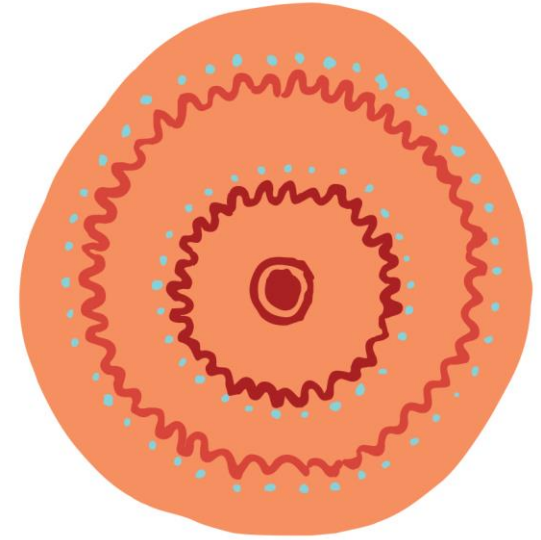**Australian Government**

National Mental Health Commission

Making
Connections
with your
Mental Health
and Wellbeing

Hobart, TAS

05 August 2019

55 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 as the most common response

- Depression and suicide were mentioned frequently

- Support, wellbeing and help were common responses

- Everyone, family and connection as clear responses

Help Seeking

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

- 'Worry about being judged'

- 'Lack of capacity and access to GPs who are the gateway to referrals, medication and support'

- 'Lack of public services and specialist treatments'

- 'Professionals with no idea of intersex or gender fluidity'

- 'Easy access to support especially at a reasonable cost. Difficult to access mental health support through the public system especially at Royal Hobart Hospital'

- 'The disease model of mental distress is not based on evidence and has resulted in an inherently stigmatising, traumatising and harmful system that both alienates many people and actually exacerbates their isolation and distress'

- 'Acute needs are currently met with Police and the ED at the hospital, neither are suitable for someone who is mentally vulnerable'

- 'At the lower end: cost and stigma. Finding a good fit with a therapist. At the clinical end: bad / punitive experiences with the public inpatient system, without skill development or adequate rehab'

Help Seeking

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

- 'Lack of confidence in the health providers'

- 'Affordable medications, affordable doctors. There is nowhere for people to go in a crisis, no safe place. Private facilities don't take people in a crisis yet private health states it has to pay out on mental health'

- 'Costs, waiting time, GPs with no knowledge of mental health, medicalised model of illness and a concomitant focus on pharmalogical responses to the exclusion of all else, lack of peer support'

- 'Lack of affordable, easy access to services – GPs, psychologists, peer support services. Lack of insight and disorganisation – a real hurdle for someone with mental health issues and the carer's voice is not encouraged or heard due to confidentiality'

- 'Time limited services'

- 'What would stop me is the stigma around seeking help for my mental health while living a physically healthy lifestyle'

- 'No hospital that has the beds for the amount mental health presentations'

Big Ideas or Initiatives

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

- 'A suite of specialists that can be Skyped or home visits that are Medicare funded'

- 'A middle ground. A space when you are either not sick enough or too sick that you can receive support or just reduce your isolation from community. This must also be out of business hours when other services are unavailable for support to community'

- 'Peer support networks, carer's support (therapeutic) and carer respite'

- 'Drop-in centres staffed by peer workers and trauma informed helpers, eg: counsellors in the community including safe houses where people can stay without being inculcated into the medical model paradigm of mental distress and recovery'

- 'Geriatric mental health, access to services for the elderly and immediate support for elderly people in crisis'

- 'Investing in social connectedness for isolated groups. Transport services facilitating older people getting together. Support for isolated single mums to come together, more than 1,000,000 households are single parent, with 90% headed up by women'

- 'Minister for Loneliness'

- 'Some people choose to embrace their mental health "challenges" – we need more champions like Stephen Fry to assist in removing stigma'

- 'Mandated support systems in workplaces, equivalent to OHS'

Big Ideas or Initiatives

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

- 'A community based residential and outpatient mental health facility set on a farm based on a therapeutic community model that supports people to build on skills, self esteem, confidence and life skills as well as learning to manage their illness'

- 'Affordable housing, jobs for everyone who wants a job, introduction of a universal basic income, better designed cities with more green spaces, better access to healthy food, more free social spaces where people can gather and support each other, etc'

- 'Develop a prevention program addressed to parents of young children or parents to be. Could be run through pre-school as a 12 months program with one mental health pillar each month. Pillars would be exercise / nutrition / mindfulness, etc'

- 'Early screening for vulnerability or susceptibility to mental health issues'

- 'Understanding and recognising the link between mental health and homelessness and funding trained mental health "street 2 home" workers'

- 'Move beyond the disease model to a trauma informed, empowering model that sees people in the context of their experiences – not as objects suffering from "symptoms" based on unscientific "chemical imbalance" theories'

- 'Tell children about what it feels like being suicidal and that you should seek help, and that doesn't mean you are a freak or isn't normal … everyone feels depression and does feel suicidal but you need to remember that you are a gift, so say alive'

- 'Increase Mental Health Care Plan visits to 40 and incentivise specialists to offer telehealth appointments'

The Developing Vision

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

- Capacity development, to enable individuals to take responsibility and to build prevention strategies

- Talking openly and positively

- Understanding

- Futuristic

- Relational as the concept that underlies community

- 'A system that shapes itself around me and my relationships'

- Integration of services

- Not accepting public policy on mental health as a second rate health issue in this country

Thank You, Hobart

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

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

● Join the conversation online using #ConnectingWithYou

STAY CONNECTED WITH US
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