

WIMMERA PRIMARY CARE PARTNERSHIP

**SYSTEM REVIEW OF MENTAL HEALTH
TRAINING**

JUNE 2010

Table of Contents

Background	3
Review Methodology	4
Role of CAMHS and SFYS	6
Themes from PCP Participants	10
Themes from Individual Participants	12
Evaluation Summaries	15
Recommendations	16

List of Tables

Table 1: Information source for the training	15
Appendix 1: Mapping of Mental Health Training Programs in the Wimmera PCP area	17

List of Acronyms

ASIST	Applied Suicide Intervention Skills Training
CAMHS	Child and Adolescent Mental Health Service
CAST	CAMHS and Schools Together
CFA	Country Fire Authority
DEECD	Department of Education and Early Childhood Development
DHS	Dunmunkle Health Service
GP	General Practitioner
MHFA	Mental Health First Aid Program
PMHT	Primary Mental Health Team
RNH	Rural Northwest Health
SFYS	School Focused Youth Service
VFF	Victorian Farmers Federation
WPCP	Wimmera Primary Care Partnership
WUC	Wimmera Uniting Care
YMHFA	Youth Mental Health First Aid Program

Background

In late 2006 in response to drought, the Wimmera Primary Care Partnership (WPCP) coordinated the delivery of a range of Mental Health training programs, including the delivery of the Mental Health First Aid (MHFA). During this time, several other drought funded programs that were aimed at mental health issues were being offered concurrently. It became apparent that many programs overlapped in content and target group whilst others were not specifically targeted or appropriate to the needs of individual communities. Some of the Mental Health programs run during this time included, but were not limited to:

1. Mental Health First Aid (CAMHS)
2. ASIST training (Wimmera SFYS and CAMHS)
3. SHADES (PMHT)
4. Safe Talk (PMHT)
5. Men's Sheds (WPCP)
6. Save A Mate (Red Cross)
7. Look out for your Neighbour (VFF)
8. Inner Strength Building (Dunmunkle Health Service and WUC)
9. Farm Gate (Yarriambiack Shire and WUC)
10. Self Harm in Schools
11. Support After Suicide
12. No Bull Training (WUC with Bouverie)
13. Coming Alive (WUC, Neighbourhood Houses)
14. Beyond Blue (WUC)
15. Women in Grains
16. Service Clubs – including Rotary, Apex

In response to anecdotal feedback regarding the concurrent programs and the overlap in content and target group, the Wimmera PCP (WPCP) initiated a mapping process and system review of how mental health training programs were initiated, planned and coordinated. The mapping process aimed to identify as many mental health training programs as possible that were offered across the WPCP catchment area in response to drought and rural change. Following this mapping process, recommendations were developed regarding the effectiveness of the implementation and the value of these training programs, including how decision making and coordination could be improved. To complete this broad system review, three deliverables were identified:

1. Finalise the mapping of drought funded mental health initiatives that was initiated prior to the project
2. Evaluate the effectiveness and value of the various training opportunities, including the relevance for communities
3. Develop recommendations regarding how to improve the decision making and coordination of the implementation of programs

Lynne Gleeson (Springtech Services) was engaged as an external consultant to complete this project.

Review Methodology

A review methodology was developed to achieve the deliverables identified above. The methodology was specifically designed to be brief and targeted, and included 3 phases.

Phase I involved initial discussions with Anne Watson from the Child and Adolescent Mental Health Service (CAMHS) and with Susan Griffiths from the School Focused Youth Service (SFYS) at Wimmera Uniting Care (WUC). Anne and Susan were specifically selected as they have been two of the primary contacts for the planning and delivery of drought funded mental health initiatives over the past few years.

Phase II involved confirmation of the mapping of the drought funded mental health initiatives. The mapping was confirmed with Anne and Susan during Phase I, and then distributed to all WPCP members for comment and review.

Phase III involved a consultation process with a selected group of participants who attended mental health training between 2007 and 2010. Participants were selected from attendance records from Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA) programs. Participants were specifically selected to represent a broad range of sectors, including for example, police, education, kindergartens, justice, Koori services, Council staff and emergency food relief services. In addition, WPCP members were also invited to participate. The questions for the individual participants and the WPCP members were slightly different. The questions for individual participants have been included below:

1. What program was attended? When?
2. What was of value in the training program?
3. Was this a good way to deliver this training?
4. Did you get what you thought you would get from the training?
5. Have you used any of the information since the training?
6. Were there other programs that you heard about that have been delivered in your area in the last 12 months?
 - a. If yes, did you attend any other programs?
 - b. If yes, how did you find the other program(s)?
 - c. If yes, how did you decide which one(s) to attend?
7. What other programs/information might be helpful for you?
8. What do we need to do better?
9. Do you have any suggestions for service providers in how they develop and deliver these training programs?

The questions for WPCP members have been included below:

1. Did you consider the program(s) to be successful?
2. Why or why not?
3. Was localised information provided and local links put in place/used?

4. Has there been any individual program developed for your specific organisation or local needs
e.g. Neighbourhood Houses or Men's Sheds
 - a. If yes, what was the "trigger" for this program to be developed?
5. Was there an overlap with other programs that were offered?
 - a. If yes, what other programs?
 - b. If yes, were you informed about them prior to the event?
 - c. If yes, how did you hear about them?
6. Do you have suggestions about how to implement/coordinate programs more systematically/collaboratively to minimise overlaps?

Following the consultation process, recommendations have been developed in conjunction with Anne Watson from CAMHS, Susan Griffiths from SFYS and Mandi Stewart from the WPCP.

Role of CAMHS and SFYS

CAMHS

A number of programs have been offered through CAMHS, with Anne Watson as the primary contact. A brief description of the structure of these programs has been included:

1. ASIST – CAMHS has provided this in the past and Susan Griffiths (SFYS at WUC) has organised 2 events per year since 2002.
2. MHFA – up until 2010 Anne Watson provided the training and Debbie Armstrong is now providing the training (since 2009). Anne Watson now has a YMHFA focus, consistent with the CAMHS brief, and the MHFA training is now provided through the Primary Mental Health Team (PMHT).
3. Other programs are available on request, and some of these programs are also available through the CAST program (CAMHS and Schools Together). Some of these programs include:
 - a. What is Mental Health/What is Mental Illness
 - b. Staff Stress and Wellbeing sessions
 - c. Smooth Sailing – Stress Management Course
 - d. Classroom Behaviour Management
 - e. ASIST Refresher
 - f. SafeTALK
 - g. Aboriginal and Torres Strait Islander (ABSTI) Mental Health First Aid
 - h. Peer Skills Training
 - i. Friends for Life
 - j. MindMatters
 - k. KidsMatter
 - l. Festival for Healthy Living
 - m. Promoting Alternative Thinking Strategies
 - n. Triple P
 - o. Wellbeing group for new mothers,
 - p. SHADES (Self Help Anxiety and Depression Education Sessions)

Workshop Content: workshops and materials provided in the YMHFA, MHFA and ASIST programs are reviewed by a peak body and the presenter is limited to the specified hours and program. The workshop format allows the presenter to connect with participants and therefore to provide a better experience. Training sessions do not need to be full and it is recommended that they should have 24 participants although some sessions may run with only 12 participants. Programs need to meet minimum standards, e.g. there is a requirement for two facilitators to be engaged who are aware and looking for vulnerability in participants. Co facilitators are experienced and are selected very carefully, e.g. needs to be a good facilitator as well as a good clinician, and needs to be able to engage with participants. Links to other programs are made as appropriate or required e.g. Mind Matters.

MHFA: The MHFA training is a two day workshop and therefore there is a bias in terms of participants who are able to attend. Participants are often not well educated but are in the health and wellbeing sector and therefore have a relevant background. Some participants may have a Level I TAFE course e.g. as a butcher, hairdresser or work in the post office and have a service or professional role within the community. At times, community members may participate for personal reasons. This provides a broad range of skills that are represented by participants who attend the training.

ASIST: this is a two day workshop and is normally delivered to health and wellbeing and education professionals. This program is targeted to these professional groups because additional structures are in place to support them if required. The ASIST program is not appropriate for community members and potential participants need to be screened e.g. has there been a recent event and this is not the appropriate time to attend the training sessions.

Role of WPCP: the WPCP screen potential participants for MHFA and YMHFA programs. The WPCP role involves promoting events, coordinating the registrations and organising venues and catering. There is a key role for the WPCP to ensure programs and facilitators are linked with local organizations (WUC, local health services), and it is a key component of successful programs that there are follow up structures in place.

Other programs available: the CFA has historically been reported as “looking after their own”, with minimal links with the WPCP or other programs. Police initially attended MHFA training as part of the community and then became involved with centralised training. Training provided through this model has the potential to become occupation specific and not community specific. Ballarat Health Services Psychiatric Service (BHSPS) also has information about a range of mental health issues that are much broader in scope e.g. psychosis. Some high prevalence disorders (e.g. anxiety and depression) are managed well by General Practitioners (GPs) and Primary Health services that focus on those areas of need.

Beyond Blue: this workshop is very short and has a key role in promoting awareness of mental health issues within communities. Beyond Blue have highly skilled presenters who are able to provide key information in a short period. There have been questions raised following the workshops regarding the ability of Beyond Blue to be aware of local and current issues.

SFYS Role

The SFYS has a regional role in the Wimmera with funding provided through the Department of Education and Early Childhood Development (DEECD). The target group for the program is 10-18 years, and the SFYS role includes community development and student wellbeing. Following an early report regarding suicide in the Wimmera region (2001-2002) the Wimmera SFYS priorities were focused on building resilience and minimising risk.

The SFYS role now includes organising MHFA and YMHFA training across the Wimmera region. The SFYS Worker (Susan Griffiths at WUC) has a coordination role for training, which includes managing facilitators, invoices, catering and venues. Training has generally been facilitated by Mike Coffey and Linda Muller. Susan also has primary role in community development.

A range of programs have been offered, including:

1. "Mind Matters" - a national program which is offered in a single day
2. "Transitions" – single day program
3. "Teaching and Learning for Engagement" – single day program
4. "Safe Talk" – single day program
5. "Self Harm in Schools" – this is not a regular program and is held as a specific workshop. There are often not enough numbers
6. "Support after suicide" – as above
7. "Save a Mate" (run through Red Cross) – there is good communication and coordination with Red Cross. This program provides regular training and is very effective.
8. "Farm Gate" – this program involved "cold calling" in Buloke Shire to farmers and was coordinated with the Drought Initiative (Aaron Watts). This program was also used in response to impacts by the Horsham fires in February 2009

Workshops: ASIST programs have been consistently available since 2002, with up to three workshops being facilitated by SFYS each year, depending on demand. The ASIST program is a two day training workshop, and some participants found it difficult to be able to attend for the two days.

MHFA and YMHFA workshops are offered with a minimum of 14 participants and a maximum of 24 participants and there is a waiting list in place for future courses. Many youth workers and teachers had not received any training in mental health until MHFA training became available and participants have been keen to learn strategies for working with adolescents. The training is open to anyone but mainly attracts youth workers, teachers, police and more recently nurses.

Two local facilitators present the workshops and are aware of all local and regional services. These facilitators are able to provide information and link into appropriate services if this is required.

Program Coordination: Information is often available informally through contact with the WPCP or through the WPCP newsletter and is tailored to suit facilitator workload and availability. Dates are often not released very far in advance.

Case Study: there have been mental health issues in rural areas related to the ongoing drought. An ASIST workshop was held in Warracknabeal in 2010 to ensure that the training was available for people in rural and remote areas. Although there were two suicides in Warracknabeal in late 2009, the Warracknabeal ASIST program was not offered in response to these suicides. However, YMHFA training was offered in Warracknabeal two weeks after the ASIST training and was coordinated through the Wimmera PCP. The YMHFA and ASIST training programs are different programs but the same workers would generally be expected to attend both workshops if the opportunity was available. The timing of these workshops indicated that workers probably would not be able to participate in both workshops. In addition to the ASIST and YMHFA training, a Beyond Blue workshop was also presented in Warracknabeal and was organised by an individual community member who approached Jeff Kennett directly.

Festival of Healthy Living: The Festival of Healthy Living program has been offered since 2007 in Warracknabeal. This program has been managed in conjunction with the Royal Children's Hospital and Rural Northwest Health (RNH) Community Health and Health Promotion staff. Whilst staff changes have had an impact on this program at times, it is currently stable and there is increased engagement from RNH as well as participation and support from Councillors at the Yarriambiack Shire.

Themes from PCP Participants

Profile of Respondents

WPCP members were initially invited to respond through an email from the WPCP and three PCP members were directly contacted and asked for input regarding the workshops and training. All respondents were women.

Workshop experiences

One respondent had attended several workshops and training programs on mental health initiatives, including MHFA, YMHFA, ASIST and Beyond Blue workshops. This respondent indicated that the ASIST training was confrontational and challenging at the time and that the MHFA and YMHFA were more appropriate to her needs. The respondent did attend the Beyond Blue workshop in Warracknabeal in 2010 and commented that this was a community awareness approach rather than an informed workshop and structured learning approach. A Men's Beyond Blue workshop had also been held in Murtoa, and was organized through the WPCP. Anecdotal information from respondents indicated that it was well attended and well received, and that the Men's Shed was a particularly good venue for this target group.

One respondent had attended the MHFA training, which was facilitated by the local Health Service following high levels of community interest. The MHFA training was very well supported and received, and supported a review of the provision of mental health services within the community. This resulted in facilitating a Men's Health Night which in turn led to the establishment of a Mens Shed and a Neighbourhood House within the community.

Availability of localised information

One respondent indicated that the availability of local information was not consistently apparent at workshops. Beyond Blue appeared to have some coordination with WUC, but this was for general information only. There were no clear links with the local health services to provide follow up if this was required. This information may have been available but was not clearly identified or readily available.

One respondent indicated that the training had been actively promoted by the local health service and strong links were established between the health service and the MHFA training program. The MHFA training had been initiated by grass roots community concerns, and had good community participation and support. This was very well received by the community, and the training provided a catalyst for reviewing community awareness of mental health, which then led to other community initiatives. The success of this approach was centred on the effectiveness of the strong relationship between the mental health program and the local health service.

Specific Programs

One respondent indicated that some specific programs had been developed in conjunction with the local health service and WUC, primarily targeting high prevalence disorders such as anxiety and depression or post natal depression. This included “Inner Strength Training” for clients over an 8 week period. In addition, a program for Men at the Men’s Shed and a Women’s program has now been established and delivered on request following local health information sessions. Staff from the local health service or WUC have been available and facilitated the delivery of these local programs. YMHFA has been coordinated through the WPCP following identified needs in the community and this was advertised locally and run in Horsham. Information about programs that are available is generally provided through the WPCP.

Program Coordination

One respondent indicated that MHFA and YMHFA programs have generally been organised in response to identified needs or demand from within a local community. In contrast, requests for Beyond Blue workshops have been arranged directly with Jeff Kennett or Beyond Blue in Melbourne. This creates an environment where a program may be delivered following a single request and not in response to identified evidence based community need.

One respondent indicated that it appeared that funding and programs entered the region in an ad hoc arrangement, and were delivered without a regional plan or strategy.

One respondent indicated that the local MFHA training had been provided in response to grass roots community needs. There had been initial contact and interest from the CFA and the VFF, however, no further contact was made. In this situation, the local health service was aware that CFA and VFF members attended workshops and public meetings and were actively involved in community initiatives. The active engagement with the CFA and VFF was seen as an effective way to engage with men and with the farming community. Links with local schools was seen as an effective way to engage with women who had children, but there were difficulties in engaging with women who did not have children.

Themes from Individual Participants

Profile of Respondents

The responses from four participants are included in this summary. Two respondents answered the questions through email, and two respondents answered the questions through a telephone interview process. The telephone interview process allowed for further informal questions to be included which provided some additional information. Respondents attended sessions that were offered in Warracknabeal and Horsham.

Two respondents attended the MHFA training and two participants attended the YMHFA training. One respondent had attended both the YMHFA and a Beyond Blue workshop. One respondent had attended training in 2007 and one attended in 2008. The other two respondents attended in 2010.

Three respondents worked in education, including kindergarten, primary and secondary levels. The fourth respondent was working in the health field at the time. All respondents were women.

Value in the training program

There was general consensus that the training that had been offered was very valuable for a range of reasons. Firstly, there were positive comments regarding the value of having participants from a wide range of sectors who attended the program. Comments from respondents indicated that despite program participants being from a range of backgrounds, all encountered similar problems. This was also useful in being able to focus on strategies that could be applied in a number of settings, including life and work situations.

Secondly, there were comments regarding an increase in awareness of how situations and events can impact on lives, such as drought, financial difficulty or loss of loved ones. It was particularly valuable to understand how to respond in certain situations and to have strategies which could be used effectively. This included an increased understanding of when a person needed support, including picking up behaviours and indicators and how to communicate appropriately. The key was having increased awareness.

Delivery of training

All respondents were positive in supporting the delivery of training through this approach. There was support for the use of two facilitators, as it was considered to be an effective way to keep program participants engaged. There were positive comments that program participants were very engaged in the program. The use of Powerpoint presentations and DVD materials received positive support, as they provided very direct and relevant examples. There was support for the program to be run over the two consecutive days, particularly being held in the school holidays, which allowed respondents to attend.

Expectations of training

All respondents reported that they did achieve what they thought they would from the training. One respondent indicated that she had no prior expectations of the training and therefore the training

exceeded expectations. Another respondent indicated that she had heard Anne Watson present before and that she was a good speaker, which provided part of the motivation for attending this training. Other respondents indicated that they gained information and knowledge that they were able to take away and use in their own situation, and that they learned valuable insights and awareness of mental health issues.

Use of the information since the training

All respondents indicated that they had used the information since the training, both in work and personal life situations.

Two respondents indicated that they had increased awareness of mental health issues and that both were able to identify indicators and then were able to respond appropriately. Both respondents also indicated that they were able to integrate knowledge indirectly into practice, through increased awareness of indicators and were able to recognize these when they were apparent, e.g. parents looking tired or run down. This included talking to both parents and students and being able to initiate the conversation as appropriate. This allowed the respondent to provide guidance in a non challenging situation and being able to listen with an “open mind” since the training.

Other programs delivered in the area in the last 12 months

Two respondents indicated that they were not aware of any other programs that had been delivered locally in the last 12 months.

One respondent indicated that information for the Beyond Blue program had been provided through the Horsham and District Kindergarten Association (HDKA). All kindergartens received this information and individual teachers were able to decide whether they wished to attend. This respondent decided to attend as she was in a drought affected area and also indicated that if other workshops were available then she would attend these as well. If other workshops had been available, she was not aware of them.

One respondent indicated she was involved in the Festival of Healthy Living (Warracknabeal), and was aware of the YMHFA training through information provided in the school newsletter. She also indicated that she attended under her own initiative and not as part of the school curriculum. This respondent also attended a Beyond Blue program in Warracknabeal in 2009, and described it as a “one off” presentation. The Beyond Blue and the YMHFA training were very different presentations. She attended the Beyond Blue program first to gain more experience and it raised her own awareness. She then attended the YMHFA to raise her knowledge and to improve her understanding of the prevalence of mental health issues.

Suggestions for other programs/information

Two respondents were not clear about their needs for additional training that may be helpful. One respondent indicated that she would attend other programs that were offered if the timing was good and the programs were scheduled over time. This respondent indicated program attendance was influenced by the relevance to her own personal circumstances.

One respondent indicated that a repeat or modification of the MHFA training would be helpful. For example, the MHFA training could be extended further to include farmers and parents. Another

suggestion included considering the possibility of offering it to a kindergarten as a single night for parents. This respondent also commented that the MHFA training would be good for other kindergarten staff who were working with issues that included post natal depression and parenting, including single parents.

Suggestions for program improvements

The respondents were consistently very positive in their support for the training that they had attended. Comments included support for excellent presenters as well as the availability of programs during school holidays. It was recognised that some teachers would not be able to attend during school holidays, but it was seen as a positive opportunity for those who were able to attend.

One respondent indicated that programs needed to be available more often, and that every 2 years was not frequent enough.

One respondent commented that additional materials would be helpful, including giveaways, handouts and resources that included phone numbers, contact information and referral forms. This would be particularly helpful in smaller communities and could be distributed to parents. Media awareness and visual materials would also be helpful and is powerful as a training resource, and this would be good for parents to access. This could be provided through schools and kindergartens having DVD and resources available that included visual materials. It may also be helpful for kindergarten and school staff to have training certificates visible within the schools or kindergartens, as this indicates that staff are aware and have training and “opens the door” for discussions. It is important in this situation to have resources ready to offer and referral materials available.

Suggestions for service providers in development and delivery of training

Two respondents had no additional suggestions. One respondent suggested that increased advertising and information about training sessions that were available would be helpful. In this situation, the respondent had changed workplaces and no longer was aware of training that may be available.

One respondent commented that further training that was available over time would be helpful, e.g. training available every 6 – 12 months, and on an ongoing basis. This would be particularly helpful in small rural centres.

There was also a comment that the use of statistics could be “boring”, but recognized that this was an important part of understanding the context of the issue.

Evaluation Summaries

Evaluations were completed by participants at the end of each MHFA and YMHA training between 2007 and 2010. The question below relates directly to where participants learned about upcoming training. Several questions were included in the evaluations, however, the data included here is only one question and other data has not been included in this report. As presented in Table 1 below, participants were informed about the workshop from a range of sources, including the WPCP, work, local health services and a range of other sources including CAMHS, SFYS, school newsletters, other courses, word of mouth and WUC.

Table 1: Information source for the training

Workshop	N'hood House	PCP	Health Service	Work	Network	Internet/ Email*	Other
MHFA Minyip March 2007		3	7	4	1		Grampians Shire (x1)
MHFA Horsham May 2007	8	2		2	1	4	Other course or tutor (x3)
MHFA Nhill March 2007		5	3			6	CAMHS (x4), school (x1), neighbor (x1)
MHFA Horsham November 2007		4	2	3			Other course (x3), Christian Food Centre (x1), CAMHS (x1), friends (x1), Hub (x1)
MHFA Horsham August 2007		7		8			Christian Food Centre (x2), Other course (x2), Hub (x2), SFYS (x1)
MHFA Warracknabeal November 2007		4	3	3		1	Newspaper (x1), "Finding Neru" conference (x1)
YMHA Horsham November 2009		3	1	6	1	1	WUC (x1), SFYS (x1), CAMHS (x2), self (x1)
YMHA Nhill May 2008		1		1		1	Newspaper (x1), schools (x2), flyer (x1), word of mouth (x1)
YMHA Horsham April 2009		2		2		2	School (x1), newspaper (x1)
YMHA Horsham May 2008		2		3	1		School (x2)
YMHA Horsham March 2010	1	4		3		2	CAMHS (x1), flyer (x2), school (x2)
YMHA Horsham April 2008		1		2		1	Flyer (x1), WUC (x1), SFYS (x2), school (x1), word of mouth (x2), other course (x2), CAMHS (x1)
TOTAL (n=177)	9	38	16	37	4	18	55
% of Total	5%	22%	9%	21%	2%	10%	31%

*Email was included as the primary source only if no other source information was available e.g. school

Recommendations

1. A forward schedule is developed to ensure that each sub region accesses training on a cyclic basis. Training to be advertised through WPCP and local communication channels.
2. Mental Health training providers inform WPCP of all upcoming training to avoid a glut or absence of training.
3. Participants are given information about training to ensure they are attending one which meets their needs.
4. Local service providers are informed when training is held.
5. Local service provider information is made available at all training for follow up support if required.
6. Training is delivered at different times to meet the needs of workers and parents.
7. Follow up resources for parents and community members are available through a range of service providers, including DVDs and website and referral information (provision of the right information at the right time).
8. A regional plan is developed when funding becomes available, to ensure that training is coordinated and that appropriate links with local service providers is established and maintained.

MENTAL HEALTH PROGRAMS/TRAINING

WIMMERA PRIMARY CARE PARTNERSHIP

Mental Health Program	Organised by	LGA/ Catchment	Target	Trained Facilitator(S) & Contact Details	Partnerships	Other idea's/ considerations future directions
Mental Health First Aid (MHFA) & Youth MHFA & Indigenous MHFA	WPCP Ballarat Health Services Wimmera HUB	Horsham Yarriambiack Horsham Hindmarsh	Agency and community workers	Ann Watson (CAMHS), Michelle Cowie-Scott, Marisha Jarecki (Primary Mental Health Team) Debbie Armstrong	WPCP with member agencies across the catchment Wimmera HUB	14 sessions to date
Applied Suicide Intervention Skills Training (ASIST)	Wimmera School Focused Youth Service Horsham - Susan Griffiths Ballarat Health Services	Horsham Hindmarsh Yarriambiack West Wimmera	Education, health and welfare sectors plus community members	Mike Coffey, Lindy Muller (Wimmera), Ann Watson and Michelle Cowie-Scott (Ballarat)	Contact Susan Griffiths, SFYS Coordinator, Wimmera Uniting Care for Wimmera workshops 5362 4016 and Ann Watson for Ballarat sessions.	Ongoing
Men's Shed	Wimmera PCP & partner agencies	West Wimmera Hindmarsh Yarriambiack Horsham	Retired men	Geoff Witmitz 53 621 225	Beyond Blue	Pilot held for BB program at Murtoa
Save-A-Mate (SAM)	Red Cross	Wimmera	Young people	Andrew King – Program Officer (03) 5362 1501, 0427 504 770	Grampians Community Health (Nexus)	

Mental Health Program	Organised by	LGA/ Catchment	Target	Trained Facilitator(S) & Contact Details	Partnerships	Other idea's/ considerations future directions
Look Out for Your Neighbour Program	Victorian Farmers Federation (VFF)	Across Victoria	Farmers	Colin Coates (VFD).		
SHADES	<p>Primary Mental Health Team, Ballarat Health</p> <p>The PMHT main phone number is 03 53204336 and fax number is 03 53204157 for enquiries and referrals.</p>	<p>Yarriamback</p> <p>Horsham</p>	<p>SHADES is a self help anxiety and depression workshop running over eight weeks in two hour sessions. The aim of the programme is to help people with anxiety and/or depression, develop self-management strategies for dealing with symptoms and so prevent relapse. <u>It is not suitable for clients who are at risk of self-harm or experiencing significant suicidal ideation.</u></p>	<p>Primary Mental Health Team, Ballarat Health</p> <p>The PMHT main phone number is 03 53204336</p>		<p>SHADES runs three times per year in Horsham. Referral Can be self, through a care provider or by GP's.</p>

Mental Health Program	Organised by	LGA/ Catchment	Target	Trained Facilitator(S) & Contact Details	Partnerships	Other idea's/ considerations future directions
Inner Strength Building	Dunmunkle Health Services Wimmera Uniting Care	Yarriambiack shire West Wimmera Shire Hindmarsh Shire Horsham Rural City	Groups for either men or women who are experiencing anxiety and/or depression. 6-8 week programs that skill people with strategies to manage their condition with a goal of improving social supports and an ongoing self sufficient group.	Maxine Tepper (03) 5363 0400 Liz Both / Pam Iles (03) 53826789	WPCP, available local service providers.	Continuing to roll mainly small communities
Safe TALK	CAMHS – MHPO		Those who wish to learn about being alert for the possibility of suicide but not at the level of intervention skills taught in ASIST.	Anne Watson: Anne focuses on the CAMHS population so those receiving this workshop would need to be those working with young people.		
Farm Gate	Yarriambiack Shire Faye Smith – Drought Recovery Coordinator	Yarriambiack Shire	Farmers	Faye Smith 0427 821 510		Fay no longer employed
	Bronwen Clark	Horsham	Farmers	Bronwen Clark 0458360386	WUC	Fire work took most of the human resources

Mental Health Program	Organised by	LGA/ Catchment	Target	Trained Facilitator(S) & Contact Details	Partnerships	Other idea's/ considerations future directions
Self Harm in Schools	CAMHS – MHPO	Horsham	For those working in schools who wish to learn about self harming behaviours and what to do in a school context.	Carston Schley Orygen Youth Health	Orygen Youth Health, CAMHS, DEECD, Wimmera School Focused Youth Services	If there is the demand we could run one a year.
Support After Suicide	CAMHS – MHPO	Horsham	Information and training for those working with people who have been bereaved by suicide.	Jesuit Social Services	CAMHS – MHPO, Jesuit Social Services.	
Grampians Primary Mental Health Team	Funded through Ballarat Health Services as part of a state wide DHS initiative.	Grampians Region	Clients with high prevalence disorder, i.e. anxiety, depression, secondary consult to other services requests. Free Training information/ sharing to/with services as requested on mental health matters specific to your organisation and or client group.			

Mental Health Program	Organised by	LGA/ Catchment	Target	Trained Facilitator(S) & Contact Details	Partnerships	Other idea's/ considerations future directions
No Bull Training	Wimmera Uniting Care	Hindmarsh Shire, Buloke Shire, Yarriambiack Shire and West Wimmera Shire.		Pam Kingwell and Liz Both (Community Health Program)	Drought Officer Joanne Thomas – Hindmarsh Shire.	
Coming Alive		Hindmarsh Shire, Buloke Shire, Yarriambiack Shire and West Wimmera Shire.	Socially isolated people. 6 weekly 2 hour sessions. Aim to connect rural socially isolated people and empower groups to set group program goals and identify existing contributing strengths.		Neighbourhood houses and Wimmera Uniting Care Community Support (Mental Health).	
BeyondBlue Rural Workforce Beyond Blue On Off Night with Jeff Kennett	Wimmera Uniting Care Community Support (Mental Health) program Yarriambiack Shire Council	Hindmarsh Shire, Buloke Shire, Yarriambiack Shire and West Wimmera Shire. Yarriambiack	Business groups, farmers, individuals. Aim to address anxiety and depression.	Beyond Blue trained facilitators.	West Vic Division of GP – Wimmera Uniting Care.	Continues intermittingly
Mind Matters – Level One and Level Two	Contact Susan Griffiths, SFYS Coordinator, Wimmera Uniting Care		A whole of school approach to Mental Health Promotion in Secondary School settings – provides resource and professional development programs, including: *Staff Wellbeing *Students with High Support Needs	Vivienne Archdall – State Coordinator (03) 9207 9600	MindMatters Ballarat Health Services Psych Service (CAMHS)	Provided on request

			*Student Empowerment			
--	--	--	----------------------	--	--	--

Mental Health Program	Organised by	LGA/ Catchment	Target	Trained Facilitator(S) & Contact Details	Partnerships	Other idea's/ considerations future directions
Festival for Healthy Living	Contact Susan Griffiths, SFYS Coordinator, Wimmera Uniting Care	Warracknabeal	Youth, primary schools	Susan Griffiths WFYS, Anne Watson CAMHS	Wimmera Uniting Care Yarriambiack Shire Ballarat Health Services Psych Service (CAMHS) Wimmera PCP	
Friday Forums and Child and Adolescent Development Sessions – 2006 and 2007	Anne Watson, CAMHS	Education, health and welfare sectors	Series of Professional Development workshops coordinated by CAMHS	Videoconference and workshops for professional development in 2006 and 2007	WPCP, available local service providers.	
Stress and Wellbeing	Anne Watson, CAMHS	Program delivered by CAMHS	Delivered to staff in Warracknabeal schools in 2009	Anne Watson, CAMHS	CAMHS and Warracknabeal schools	