Systemic Inquiry for Mental Wellbeing in East Gippsland

Summary and Insights

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Background

The East Gippsland Primary Care Partnership (EGPCP) initiated a network for Mental Wellbeing in February 2019. Organizations across the East Gippsland region were invited to participate. The network was initiated as a response to the East Gippsland Shire Council Health and Wellbeing Plan, specifically the priority area for 'resilient and connected communities'.

To facilitate this network, the EGPCP, in collaboration with The Systems School launched a systemic inquiry, and hosted a series of workshops on Mental Wellbeing in East Gippsland. A total of five sessions were held between February and October 2019. A more detailed outline of the individual processes and their sequences can be found in 'Systemic Inquiry Processes: Mental Wellbeing in East Gippsland'.

 In this document we highlight the process of inquiry and key insights gained.

Context of Mental Wellbeing in East Gippsland

Our approach to this process

Our work was undertaken as a Systemic Inquiry; a process of ongoing learning and unpacking of an issue through multiple cycles of active social learning and engagement with a suite of systems thinking methods and tools. We set guiding principles for the group which included: staying curious, reflecting often and holding a willingness to learn. We were encouraged to regularly identify and let go of assumptions about how the system is supposed to work, what will solve the problem and how the parts need to work together so that we might see the system through fresh eyes.

In this process we acknowledged that our coming together in this work is itself a matter of initiating systems change. By bringing the system together (our diverse roles and experiences) to learn together about where we can focus our intentions and seek improvements we are inherently improving systems level dynamics that influence and impact this systems. We are demonstrating what it means to bust silos and learn and work collaboratively.

"If you want to go fast, go alone. If you want to go far, go together."
~african proverb
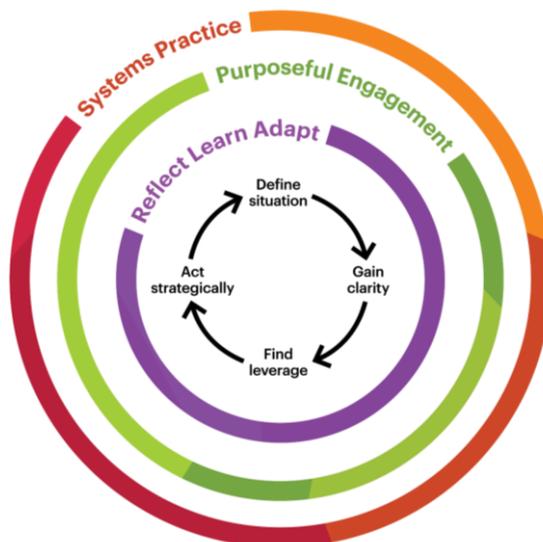
Ref:
Davidson S and Morgan M. Systems Change Framework. Sax Institute, September 2018.

Framing our inquiry

Coming into our first session together, the EGPCP set some initial boundaries and intentions for the work.

Creating our own story and future about our wellbeing in East Gippsland

Purpose:
- To improve mental wellbeing in East Gippsland
- Clearly identify what needs to change and how it will change

The **aim** of our inquiry was to "identify root causes that challenge mental wellbeing and explore their relationships in order to create opportunities for long term outcomes through a whole of community approach for primary prevention." With the longer term aim of the network to, "improve mental wellbeing in East Gippsland, by clearly identifying what needs to change and how it needs to change."

Our principles of engagement

- Learn together - value diverse perspectives
- Always be transparent in what we're learning
  - sharing what happens, when it happens
- Move one step at a time, adapting as we go
- Avoid duplicating and competition
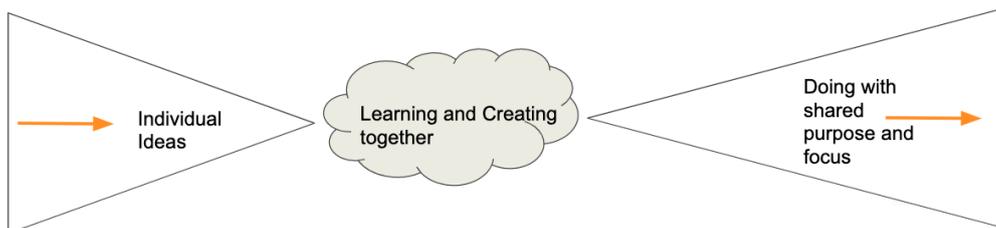
Coming together

Our work as a group began by identifying key motivations and opportunities coming together in the inquiry. These served as the foundation for our efforts to find systemic responses to improve mental wellbeing in East Gippsland.

Motivation
- Better outcomes for mental wellbeing
- Collaborate for long term meaningful change, there is desire to do so
- Build a shared understand and developed shared planning

Possibility
- Being leaders in the community
- Influencing and aligning organizational plans and policies
- Making small consistent changes
- Demonstrating commitment to work together to improve mental wellbeing

Capacity within the network

At multiple stages throughout the inquiry we explored the multiple facets of capacity within the network. These are important as they help us to refine and select key leverage points for change once we've scaled down from a complex problem and are looking for ways to intervene.

What can we influence?	This can be achieved by focusing on:
Attitudes	● Advocacy ● Stigma ● Discrimination ● Cultural shift from crisis and response
Knowledge and Information	● Each other's perspectives/knowledge ● Collection of data ● Informing and share information
Collaboration and Partnership	● Collaboration and Partnership
Plans and policy	● Local government wellbeing strategies/plans ● Making sure we provide the right info to higher levels of government
Programs	● Design and delivery ● Co-design
Funding	● Apply for ● Feedback to funders/fundee
Decisions about programming	● Leadership ● Structure of funding
Mental Health conversations in the community	● Influencing leadership to embed social/mental health and wellbeing framework ● Normalising mental wellbeing and understanding that MH does not always + Mental Illness ● Culturally appropriateness
Language	● Changing the language
Network	● Credibility of the network ● Who is a part of the network/work ● How we name the work we do (labels) ● Prioritizing the focus of efforts within the Network ● Maintaining sustainability of the Network ● Maintaining momentum and the creation of new ideas

What do we have authority to change?	This can be achieved by focusing on:
Network	● How we name this group and describe what we do ● Bringing voices of the community to the Network ● Building capacity, review and enhance
Knowledge and Information	Developing a snapshot of local data on mental health in EG ● Identifying gaps

	● Asking questions
Advocacy	● Advocating in media for mental wellbeing ● Changing stigma/discrimination ● Modelling appropriate language and behaviour ● Advocating for change
Shared language/policy development	● Voice collective opinion
Be leaders in the community	● Demonstrate good leadership ● Review the treatment response service model
Allocation of resources	● Staffing ● Priority setting
Communication	● Getting a consistent message out ● Who we talk to
How we network	● How we make connections ● Relevant and meaningful ● Relationships ● Connect and collaborate

How we are currently supporting mental health & wellbeing in East Gippsland?	
Prevention	● Prevention focus across multiple areas ● Skills and understanding relating to primary prevention ● Experience with health promotion and difficult topics
Youth	● Support complex problem solving with youth ● Engaging with young people ● Best start facilitators ● Early years ● Rural access officers (social inclusion) ● Age friendly ambassadors ● Youth ambassadors ● Disability advisory committee
Engagement	● Local to East Gippsland - Have relationships with many people in community - sporting groups and farmers ● Partnership and expertise in bringing people together ● Community engagement ● Facilitating groups around mental wellbeing ● Cross sector collaboration ● Understanding of the impacts of mental Health on social and community participation ● Project coordination
Specific Areas of knowledge	● Out of Home Care system ● Long term trends in Health ● Local Knowledge ● Long history of service delivery ● Degree in disability and mental wellbeing ● Gender equity project officer ● Art therapy workshops ● Building resilience within a community

Funding	- Currently funding programs - Drought relief funding - Community access and community project funding
Aboriginal Health	- Indigenous cultural sensitivities - Experience with Aboriginal health issues short and long term - Contacts in Aboriginal community consultation - Engagement with often isolated Aboriginal community members around their general wellbeing - Expertise dealing with individual victims of domestic violence amongst the aboriginal community
Working with Children	- Children affected by family violence - Trends and data for early years and young people - Good understanding of mental health issues in early years and programs that work to improve this - Trauma informed practice in early childhood education - Actively capture families and children voices - EG partners in prevention of family violence - Facilitating systems thinking/collaboration in early years - Children's rights advocacy - Child safeguarding - Experience with children with autism - Facilitating children with additional needs working group
Building Individual Skills	- Matching skills with people - person centred skills development - Identifying capabilities - History of working with people seeing mental health services for the first time - Coaching and mentoring - Building capabilities/leaders
Supporting Access to, and Improvement of Services	- Identifying gaps within a service - Able to find relevant support needs - Conduit for referrals to specialist services
Systems Change Capacity	- In a position to drive an organization wide culture shift i.e outputs to outcomes - Access to leadership group from local health orgs - Working from bottom up approach to drive change - Policy and procedure creation - Abe to deliver policy influence and policy at higher levels of government - Shire is in the position to lead in this space - to influence, access funding, and encourage other orgs to follow and grow
What We are Currently Building Understanding	- Studying primary school teaching - Always learning systems thinking - An understanding of working more holistically in a MW and SEWB framework
What we have access to, can do	- Translating strategy into action - Being outcomes focused - Have a large tool box of programs and strategies for Mental Health - Being able to draw on expertise of individuals and services not in network because of project role

Our process

Overview
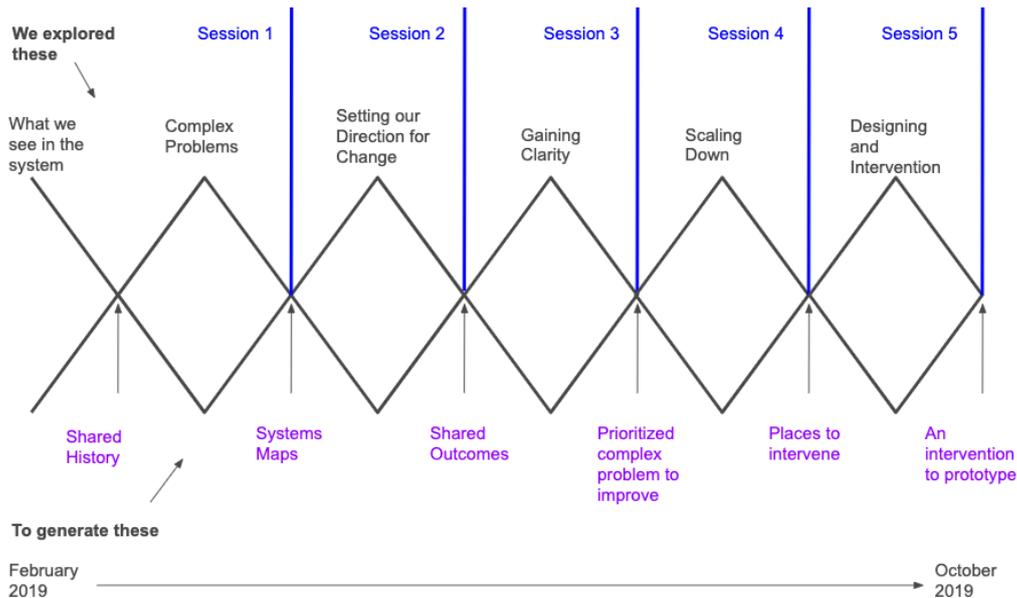
Learning inquiry sessions

Our collaborative learning sessions began with a full day workshop, and followed with half day workshops for sessions two to five. Our sessions were adapted based on learning and insights generated from the previous session, and was informed by The Systems Change Framework. Below we outline our key activities in relationship to the framework. The full set of processes can be found in the report, 'Systemic Inquiry Processes: Mental Wellbeing in East Gippsland.'

Define the situation:

- Identified shared needs and opportunities for participating in the alliance
- Outlined our motivation to work together
- Creating a journey map of mental health issues in EG over the previous 10 years
- Identified complex problems across the system
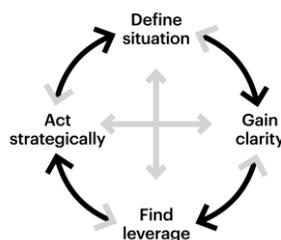
Gaine clarity:

- Mapped the systems of our complex problems
- Interrogation of existing undesirable outcomes in the system

- Identified key relationships between the complex problems
- Mapped root causes holding the problem in place
- Clarified type of root problems: structural, attitudinal or transactional

Find Leverage:
- Identifying skills and expertise in Network
- Clarifying agency and authority to act
- Identified shared outcomes for the system
- Prioritized capacity to improve the complex problems based on context
- Scaled down from the complex problem to identify an opportunity to intervene

Act Strategically:
- Drafted an initial intervention
- Landing Point: prototype intervention with broader community, and particularly young people

Key Insights

There are socially isolated children and families in East Gippsland

2. we first need to address this

1. in order to address this

5. to be better placed to intervene here

Children and young people do not have a voice within schools and community

4. in order to intervene here

3. we design and prototype here

Design mechanisms that capture the voices of young people and their diverse experiences and wellbeing needs
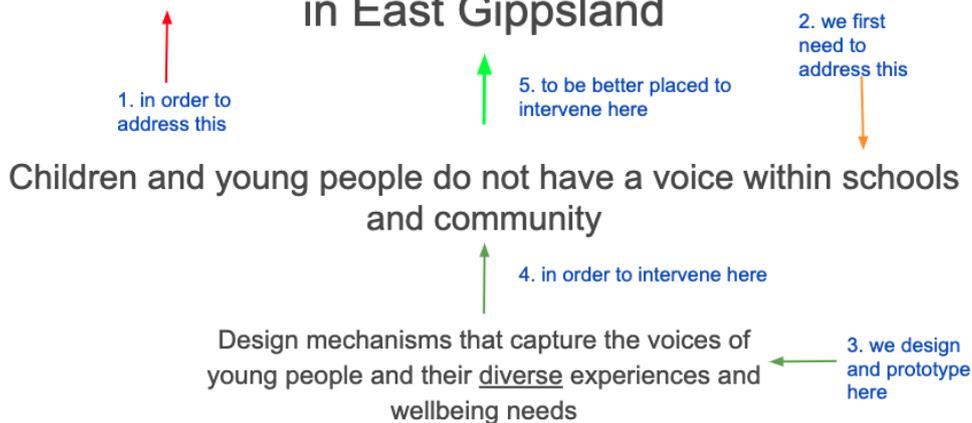
Our Learning Journey

In the following section we outlines some of our key insights generated along the learning journey.

Why the system looks the way it does

In our work together we created a journey timeline of events and issues affecting mental wellbeing in East Gippsland, which can be viewed here. From our timeline we could see a number of trends and patterns challenging mental wellbeing, which spanned across all system dimensions.

System norms, values and beliefs: the absence of a focus on prevention, social media creating anti-social behaviour,
System policies and procedures: continual policy changes
System decision making processes and structures: no coordination amongst care,
Systems resources (human, social and financial capital): programs that were not meeting mental wellbeing needs, inconsistent funding, low levels of coping skills amongst youth, lack of social support services

Complex Problems

We identified five key complex problems within the system of Mental Wellbeing in East Gippsland:
1. Reaching those who are not accessing service before they reach crisis point
2. Short term and limited funding impedes sustainable outcomes
3. High levels of gender inequality negatively influences the mental wellbeing of women.
4. There are socially isolated children and families in East Gippsland
5. East Gippsland are focused on reactive measures rather than early intervention and prevention

We took these complex problems into a systems mapping exercise and found several key outcomes that occur as a result of the current systems structure:
- First experience of support can encourage or hinder future engagement
- Lack of family relationship counselling and short term crisis accommodation is reducing safety and hindering protection from violence
- Kids are not allowed to go outside and try things
- Lack of community connection
- personal worth is both a driver and disabler
- Strong sense of self may keep people out of services

Shared Outcomes

Building from these insights on the complex problems and systems maps, we set a trajectory for change by developing a set of shared outcomes.

Complex Problems	Mid Term Outcomes	Long Term Outcomes	Ultimate Outcomes
high levels of gender inequality negatively influences the mental wellbeing of women	the network leads by example	EG understand the impact gender inequality has on mental wellbeing	EG is gender equal
there are socially isolated children and families in EG	there are child friendly activities available in local EG communities	families in EG are spending quality time together each day	children feel they have a trusted and meaningful relationship with an adult
EG are focused on reactive measure rather than early intervention and primary prevention	organization prioritize PP and early intervention for mental wellbeing in their strategic plans	a commitment to an incremental increase in resource allocation for PP for mental wellbeing	there is a collaborative approach to primary prevention for mental wellbeing across EG organizations
short term and limited funding impedes sustainable outcomes		we have the capacity to design and deliver sustainable long term outcomes	government funding bodies/philanthropy provide long term (3-10) year funding based on sound collaborative practice
reaching those who are not accessing service before they reach crisis	individual, group and community level support	people reaching for support	build capacity to manage own wellbeing

Poor Mental Wellbeing   **Improved Mental Wellbeing**

In a step to begin to narrow towards a leverage point for change we evaluated more closely our capacity to engage with each of the complex problems considering, 1) the skill and ability to influence within the network, 2) alignment with the focus of the network, and 3) whether engaging with any would introduce competition to existing work that is already occurring. In response we acknowledged the active engagement in the prevention of violence against women work already occuring.

In further consideration we began to see the strong relationship between three of the problems, which sat under a higher level problem regarding approaches to primary prevention. In our group discussions we came to see that intervening on one complex problem, will have an influence on the others. Returning to our earlier considerations of skills and alignment, we identified socially isolated children and families as an appropriate entry point to this network of complex problems, as well as 'focus on reactive measures rather than early intervention and primary prevention.

Strong Relationships Between Our Complex Problems

East Gippsland are focused on reactive measures rather than early intervention and primary prevention

Reaching those who are not accessing service before they reach crisis point

Short term and limited funding impedes sustainable outcomes

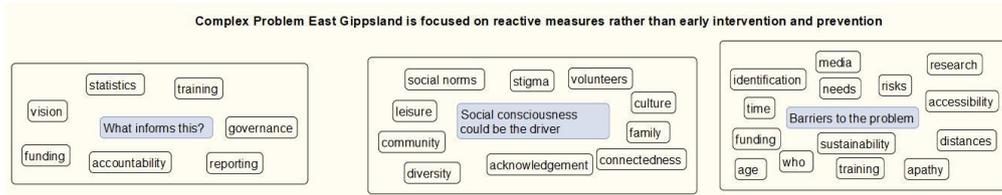**There are socially isolated children and families in East Gippsland**

During discussion of each of the complex problems and their relationships to each other, we also gain new insights into the prevention system in East Gippsland:

- We need a model of prevention work relevant to regional areas
- The social fabric of staff in the area is strong - we move around in roles but stay in the community
- There is a true willingness to be present to diverse perspectives
- We've got treatment and response services - they are not being used
- KPI's are being set by those who are too many degrees removed from the ground (where work is happening) to be appropriately setting KPIs
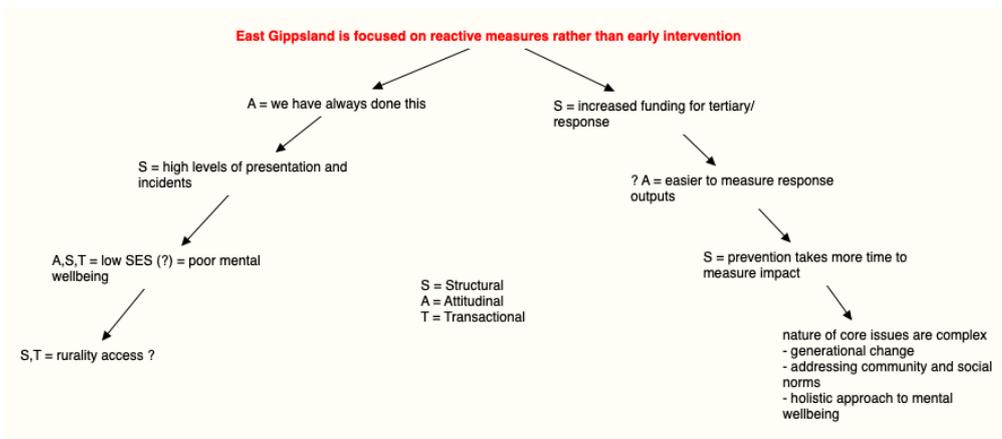
Once we had set some further prioritized on two complex problems, we returned to some of our early data, and used that as a springboard to dig deeper into root issues, and then scale down the complex problems to the current local context. In the following section we provide our insights grouped by complex problem.

Reactive Measures Rather Than Early Intervention and Prevention

Systems Map

Complex Problem East Gippsland is focused on reactive measures rather than early intervention and prevention

Box 1:
- statistics
- training
- vision
- What informs this?
- governance
- funding
- accountability
- reporting

Box 2:
- social norms
- stigma
- volunteers
- leisure
- Social consciousness could be the driver
- culture
- family
- community
- diversity
- acknowledgement
- connectedness

Box 3:
- identification
- media
- research
- needs
- risks
- accessibility
- time
- Barriers to the problem
- funding
- sustainability
- distances
- age
- who
- training
- apathy

Root Issues Map

East Gippsland is focused on reactive measures rather than early intervention

- A = we have always done this
  - S = high levels of presentation and incidents
    - A,S,T = low SES (?) = poor mental wellbeing
      - S,T = rurality access ?
- S = increased funding for tertiary/ response
  - ? A = easier to measure response outputs
    - S = prevention takes more time to measure impact
      - nature of core issues are complex
        - generational change
        - addressing community and social norms
        - holistic approach to mental wellbeing

S = Structural
A = Attitudinal
T = Transactional

From this point we began to scale down from the complex problems to explore where and how they were playing our in the local current context of East Gippsland.

We began by asking 'what else' do we know about this complex problem, and identified that:
- Gender approaches: politics that shape policy +/- eg. social determinants of health, newstart
- Organizational: business, leadership, prioritizing primary prevention long term, strategic planning, embedding priorities
- Funding: assumptions on who communities are, based on traditional knowledge eg. all rural communities are based on farming

Next we identified situations or contexts in which the complex problem (less focus on primary prevention) could play out locally. The following list was identified by those in this group:
- Primary prevention (mental wellbeing) is not identified in organizations strategic plans - broader than health (ie centrelink, housing, employment)
- Orgs are not funded for prevention
- One size fits all programs are chosen to decrease cost, but not relevant to target populations
- 'On ground' workers are not always involved
- Organizations providing services may not see their connection, or have a process to connect with, the East Gippsland wellbeing plan

- Limited coordinated/centralized funding streams
- Inflexible funding programs
- Lack of community practice
- Primary prevention (mental wellbeing) % of resource and funding specific to mental health prevention not defined
- Competing against other prevention priorities

To gain deeper insights into how the problem is presenting, attendees worked together to share their perspectives on where they thought the problem could play out, what it might look like on the ground, who was (or might be involved) and what the possible impacts of the problem may be. This was captured by posing four distinct questions.

Selected context to take forward: EG orgs are not connected to the plan (mental wellbeing component)

Where does this happen?	What does it look like?
Service level (health) Shire - unsure of contact Centrelink - Quantum School Psychological services	Services not using plan as a based (platform) for decision making on mental wellbeing and prevention Include Boards and Exec Gipps CEO meeting
Who is involved	**What is the impact of this complex problem?**
Identify individuals from services who will engage	Limited prevention in practice (where agencies haven't prioritised mental wellbeing and prevention) Less commitment or involvement in action relating to mental wellbeing and prevention elements of plan Services may not be funding appropriate prevention services on ground Limited operational strategies in orgs

In the following section we identify the capacity, support, resources and shared outcome we would seek towards a change for this situation.

Capacity we have to support this work:
- Services are part of / operate in East Gippsland
- There are committed people in these services
- We have background info to share to shape action
- Agencies are part of the communities and can participate in action

Locally scaled complex problem:
- An absence of leadership on the mental wellbeing and prevention part of the plan across East Gippsland means it is not informing work on the ground, and mental wellbeing prevention is not raised as a priority

(Note: participants were asked to word the problem in current tense as if the problem currently exists across all of East Gippsland, e*ven if there are already actions in some places that address this*)

Locally scaled desirable outcome would be if this problem was addressed:
*This group did not define a new outcome, but were able to articulate that in order to move forward:
> We need clarity on how the plan is led, what roles we all have (including this Network) in identifying who/how this is led?

Suggested outcome: There is clarity of leadership and roles for the East GippslandPlan (relating to mental wellbeing and prevention)

Following from these discussions and considerations, the network identified that working closely with the East Gippsland Council Shire to continue to evolve the Health and Wellbeing Plan, was the greatest opportunity and leverage point to respond to this complex problem at the local scale.
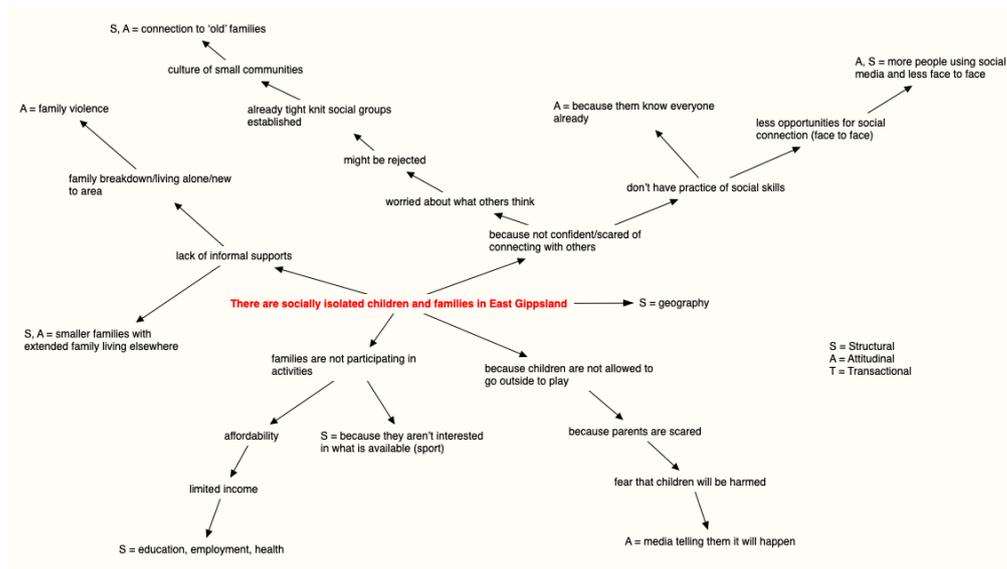
> **Commented [2]:** team how does this land with you?

Isolated Children and Families

Systems Map for Isolated Children and Families
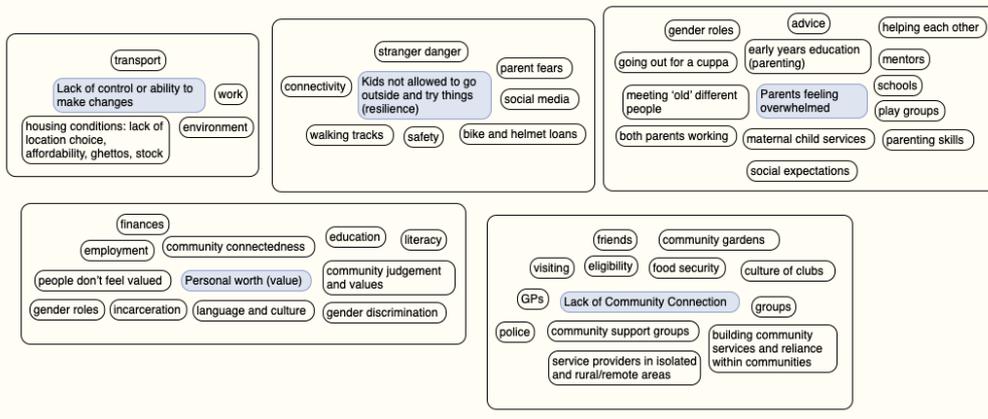
Root Issues Map

From this point we began to scale down from the complex problems to explore where and how they were playing our in the local current context of East Gippsland.

We began by asking 'what else' do we know about this complex problem, and identified that:
- We need to consider those who may not have existing broader family/social networks
- Short term funding = limitation of intervention, = efforts less sustainable
- How can we capitalize on where people do have to meet, rather than where they cannot
- Service access criteria: allowing people to access services before crisis

Next we identified situations or contexts in which the complex problem (social isolation) could play out locally. The following list was identified by those in this group:
- Screens
- Family violence in homes
- Lack of understanding of value
- Generational trauma, and insecure attachment
- Children feeling scale to tell parents/teachers/adults things that are happening
- Long daycare
- Shift work competing with timetabling ie school
- Foster children
- Less engagement with school
- Less bush play, site - risk play
- Parent work commitments
- Not sharing meals together
- Young people on weekends? - how to connect when not at school in safe places to meet, minimize risky behaviour

Through further discussion, the group identified that a significant context and situation to work with would be giving disengaged young people a voice. To gain deeper insights into how the problem (social isolation)

is presenting, attendees worked together to share their perspectives on where they thought the problem could play out, what it might look like on the ground, who was (or might be involved) and what the possible impacts of the problem may be. This was captured by posing four distinct questions.

Selected context to take forward: giving disengaged young people a voice

Where does this happen	What does it look like
Young People: - May not be at school - Less engagement in education - Diverse background/ability - At home	Young People: - Who have a voice but may not necessarily have representation - Not attending (various reasons) - May not be encouraged by per/family - Children may be unable to participate in decisions that affect them - Parents may not having a voice (on behalf) of very young children or children with disabilities
Who is involved - Parents - Peers - Significant others (coaches, teachers) - Structures within: settings, physical	**What is the Impact** - Remain disengaged/withdrawn - Separation - Relevance of outcome or program to disengaged group - Non-representation of entire group - Intergenerational cycles making it more difficult for future generations (for example, if their parents didn't see value or connections with community/school, then why would they?)

In the following section we identify the capacity, support, resources and shared outcome we would seek towards a change for this situation.

Capacity we have to support this work:
- Education settings request
- Parents involved with agencies
- connections/partnerships
- Advocacy
- Change how we consult with young people across the board

Locally scaled complex problem:
- Children and young people do not have a voice within schools and community. Includes early years, children with disabilities who may need their parents to speak on their behalf.

  (Note: participants were asked to word the problem in current tense as if the problem currently exists across all of East Gippsland, *even if there are already actions in some places that address this*)

Locally scaled desirable outcome would be if this problem was addressed:
- Mechanisms that capture the voices of young people are inclusive of their diverse experiences and wellbeing needs.

Pre-conditions that need to exist for this desirable outcome to occur:
- We know who and where these young people are

- They are meaningfully involved in the design of new mechanisms
- Buy-in/drive from community/stakeholders - collaboration - joined up
- They see value in the mechanisms and have a voice - learn - feel - safe, empowered, heard
- Understanding of wellbeing needs and experiences
- Understanding of theory/best practice around 'mechanisms' capturing voices of young people

Resources/skills required for the desirable outcome to occur:
- Existing data (new) e-gov
- Collaboration and commitment (method)
- Existing youth structures/programs
- Some buy-in
- Motivation for supporting wellbeing/mental health/ (behaviour) of young people eg. schools,
- Knowledge of best practices, evidence based

Attendees identified organisations, networks and individuals that may be involved in getting to the desired outcome include:
- Schools - principals network
- CWC - CWI
- Young people!
- This network
- Existing places where these young people hang out - churches, Aboriginal and Torres Strait Islander programs, welfare sector

As a result of these discussions, and identified enabling factors to engage with the leverage point, the network determined to carry. this opportunity into the next stage of inquiry, focused on drafting an intervention which could be later prototype.

Draft Intervention

Mobile van for youth to voice their experience and needs

How it will work:
- Bringing children and young people from larger towns to rural isolated areas
- Bringing services to these children/young people
- Stopping points, content and activities driven by young people
- Mobile radio/station/social media/chat rooms developing networks for support through technology
- Expressing needs/wants for their specific community

What we will learn:
- What is needed for mental health in rural communities - youth voice
  - Youth learn:
    - networking/isolation
    - Tech skills
    - How to make $ and support their van
    - How to do media
    - How to do stuff rural kids do: prawning, surf, animals
    - Design the decoration of the van - competition

Additional ideas and notes:

- The idea pulls from a number of ideas in the short list including mobile van, young people exchange who are from different young people of areas, youth radio
- Ultimately it was about a van that could be used to go to different places, with the opportunity for young people to come in and craft a social media message based on a topic they want to share. They create the social media (video, story, image) in the van with other kids and then publish.
- Young people could interview each other town to rural about their experiences.
- There is an online platform that they load their messages to.
- Van is full of technology for them to use - they gain some skills in using the technology
- Van is decorated by young people for young people - could have a competition to decorate different parts. Could be run through schools, as well as other places they congregate (ie food outlets/libraries) because there is wifi
- https://exchange.telstra.com.au/digital-futures/tech-for-good/ is a great opportunity for sponsorship/support