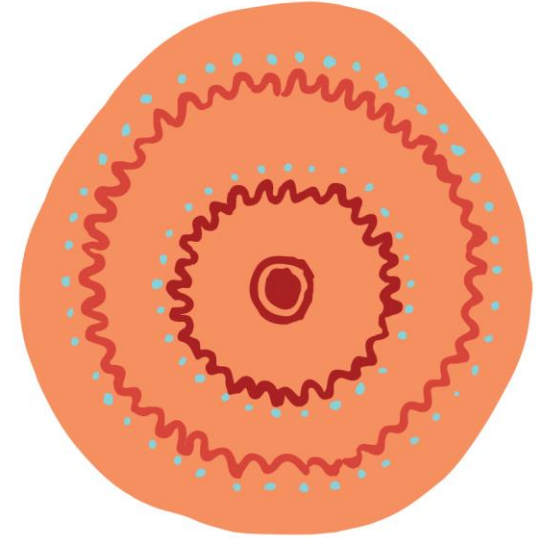Australian Government

National Mental Health Commission

Making
Connections
with your
Mental Health
and Wellbeing

Adelaide, SA

26 August 2019

37 Participants

This snapshot identifies key points from the Town Hall Meeting

Content from all Town Hall Meetings is being collated by the Commission

Exploring Mental Health

Participants were asked to share
3 words that come to mind when thinking of
mental health:

- Stigma and discrimination were the most dominant responses

- Broken system, shame and alone were common responses

- Wellbeing, hope and purpose were mentioned a number of times

- A wide range of other responses were provided

Help Seeking

Participants were asked what stops them or someone they know from seeking help.
Direct comments included:

- 'No alternatives to hospital and Emergency Departments when in distress'

- 'I've tried seeking help many times but only get pushed away or the bare minimum short term help so I'm only struggling a little less until the next time my mental health declines again, where I have to battle to get help again'

- 'Shame, stigma and being shunned'

- 'Confidentiality at the point of service and later having to answer questions for things like insurance or a job, "have you ever"...'

- 'Discrimination based on sexuality'

- 'Going to hospital voluntarily but ending up under the Mental Health Act and being treated badly'

- 'Cold, unwelcoming response from Mental Health Triage'

Help Seeking

Direct comments included – continued:

- 'Being treated like a criminal instead of a sick person, when seeking treatment and support'

- 'Only so many people in the fields that are able to help actually want to help'

- 'Knowing my dignity, identity and freedoms will probably be compromised'

- 'Being told that I'm attention seeking and being pushed away due to my age'

- 'Stigma and discrimination, assuming that because I have a mental illness I have drug and alcohol issues and need to be breathalysed and I must be abusing medications'

- 'Being treated as if we aren't as in need of help as people with physical issues and being treated as if we are wasting bed space'

- 'If I am unwell and having difficulty expressing myself well, security will be called and I'm thrown out of the Emergency Department'

Help Seeking

Direct comments included – continued:

- 'Having been retraumatised by services already'

- 'Cost, can't afford transport and run out of Medicare funded sessions'

- 'Long wait times and waiting lists'

- 'Feeling like I'm not going to be taken seriously. I'm just going to be sent away because of a specific diagnosis'

- 'No psychiatrists available at short notice under Medicare'

- 'Some people are lucky about receiving a positive form of help but a vast majority receive a negative form of help. Hearing these stories stops so many people from seeking help'

- 'Care and comparison has been lost'

Help Seeking

Participants were asked what stops them or someone they know from seeking help.
Discussion points included:

- Bad experiences and vowing never to go back, either to services or to Emergency Departments

- Very few services in regional areas and video link-ups three times a year are not a substitute for a relationship and trust

- Fragmented services and not knowing where to find help

- Different cultural communities have low awareness of what mental ill-health looks like, or where they might find help, and suffer in silence

- Lack of individualised assessments and treatment

- Very few after hours options, with those that are open operating on skeleton staff

- Lack of accurate record keeping on the system, resulting in misinformation on people seeking help

- Very little follow-up after treatments, leaving the person re-living the trauma

Big Ideas or Initiatives

Participants were asked for one big idea or initiative to improve mental health in their community.
Direct comments included:

- 'Peer support workers in Emergency Departments that can provide empathy and hope to people experiencing mental health challenges'

- 'A drop-in house on every street'

- 'Commitment to eradicating poverty by increasing welfare payments and concessions for health services'

- 'Normalise mental ill-health in the way that physical ill-health is normal so that pressure is put on service and community systems and funding to respond in a more normal way'

- 'The disability support pension should be made available for mental health issues – there would not be so many hoops to jump through'

- 'Separate, quiet ED areas, carpeted, comfortable sofas, nice decor away from noise, and people screaming'

- 'Services in language other than English'

- 'Mental health support workers in the public health system to provide 1:1 support, encouragement, empowerment and hope'

Big Ideas or Initiatives

Direct comments included – continued:

- 'Peer-led accommodation options for step-down and step-up, or even hospital avoidance'

- 'Designated communities that are mental health friendly and hopeful'

- 'All mental health consumers have access to and support to be able to write their own WRAP (Wellness Recovery Action Plan) and how to implement it, and be offered to attend a group to write and learn about how to use this'

- 'Peer retreat models instead of relying on hospitals as the first line for treatment options'

- 'A funded peak body for lived experience in every state and territory. LELAN has emerged in SA which is great and is doing good things but it is not funded by Government'

- 'Looking at the whole family system around an Identified Patient or a Family Scapegoat'

- 'Free access to psychology and counselling, with no 10 session limit'

- 'We need long term funding to give initiatives a chance to grow and have an impact. Let's introduce stability so people seeking help don't los support and the workforce aren't worried about job stability'

Big Ideas or Initiatives

Participants were asked for one big idea or initiative to improve mental health in their community.
Discussion points included:

- Empower and bring the lived experience workforce front and centre, as a major game-changer; requires a clear framework for integrating lived experience and identification of different levels of lived experience input

- Longer term funding to give initiatives a chance to grow and show results, to provide stability for staff and to reduce the frustration of constant churn

- Greater equity of access to private facilities for psychiatric help; a strong private system strengthens the public system as well

- Mental health days – one per fortnight particularly for workers in mental health to reflect and recover so that they can continue to provide the support and empathy that their clients need

- Peer run respite and peer retreat models

- We have the tools, we just need the political will to implement change from the highest levels

The Developing Vision

Participants were asked for key aspects to be included in the vision of a new system.
Responses included:

- Hope
- Respect
- Happy, loved
- Equal rights
- Open minded
- Creativity
- Empowering
- Non judgemental
- Recovery
- Helpful not harming

Thank You, Adelaide

The Commission thanks the community for their comments and suggestions on improving our mental health system

Ways to stay connected:

✓ Attend a Town Hall meeting

● Read the snapshots from your community and other communities in Australia

● Take the survey online (on our website)

● Follow us on Facebook (@NMHCAustralia) and Twitter (@NMHC)

● Join the conversation online using #ConnectingWithYou

www.mentalhealthcommission.gov.au

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