





Port Lincoln, SA 27 August 2019

70 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:

- Wellbeing, support and wellness were the most dominant responses
- Trauma, depression and suicide were common responses
- Anxiety, alone and stigma were mentioned a number of times

Help Seeking

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

- "Not knowing where to go to get help"
- 'What's the point? They can't fix me!'
- 'Long waiting lists for counselling services'
- 'Money private services may be an accessible option but I can't afford them, or time off work to access those services and the big issue for our regional communities is the transport costs to get to appointments may be few hundred kms away'
- 'Isolation in our regional communities and a system not understanding our needs'
- 'Being let down previously by systems and services'
- 'Very difficult to get early intervention for children under 13. Wait times, mental difficulties in families preventing them seeking help for their kids. We need mental health professionals to support schools directly in the country'
- Lack of ability to have my confidentiality maintained in a rural location'
- 'Don't just want to be put on drugs'

Help Seeking

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

- Shame, judgement and stigma which are not service issues but society issues
- Fear of the unknown, fear of being turned away and fear of being shuffled between services
- The lack of psychiatrists in the workforce, especially in regional areas
- Lack of reactive mechanisms in place to respond to broader community events such as car accidents and the stressors that come from these events
- The impact of broader issues for landholders such as Government decisions on water allocations or rural assistance
- The issues of confidentiality in small communities that mean either leaving the community to seek help or non disclosure of the pressures
- The difficulties of maintaining a job and the work load because there are no after hours facilities

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

- Day centre models open daily with after hours contact/ support, ease of access, connection activities, lived experience workforce and most importantly based and governed in the community by people living in those communities'
- 'Empowering young people every Year 10 (for example) at every school being educated in First Aid and Mental Health First Aid'
- 'Counselling and psychotherapy is currently only available to privately funded clients, AHPRA registration for Counsellors would reduce wait lists and make support more widely available'
- 'Suicide Prevention Networks'
- 'Free GP mental health consults"
- Fund local services to employ local people (include funding to upskill locals) rather than bringing in national providers or fly-in services'
- Take away the need for diagnosis for children. If kids need help, let's just give it to them. A label may inhibit them for the rest of their lives. We need to work with families in a wholistic manner to attain early intervention/prevention'
- 'Online therapy that is free and available to everyone!'

Direct comments included - continued:

- Everyone who presents at A&E is seen by someone with clinical experience or peer workers with lived experience, and that the patient has an effective follow-up plan'
- For suicide attempts, there needs to be a system to "admit" the entire family / support group to the mental health system'
- 'Mental Health and Education Department alliance. Curriculum starting right in the first years with mindfulness and emotional recognition, building onto self care and bullying then onto education on mental illness and suicide;
- 'A place similar to MOSH House in Adelaide. A place for people who are in recovery, can learn new skills, engage in meaningful activities, and feel supported by other people who may have had a lived experience with Mental Health or Alcohol and Other Drugs'
- 'Have the mental health ward opened within the hospital so patients can access inpatient services within the community rather than travelling to Whyalla or Adelaide for treatment'
- 'Community wellness groups and mental wellness hubs'
- 'Rural Mental Health visiting service that heads out to farmers and out to fishermen. Train farmers, fishermen/women in mental health skills to form a community access group. Advocate for rural land owners to Government Departments'
- "Community Paramedics' who are key relationship builders and act as a liaison to refer people onto health services, as well as educate and engage communities by linking people with the correct care pathway in their town."

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

- Clubhouse models are coming up again and again, as tried and trusted approaches
- Day Centre model for both ADD and Mental Health, that allows meaningful engagement with skilled staff on site
- We are doing a good job of Wellness Awareness in early schooling but we need the follow-up childhood intervention services
- Companies that are stepping up to address suicide prevention for their workforces through strategic Employee Assistance Programs, widespread Mental Health First Aid training and freely available counselling services
- More cultural understanding and more Aboriginal people employed in services to encourage our people to be confident to access services and heal
- Training an extra 15 20 people in our small town in suicide prevention and Mental Health First Aid to build up our community capacity to respond in real time

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

- Community Paramedic' model based on individual community needs and spread across the region
- Funded, fully supported, community based peer support
- Outreach professionals on call 24/7 to assist where required
- Expand West Coast Youth Services as a central hub for prevention and early intervention
- Mentally Fit EP funded and recreated across other regional communities in South Australia
- Local mentors
- Super clinics that put services together in the same space, working together collectively and Federally funded

The Developing Vision

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

- Mentors, particularly 'listening mentors'
- Continuity and sustainability for more than 11 months in initiatives
- Place based
- Ruralality
- Safe, anonymous places in small communities
- Practical, useful
- Lack of judgement
- Respect for faith
- Post trauma support to stop trauma repeating through generations

Thank You, Port Lincoln

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





