



## Attachment B: Distress Brief Support



## Acknowledgement of Country

NQPHN acknowledges the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land. We respect their continued connection to land and sea, country, kin, and community. We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.

## Lived experience acknowledgement

We acknowledge the lived experience of those with mental illness, those impacted by suicide or substance use, and those in crisis and the contribution support persons and staff make to their recovery. The strength, resilience, and compassion they demonstrate is at the heart of the work we do and a constant inspiration.



## Background to Distress Brief Support

The Tablelands and Mareeba regions is one of six trial sites for Distress Brief Support in Australia, jointly funded by the Commonwealth and Queensland governments.

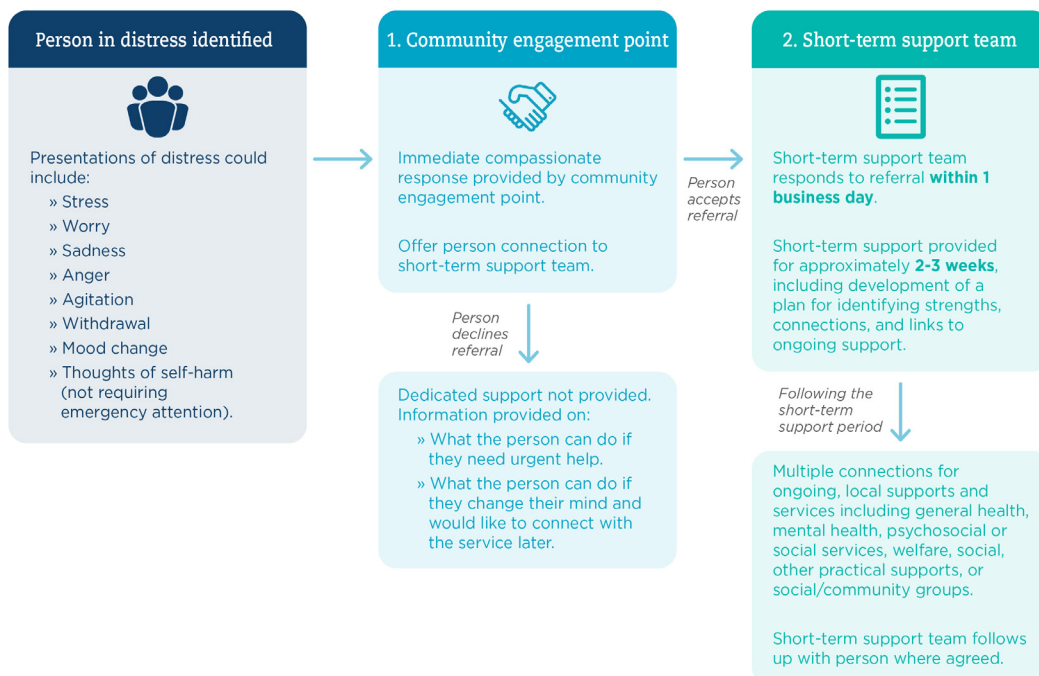
Distress Brief Support is a community-based approach to supporting people experiencing distress, and includes the following two elements:

### » Community engagement points

Identified Community Engagement Points that provide an immediate compassionate response to a person who is experiencing stress or distress, along with the offer of connection to further support

### » Short-term support team

A Short-Term Support Team providing compassionate practical support and working to establish connections to longer term support with and for the person.



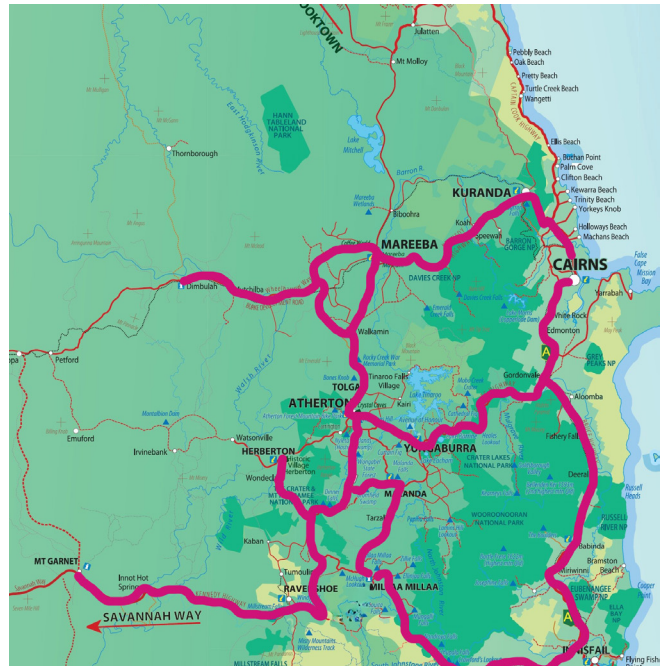
## Our local consultation and codesign process

From November 2023 to September 2024, Northern Queensland Primary Health Network (NQPHN) undertook extensive consultation with a diverse range of local service providers, health professionals, community groups, people with their own experience of stress or distress, carers, family, and kin.

Early engagement focused on formal meetings and workshops, with most contributions coming from existing health and community service providers.

With a focus on deeper engagement with local community members who aren't involved in service delivery, in July 2024 the NQPHN team undertook an 8-day roadshow, travelling more than 1,260 kilometres across a range of communities including rural towns. NQPHN thanks the more than 360 people who contributed to this work.

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## Who did we talk to?

- » Kuranda Social Justice Group
- » MAMU
- » Mulungu
- » Ngoonbi
- » Dimbulah Community Centre
- » Mareeba Community Centre
- » Better Together
- » ECHO Malanda
- » Ravenshoe Community Centre
- » Kuranda Neighbourhood Centre
- » Amaroo Medical
- » Mareeba Men's Shed
- » Atherton Men's Shed
- » RSL Far Northern District
- » QCWA Ravenshoe (5 locations represented in the meeting)
- » Ravenshoe Connected Communities Group
- » Lions Milla Milla
- » Herberton Police
- » Herberton State School P-10
- » Milla Milla Ambulance Auxiliary Committee
- » Milla Milla Progress Association
- » Vision 4885
- » Mt Garnett Police
- » Mt Garnett Blue Light Committee
- » Mt Garnett Medical Clinic
- » Ravenshoe Medical Centre
- » Atherton Health Hub
- » Local community members who visited our stall at the Malanda and Yungaburra markets, and at Atherton Square and Mareeba Square.



NQPHN team members Jason Peoples and Adriel Burley at Mt Garnet Health Centre.

## What did we learn?

### What is causing people stress or distress?

The initial engagement highlighted finances and relationships as key areas of concern, followed by housing, natural disasters, and transport. In our focused engagement with local community members, health and ageing also emerged as important concerns and challenges. The table to the right lists causes of stress and distress.

Most frequently mentioned causes of stress or distress

1. Relationships
2. Finances
3. Ageing
4. Housing
5. Connection
6. Health
7. Transport
8. Substance use
9. Work
10. Natural disasters
11. Family violence
12. Previous trauma

### When people are experiencing stress or distress, or just need to vent, who do they reach out to?

Most often, people reach out to friends and family when they need support. Many people mentioned having a small circle of trusted friends who were able to listen, without trying to 'fix it'.

Secondly, when having a tough time, people rely on community groups. The consultation revealed an extensive array of local community groups in the regions, some formal and attached to an organisation or agency, others informal such as a lunch club.

In more than 50 percent of our engagements, a person cited trust or rapport as the main reason they reached out to family and friends or their local community groups.





## Community Engagement Points already exist, but could do with some support

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There is an extensive array of individuals and community groups in the region that are well embedded in community and already providing natural support to people experiencing stress or distress.

To enable these individuals and groups to actively be involved in the Distress Brief Support trial, a range of activities could be offered including:

- » Training to support their capacity and capability to respond to people experiencing distress
- » Support to become well connected and coordinated with the Short-Term Support Team and other Community Engagement Points
- » The opportunity to debrief.

Importantly, these activities being offered to Community Engagement Points needs to be built on the understanding that they are already providing support to community and participating in these activities must be a value add. Consideration must be given for how to best engage Community Engagement Points in a way that works for them, for example, training being available at a time and place of convenience.

## Accessing the Short-Term Support Team needs to feel 'right'

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Distress Brief Support is not a standard mental health service and needs to feel different from other services. In fact, labelling it as a mental health service will likely prevent some from accessing it.

The support needs to feel both compassionate and non-judgemental and the workers need to develop and maintain a safe, warm, and welcoming approach to their work. They should adopt a casual 'yarning' style to conversations and supporting people. It needs to be all about connection and building trust.

Workers also need to be flexible and willing to meet with a person wherever they feel most comfortable, rather than just in an office or someone's home. For some people in smaller communities, confidentiality is a concern, and so there also needs to be options for people to connect with a worker in a different part of the region, perhaps through an online session.

Workers should also take a wider view of the person's natural supports, people have different views of their chosen circle – for some it might be family, for others, not. The wider view of a person's natural supports will help safeguard the broader community from stress and distress.

Finally, the support needs to be focused on people's strengths and empowering them to cope with their stress or distress through positive help-seeking behaviours.

## The team need to be locally based and reflect the community

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Overwhelmingly, we heard the workers in the team must be based locally – people who live in the region and who have a deep understanding of the community. Many people we spoke to gave examples of other services having the Tablelands and Mareeba regions as an outreach site from Cairns, and were clear that this wouldn't work for Distress Brief Support.

The makeup of the team should reflect an ability to connect with and be trusted by priority population groups. There was a specific call out for having an identified position for a First Nations male, along with mentions of workers being able to quickly build rapport with farmers and others who live in rural communities. For some people, feeling understood and supported by a service was enhanced when they knew workers had their own lived experience of stress or distress, and appropriate training in how to best use this to support people.

There is no minimum qualification required for the Short-term support team and based on the need for local workers and those who 'get' community, organisations are encouraged to consider innovative approaches to developing local workforce and leadership. It is possible within the service model and available budget to fund or support the upskilling of local workers.

## The team need to be supported to maintain their compassion

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It was recognised that many workers in support services have high volumes of work and other challenges, so the need for strategies to maintain compassion even when under pressure is important. We heard this aspect of service delivery can't just be paid lip service in a policy or procedure; it needs practical attention from the organisation employing the Short-Term Support Team.



## Access is an important consideration

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The Tablelands and Mareeba region is a large and diverse region. Transport is a barrier for many, and this new service needs to have a strong element of outreach rather than centre-based service delivery.

However, given the size of the region, consideration needs to be given as to how to ensure access without having workers spend all day driving to see one person. This might mean having workers based in rural towns rather than the regional centres of Atherton and Mareeba or leveraging existing infrastructure in smaller rural towns (eg. community centres) to provide physical space and equipment for people to use telehealth from, minimising a person's need to have their own IT equipment and connectivity.

## Community education will be an important role for both Community Engagement Points and the Short-Term Support Team

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Both the Community Engagement Points and the Short-Term Support Team need to play an important role in reducing stigma and shame, normalising conversations about stress and distress, and increasing self-care and help seeking. This could happen through direct conversations, holding community events, or in other ways.

