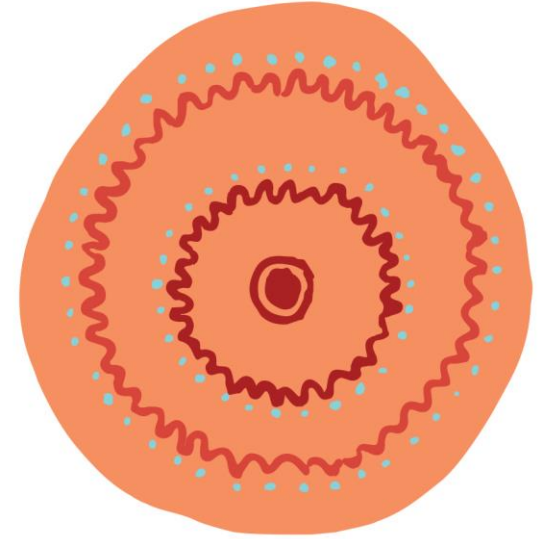




Australian Government

National Mental Health Commission

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



Mount Isa, QLD

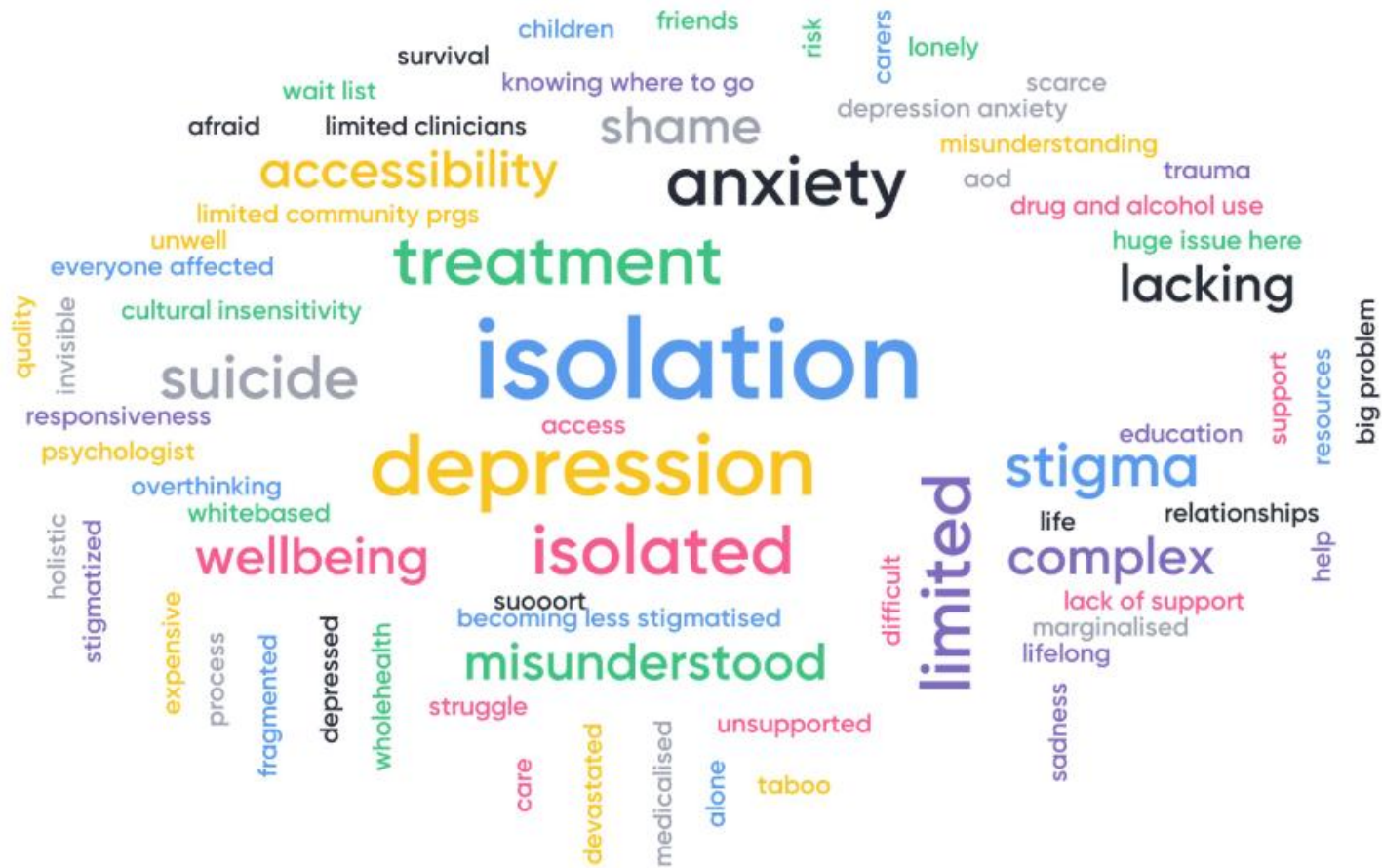
15 August 2019

27 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:

- The dominant response was isolation, isolated and limited
- Depression and anxiety were mentioned frequently
- Treatment, complex, suicide 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:

- 'Stigma, especially in a small town'
- 'There is a culture out bush, particularly among men, of not talking about these things. People say 'I've never talked about this stuff, I wouldn't know where to start''
- 'Lack of services and limited access to clinicians'
- 'Having the right person to talk to when you need it – it needs to be right now'
- 'Irregular care – a different support officer every time'
- 'Reliance on visiting services, a lack of continuity'
- 'Services are not culturally appropriate. Mental health treatment is often based on a medical model which isn't culturally aware and is authority based. This can be re-colonising or re-traumatising for Aboriginal people'
- 'Confidentiality and worries around medical records being accessed by employers'

Help Seeking

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

Discussion points included:

- The mental health process is so complicated, when you finally build up the courage to walk through the door, you are told that you don't meet the criteria
- Previous experiences of seeking care that leave the person and their loved ones traumatised and even less confident
- Any disclosure of mental health can have serious impacts on other matters such as not being able to get insurance or life assurance cover, firearm licences removed from graziers, CASA licences removed for helicopter pilots
- No follow-up or monitoring of recovery after initial visits
- No follow-up system for prescribed medications in terms of side effects or adverse impacts
- Barrier upon barrier of cost, no access to services, GPs that don't understand, not knowing where to go, long wait lists, etc, etc
- Services often work from a western model that doesn't understand my culture

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:

- 'Open a small inpatient unit to prevent short, traumatic admissions to Townsville'
- 'Get the mental health service accredited for psychiatrist training so that potential future clinicians can see what it's like to work here, and possibly come back and stay'
- 'Continue with the PHN's current focus on mental health'
- 'In New Zealand there is a plan to change the paradigm: 1/3 of all workers would be cultural workers (eg: Maori), 1/3 would be lived experience workers (who have experienced mental illness themselves) and 1/3 clinical providers. This would shift the power'
- 'Most disease begins in the mind. Focus on training all health professionals. Focus on early intervention. Schools, workplaces and primary care to do preventative mental health. Focus on housing and job security as determinants'
- 'Have mental health clinicians or support workers in all work places. Mental health meeting rooms in public spaces, eg: Library'
- 'Social and emotional wellbeing groups irrespective of illness / diagnosis facilitated by peer workforce'

Big Ideas or Initiatives

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

Discussion points included:

- A step-up, step-down mental health facility in Mt Isa, with facilities for families to stay with the family member who needs help
- Increase the outreach programs to visit people in their homes or own environment
- Shift the power to really get cultural appropriateness, not incremental changes but a really big step as New Zealand has done; go out to communities, invited in as a guest, seek to understand and not to tell people
- Shift working in the mental health sector towards being a career of choice by making it attractive, supporting and purposeful
- Seize the moment to change our thinking to recognise that much of our physical disease manifests as a stress response to mental unwellness
- Push hard for residential mental health facilities to address the isolation of Mt Isa and reduce the high risk transitions to other centres like Townsville

The Developing Vision

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

Responses included:

- Alternative healing methods and approaches brought into the mainstream and into Medicare funding
- Personal responsibility and self agency – “I am part of my own recovery”
- Empowerment and self determination, which require deep listening and providing people with choices for their recovery journey
- Narrative re-interpretation which may mean stepping away from the medical model and accepting that ‘my brain is choosing to see this in a different way, which can be but is not necessarily illness’
- The critical, primal influence of family, for mental wellbeing

Thank You, Mount Isa

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

