



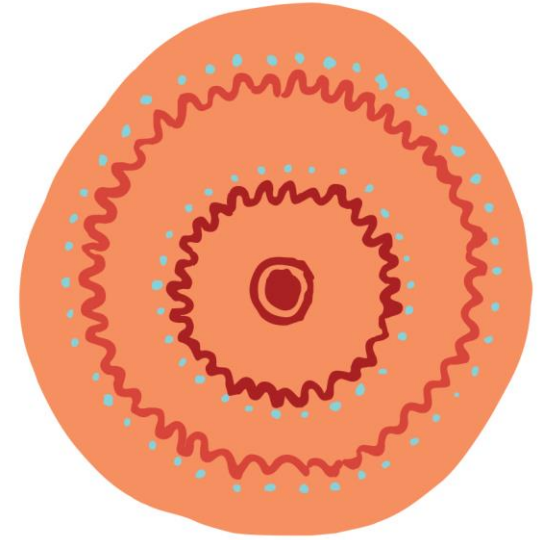
Australian Government

National Mental Health Commission

Wollongong, NSW

28 August 2019

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



35 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:

- 'Lack of knowledge and acceptance which makes people frightened of other people with mental illness'
- 'Basically, the way we work out who we are is through other people and what they think of us'
- 'As a mum, I didn't get help because I didn't know I needed help. But also, if I stepped up and said I needed help, then who would step into the role of being a mum?'
- 'Everyone's experiences are very different, so it is hard to know what to look out for'
- 'Once I went into a shopfront centre to get a bite to eat and I had a chat there and that probably saved my life. It's about connection'
- 'I wasn't in a place to advocate for myself, I didn't know what I needed but my family weren't allowed to speak on behalf of me and get information about me! Families need to be the go-to person'
- 'The mental health system works as quickly as possible to get you off the books, so it isn't any longer a problem. But what if it takes 6 sessions just to work out what you may be experiencing, and then you only have 4 sessions left to 'fix' it?'

Help Seeking

Direct comments included – continued:

- 'People not being welcoming or understanding of what is happening'
- 'Fear of being involuntarily scheduled into a public hospital'
- 'Lack of trust in the system, feeling that it's a broken system'
- 'Shame and stigma of "not coping on your own"'
- 'Domestic violence, non supportive environments, lack of personal support'
- 'Clinical "one size fits all" approach, tick box'
- 'Services are not culturally safe'
- 'Don't want to put pressure on an already overworked system'

Help Seeking

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

Discussion points included:

- Shame, stigma and fear of judgement are major barriers to reaching out
- Stigma coming from a lack of knowledge of what mental illness means, and the language and terms used around disorders and conditions
- Generational mental illness that affects each family member individually and cumulatively
- Not feeling safe when seeking help or when being put in treatment facilities
- Funding puts real limits on access and continuous help, with cost mentioned repeatedly by participants
- Not knowing where to start seeking help or which door to try to open
- Previous bad experiences with hospitals, discharge processes and the lack of follow-up support

Big Ideas or Initiatives

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

Direct comments included:

- 'Utilise Community Centres as central places of programmed, regular meet-ups for people to chat about their lives'
- '24 hour drop-in centres with peer support workers where people can have a coffee and chat with another person who understands'
- 'Transitional care teams need greater investment in the case management level to provide a supportive environment when people are released so that the investment in acute treatment and care is effective'
- 'Mandatory mental health training for all students (self care, what mental health is, where to get help)'
- 'Funding, funding, funding for uncapped care plans – linked to a stepped care model'
- 'Programs focused on men in society and toxic masculinity – looking to prevent aggression, violence and suicide as the only options for expressing feelings'
- 'Prevention programs based on connection and support, to address loneliness'

Big Ideas or Initiatives

Direct comments included – continued:

- 'Yearly, incentivised, Medicare funded, counsellor visit for everyone from the age of 14, where you don't have to be assessed by your GP. This would give people a chance to make a contact in the mental health field and more importantly, normalise mental health care'
- 'Perhaps a Mental Health Board appointed in each community by the community, with specific Government funding to encourage connection'
- 'Funding into free workshops for family and loved ones of the mentally ill to train them in how to support their loved one'
- 'Transform Emergency Departments to have different compassionate recovery oriented pathways for mental health professionals'
- 'Education about therapy and mental health as well as proactive self care solutions in schools from kindergarten up'
- 'Foster communities and community capacity building. How can we bring together areas of society? Back to basics, community parks, chats and community centres'
- 'Investment in "It's OK to be not OK" – community funding, Government policy for mental health leave, media advertising, etc'

Big Ideas or Initiatives

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

Discussion points included:

- We are capturing people in acute illness (the 5%) but missing out on supporting many more people to keep them out of acute illness and hospitalisation
- Nature is a cure for mental health. Getting under a forest, with a stream, birds and really connecting with the land to free the mind and to create spaces for people to speak to qualified workers whilst connecting back to nature
- Tailored suicide awareness training, especially for minority groups and for youth
- Mental health days ingrained in the workforce in the same way as sick leave and domestic violence leave are accepted
- That the family is told if suicidal thoughts are expressed and the family becomes the support system, in the same way as other social issues or challenges
- The importance of providing places where people can go to chat about an issue being dealt with at the time; the 'drop-in' culture is about "hey I just need to chat to someone about something I am currently feeling and that might get me through today"

The Developing Vision

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

Responses included:

- Community
- Mental fitness
- Volunteers
- Recovery is probable
- Validation
- Make mental health 'sexy'
- It takes a village to raise a child and it should be so for mental illness
- Age should not be a barrier to letting family know that someone is at risk of suicide
- Normalising mental health means normalising mental health care
- It is actually OK to have a mental illness

Thank You, Wollongong

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

