



Peer-led National Disability Insurance Scheme (NDIS) engagement activity with mental health consumers and carers on Palm Island

PROJECT EVALUATION REPORT AND LESSONS LEARNED

30 October, 2016



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Introduction

For Aboriginal and Torres Strait Islander people with a psycho social disability, the National Disability Insurance Scheme (NDIS) provides them with an opportunity for the first time, to choose and access those supports and services that they decide are culturally appropriate for them and their needs. For many Aboriginal and Torres Strait Islander people, access to services has been a problem. For some remote communities, there may not be adequate choice of service providers available to them in their location, but lack of access to meaningful information in order to make decisions about choice and control is also a common barrier for many Aboriginal and Torres Strait Islander people and their families who are unaware of what supports are available to them.

This report seeks to better understand the reasons why engagement with the NDIS on Palm Island to date has been low and to bring together the key learnings from peer-led community consultation activities, which aimed to identify the opportunities and challenges to build the capacity of the community to actively engage with the NDIS.

It is important to understand that Aboriginal and Torres Strait Islander communities are not all the same and the views contained in this report apply to the people who participated in this project but might not necessary apply to another community.

Project aims

Undertake peer-led community engagement activities to build the capacity of Aboriginal and Torres Strait Islander people with psychosocial disability and their carers, living in Palm Island to engage with the NDIS through:

- Genuine discussion about the best way to assist Aboriginal and Torres Strait Islander people with psychosocial disability and their carers living in Palm Island to engage with the NDIS, including what will work for individuals and the community and identifying issues or challenges in the community that need to be addressed;
- Sharing resources already developed (e.g. Julia Farr resources) to discuss their appropriateness for use in the community.

Project timeframe

Project commencement	10 August 2016
Completion of activities	7 October 2016
Finalisation of lessons learned document & project evaluation	30 October 2016

Project partnership

QAMH worked in partnership with SOLAS (Supported Options in Lifestyle and Access Services) on the delivery of this project. SOLAS, based in North Queensland, have offices in Townsville, Mount Isa, Charters Towers and Palm Island and employs the peer-worker located on Palm Island who undertook the project activities and evaluation. SOLAS is a specialist mental health community organisation committed to working with people to achieve a life of choice, purpose, meaning and citizenship. SOLAS has embraced and is highly experienced in peer support. Through the employment of Peer Support Workers, SOLAS offers a culture of health and ability as an inclusive model that creates room for all people to fully experience being who they are, growing in the direction of their choice and in the process being supported to achieve their goals.

SOLAS has worked closely with the community of Palm Island since 2009 to support people with severe mental illness to access support services and other practical assistance through the Australian Government funded Personal Helpers and Mentors program (PHaMs). Services provided by SOLAS on Palm Island are delivered by local residents to ensure that support is culturally sensitive to help people with a mental illness to participate economically and socially in the community by building confidence and increasing connections within the community to help people overcome social isolation. It was through SOLAS' expertise, engagement activities and strong connections with the community of Palm Island that SOLAS has been successful in securing this significant funding and have demonstrated positive outcomes in the work carried out in the community.

SOLAS is positively and actively engaged with the community on Palm Island. SOLAS also works closely with the local communities in northern and western Queensland as the lead agency in the development of the North West Mental Health and Wellbeing Hub, which is funded by the Queensland Mental Health Commission; this Hub is primarily a digital presence supported by mini-hubs, on Palm Island, Mackay, Cairns, Charters Towers, and Mount Isa. SOLAS also provides support to Aboriginal and Torres Strait Islander community members and mental health workers equipping them to better support people with mental illness and substance use disorders through the delivery of Mental Health First Aid training. SOLAS also subcontracts Queensland Health funded mental health support services to the Townsville Intercultural Centre and the Townsville Multicultural Support Group. The focus of all SOLAS activities, and in particular in working with Aboriginal and Torres Strait Islander people is driven and implemented by people from the community and is focused on their needs.

Background

Palm Island is situated on the east coast of Queensland, 70 km north-east of Townsville. According to a survey of Palm Island completed in July 2010 by the Palm Island Aboriginal Shire Council the total population is 3,042¹ with 94% of people identifying as of Aboriginal and/or Torres Strait Islander descent².

¹ Survey conducted by James Cook University for the Palm Island Shire Council in May/June 2010. https://www.health.qld.gov.au/atsihealth/documents/palm_island_action.pdf [27 October 2016].

² Australian Bureau of Statistics. Aboriginal and Torres Strait Islander Peoples – Census [online]. 2011 http://stat.abs.gov.au/itt/r.jsp?RegionSummary®ion=35790&dataset=ABS_REGIONAL_LGA&geoconcept=RE

Historical research indicates that the Manburra people originally occupied this region prior to first contact with Europeans³. The contemporary Aboriginal name for the Palm Island people is Bwngcolman people which means many tribes, one people. However, many of today's community members are descendants of Aboriginal and Torres Strait Islander people forcibly removed to Palm Island from throughout Queensland.

The history of Palm Island is significant to understanding the context of the community today. Palm Island's history is dominated by disadvantage. Of significant concern is the high unemployment rate, lack of jobs and housing and high rates of violence. Many members of the community suffer significant trauma as a result of their experiences on Palm Island.

Engagement with NDIS on Palm Island – Pre-activity

Early transition to the NDIS for Palm Island commenced in January 2016 with full transition occurring as of 1 July 2016. In order to identify the current levels of engagement with the NDIS for the people of Palm Island, the project team undertook an analysis of the available data. As data about the numbers of approved NDIS packages on Palm Island was difficult to obtain from NDIA, SOLAS utilised data from the clients they support in the community. SOLAS supported 90 people on Palm Island through the PHaMs program. Of these clients, 47 are male, 42 are female and 1 is intersex. The average age of these clients is 36 years.

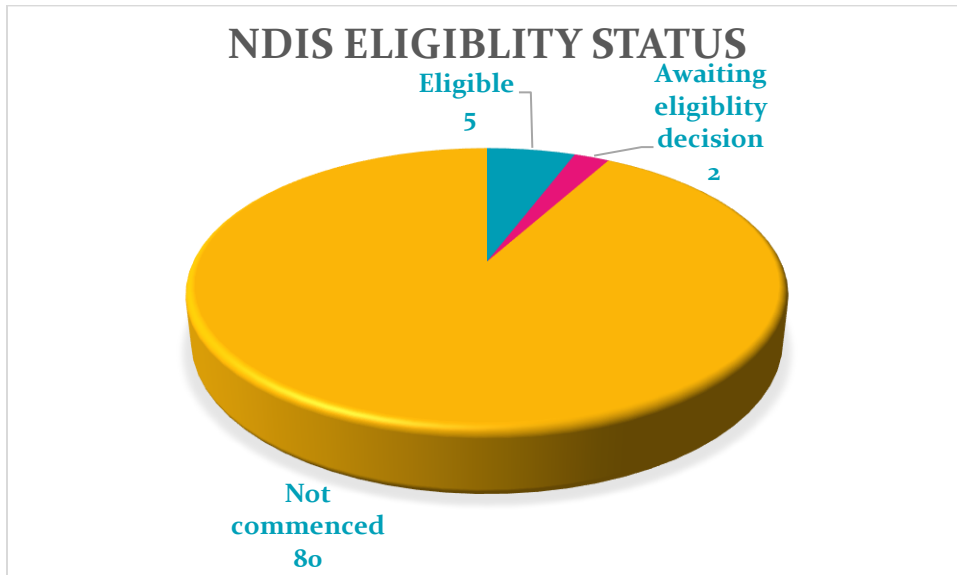
Data collected as at 30 June 2016 includes the following information about 87 of these clients and their NDIS eligibility status.

NDIS eligibility status:

- 5 people have been deemed eligible by the NDIA for an individually funded package under the NDIS;
- 2 people have commenced an official NDIS Access Request but are yet to receive the eligibility decision;
- 80 people have not commenced an official NDIS Access Request with the NDIA.

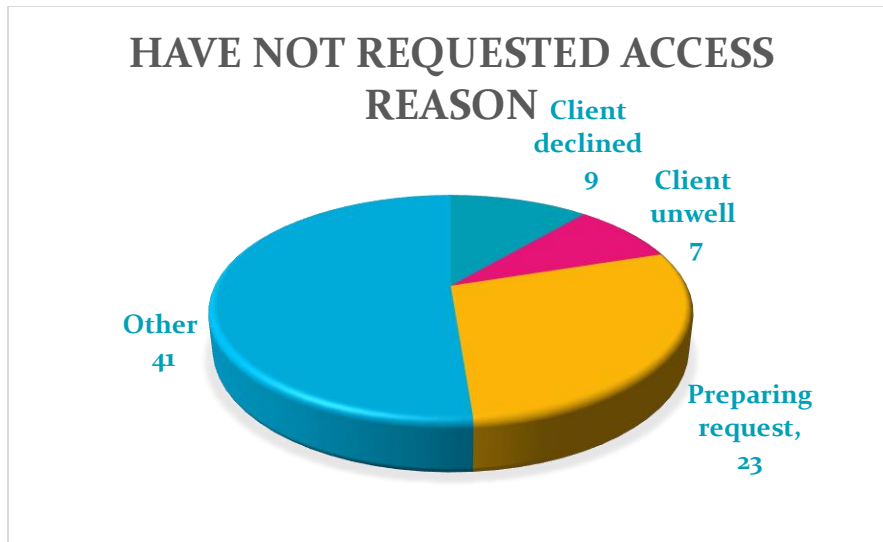
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³ Queensland Government. Palm Island – Introduction. <https://www.qld.gov.au/atsi/cultural-awareness-heritage-arts/community-histories-palm-island/> [27 October 2016].



Of those 80 people who have not as yet commenced an official NDIS Access Request with the NDIA, the following reasons are recorded:

- Client has declined to access NDIS (9);
- Client is too unwell (7);
- Preparing for access request (23);
- Other (41).



Other data obtained about these clients potentially reveals some of the reasons why such a large number of currently supported clients were not engaged with the NDIS at that time. Other comments included:

- Client is unsure (7);
- Discharged or no longer active in the program (31);
- Gaol issues (3);
- Hospitalised (2);
- No longer on Palm Island (6).

The following comments from SOLAS service providers about their experience with the NDIS transition on Palm Island is also provided below to illustrate initial frustrations with the roll out:

Overall the experience Palm Island has been far from a smooth transition. There is still so much uncertainty and difficulty in receiving information.

Initially, transport was not even factored into people's plans (there is no transport on the island however in the PHaMs shifts quite often people ask to be taken to certain places) however people still expect to be taken to places etc as they used to when receiving a PHaMs service.

SOLAS is still unsure and cannot get a definitive answer as to whether transport costs will be paid to the person receiving the package in their bank account – if this is the case this raises further concerns.

Lastly, there appears to be an issue with appointing an organisation as support provider, and then after a while wanting to change and take this elsewhere. Whilst this is the person's right, the idea of going back and forth between providers appears to be something that appeals to some people.

Project planning and consultation

Planning and consultation between QAMH and SOLAS was undertaken at the beginning of this project to identify the best approach to achieve the project aims in a culturally appropriate and sensitive way. It was agreed that the best outcomes would be achieved if the SOLAS peer-worker was the main connection to the community on this project and undertook the consultations and meetings face to face with people, given the high level of respect and connections that she has in the Palm Island community.

The SOLAS peer-worker met individually with the following key groups to consult and seek feedback about the best way forward using a genuine curiosity about the best approaches to engaging with people around the NDIS:

- Palm Island Aboriginal Council (PIAC);
- Women's Shelter;
- Palm Island Community Company (PICC);
- Joyce Palmer Health Service;
- Youth Justice;

- Elders Justice Group.

As a result of these community consultations which utilised a whole of community approach, the project team identified 2 activities to deliver as part of this project. Firstly, the SOLAS peer-worker commenced planning and promotion of 2 face to face NDIS information sessions. The second activity was the development of a survey to utilise as part of individual, face to face and opportunistic conversations or yarns with people in the community.

During the planning and consultation phase, the project team undertook a desktop analysis of resources that might be useful tools to use as part of the activities. From this analysis, there were no resources identified that were used as part of the delivery of this project for a variety of reasons. Some were not culturally appropriate, some relied on access to good internet (which is not always available on Palm Island) and some were not available for sharing.

The project team also consulted with a number of organisations who had undertaken similar activities in Indigenous communities around Australia and considered the learnings from their experiences. These organisations included Julia Farr Association, Synapse, Queensland Aboriginal and Islander Health Council, Richmond Wellbeing, First People's Disability Network, Connections and the ACT Mental Health Consumer Network.

NDIS activities

FACE TO FACE NDIS INFORMATION SESSIONS

Promotional flyers for 2 NDIS information sessions to be held at the SOLAS office over 2 consecutive days were displayed at various locations in the community. A copy is provided in Attachment A.

Despite significant advertising and promotion in the community, attendance at the 2 info session was low with only 2 people attending one of these sessions. The project team had been hopeful for a reasonable attendance at these sessions. Previous sessions offered on Palm Island have received mixed success. The project team had hoped that including a meal as part of the session would attract people to participate, but generally these types of sessions are most popular and well attended when the topic is of interest to the community. The poor attendance may reflect the level of the interest and understanding of NDIS in the community.

Initially, interest to attend these sessions had come from other stakeholders and particularly service providers, with minimal interest from members of the community who may access services or be a carer or family member of people who may access services. The SOLAS peer-worker delivered a session for the 2 people who attended utilising the powerpoint presentation included in Attachment B.

NDIS SURVEY

The SOLAS peer-worker also developed a survey which asked key questions about the NDIS and people's knowledge and interactions to date. A copy of the survey questions is included in Attachment C. This technique

was chosen based on the relative success experienced with the Palm Island community previously around the use of surveys. The use of surveys seems to be well received amongst the community but this may not necessarily translate well to other communities. This was evidenced by the significant number of surveys which were completed opportunistically with 19 people providing responses.

The SOLAS peer-worker utilised surveys when clients arrived at the SOLAS office to access their supports and services. On some occasions, the peer-worker would talk to people, ask them survey questions and record the answers on the surveys. On other occasions, people were more comfortable to complete the surveys themselves. Other staff also took out surveys into the community when they were providing services and talked through the survey questions with people face to face. Approximately half of responses came from existing SOLAS supported clients, with the other half coming from service providers and other members of the community, including people not currently receiving any supports or services. A number of surveys were undertaken at the hospital with the most interested members of the community being stakeholders such as hospital staff and staff from PICC.

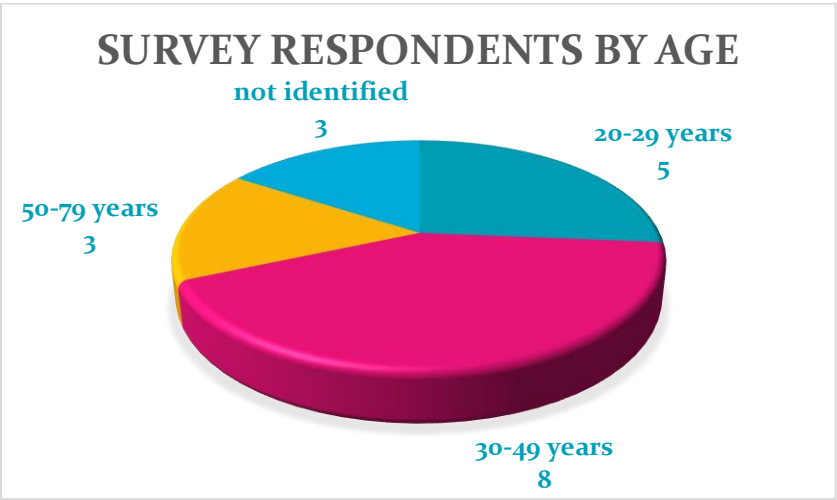
Survey Activity Results

A total of 19 surveys were completed via face to face engagement by the SOLAS peer-worker. Approximately 50% of these surveys were completed by people currently receiving services or supports from SOLAS and the other 50% from other members of the Palm Island community. 14 of the respondents indicated that they know someone directly who has a social and emotional well-being worry indicating that they may be a friend, family member or carer.

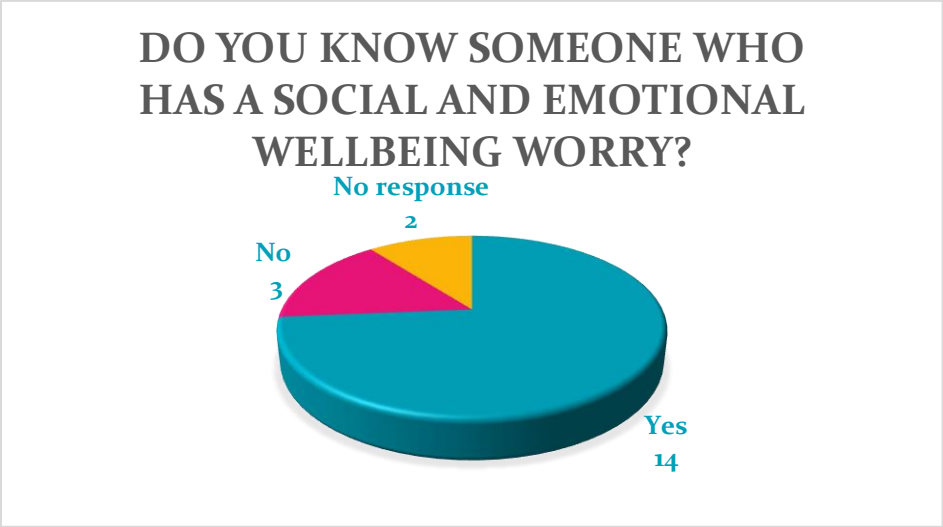
A more detailed breakdown of the survey responses is provided below.

About the respondents:

Of the 16 survey respondents that identified their age, 8 were aged between 30-49 years, 5 between 20-29 years and 3 between 50-79 years.

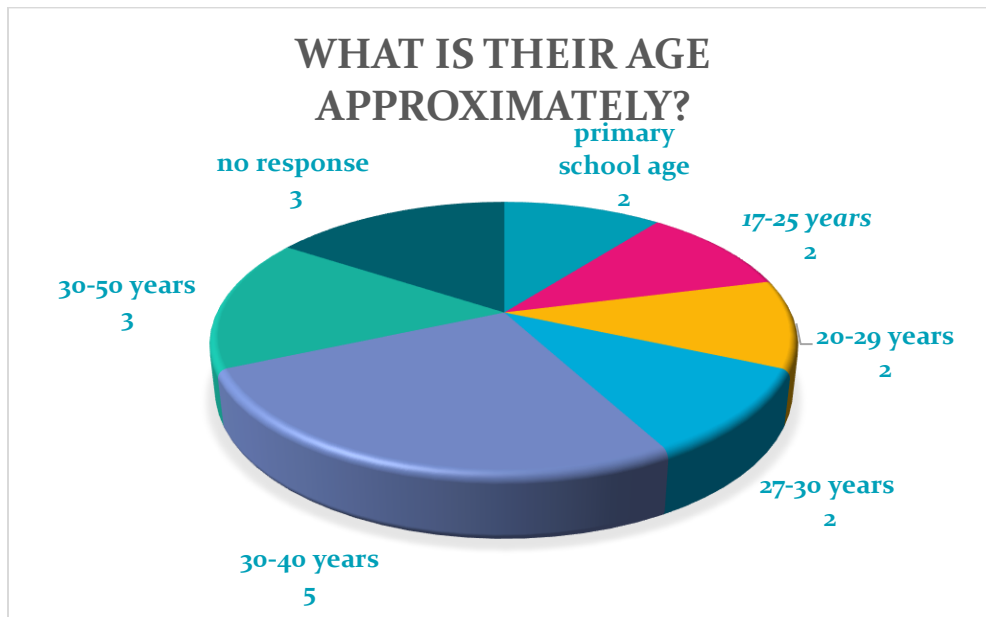


When asked if they know someone who has a social and emotional well-being worry, 14 of the 17 respondents indicated they did.

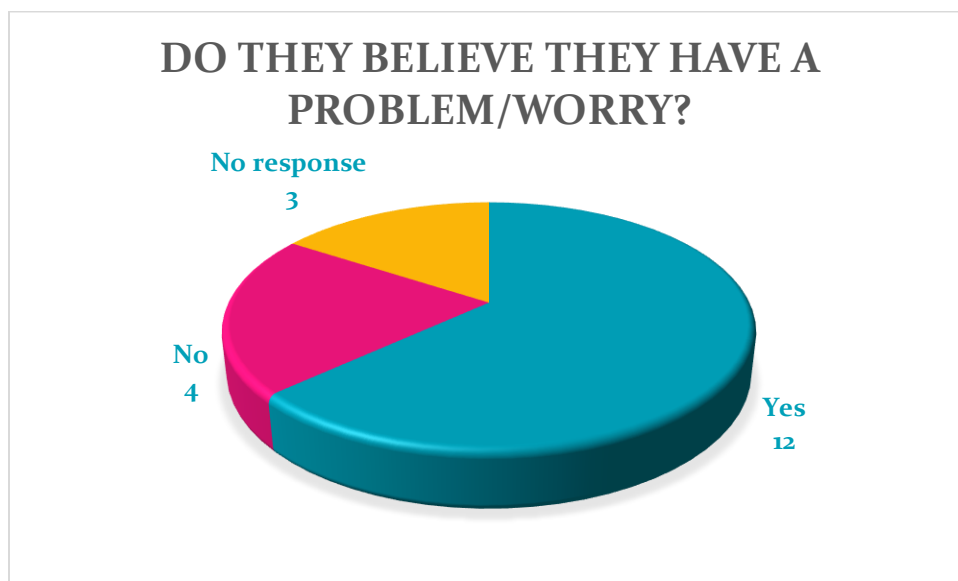


About those people with a social and emotional well-being worry

The age ranges of these people with a social and emotional well-being worry were reasonably evenly spread with half between 30-50 years of age (8 of 16 respondents), 6 between the ages of 17-29 years and 2 identified as of primary school age.

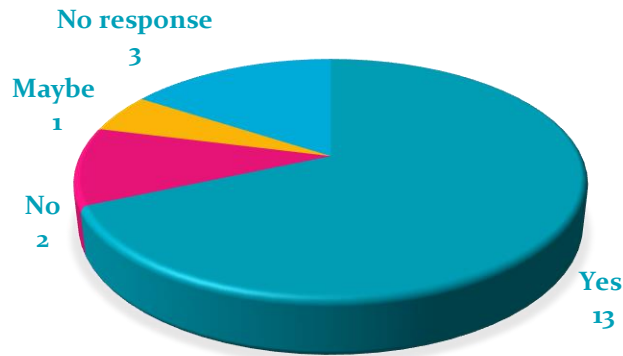


When asked if they believed they have a problem/worry, the majority (12 of 16 respondents) indicated that they do believe they have a problem/worry with only 4 indicating that they do not believe they have a problem/worry and 3 respondents did not provide a response.



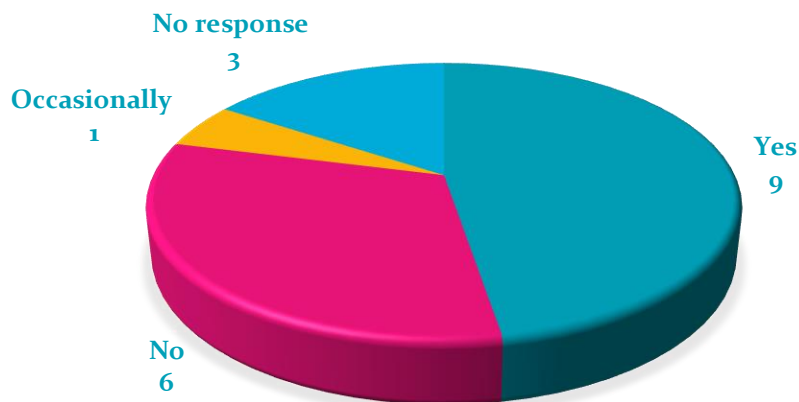
Respondents were then asked if they know where to go for support or help. Again, the majority (13 of 16 respondents) indicated they do with 2 saying they did not and 1 maybe.

DO YOU OR THAT PERSON KNOW WHERE TO GO FOR SUPPORT OR HELP?

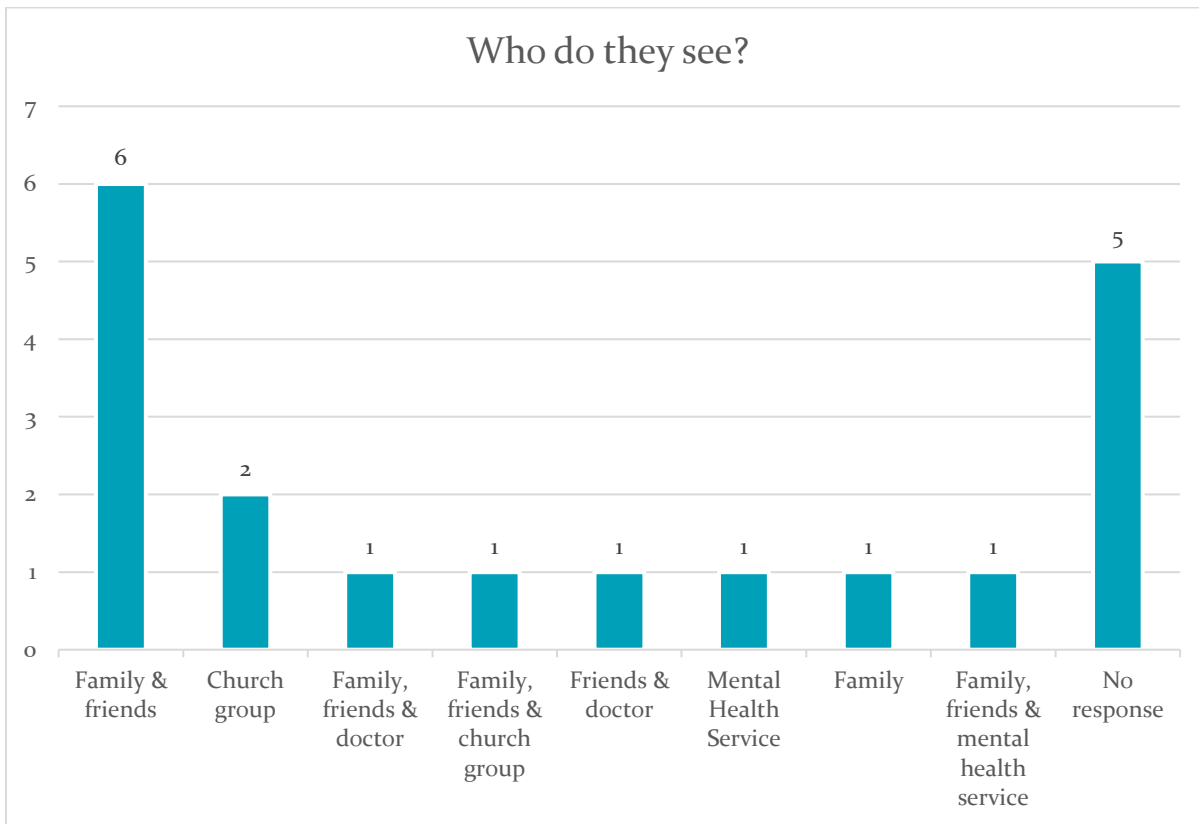


Respondents were then asked “Do they go somewhere for help?” 9 of 16 respondents indicated yes, with 6 indicating no.

DO THEY GO TO SOMEONE FOR HELP?



When asked, “Who do they see?” The majority of respondents (11 of 14) indicated family, friends, family and friends and/or some combination of doctor (1), church group (1) or mental health service (1).



Respondents were asked, “What do you think are the reasons people do not ask for help?” A range of responses were received with 9 respondents citing reasons related to shame or pride and 3 citing embarrassment. Responses included:

- Shame, lack of trust, don’t understand.
- Shy, scared, don’t want other to know.
- Lack of self-awareness, stigma, worried about confidentiality, cultural considerations.
- Their age, shame, not understanding mental health.
- Embarrassment.
- Because of work or income insurance, afraid of seeming weak.
- Don’t think they have a problem.
- Shame and don’t want people to look at them funny.
- They are all different, shame.
- It’s family things.

When asked as part of the survey “Do you have any ideas that might make it easier [to engage with people with a social and emotional wellbeing worry]?”, the following responses were provided:

- Word of mouth is the best way to get the message out. Service providers could go out and about and let people know when there is a workshop on and pick them up.

- Information stalls in the community. Some people are now realizing there are service providers out there for support when people are stressed or need a yarn. You don't have to be crazy to look for support and I think the people in the community are realizing this.
- Talk to doctor and friend or family.
- Talk to family members.
- Talk to family and friends.
- Talk to family members and ask if it's ok for the family member to ask for help for them on their behalf.
- Go to church gathering.
- They need support for family. Someone to show them who to go to. The person has to take first step forward.
- Education program in school available to everyone.
- Working on mental health and wellbeing on a level they understand.
- They scared of confidentiality or to be known.
- Mindfulness/meditation access.
- People to accept that problems are ok.
- Mental health needs more aboriginal workers.
- Have more friends.

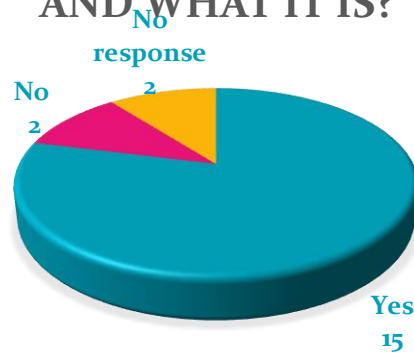
Respondents were provided the following suggestions when asked "What is the best way to let people know about NDIS?":

- Word of mouth from locals.
- Information stalls, word of mouth and talking up NDIS. Flyers could be helpful as people in the community check the notice boards. However, word of mouth is the best way to get the information out.
- NDIA Representative
- Door to door visit by NDIS representatives.
- Advertise
- School community meetings, stall and an event.
- Community or school meetings/yarns.
- To attend workshop organised by NDIS.
- Talk to people.
- Put on facebook.
- Pamphlets and flyers and talking.

NDIS Awareness:

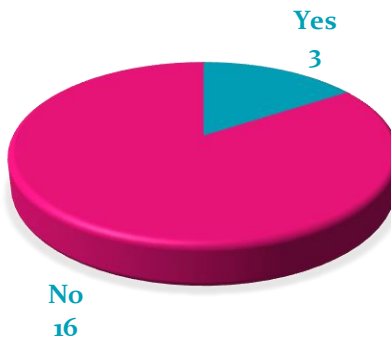
Respondents were asked, "Do you know about the NDIS and what it is?". 15 of the 17 respondents indicated they did know about the NDIS.

DO YOU KNOW ABOUT NDIS AND WHAT IT IS?



However, when asked, “Have you or the person you know that has a social emotion well-being worry been to a NDIS workshop?”, 16 of 19 respondents indicated that they haven’t been to a workshop with 17 of 19 respondents indicating they were not aware that there were NDIS workshops offered on Palm Island.

HAVE YOU OR THAT PERSON BEEN TO A NDIS WORKSHOP?





Respondents were asked “What is the best way to let people know about NDIS?” and provided the following responses:

- Word of mouth from locals.
- Information stalls, word of mouth, flyers on notice boards.
- NDIA Representative
- Door to door visit by NDIS representatives.
- Advertise
- School community meetings, stall and an event.
- Community or school meetings/yarns.
- To attend workshop organised by NDIS.
- Talk to people.
- Put on facebook.
- Pamphlets and flyers and talking.

Stories

In addition to the data and information provided above, many respondents provided the SOLAS peer-worker with their stories or elaborated on their responses in more detail. These stories have also been included below:

People don't always know what a service provider can do the help. They think that only nuts go to mental health service providers and don't realise they can enjoy themselves doing activities and yarning.

It seems to be getting younger and younger with people who have issues. I see it in a lot of our children who do not feel loved by their family. It's not just the yarndi [cannabis], it's the family. When you sit and talk to them they open up. If you feel family does not love you, you feel worthless. This can lead to depression at a young age. They need an adult to help them before they get to a worse stage.

At first I found NDIS hard. I did not understand NDIS as I only attended 1 workshop when maybe I should have attended more to understand it better. But since I have had my plan I have found it easier to understand. I found it easy because the LAC broke it down for me in our words instead of city person words. I also had help from my service provider from the old program I was in who helped me understand more. I am now independent person where I can do my own stuff by choosing what service provider I want and giving me the opportunity to achieve my goals.

Compared to the old funding program I am now getting more support hours and this gives me more community access and support. I find it easier to focus my goals.

I have suffered with post-natal depression. I was always crying and upset. I thought that none of my family wanted me around them because I had children. But when I spoke to my brother about how I felt he told me that he would take care of my children until I got better. So I spoke to my sisters and they told me that they will always be there if I needed any help or someone to talk to. I spoke to a doctor and she asked me if I wanted to take medications but I refused and kept on praying and talking to my sisters. That helped me get better.

Most of the people I know who have disability problem attends church meeting on Sundays and feel free to share their stories to members of the church. NDIS is something I've just learnt about when I accept to answering this survey.

Close member of my family {sic} for NDIS but I don't really understand what do they do at NDIS. Most of our people do not have any knowledge about them and this agency. I've heard about NDIS but don't know their role or what they are doing here. Hope to learn about them and to let other members of the community be introduced to NDIS program.

Recently introduced to school but we do not have any knowledge who conduct this workshop. I love to be present on this workshop and to encourage people who need this support especially. I told our young generations with their family to seek for support on any sort of disability that may affect their family members especially school children.

Don't have a story but wamba [mental health issues] is hard to tell people about.

The other person talks suicide and goes to MHT then they stop going. Then later it gets bad again. Sometimes family say he is not at home and the doctor goes away.

I'm quiet and don't know NDIS before. Have cousin sister who maybe need some help.

Lessons learned

3 of the key learnings from the responses from the survey activity are:

14 of 17 respondents know someone with a social and emotional wellbeing worry

11 of 14 respondents indicated that they go to family and friends for help

17 of 19 of respondents did not know there were NDIS workshops

WHAT IS NOT LIKELY TO WORK WELL?

Interest in the NDIS Information Sessions offered as part of this project was low, supporting the notion that offering these types of workshops or sessions on NDIS to the community on Palm Island may not be the most effective method to engage with people. Survey responses reveal that despite these sessions and workshops being offered on Palm Island, not only as part of this project but at others times previously, people were unaware that they were even being offered.

Difficulties experienced and reported by service providers on Palm Island in relation to the NDIS packages and processes include frustrations around people not presenting for their supports and services, and people changing providers frequently in order to optimise their services and supports as illustrated by this quote below:

“Palm people do not understand that they cannot change support providers every week if providers/supports, will not, or cannot do what the person wants, eg – people are moving from week to week because they cannot get transport, or the support person refuses to take them somewhere that may not be safe etc, or allow them to “drink” on shift....often, the people threaten to move providers if they are frustrated or stressed.”

Service provider, Palm Island

The issues related to the slow uptake of NDIS packages in Palm Island, have potentially arisen as a result of the lack of meaningful, appropriate information provided to people to support them, build their capacity and empower them to understand the processes and enable them to be a real participant in the NDIS process.

In addition, lack of coordination, sharing information and collaboration between service providers and the NDIA has meant that often it is not clear if people have been assessed, and where the process is up to for individual participants, making engagement even more difficult.

“Prior health service meetings have fallen by the way, hence no good stakeholder communication around the NDIS can be communicated”

Service provider, Palm Island

WHAT IS LIKELY TO WORK WELL?

There were some common and key messages from survey respondents about how they would like to be engaged. When asked as part of the survey “Do you have any ideas that might make it easier [to engage with people with a social and emotional wellbeing worry]?” some clear themes emerged. Many people made reference to talking or yarning, and a number also referred to seeking support from family and friends specifically.

Yarning is a part of Aboriginal and Torres Strait Islander culture and builds on the oral tradition of handing down information. Often, conversations might take the form of a story as a way of exploring a topic or responding to a question. Telling and sharing stories can be very important and powerful. During this project, Jason expressed his desire to share his story and asked the SOLAS peer worker to make a video of his story so that it could be shared widely with the hope that it might help others. Jason’s story has been provided separately as part of this report.

It is clear from the survey responses that strong links to family and friends is clearly important to the people of Palm Island and it is often family and friends that people with social and emotional wellbeing worries rely on for help, often before or instead of engaging with a doctor or service provider.

Several responses also alluded to stigma as a significant barrier to engagement so ensuring messages to reduce the stigma associated with mental health issues continue to be important to improve access to support and services both from within the family and elsewhere.

RECOMMENDATIONS

Activities appropriate to the community

A variety of activities could continue to be offered on Palm Island driven and delivered from within the community itself. The Aboriginal and Torres Strait Islander people on Palm Island engaged with as part of this project identified 3 key areas of importance for them. These are ensuring opportunities for yarning and story telling, the importance of friends and family as people’s support network and addressing stigma. These need to be considered and included as part of activities which seek to empower and build capacity and address gaps in capability where they exist to provide people on Palm Island with the chance to develop their own improved outcomes to engage with the NDIS.

Appropriate methods for measuring outcomes

When funding is provided for the delivery of activities on Palm Island and other Aboriginal and Torres Strait Islander communities, funding bodies should consider the Aboriginal and Torres Strait Islander context of research that is recognised and valued as a specific approach rather than relying on general outcomes and measures taken from a non-Aboriginal and Torres Strait Islander context. Outcomes will be different, need to be agreed and directed from within the community and may take time. It is important that measures of success and outcomes are developed from within the community.

Appropriate resourcing

The Operational Plan between the National Disability Insurance Agency (NDIA), Queensland Government and Commonwealth Government for transition to the National Disability Insurance Scheme (NDIS)⁴ identifies the need during the transition to NDIS for “intensive assistance” for hard to engage and/or high risk participants and cohorts. Hard to engage and high risk participants will require tailored and culturally appropriate activities that need adequate resourcing.

Unfortunately, the resources for service providers and others in the community to undertake this type of work is not always available. Service providers are only paid to deliver services and the LACs to assess eligibility. No one is supported to do this work on an ongoing basis.

Acknowledge the important of family supports

How the NDIS might work more holistically with the family as a whole rather than the NDIS eligible participant needs more consideration. Ideally, the system would enable people to choose family members to provide their support. However, significant and reasonable support would need to be provided to families to empower and build their capacity to do this.

Reponses from the survey highlight the importance of friends and family in the recovery journey for many Aboriginal and Torres Strait Islander people. Activities to increase engagement with the NDIS should ensure that friends and families are included, that activities are de-stigmatising, which might include opportunities for one on one sessions and individual opportunistic yarns with people from within the community.

⁴ NDIA. Operational Plan between the National Disability Insurance Agency (NDIA), Queensland Government and Commonwealth Government for transition to the National Disability Insurance Scheme (NDIS)[online]. 2016. <https://www.ndis.gov.au/medias/Queensland-Operational-Plan-PDF-711KB-?context=bWFzdGVyfHJvb3R8NzI4NTU3fGFwcGxpY2FoaW9uL3BkZnxoOTIvaGM3LzgzOTc4NjU2Mzk5NjYucGRmfDg4YWViODhmNTBjYTFmOGUoOTRhZjRjMGlwYWRjNjQ1OGJkZTNiYzE3NzhlOGFiNmZmZjQoNGUwNjczMGEyYmY> [26 October 2016].

Conclusions

Many people do not engage with supports and services because of the stigma associated with mental health issues. In many communities, where there may be issues including violence, substance use, family conflicts, unemployment and a high incidence of suicide and self harm, many Aboriginal and Torres Strait Islander people are focused on addressing the day to day living aspects of their life and their attention is not focused on the NDIS.

The low interest for the face to face NDIS information sessions appears to reinforce the idea that traditional delivery of sessions in the community targeting people who access services, may access services, and their friends, families and carers does not work for the Palm Island community where there is little understanding, engagement and interest in the topic. This is evidenced by the low number of people accessing these sessions and the lack of interest and awareness about NDIS sessions offered generally in the community. These traditional methods of delivering information need to be re considered on Palm Island.


In contrast however, the success of engaging one on one in a more opportunistic way with people in the community by utilising the survey allowed for the collection of both quantitative and qualitative data and also allowed the SOLAS peer-worker to engage more appropriately with people to gather information, whilst at the same time providing more individual advice and support with the aim of increasing people's confidence and willingness to access and engage with the NDIS.

The delivery of the project activities, has provided an opportunity for one on one engagement with people specifically on the NDIS. The data and information collected as part of these activities has enabled the project team to draw some inferences about the best ways to build confidence and engagement around the NDIS which may differ from the ways in which people engage with the NDIS in other communities across Queensland.

Unfortunately, to date, there has been little resources provided to communities such as Palm Island to enable the community to engage with the NDIS in a way that is meaningful for them. And where there has been good work done, resources have only supported one off and time-limited engagement. The benefits to individuals of these community level interactions cannot be underestimated however, the outcomes for the community and funding bodies are very difficult to measure, particularly over such a short period of time.

Attachment A

Promotional flyer for NDIS Information Sessions



Community Sessions - Emotional Wellbeing & NDIS


We are asking community members to attend and give their ideas on how to make it easier for people living with mental wellbeing issues to link up with NDIS for support. Mental health impacts on all members of the community in some way.

Ideas collected will help people of Palm Island to get support when they need it.

There will be 2 sessions at the SOLAS office. You can come to either one.

Wednesday 21st September 10am to 2pm
Thursday 22nd September 10am to 2pm
Light lunch will be provided.

RSVP for catering purposes by Friday 16/09/2016 on 4770 1497
Or you can just turn up. The more ideas the better.



Attachment B

Presentation for NDIS Information Sessions



- **NDIS – The National Disability Insurance Scheme** offers packages to help people with disabilities.
- **Physical Disabilities** – These are usually things that people can see.
- **Emotional Disabilities** – These are not easy to see.

What is ?

- **Social and Emotional Wellbeing** – Mental Health
- **Stress** – lots of worries
- **Trauma** – from loss of a friend or family member, abuse, intergenerational trauma.
- **Anxiety** – Anxiety is a feeling of worry or nervousness that does not go away, can't sit still, can't get to sleep
- **Depression** - sad, sleep a lot, can't be bothered
- **Bi polar** - extreme highs and lows
- **Schizophrenia** - hallucinations: seeing or hearing things that aren't there, delusions: the belief in something that isn't true.

What are the barriers to people on Palm Island accessing services?

- Low self esteem
- Shame
- Confidentiality / Trust
- Feeling of hopelessness
- Miscommunication
- Stigma
- Worried about being judged by people as being crazy
- Lack of diagnosis
- Gossip
- Still grieving for loved ones
- Understanding disabilities

What type of support do people want?

- More activities and places to go
- Support to access medication
- Knowing who to access
- Support for carers
- Men's shelter
- Alcohol and drug supports
- Gambling help
- Transport
- Confidentiality

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What to consider so far:

- People have been receiving support under programs for a long time and don't realise these programs may not be there in the future.
- People need respect and confidentiality to build trust in a safe environment and feel welcomed there.
- People need time to understand and accept changes.
- People want a scheme that will be a reliable and culturally sensitive.
- The high levels of stress people live with daily, how it impacts on them and the barriers it creates.
- Lack of transport
- Not always full time medical professionals on the island so people have to travel to the mainland to see specialists.
- ID is not easy to get due to lengthy processes and the cost eg birth certificates, licenses, 18+ cards etc.

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Attachment C

Survey Questions

Age: 10-19 20-29 30-49 50-79 Older

Do you know about NDIS and what it is? Y / N

Do you know someone who has a social and emotional wellbeing worry? Y / N

What is their age approximately?

Do they believe they have a problem/worry?

Do you or that person know where to go for support or help?

Do they go to someone for help?

Who do they see?

- Family
- Friends
- Doctor
- Mental health service
- PICC
- Ferdy's Haven
- Church Group
- Other

Have you or that person been to NDIS workshop at all?

Did you know there have been workshops?

Sometimes it is hard to ask for help. What do you think are the reasons people do not ask for help?

Do you have any ideas that might make it easier?

Do you or that person think they could ask for help?

What is the best way to let people know about NDIS?

My story: