



IN ACTION CONFERENCE

Staying Deadly Hub – Ipswich

The first 12 months

Jasmine Anderson: Senior Care Coordinator - Staying Deadly Hub Ipswich, IUIH

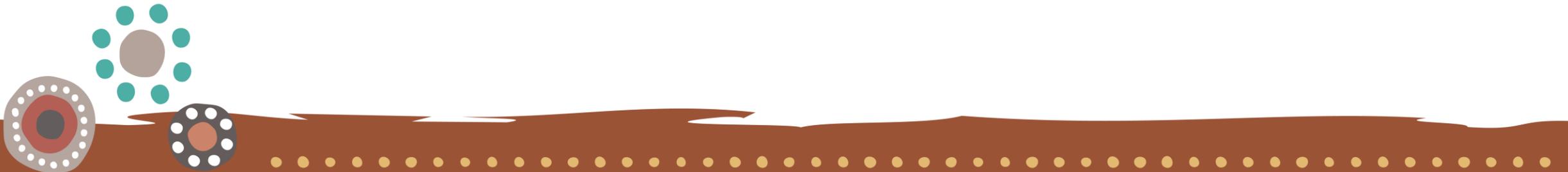
Josie MacCormack: Manager - Staying Deadly Hub Ipswich, IUIH

Jo Chapman: Disciplinary Lead First Nations Health Workers - Community Mental Health Services, West Moreton Health, QLD Health

“We honour the many Goori Tribal Nations whose territories we work across within South-East Queensland.

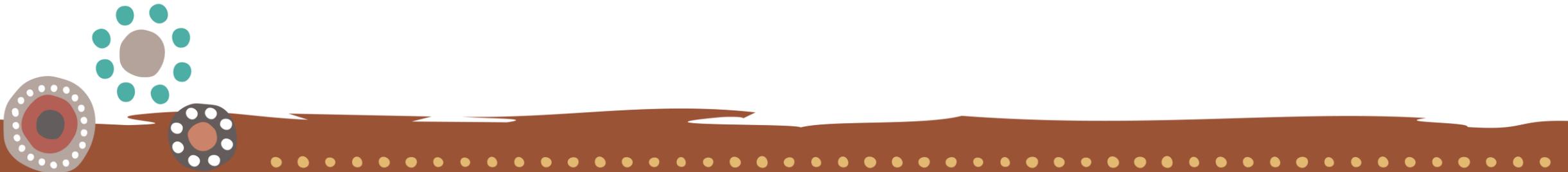
We honour the legacy and the vision of those who paved the way and those who continue to guide us.

We honour our future generations by maintaining the vision with focused determination.”



Our Yarn today

- A year in review
 - Model
 - Data
 - Case Study
 - Deadly Outcomes
 - QLD Health partnership
- “Wayonising” Mental Health: DBT for Mob
- What’s next



Hello, I'm Jasmine

I'm a proud Wakka
Wakka & Bundjalung
Dog Mum.

I'm a Senior Care
Coordinator at
The Staying Deadly Hub.

I love painting, weaving,
gardening, the ocean &
creating safe spaces for
Mob.



After spending 10 years as a user experience (UX) designer, I returned to uni in 2018 to study psychology, I felt I had a obligation to do more for my Mob.

I've since been very privileged to work in various roles in my community, I'm deeply influenced by story telling & using creative, cultural ways to share our lived experienced to destigmatising mental illness & substance use to abolish shame.



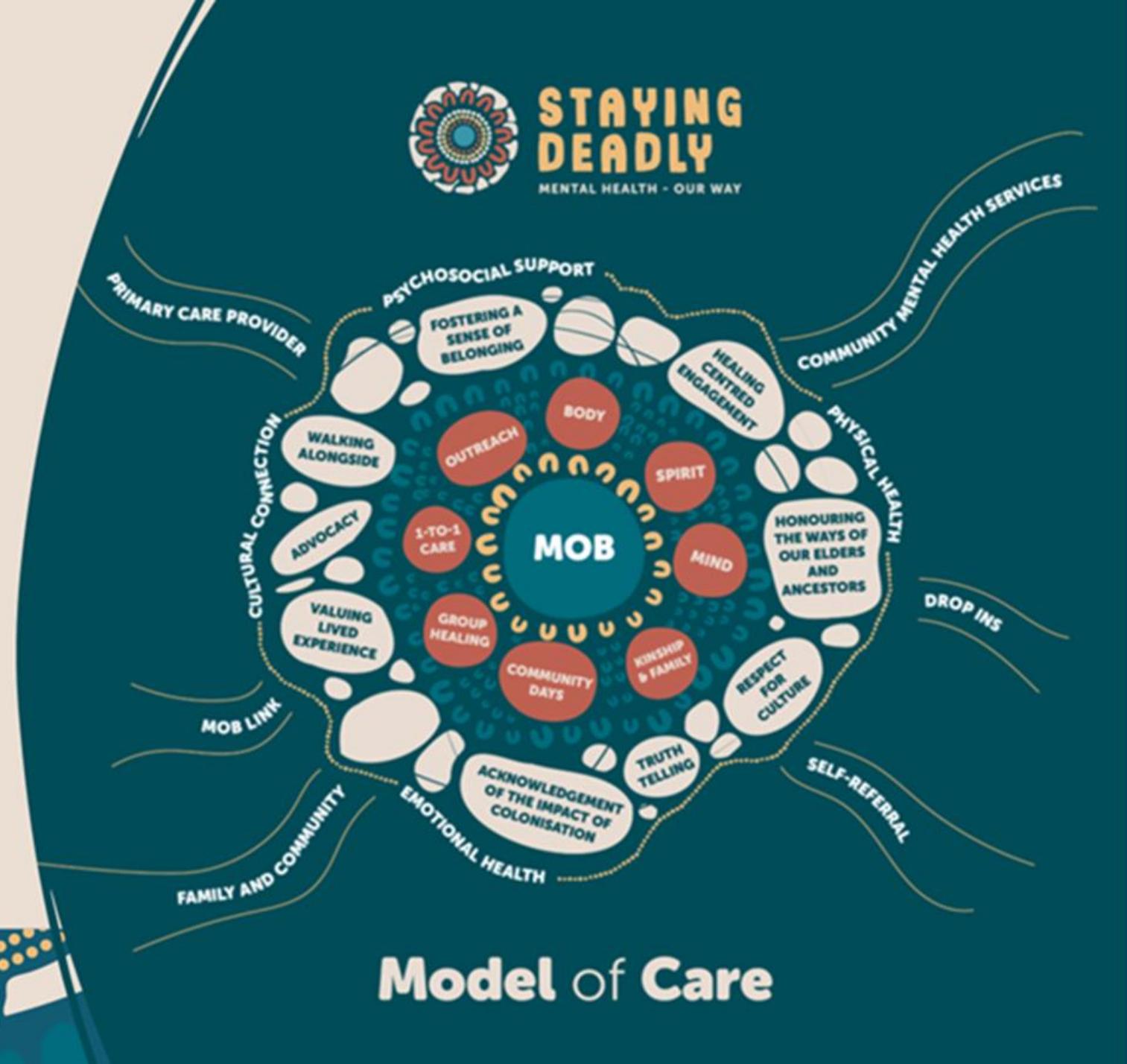
- Hello, my name is **Josie MacCormack**, I am the Manager of the Staying Deadly Hub Ipswich.
 - I was born in New Zealand, raised on the Gold Coast.
 - I graduated from Griffith university in 2003, BA Psychology, Bond University Post Grad Dip of Psychology 2006.
- I spent 12 years working in rural and remote locations across Australia (Darwin, Christmas Island) and overseas (Nauru) with refugees and asylum seekers. With the last 7 years living and working on Yawuru Country in the Kimberley region of Western Australia. I recently moved to Jagera Country (Ipswich) with my family.
- The journey that has brought me to UIIH: I have spent many years working with people from different cultural backgrounds (refugees) and First Nations peoples and I have always found a beautiful reciprocity and deep meaning from these roles. As a psychologist, I have been privileged to sit with people during their darkest times and see the amazing resilience and capacity of the human spirit.
- I have worked in Aboriginal Health Care for approx. 8 years.
 - I love travel and being creative.



Community-controlled model of multidisciplinary mental health and AOD treatment, case management and assertive outreach support for **Indigenous adults and young people from the age of 15+ with moderate to severe mental health needs.**

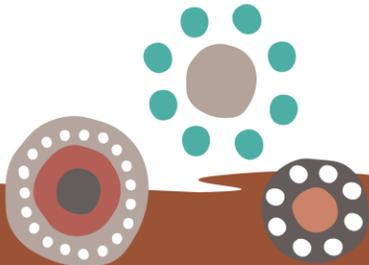
Staying Deadly Hubs will support Aboriginal and Torres Strait Islander people who are:

- at risk of entering the acute care system
 - if symptoms are unmanaged
 - Crisis presentation including suicidal crisis
- stepping down from an inpatient episode of care to ensure they are well-supported in the community and reduce risk of relapse





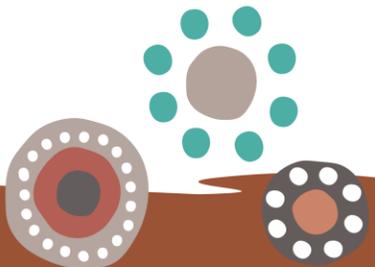
Art Therapy training with team (left); Elders afternoon tea with Preston Campbell (above)



Data

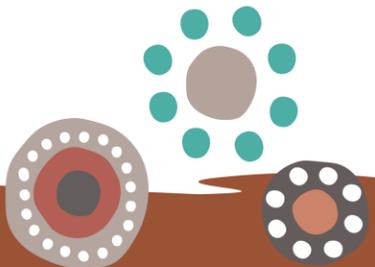
- Who is referring?
- Total referrals: **245** since launch
- Focus on Youth: **75** referrals (15 – 25 age range)

Age groups	# referrals	# transitioned	Avg. Duration (days)	Avg. No. OoS (PN) per client/episode
15-26	75	21	62	7
26+	170	65	80	8



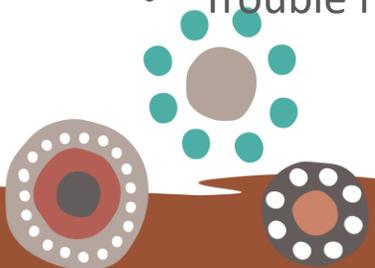
Case Study 17 YO

- Presenting with low mood, social anxiety, psychosis, paranoia, withdrawn, poor sleep.
- Engaged with Social Health Team - counselling with Psychologist, through GP MHCP (10 sessions).
- Psychiatrist through Social Health/Primary Health clinic. Diagnostic clarification needed.
- Due to sporadic engagement levels hard for treatment team to get a clear picture of the mental health concerns.
- Multiple “Did Not Attends”/ Failure to provide service with Psychologist, however client appeared willing to get support. Multiple psychosocial barriers to attending appointments (e.g transport)
- Very limited in what the social health team could do if client did not attend for her appointment, long periods of time with no support or contact.
- Referred to Child & Youth Mental Health services through QLD Health (CYMHS) they were unable to contact and closed the referral after a few attempts).



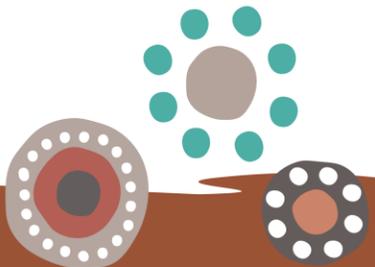
Psychosocial challenges impacting receiving MH Care

- Financial struggles.
- No ID, therefore, no access to Centrelink payments – could not contribute to household costs, no money for public transport etc.
- Limited access to clothing – had very few items of clothing and what she did have was worn out.
- Suspicious of services. History of low engagement rate.
- Family history of mental illness and distrust of services.
- Socially isolated and withdrawn from most activities, disengaged from school and friends.
- Carer did not have transport.
- Food security an issue for household.
- Housing – issued warning notice and later eviction notice to vacate due to rent arrears.
- Trouble regularly accessing GP and filling scripts.



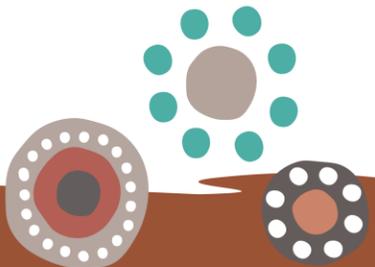
Why Staying Deadly Hub?

- Model allowed for flexible support – home visits, transport, advocacy.
- Increase frequency of contacts (e.g multiple times a week when needed).
- Check-ins via text as client identified this as their preferred option. No expectation for them to attend clinic if they were not feeling up to it.
- Go at client's pace.
- Wrap around – mental health nurse, Psychiatrist, care coordinator in one site. Seamless supports.
- Psychiatrist able to conduct clinical assessment at client's home. Sat on bedroom floor where client was most comfortable chatting.
- Able to support the whole family unit



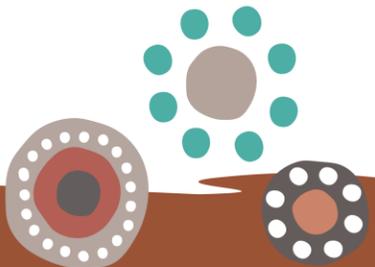
Deadly Outcomes

- Improved sleep, improved mood.
- Consistently taking prescribed medication - managed her own medication – escripts and pharmacy visits
- Built confidence to leave house
- Marked increase in self-care – e.g. pride in appearance and hygiene. Thread together – supporting to choose her own clothes.
- Interagency cooperation – Dept Housing, Centrelink. Advocacy with housing including access to rent connect to assist with overdue rental payments. Internal UIH service collaboration – e.g. Mob Link, Primary health clinic, social health teams etc.
- Food hampers/vouchers through NGO to assist during Christmas period.
- Carer expressed gratitude on multiple occasions **“Care Coordinator is part of the family”**.

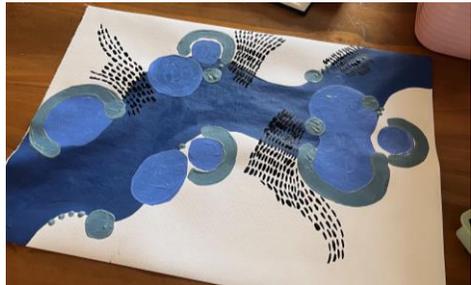


West Moreton HHS Collaboration

- Established collaborative meetings
- MOU
- Referral pathways
- Shared care approach managed between QLD Health and Staying Deadly (e.g TA managed by QLD Health, intensive cultural supports managed by SDH).
- Feedback from Jo Chapman - Disciplinary Lead First Nations Health Workers - Community Mental Health Services, West Moreton Health, QLD Health



Dialectical Behavioral Therapy (DBT) for Mob



- DBT Wayonised
- Centering lived experience
- 10 weeks of DBT skills including psychoeducation & creative therapies
- Tailored to the group, paced and delivered based on feedback from our Mob
- Guided by the Elders, Traditional Owners & supported by community peers
- Using good feeds, music, and safe spaces
- Encouraging drop ins & check ins between sessions for support



DBT for Mob – Mindfulness On Country

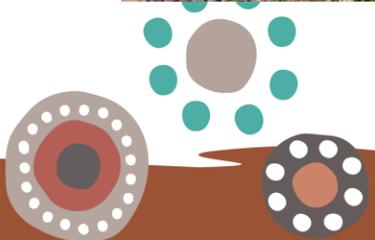


Session Two;

Mindfulness on Country

The power of yarning and deep listening to Connect with country.

Being with country & our Elders to create safe spaces to later reflect on through mindfulness.



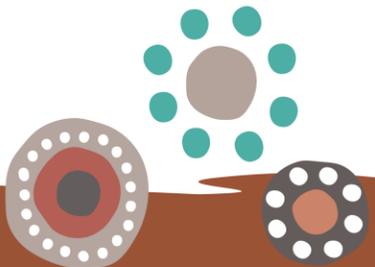
Deep Listening 'Dadirri'

Dadirri

“can be translated to mean
a quiet stillness
an inner contemplation
to inform action at a later date...
a listening with more than the ears”

Miriam Rose Ungunmerr-Baumann
Naiyu, Daly River NT

Meditation Ngaanyatjarra / English Your Worried Mind (youtube.com) [Bing Videos](#)



DBT for Mob – Weaving with Aunties

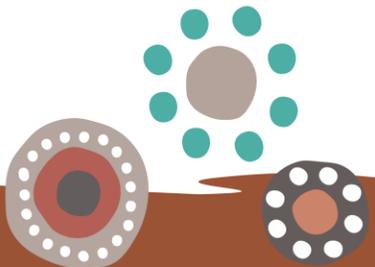


Session Ten;

Weaving it all together

Yarning through what we've learnt and how we'll continue to honor our healing journey.

Planning together, what's next & how we'll continue to build this community.



Where to from here?

- AOD services
- Strengthen partnerships
- Codesign with Elders
- Further 'wayonising' of mental health supports

