



Midland
Women's
Health
Care
Place Inc.

**MENTAL HEALTH ACCESS PROGRAM
CAPACITY BUILDING
PROJECT REPORT**





Acknowledgements

My sincere thanks to the women who willingly shared their stories, views and ideas.

Thanks also to staff at Midland Women's Health Care Place who helped make this project happen. Without all of these people, this project could not have been completed.

Jill Cameron

30th April 2012

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1. ABOUT THE PROJECT

In 2011, Midland Women's Health Care Place Inc (MWHCP) received a Mental Health Capacity Building Grant from the Western Australian Mental Health Commission. The project aims were:

- to assist in the measurement of the Access program for women experiencing chronic long term mental health difficulties either living in local psychiatric hostels or using mental health rehabilitation services in the local area
- to hear the voice of a marginalised group of women and be informed about the services and activities they would like to access.

The brief identified a focus group as the methodology for carrying out the project.

Project outputs were identified as a strategic report for the Board and a final report for community dissemination through local and regional networks such as the Eastern Region Mental Health Agencies network, the newly established Mental Health Professionals Network and the MWHCP website.

The project recognises that Women's Health Centres in Western Australia are key providers in the delivery of mental health services and the importance of working towards the development of a best practice model of service delivery.

Jill Cameron and Associates were contracted to undertake the project.

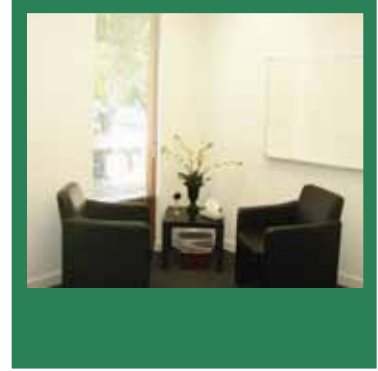
2. APPROACH TO PROJECT

Views were obtained from a small group of seven women in an informal focused conversation preceded by lunch. All of the women had participated in a group program for women with diagnosed mental health issues.

Focused conversations enable participants in the group to move at their own pace, drawing on their own experience, at the same time increasing their self confidence. The focused conversations are intended to lead to action and change, are democratic in spirit and encourage genuine participation.¹

The factors identified from the conversation were reviewed against a range of practice elements identified in key policy documents that provided context for the review.

¹ Stanfield, B. *The Art of Focused Conversation*, New Society Publishers, 2000



3. THE CONTEXT

3.1 Women's Health Centres

Midland Women's Health Care Place Inc is one of eleven organisations in Western Australia providing "quality, holistic healthcare services to enable women to make informed decisions regarding their health and lifestyle. Women are provided with information, advice, counselling and therapeutic support."²

Services provided in women's health centres across the State generally include individual and group therapeutic programs as well as a range of complementary services and activities.

3.2 Midland Women's Health Care Place

MWHCP is a non government not for profit organisation whose purpose is to provide services that promote the total health and wellbeing of women and their families in the East Metropolitan Region of Western Australia.

MWHCP provides services for women across the lifespan, recognising that individual women can be vulnerable at different times because of factors including social and economic disadvantage, disability, ethnicity and age.

Midland Women's Health Care Place believes in the right of people to:

- be valued as individuals
- make choices in their own lives
- dignity, respect, privacy and confidentiality
- access services on a non-discriminatory basis
- safe, comfortable and reliable services
- accountable and responsive services.

² http://kemh.health.wa.gov.au/services/women%27s_health_centres



MWHCP upholds the principle of social inclusion and is committed to:

- providing friendly, responsive, evidence-based services
- respecting and valuing diversity
- achieving high professional standards
- teamwork, productive partnerships and collaboration
- accountability and transparency
- providing services designed to provide a holistic approach to overall health incorporating all aspects of a woman's life and health over the lifespan, including emotional health, education, exercise, family, work and community inclusion.

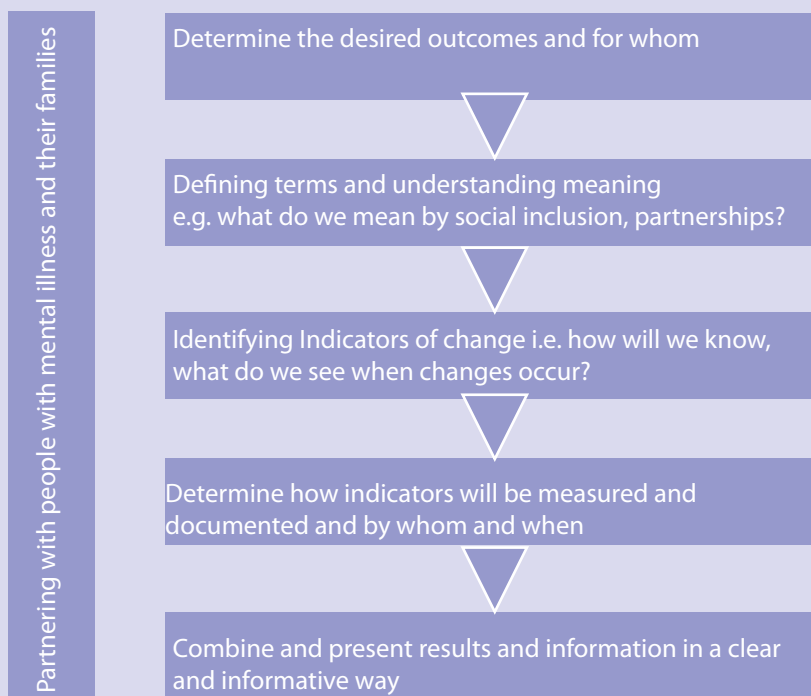
3.3 The Mental Health Reform Agenda

A number of significant documents have signalled a new era in the delivery of mental health services in Western Australia.³ Key elements of the reforms include a person focused, whole of government approach to mental health and a strengthened community sector that is well placed to deliver individualised supports and services.

³ "Mental health 2020" Making it personal and everybody's business. Reforming Western Australia's mental health system, Mental Health Commission October 2011; DRAFT DISCUSSION PAPER FOR THE NON GOVERNMENT MENTAL HEALTH SECTOR Developing Outcome Statements Paper prepared by the Mental Health Commission in conjunction with the Western Australian Association for Mental Health, November 2011; Partnership Forum for Not-for-Profit Sector Leaders: Fact Sheets 1-7, December 2011; Proposed Reforms: Improving Services and Supports Provided by the Community Mental Health Sector in Western Australia Briefing Paper Feb 2012



In the future non government organisations will be required to demonstrate how they are assisting people with a mental illness and their families to identify and achieve their own personal goals that support people to live better lives in communities in which they live. This is a systemic shift from an output driven system to one that recognises the quality and difference services make to peoples' lives.



DISCUSSION PAPER FOR THE NON GOVERNMENT MENTAL HEALTH SECTOR Developing Outcome Statements

This approach is consistent with the shift from the delivery of outputs to delivery of outcome as articulated by the Economic Audit Committee.⁴

⁴ Putting the Public First: Partnering with the Community and Business to Deliver Outcomes. Economic Audit Committee, 2009.



4. ABOUT THE MWHCP SERVICE

- The service activity (inputs) was a group program that provided access for participants to a range of mainstream medical services such as breast screening and pap smears (arranged by MWHCP with relevant service providers), as well as outings, exercise and activities that provided social interaction. The activities included outings to Kings Park, Guildford Park for a picnic, Mandurah by train and Whiteman Park, as well as lunches at Jimmy Deans and the Oasis in the Swan Valley, visits to Op Shops and making Easter chocolate baskets and birthday cards (making sure that everyone had a card and cake on their “special day”).
- The target client group for the service activities was women with diagnosed mental health issues who live in residential care facilities.
- Funding: Initially, MWHCP received a small grant through the City of Swan Access All Areas funding program which was to assist marginalised people to enjoy the recreational opportunities most people enjoy. The main funding source for service activities was Department of Health core funding for MWHCP holistic services.
- The service activity output was the number of women who participated in the group program.
- The expected outcome for the clients was that they have access to women’s health services and participate in and enjoy social activities.
- At an organisational level, the project was expected to inform the development of the 2012-2017 Strategic Plan.
- The project involved cooperation and collaboration with Swan Districts Mental Health Service.

5. THE PARTICIPANTS AND THEIR PERSPECTIVES

5.1 Participants

The small group of seven women who participated in the capacity building project live in mental health residential settings and had been referred by Swan Districts Mental Health Service to a MWHCP Access program.

5.2 Views expressed by project participants

- o Access to MWHCP services and programs
 - It's good if you're picked up and brought to MWHCP. 'It can be hard to get here (MWHCP) by public transport' from hostel/s where participants live if they want to come independently. A special bus or assistance with public transport routes (eg being shown the route from the train station and bus station) would be helpful. Public transport (bus service) is not frequent.
 - Staff at MWHCP are welcoming, friendly and helpful.
- o Social inclusion/isolation
 - Participants said they generally feel isolated and are not part of any community group or support group that would provide an opportunity for them to voice opinions and say what they would like to do. Whilst the Council of Official Visitors visits a hostel once a month which provides an opportunity to voice problems experienced with Centrelink or a doctor, for example, there's no other opportunity to express views and/or wishes. There's also limited opportunity to participate in everyday activities or to acquire or improve skills.





At MWHCP, the women were able to participate in a range of activities and receive medical services available to other women. The participants said they would like to be able to participate in the following services and activities which would be helpful for women in their situation:

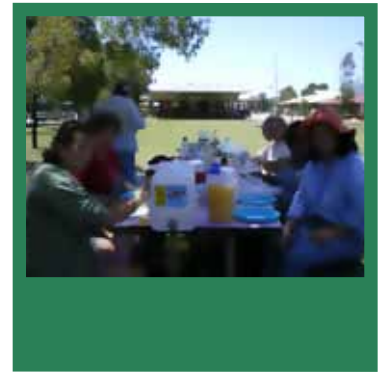
- Health: breast screening, pap smears and other health service available to women generally (they said that they do not usually receive information/reminders)
- Exercise – aerobics, dancing, belly dancing
- Wellness and wellbeing eg ‘pampering’
- Relationship counselling
- Pregnancy support
- Personal development eg literacy and numeracy classes, support with tertiary education
- Gardening eg growing plants from cuttings
- Discussion groups - with different people, while maintaining privacy
- More support with everyday care and caring for other
- Occasional outings.

Suggestions made were that:

- one person at each hostel could become a member of MWHCP and take responsibility for disseminating information to other women
- in addition to being able to attend activities and receive health services, there is a need more groups like this (focus group) in the metropolitan area where people can say what they think.

5.3 Issues identified

Following initial funding from City of Swan Access All Areas funding, Council’s system changed so that people were individually given vouchers to redeem at recreation facilities such as Swan Park which MWHCP Access program participants would not use. The women preferred to meet each other in a comfortable place like MWHCP and identified as a group of friends, which significantly changed the social dynamic and contributed to successful program outcomes.



6. FINDINGS

6.1 Did the service activity meet MWHCP's internal standards and achieve the outcomes sought by and for individual women?

Values: Midland Women's Health Care Place believes in the right of people to:	Question: Were these values reflected in feedback from participants?
be valued as individuals	Yes
make choices in their own lives	Yes
dignity, respect, privacy and confidentiality	Yes
access services on a non-discriminatory basis	Yes
safe, comfortable and reliable services	Yes
accountable and responsive services	Yes

Principle: MWHCP believes in the principle of inclusion and is committed to:	Question: Were the principle and social commitment reflected in feedback from participants?
providing friendly, responsive, evidence-based services	Yes
respecting and valuing diversity	Yes
achieving high professional standards	Yes
teamwork, productive partnerships and collaboration	Yes
accountability and transparency	Yes
providing services designed to provide a holistic approach to overall health incorporating all aspects of a woman's life and health over the lifespan, including emotional health, education, exercise, family, work and community inclusion.	Yes



Expected outcomes for clients participating in the service activities were:

Participants have access to women’s health services and participate in and enjoy social activities.

Question:

Did all or some of the participants provide feedback that this outcome had been achieved for them?

Yes

Expected organisational outcome:

Information and learning from the project will inform the development of the MWHCP 2012-2017 Strategic Plan

Question:

Was the organisational outcome achieved?

Yes -
The values, principles, philosophy articulated in the strategic plan reflect information and learning from the project. The target group, core services, objectives and activities including monitoring and evaluation identified in the strategic plan are also consistent with the findings of the project.

6.2 Did the service activity meet external standards, for example, as defined by the Western Australian Mental Health Commission?

The following are among the key elements of mental health programs identified in the documents referred to in 3.3 above. Of particular relevance are the Western Australia Mental Health Commission documents.

- A focus on outcomes individuals want to achieve – individualised goal focused planning
- Greater choice and control for people accessing services
- Community engagement in the design and delivery of services
- Person-centred and community centred approaches to planning, design and service implementation
- Opportunities for social interaction and relationships.

OVERVIEW OF SIGNIFICANT ELEMENTS IN MWHCP SERVICE ACTIVITY IDENTIFIED AND VALUED BY PARTICIPANTS		EXTERNALLY IDENTIFIED QUALITY FACTORS
PLACE		
Accessibility	Local, in the community	Yes
Physical environment	Welcoming Non threatening Safe Pleasant	Yes
Human environment	Non judgmental Friendly Welcoming Responsive Safe	Yes
PEOPLE		
Professional skills -	Skilled Knowledgeable Tailored to needs of individual women and group dynamics	Yes Yes
PROGRAM		
Length	Number of sessions	Yes (but would like more)
Focus	Woman-centred Affordable Secure Tailored to individual needs and group dynamics Information	Yes
Mode of delivery	Group programs	Yes
Breadth	Complementary activities and programs	Yes
Social inclusion	Range of services and activities available and accessible	Yes



7. CONCLUSION

The important 'high level' elements identified in this project were:

- the place where the service activity took place
- the people who interacted with participants (including group facilitator/s and all other service staff), and
- all aspects of program design and delivery and appropriateness for individual participants and the group.

The women who live in residential mental health facilities are desperate for opportunities for inclusion in activities in the community and are clear about the services and activities they would like to access. The review suggests that the most appropriate way of measuring outcomes of mental health programs such as the Access program for women with diagnosed mental health issues living in residential settings is through qualitative data collected through focus groups and one to one, face to face interviews which could be carried out at the start of a program, the end of a program and again three months following completion of a program.

Group interviews and focus groups provide an important opportunity for social interaction at the same time providing an opportunity for the voice of people with diagnosed mental health issues to be heard. The focus group process also provides a rich source of information that will inform a better understanding of the wishes and aspirations of a marginalised group in the community and the key factors likely to contribute to the most positive outcomes for individuals.



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