

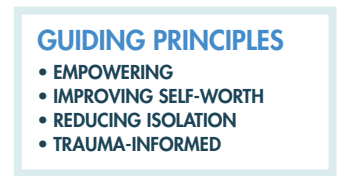
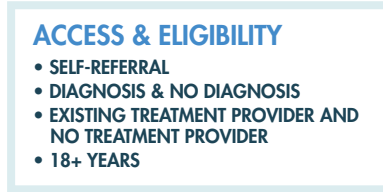
Volunteer community support model for suicide prevention in Macedon Ranges



A CO-DESIGNED MODEL

“Peer support can make all the difference”

Support service auspiced by Cobaw Community Health, who provide management (0.1FTE), support, debriefing, mentoring, clinical supervision (0.2FTE), administration, access to hub sites. Supported by governance group comprised of key local services.



COMMUNITY CONNECTOR (0.8 FTE)

Support dedicated bank of volunteers (eg Macedon Mates Community Companion, Compassionate Community)

1-1 volunteer matching can self-select volunteers (with and without lived experience)

Community links eg equine therapy, art therapy

Practical support; Social support

Wellbeing calls/visits

Screening, training, trialling, support, monitoring, boundaries, exit plans for volunteers

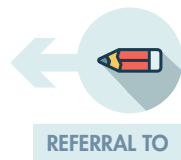
Sourcing community business vouchers

Volunteer quality control measures

Data collection (stories)

Stigma reduction

Can trial elements of a 'social prescribing' approach



ADMIN SUPPORT (0.2FTE)

SERVICE FOLLOW-UP, NEGOTIATION, PAPERWORK, TELEPHONE CALLS, ADMINISTRATION

PEER PARTNER, a peer navigator role (1.2 FTE) (or Peer Advisor, Peer Support Coordinator, Dear Peer)

This is a person with lived experience of mental illness who can provide empathetic and compassionate one on one support, helping you to achieve goals and improve physical and emotional wellbeing with the use of volunteers; offers a knowledgeable and supportive environment; connects you to programs, or helps you with referrals to other services and can provide information on aspects of living with mental illness.

System navigation, sign-posting (to services, supports, community, tools), support making appointments, liaison with treatment provider /workers advocacy

Identifies volunteer support needs

Intentional Peer Support (12-week cycle): Coaching/mentoring, peer resources, self-help support

Empowering, building trust & relationships, informal, non-clinical, promote privacy, community-based

Continue to explore ways to best engage men and disengaged people to provide peer support (eg activity-based support)

Professional role



PEER TO PEER MUTUAL SUPPORT ACTIVITIES

Self-sustaining support networks e.g. Social group, GROW mutual help, parents groups, recovery support like AA

Buddy/companion

PS My Family Matters

MRSPAG Peer Support

Identifying safe drop-in spaces

After hours support

Suggestions: Mind Mates, Heads Up Group Support (HUGS), Peer4U

“No one understands the same as someone with a shared experience of mental illness... everyone needs that one person”

PROMOTION

- Strong messages about benefits of peer support, safety, trust
- Through health services including receptionists
- Through community services
- Social media
- Letter box drops, posters, waiting rooms
- How can we promote this to crisis hotlines?
- Ultimately, support is promoted by: community health programs, General Practice, psychologists, community mental health, HOPE/Way Back, triage/CATT, inpatient

MEASURING EXPERIENCE

4 key user experience questions asked on regular basis to continue to improve the model (Helpful? What else would you have done? Recommend? Has it made any difference?)

MEASURING SUCCESS

- Uptake of support, creation of groups, attendance at groups
- Stories of change
- Individuals becoming peers or volunteers
- Referrals from various services
- Community awareness of support
- Empowerment, restoring confidence in self