information on all of the services and resources in each area, including potential pathways through the system, and/or a map of how these services function together.

Rationale

This suggestion arose out of the extensive feedback consumer provided that service users and loved ones still often do not know where to start when trying to navigate the AOD and mental health systems. During the Regional Roadshows consumers reported an overarching sense of being overwhelmed with the system. They spoke about how helpful it was when they were linked in with central intake services and hubs like ACSO. They noted in their ideal system that they would have central dual diagnosis intake hubs in each area with attached up to date databases on all of the services and referral pathways.

Consumers talked about:

- Frontline services not having the capacity or knowledge to direct them to appropriate services.

- Not knowing that key services which could have been beneficial to them existed.
- The service system not working cohesively together.
- Perpetual cycles of referral and intake.

During the service mapping exercise it was clear that many consumers who had navigated the service system for years, were not familiar with several services available in the area. The consumers also reported that they gathered more information on available services from central intake organisations like ACSO and from peer support. However, they reported, it was sometimes difficult to find central intake services like ACSO. Overwhelmingly, consumers reported that General Practitioners did not inform consumers about services like ACSO or about other referral pathways nor about AOD or mental health services.

Often health professionals do not have the capacity to maintain or share accurate up to date knowledge on the range of clinical, community and grassroots services in a specific area. This is compounded in regional areas due to the large geographical areas that the services are supporting and the already strained resources. Considering General Practitioners are often the first point of contact for consumers, their familiarity with the service system and capacity to pass this knowledge on to consumers, needs to improve.

Consumers are increasingly able to use online resources to do their own research on services, however, this can be an overwhelming task. Therefore, having an easily accessible online resource, which functions as a central point for all of this information, would benefit service providers and service users.

Details

The database would need to include information on existing services and resources in the area, optimal referral pathways and alternatives, if services are not accessible. Community consultation and consumer participation should occur at every stage of the development, to ensure that the database reflects community needs. Frontline services would require access to widespread training on navigating the mental health and AOD service systems and how best to use the resource.

People with lived experience as service users, along with being involved in the development and implementation of the project, would ideally provide this training and be available to support consumers and frontline service providers to navigate the system on an ongoing basis. In this way, the database could function as a central hub, providing not only information, but also support to improve the accessibility and quality of services.

2. Continue the community consultation process in the Roadshow areas and increase the amount of consumer participation that occurs in regional areas.

APSU and VMIAC recommend that local services draw upon the findings, consumer connections or resources that have arisen from the Regional Roadshows to continue further consumer consultations in Wangaratta, Wodonga, Ballarat and Traralgon. Continuing the consultations and gaining better insight into the local service needs, will benefit consumers and local services.

There are several stakeholders that are interested in drawing on the momentum created from these consumer forums, to carry out further consumer consultation for varying projects and policies, which consumers are enthusiastic about. In Gippsland, in particular, there has been strong community support for the Regional Roadshow Project and interest in the utilising the findings as well as the consumer connections, to continue the consultation process. We suggest that this continuing consumer consultation be prioritised in these regional areas along with generally increased consumer participation in all areas. DHHS, the local Primary Health Networks, local services and state-wide services should carry out increased consumer participation in regional areas throughout service planning, development, delivery and evaluation as well as in research and the training of professionals. This will result in consumer ownership and greater cooperation.

Rationale
This suggestion arose because consumer feedback across all regional areas reflected a sense of not being heard or prioritised and feeling cut off from the metropolitan regions. Consumers in all Regional Roadshows were very appreciative of the opportunity to provide feedback and requested more opportunities to get involved and have a say over what happens with local dual diagnosis services in the future. They had many ideas on how to improve their systems and a lot of combined lived and professional experience and wanted this to be utilised, to create real change for consumers in their communities.

Many of the consumers did not feel like recent changes in the system reflected their needs. There was a lack of knowing how to participate as a consumer and of communicating their experiences with key government figures. However, all of the consumers expressed a clear desire to do so. Consequently, there is a still a real need for consumer participation to be prioritised, to be utilised for genuinely improving the system and for opportunities to be promoted more widely.

Consumers are an often-untapped resource for organisations that can contribute to growth by providing feedback and solutions. Creating opportunities for consumer participation results in: better cooperation and trust between consumers and service providers; higher quality services that are more responsive to service user needs; increased skills and empowerment of service users and increased community connection[18].

Details
The consumer relationships that have been established as a result of the regional Roadshow project should be built upon and utilized by local stakeholders to carry out further consultations. APSU and VMIAC can provide assistance to organisations wanting to utilise the findings, consumer connections and resources established from this Regional Roadshow process. This will support further consultations to be conducted and better channels of connection and communication with service users to be established.

APSU and VMIAC also suggest that services aim to increase consumer participation with consumers in regional areas more broadly by gradually and sustainably increasing the level at which consumers can participate. It is recommended that services conduct an audit of their current activities that support consumer participation in regional areas (such as feedback systems) and their organisational readiness for consumer participation and improve on these before building new opportunities[18]. APSU can also provide assistance on more broadly increasing consumer participation with the use of our online and hardcopy resources as well as training and access to lived experience speakers. These resources can help to ensure that participation is sustainable, meaningful and useful.

3. Utilise lived experience in the regional communities to respond to barriers to accessing and issues with services by expanding peer workforce funding and infrastructure.

APSU and VMIAC suggests that services in the regional areas better utilise the lived experience and strengths of local consumers to fill some of the existing service gaps and respond to the service issues through increasing the peer workforce.

[18] Miriam Clarke & Regina Brindle. (APSU) Association of Participating Service Users, A service of the Self Help Addiction Resource Centre. *'Straight from the Source': A practical guide to consumer participation in the Victorian alcohol and other drug sector,* 2010.

A Peer worker is a person who uses their lived experience with alcohol and other drugs or mental health, in combination with skills learned in formal training, to deliver services in support of others' change processes and recovery. Peer workers can provide non-clinical assistance and offer support to others with a shared experience through facilitating authentic connection, inspiring learning and hope and offering support as an equal. They can engage in direct work one-on-one or with groups, systemic and individual advocacy, as consultants and advisors, health promotion, education, group development and research[19].

The use of peer workers is a recognized strategy in enriching and expanding treatment and recovery outcomes. Local peer workers can help individuals to navigate mainstream services that they have familiarity with and provide empathetic support encouraging self-efficacy. Peer work is associated with many other positive outcomes such as reduced use of clinical health services like hospitals, which lessens the strain on those services and associated wait times. It also increases social support and networks which on a broader scale enhances the social capital of an area. Building a peer workforce infrastructure also helps to create local employment for individuals with lived experience and can enhance their wellbeing and sense of fulfilment[20].

Rationale

This suggestion arose out of consumer feedback that they felt they did not have any or enough access to peer support workers and that any experience the consumers had with peer workers was overwhelmingly positive.

Consumers wanted more peer workers, because they felt they could speak more easily, to someone who had been where they were and would be able to relate to them as an equal. They also reflected that they would like to use their lived experience to help others and that they felt peer workers would be able to offer support, which covered some of the current service gaps. The issues that consumers identified that could be helped by an increased access to peer workers included:

- A lack of familiarity with services
- Finding the system overwhelming
- Experiencing stigma or discrimination
- A lack of workers with specialised training in mental health or addiction
- Long wait times

[19] SHARC, Self Help Addiction Resource Centre website, 2018, Peer Workforce Development <http://www.sharc.org.au/peer-support/peer-support-capacity-building-peer-workforce-development/> [Accessed August 24th 2018].

[20] Mary O'Hagan, Kites Trust. May 2011. Peer Support in Mental Health and Addictions, A Background Paper. <file:///C:/Users/erafferty/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/H8G54ERZ/Peer-Support-Overview-OHagan.pdf> [Accessed on 14th of August, 2018]

- Funding being concentrated on acute services and a lack of long term and step-down supports
- A lack of outreach services and flexible supports
- A lack of understanding of trauma or dual diagnosis
- A lack of social connectedness and social capital in their regional communities
- High levels of local unemployment and a lack of opportunities.

Details

Implementing or increasing the peer workforce will look different in each regional area, depending on the existing peer infrastructure and resources. With local services and DHHS working together, consumers can have access to peer workers and peer support groups with lived experience prioritised within the service system. Peer workers could be employed, for example, to provide support with the central database system, to support consumers to navigate the service system and to help to explain the use of the database. Individuals with lived experience should also participate in the provision of training to frontline health staff such as General Practitioners, to build familiarity with the services and the database, as they have a unique experience and familiarity with the system.

The consumers in Traralgon spoke extensively about the peer support that was available through the ACSO hub and the Family Drug Help support groups and how this support had greatly helped them. There was a large group of family members that attended the event, who had lived experience of supporting a loved one through addiction. This group was informed of the event as a result of their peer support group and were well connected and supported as a result of the peer support resources. This highlights the benefit, of simply holding the space for a volunteer ran peer support group, in partnership with organisations like Family Drug Help and the contribution to social connection and consumer outcomes.

The Self Help Addiction Resource Centre including, Peer Projects, Family Drug Help and APSU as well as VMIAC can provide information, resources and support for services planning and implementing peer support roles and groups.

Other Suggestions of Note

Some of the other key suggestions that consumers discussed during the forums are:

- Having a program affiliated with police services which utilises social workers or other allied health professionals to assist with call outs that involve mental health or alcohol and other drug related issues. This is based off the positive consumer feedback from the Mental Health Police Response program in Morwell and consumers in other areas discussing something similar as part of their ideal system.
- Having an increased amount of services, which adopt flexible, creative models of care based around the needs of the community. **headspace** was used as a positive example of this due to the availability of drop in, outreach, online counselling and a "one stop shop" approach.
- For dedicated AOD detox and withdrawal services to be available in every major regional area which cater for adults, youth and complex dual diagnosis clients, so less individuals fall through the gaps.
- More funding dedicated to services which support specific population groups, such as LGBTIQ+ and Indigenous services.

Conclusion

The Regional Roadshow Project provided an important opportunity to meaningfully consult with the people depending upon the provision of MH and AOD services in regional and rural Victoria. We thank and commend the people who participated in these consultations for their generosity in contributing their time and the valuable insight and knowledge which their lived experience brings.

Common themes which emerged illustrate inherent problems with accessibility of services, a lack of services and inefficient service collaboration across regional and rural areas. In combination with this, the Regional Roadshow highlighted an absence of authentic consumer participation in developing and delivering improved services and an underutilisation of lived experience in general. However, the project outcomes also illustrated the rich, untapped reservoir of knowledge, interest and commitment among service users to be actively involved in providing better services in their communities.

While the report focuses predominantly on areas where consumers wanted to see change and improvement, there was positive feedback from each area and consumers reflected gratitude for the services and programs which were having a positive impact on their lives. Consumers also talked about their great experiences with peer workers, which highlights that the services utilising lived experience are doing it well.

Finally, in each geographical area there was change occurring and new programs and services coming, which consumers were excited about. Whether this was new peer work positions, detox facilities or population specific services, consumers could see that there was growth and development in the sector and were enthusiastic to have input into this. Hopefully this report contributes to that process.