



# Wellbeing

## DID YOU KNOW?

**Nearly half (45%) of the population nationally will experience a mental health issue at some stage in their lives.**

**Poor mental health, sees no barriers; it occurs across all nationalities, genders and socio-economic backgrounds**

- but the incidence of issues is increased with social factors such as unemployment, homelessness, poverty, physical disability and incarceration. There is also a 4-5 times higher rate in Indigenous populations.

**One in five Australians experience mental health issues in any given year (with the highest percentage being experienced in the 16-24 age group); and of those, one in four experience more than one condition**

- 22% of women and 17% of men reported having a mental health issue in the previous 12 months (2007 National Survey of Mental Health & Wellbeing).

Due to the lower housing costs in the Mountains, many people with mental health issues make the move here – often to the Upper Mountains, as it is generally cheaper. However, the lack of employment opportunities, high transport costs, and isolation from services, can exacerbate the situation for many.

**People with severe mental health issues, on average, live for 25 years less than other Australians because they have increased likelihood of heart-related conditions, diabetes and obesity. The National Mental Health Report Card notes that physical & mental health are woven intricately together”, and should be treated holistically.**

Mental health issues can describe a diverse range of behavioural and psychological conditions – the most common being anxiety, mood, and substance use disorders

- 1 in 10 people with mental health issues have co-existing substance abuse problems (2013 National Report Card on Mental Health & Suicide Prevention); Dianella Cottage is the only service in the Mountains specialising in this field (currently only for women).

**Sadly, suicide accounts for one in four deaths amongst young people.**

Personality disorders, a lesser-known mental health issue, affect 5-13% of the adult population, and an estimated 40-50% of psychiatric patients.

**Isolation and trauma are at the core of most mental health issues. Dealing with trauma (eg violence or abuse) can lead to a range of related issues such as:**

- **Addictions** (including substance abuse and gambling);
- **Workplace issues** (including bullying or being bullied);
- **Housing stress/homelessness**
  - 97% of those who are chronically homeless suffer from undiagnosed Post Traumatic Stress Disorder;
  - for 48% of those entering homelessness the cause is family & domestic violence).
- **Financial Stress** (holding down a regular job can be difficult).

## Our Goals

-  Decreasing stigma surrounding mental health by educating individuals & the community at large:
  - by advocacy, raising public awareness, and by building bridges and networks within the treatment and support systems.
-  Supporting investment in healthy individuals, families and communities to increase resilience
  - eg by promoting access to support and assistance early before serious issues develop.
-  Advocating for, and supporting a Blue Mountains trial of, the Open Dialogue approach to serious mental health issues.

-  Promoting wellbeing and resilience by, for example:
  - encouraging and providing opportunities for physical exercise
  - decreasing social isolation, encouraging a sense of belonging, and reconnecting individuals with community (such as via social support groups)
  - promoting ways in which people can look after themselves.
-  Helping individuals to gain insight into achieving and maintaining healthy relationships, and living fulfilling and meaningful lives.
-  Reducing self-harm and suicide
  - supporting individuals via timely local responses.

## What We're Doing to Achieve Our Goals

In response to emerging research about brain development in adolescents (to add to existing data on brain development 0-8 years) **Stronger Families Alliance** - originally targeting healthy early childhood development - has recently worked with the BM Youth Sector to expand the age target from 0-12 up to 18 years. The Alliance has also clarified the shared goals of its Members to a focus on mental health and wellbeing – with programs and initiatives ranging from improving early learning and healthy relationships, though to prevention and early intervention strategies throughout the spectrum to vulnerable children, young people and their families.

MCRN convenes the **Raising Awareness of Mental Health Issues (RAMHI)** interagency, comprising representatives of service providers working in the mental health field in the Mountains, representatives of consumers and carers, and individuals with a lived experience of mental health issues. RAMHI promotes a non-medical model of support & recovery, & advocates for a BM trial of the Open Dialogue approach.

**The Vale Street Centre** - a program of **Katoomba Neighbourhood Centre** - is a social and recreational service for people living with, or recovering from, mental health issues. Vale St. offers a drop-in centre, activities, courses and support and encourages 'hands-on' participation in the service.

**The Blue Mountains Women's Health & Resource Centre** provides services to women with mental health issues (eg counselling, doing mental health plans etc). BMWHRC also offers two ongoing programs:

- a monthly support group for women who are caring for someone with a mental health issue; and
- *Women Living Well* - a 7 week program for women in the Mountains who are experiencing depression – which uses art therapy as well as talking therapies, and is run by a counsellor and an art therapist.

*'Sue' was diagnosed with ADHD and Bipolar 2 in 2006. She began to self-medicate, and over the next eight years, struggled with drug use and alcohol abuse, with the intention of 'wiping herself out'. She felt the hurt of depression and wanted to numb the confusion and anxiety of hypomania. After a stay at the Mental Health Unit, she was referred to Dianella Cottage and the Outreach Team. She is now on an extensive treatment plan that includes medication, therapy, mindfulness training and support from family and friends. She has been able to return to study, having completed a Certificate IV in Event Management. She has found that doing things she loves has helped her greatly; even though her moods are still variable, doing things she loves on a regular basis keeps her excited, engaged and looking forward to the future. Sue remains positive and says: "I*

*confront my mental illness by managing it every day. It doesn't own me; I can own it."*

Offering individual support and mentoring with programs such as **PHaMs (Personal Helpers and Mentors Program)** and **HASI (Housing Accommodation Support Initiative)**, which focus on recovery and work to lessen the impact of mental health issues.

**Community-based initiatives** - such as the *Blue Fringe Arts Festival*, and *Waromi* - offer peer support and creative outlets for consumers and carers.

*'Aaron' was referred to PHaMs by a concerned friend. Mental health issues, a sense of hopelessness and fractured relationships had led to him living in isolation, and unable to deal with the mounting problems of unopened mail and the fear of finding another account that had to be paid with an already stretched, limited income. Living conditions for 'Aaron' were unacceptable and posed a high health risk. With permission from 'Aaron', the PHaMS worker arranged for meals on wheels through Blue Mountains Food Services as his kitchen was not able to be used; and also spoke to local Council regarding arrears in rates, and a payment plan was set in place. 'Aaron' and his worker are sorting through clutter in the home and have cleared three rooms to an acceptable state, making living conditions more palatable for him. This has also allowed a greater sense of hope in regaining the motivation to continue with the goal of reconnecting broken relationships and returning to healthier living conditions.*

## How is State Government Contributing to These Achievements?

The BM congratulates the NSW Government for the recent announcement of its refocus of the state's mental health system toward modern, evidence-based community responses to mental health issues outside of a hospital environment. By endorsing the Mental Health Commission's 10 year strategic plan and committing \$115 million of new money to primarily NGO-led, community-based, mental health services, the Government has taken a good step toward addressing the hospital-centric service planning that has plagued Local Health Districts over the last two decades by:

- establishing and supporting the NSW Mental Health Commission, and supporting the extensive community consultation process they have led;
- publishing & committing to fund a strong stakeholder-led strategic plan;
- prioritising help for people with mental health issues to get well, and stay well, in the community.

