Community Wellbeing Plans – finding innovative solutions to localised alcohol and other drug use and mental health concerns through collective collaboration

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Background: Community Wellbeing Plans (CWPs) were first developed in the Wheatbelt region of Western Australia, and now, with the endorsement of the WA Mental Health Commission, have been replicated across the state to address and mitigate the complex intersection between alcohol and other drug use, mental health and associated harms.

Description of Model of Care/Intervention: CWP's are place-based 2 to 3 year strategic plans, that are developed through collaboration between local stakeholders/service providers and input from community, with an overarching aim to holistically improve individual, family and community health and safety. The development process identifies localised harmful alcohol and other drug use, risky and self-harming behaviours and effectively address these through the social determinants of health, whilst creatively embedding initiatives that increase wellbeing and build social capital/connections for vulnerable sub-populations. Long and short-term outcomes are determined utilising local service provider data (hospital, police and other relevant anecdotal stakeholder evidence). A Community Health and Wellbeing Survey is also undertaken to gain an understanding of individual experiences within the community. The combination of agency data and expertise in combination with community feedback enables CWPs to be a direct reflection of community vulnerabilities which ensures that the initiatives and activities contained are targeted, cohesive, relevant, achievable and effective.

Effectiveness/Acceptability/Implementation: Holyoake's Prevention Team provides governance and guidance to CWP's to ensure that activity embedded is evidence informed/based and facilitate the development, evaluation and review process. This process enables communities to be empowered to support and respond to vulnerabilities and emerging harmful behaviours, while providing expert advice to effectively create change. CWP's have demonstrated outcomes in increasing knowledge of services, referral pathways, information and guidance on effective solutions and actively advocating for change.

Conclusion and Next Steps: CWP's are now considered best practice, with requests for development rapidly increasing. Holyoake's Prevention Team is continuing to role out CWP's in the Wheatbelt, with 4 currently active and 2 in development.

Implications for Practice or Policy (*optional*): The effectiveness of creating place-based plans that target local vulnerabilities shows the importance of involving a wide range of stakeholders and community to create targeted solutions and therefore effective outcomes. By making small steps at a local level, we can start create the change from the ground up.

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