

# Advocacy Focus of BM Mental Health & Wellbeing Interagency

MH&W Interagency's position is that people with Mental Health Issues (MHIs) should be supported from a Human Rights & community-based perspective, with a focus on prevention and early intervention, and (where possible) a NON-Medical Model of treatment, & post-treatment support based on approaches such as 'Open Dialogue'. This model of person-centred recovery is not necessarily a therapy style in itself, but is complementary to therapeutic approaches such as:

- Dialectic Behaviour Therapy
- Trauma-Informed Therapy
- Narrative Therapy, etc.

## Issues:

### ISOLATION is at the core of many of the issues:

Dealing with depression/anxiety/psychosis/trauma;  
Violence;  
Housing stress; financial stress;  
'Medical model' (incl. the assumption that MHIs are life-long disabilities, requiring long-term chemical intervention);  
Workplace issues, incl. bullying & treatment of ppl with MHIs;  
Hoarding;  
Suicide;  
Indigenous (loss of culture, Stolen Generations, loss of identity);  
Relationship break-down;  
Post-Natal depression;  
Over-prescription of medications;  
Grief & loss (incl. dementia);  
Secrecy/Stigma, incl. lack of community;  
awareness/community perceptions;  
Addictions (incl. alcohol & drugs, gambling);  
Families/carers dealing with MHIs;  
Disengaged from social support (eg some: young people, refugees, elders, migrants, women & children escaping violence, men, people with disabilities).

## Networks:

**MH&WI members play an important role in advocacy, raising public awareness, & building bridges & networks within the treatment and support systems:**

- Carers
- Professionals: (such as Mental Health Units, Katoomba & Penrith; Drug & Alcohol; headspace; private practitioners; Community Mental Health Teams, Katoomba & Springwood)
- The broader support & service system (including GPs; NBM PHN; Mental Health Networking Forum; Aftercare; UCMH; etc).

**MH&WI**  
**Helping People**  
**Stay Well in**  
**Our**  
**Community**

## MH&WI Priorities

1. Continue to advocate strongly with MH&WI's platform/position;
2. Address isolation of people with MHIs, including continue with raising public awareness, reducing stigma, proactively utilise the MH&WI "brand" (through community activities, notice boards, liaise with BMCC re: C.S. database, etc.);
3. Build strong bridges between community-based services & professional system (eg formal mental health system, national and state-based Mental Health Commissions);
4. Build linkages & networks with carers.