

MENTAL HEALTH AND WELLBEING

How are we doing and what's
your role?

A little background

- Engagement with JCU goes back to the early 1990's when we had the first of several JCU graduates join our staff. Sharlene Nipperess, (now Dr Sharlene Nipperess), a lecturer in social work at the School of Global, Urban and Social Studies, RMIT was our first.
- We have had many JCU students placement from Social Work, Occupational Therapy and Psychology over the years, working closely with individuals and families and finding a unique community perspective on mental health care and support.
- We have provided lectures to Social Work, Occupational Therapy, Nursing and Medicine on the lived experiences of mental illnesses, treatment and care of Individuals and Families – Living Proof, combining personal stories with evidence based research details.
- A number of MIFNQ staff are Accredited to provide MHFA to Medical Students, sponsored by the Federal Government over the past 5 years
- Most recently, (2016) we have provided Mental Health Awareness and MHFA to Staff and Academic Leaders across the Townsville and Cairns Campuses.

selectability

a merger of



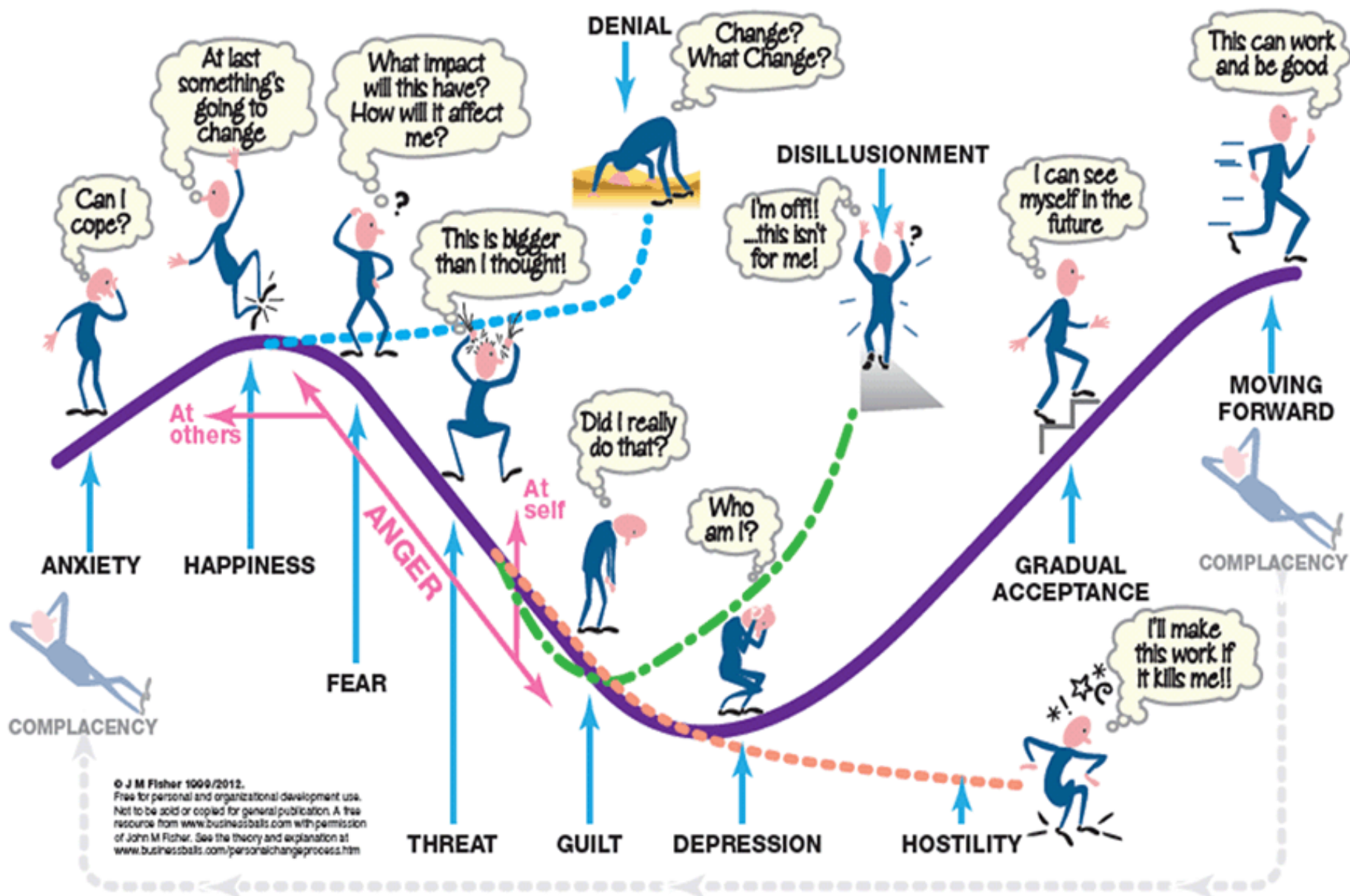
- SOLAS and MIFNQ have merged and are now one organisation - selectability
- Offices in Townsville, Mackay, Cairns, Palm Island, Ingham, Charters Towers and Mount Isa
- Nearly 170 staff, 8,000 service users and about 300 people with an NDIS package
- Deliver a range of services for people with a mental illness, carers and family members including NDIS supports
- Largest specialist community mental health organisation in Queensland.
- Incorporating a Registered Training Organisation – Jobtrain
- Fifty years of experience in community mental health

Conference Themes

- Community links and transitions
- Wellbeing and lived experience
- Mental Health Research
- Policy and Institutional response
- Ways forward

Community Links and Transitions

- Personal perspective
- Community perspective
- Uniqueness of responses to links and transitions



Community transitions:

- Home to school
- School to work or further study
- Childhood to Adulthood
- Higher education to employment
- Career transitions
- Dislocation and Relocation
- Relationships, family and friends
- Retirement

What community structures or opportunities exist to support transitions?

Links and transitions

- Can be stressful
- Can trigger undesirable responses
- Need to be managed/supported
- Require resilience
- But can also build personal resilience through experience
- Can be life transforming

Higher Ed Students

- University students are at higher risk of mental health problems.
- The medical student role may further increase risk for mental health problems.
- Students with mental health problems are less likely to complete their studies.
- Medical students may be reluctant to seek help for their mental health problems.
- There is a stigma attached to being a medical student with a mental health problem.
- Medical students are in a good position to support their peers with a mental health problem.
- Medical students state they wish to learn skills to help others.



Well-being and Lived Experience

- Personal biography – uniqueness of our journeys through life
- We all have lived experience of some kind
- Lived experience of mental illness is a powerful driver one way or another
- Peers and peer support
- The concept of recovery

What is recovery?

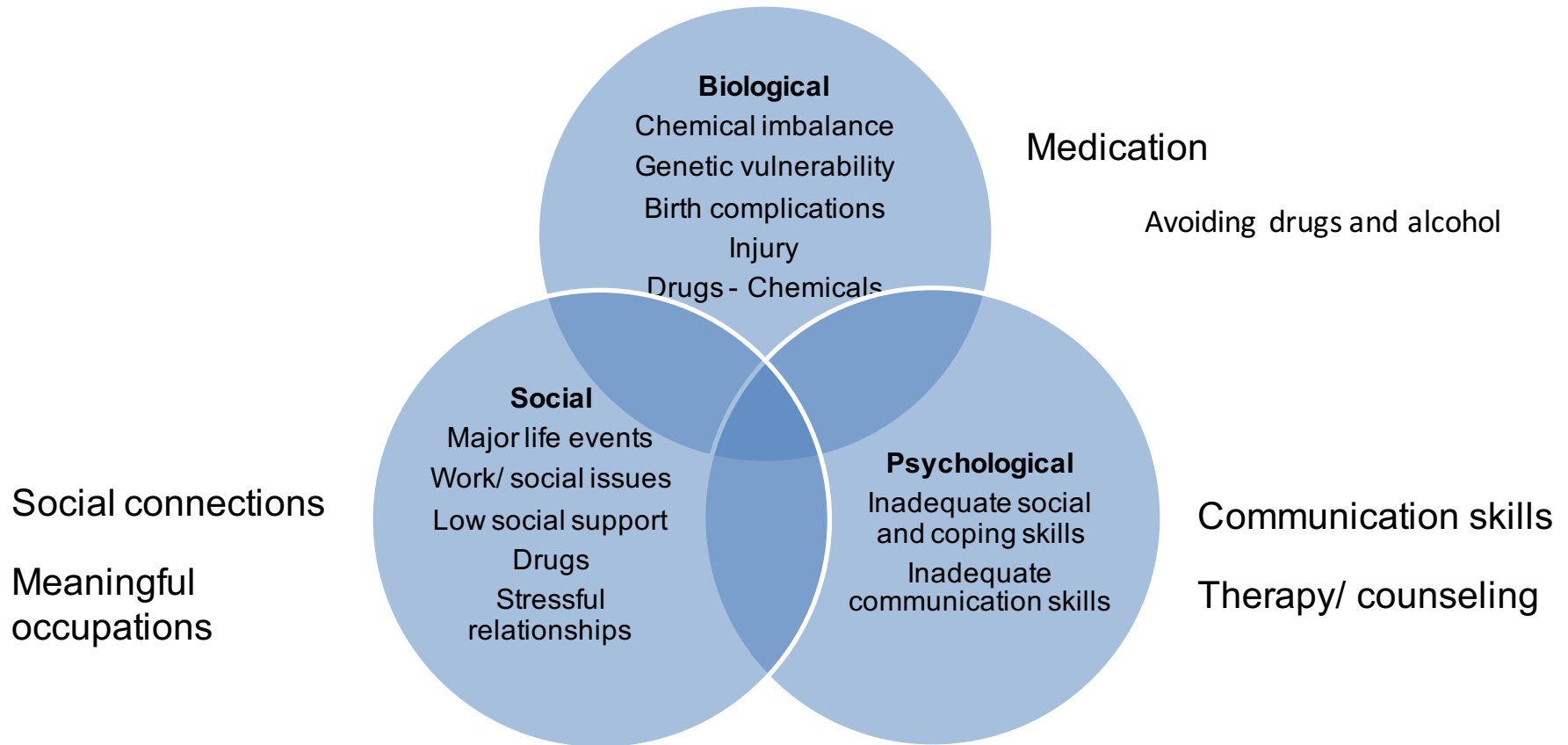
Recovery is about the whole of your life, not just your symptoms. It involves:

- finding hope, and developing your **self-esteem** and resilience
- having a sense of purpose and meaning in your life
- building healthy relationships with people in your community
- gaining independence in your life.

Recovery is not the same as a cure. It makes sense to many people because it concentrates on you as a person, rather than just a set of symptoms.

Can people recover from mental illness?

The biopsychosocial model



Our job (as graduates) is to create environments in which opportunities for recovery and empowerment exist. Our job is to establish strong, supportive relationships with those we work with.

And perhaps most of all, our greatest challenge is to find a way to refuse to be dehumanized in the age of managed profit, and to be bold and brave and daring enough to remain human hearted while working in the human services.

Patricia Deegan – Recovery as a Journey of the Heart - 1995 conference presentation. [Full paper: Deegan1996-Recovery-Journey-of-the-Heart1.pdf](#)

Mental Health Research

- There is a plethora of research into mental health in Australia and around the world.
- The issue is how to put the research into practice
- The National Mental Health Commission has completed an exhaustive analysis of mental health services and programs in Australia.

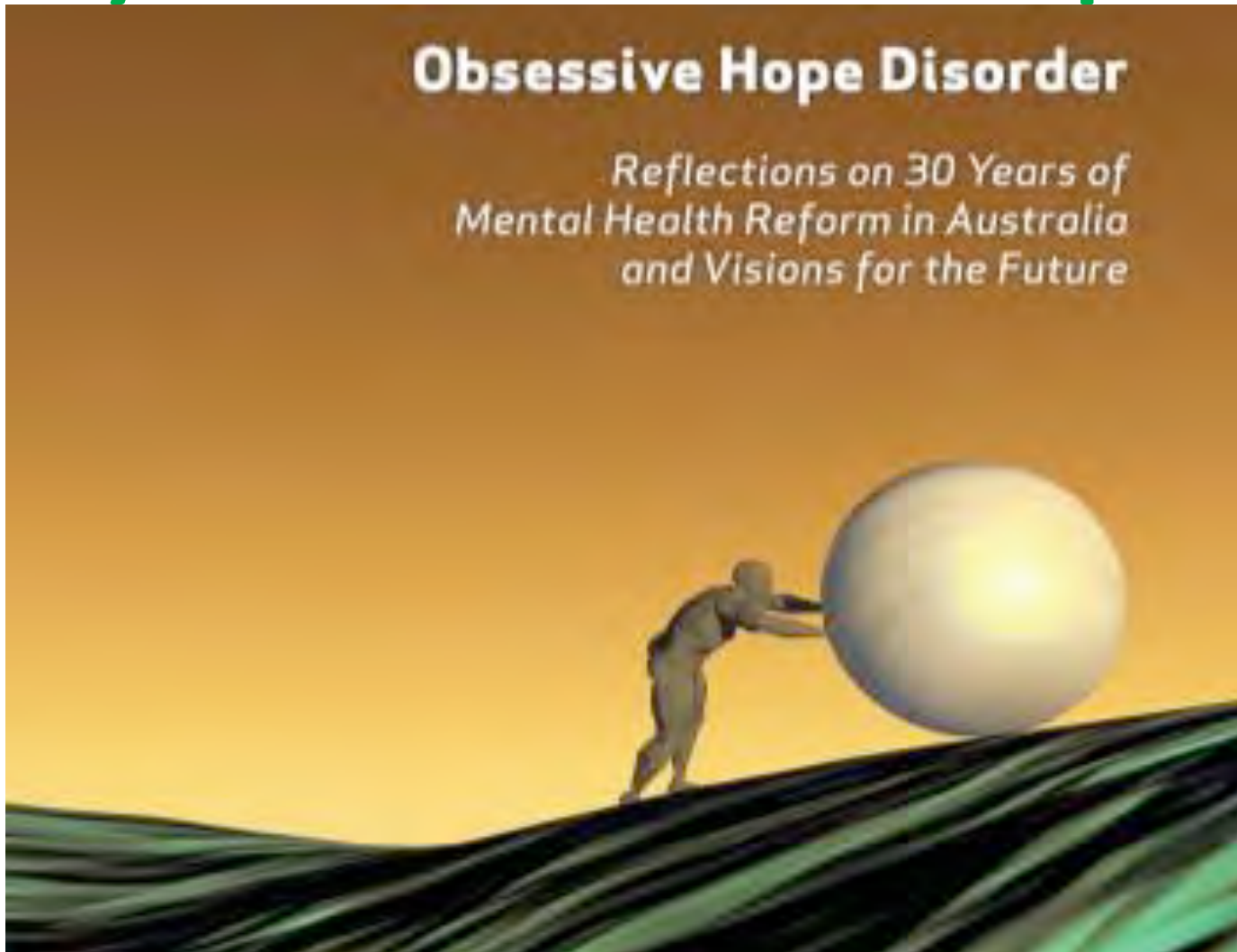
Snapshot

- In each year, approximately one in every five Australians will experience a mental illness.
- Mental illnesses are the third leading cause of disability burden in Australia, accounting for an estimated 27% of the total years lost due to disability.
- About 4% of people will experience a major depressive episode in a 12-month period, with 5% of women and 3% of men affected.
- Approximately 14 % of Australians will be affected by an anxiety disorder in any 12-month period.
- About 3% of Australians are affected by psychotic illness; such as schizophrenia, where there is a loss of contact with reality during episodes of illness.
- Approximately 2% of Australians will experience some type of eating disorder in their life, with women 9 times more likely than men.
- About 5% of Australians will experience substance abuse disorders in any 12-month period, with men more than twice as likely as women to have substance abuse disorders.

Snapshot cont.....

- Prevalence of mental illness decreases with age, with prevalence greatest among 18-24 year olds.
- Women are more likely than men to seek help for anxiety disorders (18% compared with 11%) and mood disorders (7.1% compared with 5.3%).
- A national survey showed that 35% of people with a mental disorder had used a health service and 29% consulted a GP within the 12 months before the survey.
- Women are more likely than men to use services for mental health problems.
- Limited research suggests that Aboriginal and Torres Strait Islander people experience mental disorders at least as often as other Australians.
- In Australia, the prevalence of mental or behavioural disorders among people born overseas is similar to those born in Australia.
- Many violent people have no history of mental disorder and most people with mental illness (90%) have no history of violence.

Policy and Institutional Response

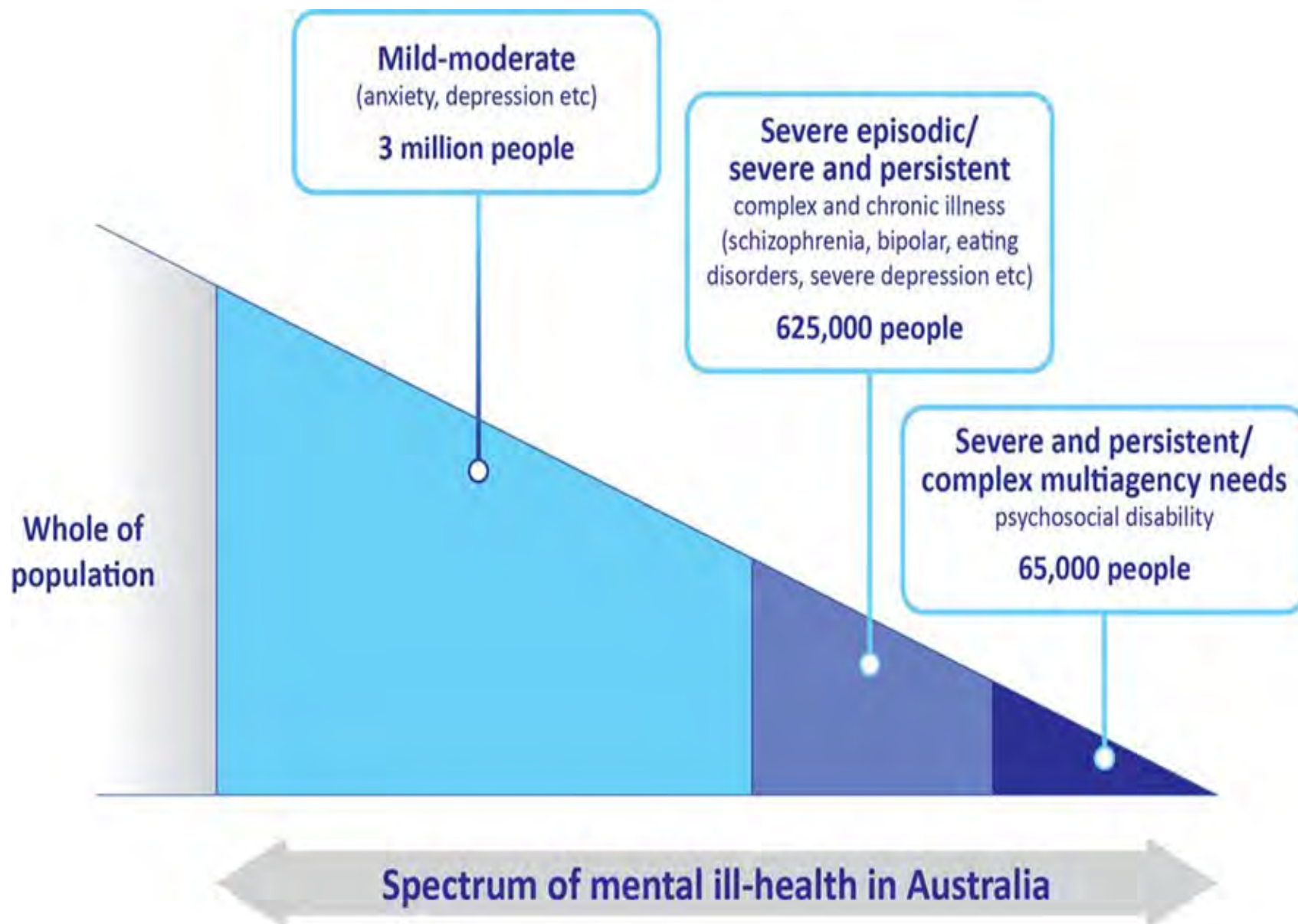


Obsessive Hope Disorder 2013 ConNeticca Consulting

A Manifesto for Change – John Mendoza

The history of Australian mental health reform over the past three decades is one of world-class policies and strategies let down by inadequate planning, poor implementation and our complex system of government. The results have been disappointing, wasteful of scarce resources and all too often, devastating for the millions of Australians affected by mental illness.

National Mental Health Commission – Review of Programs and Services 2014



Where we are now

- Stigma persists
- People with lived experience, families and support people have a poor experience of care
- A mental health system that doesn't prioritise people's needs
- A system that responds too late
- A mental health system that is fragmented
- A system that does not see the whole person
- A system that uses resources poorly

Where we want to be

- Widespread public knowledge and understanding
- People with lived experience, families and support people encounter a system that involves them in decisions, is easily navigable and provides continuity of care
- An outcomes-focused mental health system
- Access in the right place at the right time
- A mental health system that wraps around the person
- A system that responds to whole-of-life needs
- A proactive, strategically aligned system

Design for a person centred approach

BUILDING BLOCKS

Funding Models:

- Public: MBS, PBS, ABF, Welfare Benefits, Programme grants, private incentives
- Private: PHI, Self funded, commercial & social investments

Workforce training, development & distribution

E-mental health & information systems

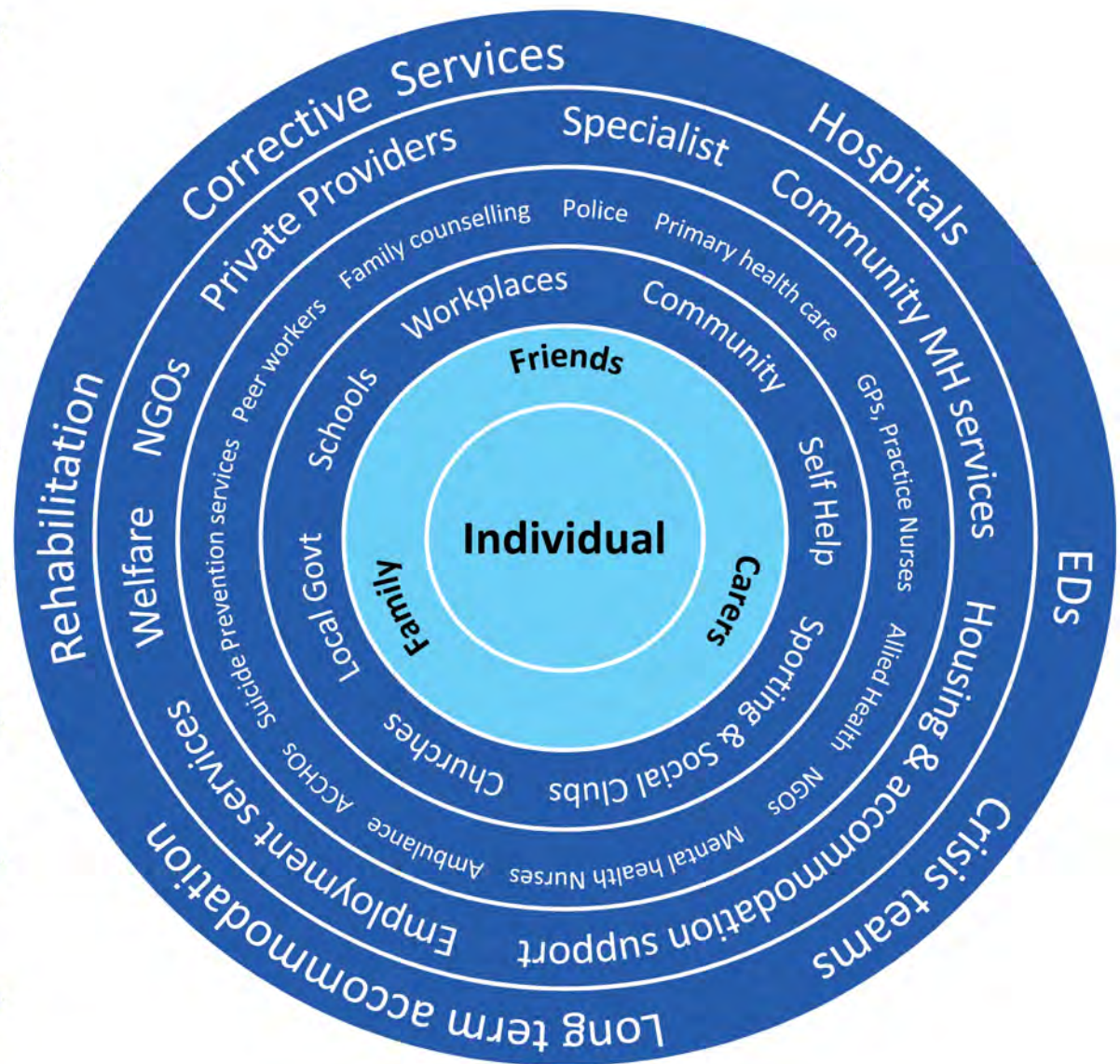
Performance targets, indicators & data

Planning & governance

Research & evaluation

Legislation

Regional integration



Ways Forward

Just like physical health mental health is everyone's business. We need to take personal responsibility for both because they are interrelated.

We need a whole of population approach as well as enabling access to appropriate services for individuals.

Whole of population approach

Compare with other national campaigns:

- road safety
- alcohol
- diabetes
- sun safety
- breast cancer

The Wheel of Wellbeing

[Introductory WoW video](#)

What's your role?

How can you help yourself and others?

What strategies can organisations adopt?

How do we advocate for better mental health?