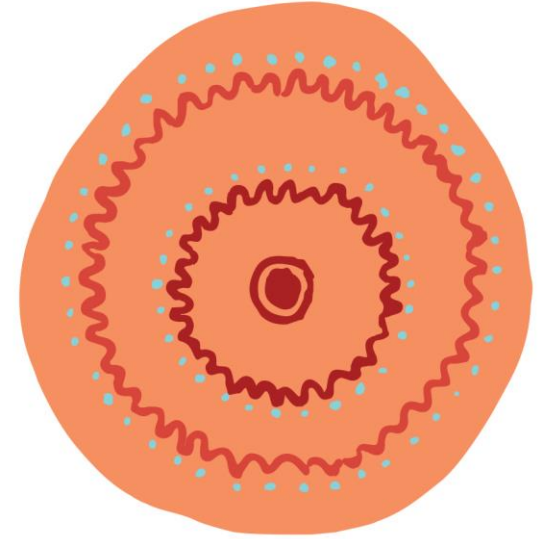




Australian Government

National Mental Health Commission

**Making
Connections
with your
Mental Health
and Wellbeing**



Liverpool, NSW

02 September 2019

43 Participants

This snapshot identifies key points from the
Town Hall Meeting

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

Help Seeking

Participants were asked what stops them or someone they know from seeking help.

Direct comments included:

- 'Fear of judgement, stigma, will my boss find out?, embarrassment'
- 'Mental illness itself can work against you, eg: if you have social anxiety or agoraphobia, you may struggle to even get out the door to seek help or make a phone call. This will lead to a vicious circle which will worsen your condition'
- 'Discrimination, especially for people of diverse backgrounds'
- 'People from mental health teams only provide general advice that is not specific. Lack of 'qualified' people to turn to'
- 'Trauma is so common in some communities that it is not seen as needing help'
- 'High cost, lack of services, long waits which isn't useful when someone feels like they are in crisis'
- 'The NDIS application process is so horrendous'

Help Seeking

Direct comments included – continued:

- 'Embarrassment of what will come from getting help. Not knowing if you will be understood'
- 'Fear of judgement, fear of the system, fear of the unknown'
- 'Not wanting to share or burden anyone'
- 'Repeated trauma experienced in the mental health system, resulting from involuntary admission and lack of trauma informed care'
- 'LGBTIQ people facing discrimination'
- 'Invisible disabilities such as ASD make communication to seek help more challenging'
- 'Mental health services seem focused on particular groups to the exclusion of others, people who feel that they are outside the target groups would have difficulty seeking and getting help'

Help Seeking

Participants were asked what stops them or someone they know from seeking help.

Discussion points included:

- The language barriers for CALD communities are overwhelming, particularly for refugees and asylum seekers, in terms of finding out about services and then explaining issues, feelings and behaviours
- Problematic for Aboriginal people to access a clinician or mental health worker who talks in plain English and uses lay terms so that people can understand
- Isolation and the time that it takes to coax people to reach out of their houses and places of retreat, particularly with Aboriginal people and the elderly
- Fear of losing access to children or fear of losing contact with your children because of your mental illness
- Lack of support after the first diagnosis, particularly for young people who then fall through the cracks and end up on the streets
- GPs not trained in mental health first responses

Big Ideas or Initiatives

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

Direct comments included:

- 'Need to reorient services to a prevention focus instead of a crisis approach. Need to reduce inequality in society as evidence shows that mental illness is more common in more unequal societies such as the US (Wilson and Pickett)'
- '24/7 Mental Health 'Paramedics''
- 'Social hub focused on our autonomy of social well-being that is holistic not medical, with recreation, education and employment opportunities as well as social interaction for all ages'
- 'A mental health resource centre including a library and face-to-face programs – educating the community by providing coping strategies, etc'
- 'Mandatory psychiatry rotation for all training GPs and for any working GPs that lack mental health awareness'
- 'A physical health and mental health combined service – psychiatry, psychology, exercise physiology and a dietician. All combined as part of an inpatient hospital stay'
- 'A national public education campaign to create better awareness and reduce stigma'

Big Ideas or Initiatives

Direct comments included – continued:

- 'Peer workers managed by other peers, and clinicians with lived experience'
- 'Inpatient relapse prevention program for all patients, followed by an outpatient program for 12 weeks'
- 'As a community, we need to work together to figure out how we can build resilience and implement coping strategies. We should start implementing Mental Health Education in our education system very early, perhaps even in higher primary school'
- 'Medical schools need to train doctors in mental health. Not one semester but a year with practicum'
- 'More credentialed mental health nurses. Their documents carry weight. They can administer medications. They can counsel. They can refer. They can provide holistic support'
- 'End the private health subsidy for high income earners and invest in public health for all'
- 'Minister for Loneliness, like the UK'

Big Ideas or Initiatives

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

Discussion points included:

- Reduce the scale and focus from 'big medicine' to programs to combat mental illness set up on a 'village' (neighbourhood or family) level, rather than a State or Federal level, so that people who know each other can step in earlier to address challenges
- Mental wellbeing that is embedded in all policies to reduce inequalities in tax systems, income systems, etc that add extra pressure on mental ill health
- Facilities where all services are bulk-billed (especially specialists), with a solid referral system and pathways
- Introduce mental health as a 'common conversation' right from the start of the education system
- Mental Health First Aid training as a pre-requisite for anyone who may be an accidental counsellor (concierges, library receptionists, hairdressers, etc)
- Address the social issues that compound peoples' illnesses through longer term support programs to address employment, housing and reconnection
- Loneliness is a killer. We need to create opportunities for people to connect

The Developing Vision

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

Responses included:

- In partnership
- Autonomy
- Listening
- Critical need for funding
- Don't look at my disability, look at my ability and the autonomy of my ability
- Action on these consultations
- Implement the recommendations
- Reduce the daily suicide rate further

Thank You, Liverpool

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

