



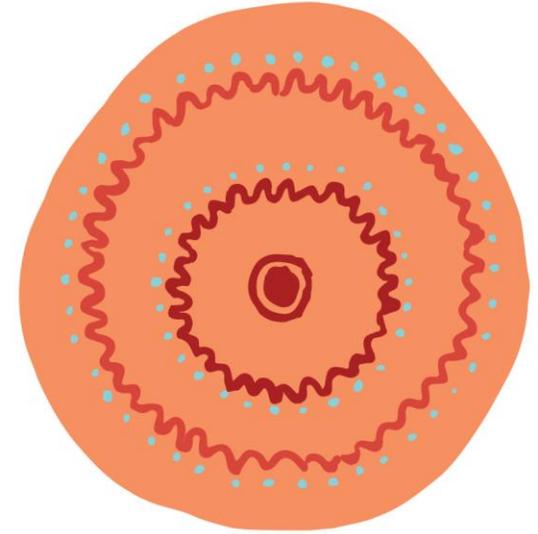
Australian Government

National Mental Health Commission

Armidale, NSW

07 August 2019

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



44 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:

- 'Stigma – small town, not wanting people to know that you are seeking help'
- 'Fear of diagnosis, fear of being institutionalised, fear of losing my job'
- 'Lack of recognition of mental health warnings signs and symptoms, both personally and for professionals'
- 'Having a negative, prior experience with a health professional'
- 'State Mental Health Units are overburdened and tend to send people away as a way of dealing with the most needy'
- 'Confronting when already overwhelmed – seems too hard'
- 'The word 'Mental' in the service title'
- 'If a person is suffering poor mental health, they think "I have mental illness", but maybe you don't have an illness, maybe things are just not going well and you're a bit run down at that time'
- 'Mental illness still has a very negative connotation, stigma'

Help Seeking

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

Discussion points included:

- Not knowing where to go, services are changed or defunded on a regular basis
- The Mental Health Care Plans that are required can in turn, have impacts on insurances, life insurance, etc
- Process of intake - 40 minute wait on a phone line to get an answer, triage waiting times are lengthy, GP wait lists
- Women and domestic violence - mental health on your record can impact on whether you can keep the children
- Transport difficulties to get to and from help, particularly for services in regional areas
- Homelessness - 9 to 5 services do not address people outside of the dominant system
- Mental health support is not culturally appropriate for refugees, not enough access to interpreters and not addressing traumas experienced in becoming a refugee
- Lack of childcare and support for older kids if parents need to access mental health facilities or services
- Takes time for people to trust a service and be prepared to tell others / encourage others to attend
- Language - 'Mental' as a word is not culturally appropriate and is perceived as a weakness

Big Ideas or Initiatives

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

Direct comments included:

- 'A one stop shop for mild to moderate mental health issues, with community services'
- 'A GP doesn't have to be the first point of contact, you could meet with a social worker or a peer worker instead of going through the medical model'
- 'Plenty of good ideas already. What is needed are politicians that take mental health seriously, ie: funding!'
- 'A nation wide campaign to promote positive mental health, like the 'Norm' campaign in the 70's / 80's'
- 'Fund health advocates such as community pharmacists or pharmacy nurses to identify and support people with mental health conditions, and their carers and support persons'
- 'Mental Health First Aid training for community members so they can refer people where to seek help'
- 'Use of modern technologies to extend reach to rural and remote areas, with highly skilled clinicians'
- 'Address the systemic funding model issue of Government – remove the tick box, red tape, reactive focus of diverting funding to the “issue of the week”'
- 'Discharge pathways to/from 24/7 service providers'
- 'An annual mental health parade that celebrates the survivors and those experiencing mental health ... a Mental Health Mardi Gras if you like'

Big Ideas or Initiatives

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

Discussion points included:

- Mental health advocates - when someone is admitted, we need an advocate who can help with their rights and speak for them
- Having a place under one roof with everything to do with health; physical, mental, classes, arts, therapy, wellbeing – a way to reduce the stigma and to get more immediate answers to the first steps, to normalise it (the whole wellbeing, not 'mental health')
- From the Prime Minister, a clear call to change the language and concepts of mental wellbeing, led from the top, to model generosity and compassion
- Address the other supporting systems, eg: social housing, life-long education, loneliness
- Education for media on talking about, and representing mental health and mental illness responsibly
- A peer worker in every General Practice, a peer worker in every Emergency Department
- Utilise third parties to mirror back in the way that hairdressers do, people need more soft power, they need acceptable places to go to get soft education there that helps them to identify the next step of seeking help
- Accidental Counsellors training has previously been held in Armidale, but it is time to revitalise and re-engage as a community tool
- Mental Health First Aid training to everyday community members

The Developing Vision

The Chair of the National Mental Health Commission provided the following overall comments on what has been shared as important in Communities to-date:

- Move on from collaboration, integration and connection should be our focus
- People are asking for a solid community health system
- Hairdressers, baristas and other service industries as key, soft ways to get community engagement
- Social determinants of health are really important in terms of mental wellbeing

Thank You, Armidale

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

