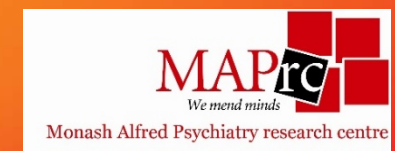




The development of a Hub and Spoke Model in Warrnambool Victoria

A partnership between the State-wide Problem Gambling and Mental Illness Program, South West Healthcare and Bethany Gamblers Help.



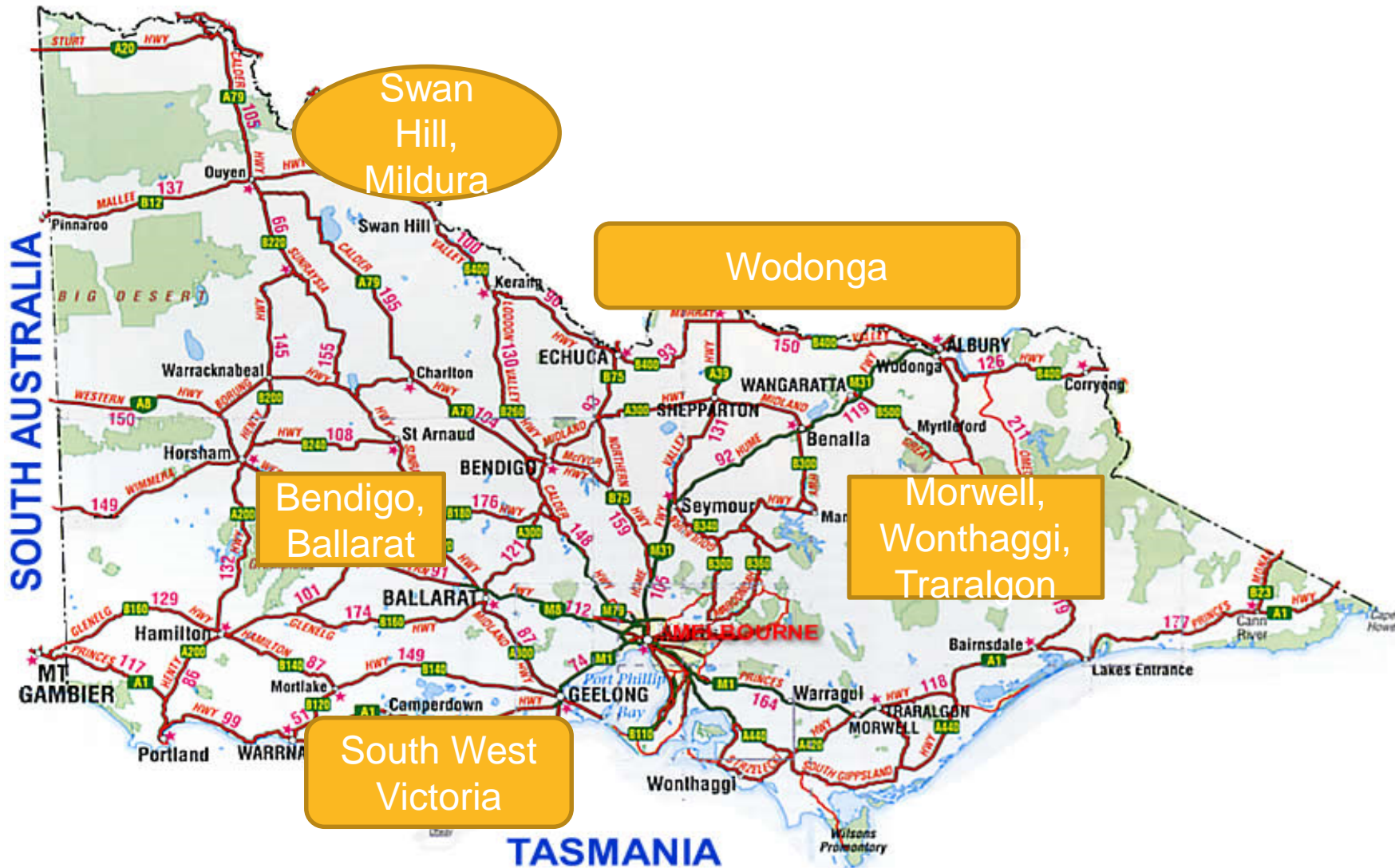
State-Wide Problem Gambling and Mental Health Program.



Our Service began in 2010.

Established to increase knowledge and capacity within AMHS and GH to provide optimal outcomes for clients who present with co-occurring Problem Gambling and Mental Health concerns across the State.

We travel. We have gone to all these places.



The Rural Clinics SWPGMHP provides

- Our focus was on the provision of:
 - Mental Health Assessments.
 - Secondary Consultation
 - Education & Capacity Building.
- 1. Rural out-reach began with our SWPGMHP going to country towns and conducting assessment clinics, consultation and education packages. What the GH Services wanted at each visit.
- 2. Some rural assessment were via Video conferencing.

Hub and Spoke Is localised,



- The Hub and Spoke is local services delivering this service in their community in a more time appropriate way.
- The Local Rural spoke provide:
 - Joint assessments & treatment planning in a timely fashion
 - Collaborative treatment review when there has been considerable clinical and/or counselling input but little progress
 - Case discussions and ongoing project planning
 - Clarifying diagnostic issues and problem solve together.
- Promote skill building between GHS, mental health & medical services
- Supporting client engagement with local area mental health services and Gamblers Help & other community agencies

What We Have Learnt So Far During the Establishment.

- Preparation talks began in Jan 2018 and we started in April 2018
- Requires belief and enthusiasm from all services of it's worth. Southwest Mental Health had an already established interest in gambling harm.
- Agencies value collaboration and the time it takes to get to know each other.
- Clear MOU, Direction, procedures and goals.
- Hold onto the vision of the benefits to clients, staff and community.
- No rigid exclusion criteria, be open to explore yes before no.

Keep the Benefits front of mind and learn from the Hurdles

- Helps all Services to feel Supported, Complexities are shared.
- Working together - client centered and assisted in pooling of resources and avoided double up.
- SWPGMHP identifies stay involved with face to face visits for longer, don't have time limits on when to step back, be guided by the partnership.
- Important to have management and clinician presence in the meetings.
- Have the strength to discuss challenges and hope. Allow time and be mindful of time.

South West Healthcare Primary Mental Health Team (PMHT)

- Clinician: Dr Jennette (Jay) Robinson, Clinical Psychologist
- Manager: Nicholas Place, Social Worker

- PMHT brief
 - 'High Prevalence' disorders
 - Relationship between primary & specialist services
- GP Clinic co-location
- Emphases on building collaboration with and across specialist mental health services

South West Healthcare PMHT

- History of interest
- Collaborations | Gambling Research
 - University Department of Rural Health (URDH) / Deakin Rural Health research interest
 - Screening | PGSI
 - Training
 - Victorian Responsible Gambler Foundation (1 day)
 - Flinders University (2 days)
 - Alfred Health & Bethany.

South West Healthcare PMHT

Opportunities

- PMHT ideally placed to screen (GP Clinic co-location; co-morbid presentations)

Challenges

- Implementation in Primary Care Setting
- Clinician time
- Shifting culture
- Development of relationships

Outcomes of Research

- Identification not significantly larger than general population (initial data)

South West Spoke – In development

Mental Health Assessments & Service Referral

- Individual MH clinician, with handover
- Joint MH & Bethany assessment

Secondary Consultations

- MH & Bethany Meet fortnightly – 2 hour meetings, discuss cases, barriers to engagement, service access. Regular phone support provided to Bethany (including direct service liaison) as required.

Education

- Informal bidirectional (e.g. learning about gambling behaviour, criteria/symptoms specific to mental health disorders), and formal education (e.g. training sessions – skill building in applying therapies systematic desensitization, stress management, building resilience).

•Capacity Building

- Building collaborative relationships - meet and greet GPs, community health centres, and other organisations together.
- Building local knowledge (e.g. joint education about gambling behaviour, and other mental health problems).

South West Victoria Spoke



Warnambool

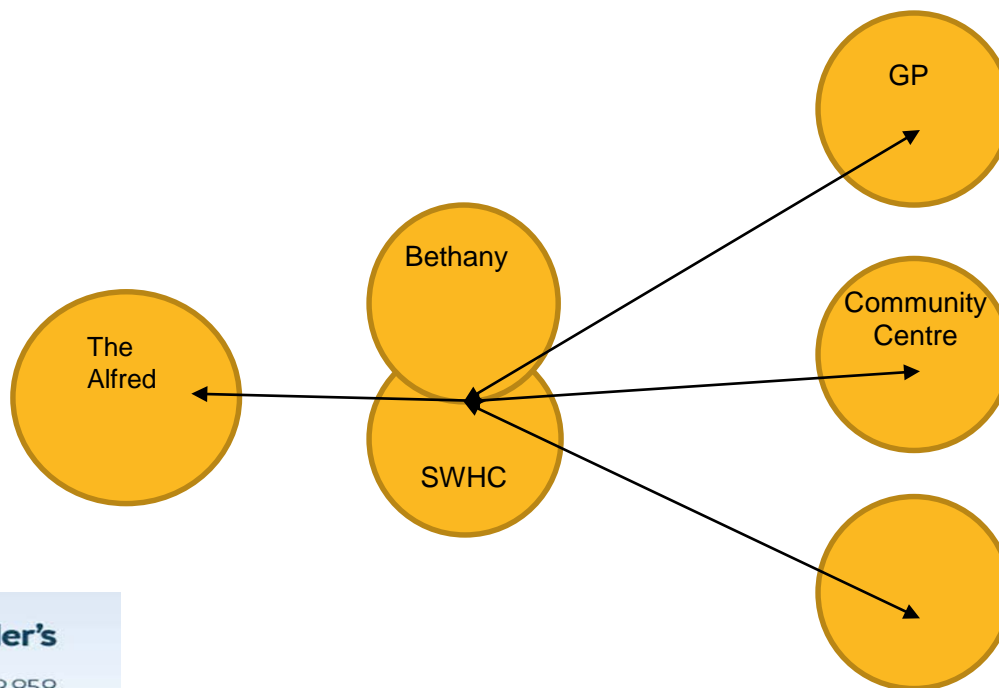
Portland

Hamilton

Camperdown



South West Victoria – Shire by Shire



Shared Goals the teams have Identified.

- Promotion – Gambling is a Health Concern.
- Improved GP relationships and involvement. Some assessments to be done in GP clinics.
- Joint Training opportunities
- Capacity building
- Improved access to specialist care

PEOPLE

Shame guilt and secrecy

High rate of co-morbidity

Emphasising a public Health
profile

PLACE

Limitations of confidentiality

Geographical isolation

Lack and limited services of all
types

Professionals travel times

LOCAL GAMBLER'S HELP COUNSELLING

- Two part-time Therapeutic Counsellors provide 1.5 positions and
- One part-time Financial Counsellor provides 0.4 of a position
- Large geographical area exceeding 400km
- Provide counselling and community development

IDENTITY

**HOPE AND
OPTIMISM**

EMPOWERMENT

**RECOVERY IN
COMMUNITIES**

**MEANING
AND
PURPOSE**

CONNECTEDNESS

*Leany M, Bird V, Le
Boutillier C, Williams
J, Slade M (2011)
British Journal of
Psychiatry*

OBJECTIVE

Reducing the stigma of gambling harm by enhancing the delivery of services within the community

PATHWAY

Developing practice guidelines as a means of integrating service components of the model

Maintain and develop stakeholder relationships and collaborate to achieve success

ACHIEVEMENTS

- Referral from Primary Mental Health Service
- Joint Assessment
- Referral to Adult Mental Health
- Regular joint meetings between AMH and GH
- On the ground capacity building by the State-wide Problem Gambling and Mental Illness Program



QUESTIONS ?

