

Submission to the Development of a National Disability Strategy



November 2008

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1 December 2008

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To Whom It May Concern:

Regarding: Submission to the Development of a National Disability Strategy.

The NSW Consumer Advisory Group – Mental Health Inc. is the independent, statewide organisation representing the views of mental health consumers at a policy level, working to achieve and support systemic change. Our vision is for all mental health consumers to experience fair access to quality services which reflect their needs.

NSW CAG is pleased to have the opportunity to contribute to the development of the National Disability Strategy through our response to the Discussion Paper: *Developing a National Disability Strategy for Australia*. Please find to follow our response which seeks to ensure that the psychosocial disabilities encountered by people living with mental illness are adequately represented in the development of the strategy.

Yours sincerely

Karen Oakley
A/Executive Officer

Basis of this submission

NSW CAG's submission in response to the Discussion Paper: *Developing a National Disability Strategy for Australia* is based on information obtained through our core work and regular contact with people living with mental illness, their families and carers, living in NSW. This includes people from our network, people who attend consultations and daily interactions with people who use mental health services in NSW.

In addition, NSW CAG sought specific comment from our network and the Consumer Workers Forum¹ regarding the Discussion Paper: *Developing a National Disability Strategy for Australia*. The responses received inform this submission.

Statement of support

NSW CAG commends the Australian Government's move towards developing a *National Disability Strategy*. It is encouraging to see actions being taken that are in line with the Australian Government's ratification of the *Convention on the Rights of Persons with Disabilities*. NSW CAG also commends the Government on being one of the first Western countries to ratify the Convention on 18 July 2008.

The ratification of the Convention and the development of the *National Disability Strategy* is timely given the recent release of the Australian Bureau of Statistics' *National Survey of Mental Health and Wellbeing* data that identifies one in five Australians as having had a 12-month mental disorder and 45 per cent of Australians having had a mental disorder at some time in their lives (2008, p.1).

NSW CAG endorses and strongly supports the purpose of the *Convention on the Rights of Persons with Disabilities* to "promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity" (UNCRPD, 2006). We are of the view that the *National Disability Strategy*, herein also referred to as "the Strategy" must address all aspects included in the Convention in order to be fully effective in providing better outcomes for people with disability, including those who experience psychosocial disability due to living with mental illness. NSW CAG acknowledges that the ratification of this Convention is symbolic, and that the Strategy is a significant step towards realising the objectives of the Convention in practice.

NSW CAG also commends the current approach to the Strategy that acknowledges the need for a whole-of-government, whole-of-life approach to disability issues. Although it is vital for the Department of Families, Housing, Community Services and Indigenous Affairs to develop a Strategy for people living with disability and mental illness, it is important to note that some of the issues that relate to people living with mental illness and disability relate to the health system, education, employment, transport, housing and services such as Centrelink.

Language of the Strategy

NSW CAG acknowledges the importance of people living with mental illness being recognised within the *National Disability Strategy*. However, NSW CAG is concerned that the language of the title Strategy, including its title, excludes most people living with mental illness from realising its relevance to them. Although people living with mental illness may experience psychosocial disability, this is not the every day language that would be used to describe their personal situation.

NSW CAG believes that it is essential that *the National Disability Strategy* is effective in communicating that it is inclusive of people living with psychosocial disability and mental illness, in both the broad communication of the Strategy, and clearly within the body of the Strategy. This requires the term 'disability' and 'psychosocial disability' to be clearly defined within the Strategy, and all communication about the Strategy.

¹ The Consumer Workers Forum is an annual gathering of people employed as Consumer Workers within the Public Mental Health Services in NSW.

NSW CAG recommends that the National Disability Strategy be clear and concise in communicating that it is inclusive of people who live with mental illness and psychosocial disability, in the broad communication of the Strategy, and within the body of the Strategy itself.

Barriers Faced by People Living with Mental Illness

At NSW CAG we know that people living with mental illness have the capacity to live rich and fulfilling lives and contribute to their communities. It is an unfortunate reality that there are various barriers in society that prevent many people from reaching their full potential as active citizens. This section outlines barriers regularly identified by our network and key priority areas needing to be addressed, which NSW CAG views as integral to the development of a successful *National Disability Strategy*.

1 STIGMA AND DISCRIMINATION

One of the key issues regularly raised by our constituents is stigma and discrimination. This has again been further reinforced through people's responses to NSW CAG regarding the Discussion Paper: *Developing a National Disability Strategy for Australia*. Stigma and discrimination surrounding mental health issues are the most commonly identified barrier to people who live with mental illness from participating in the community.

Stigma towards people living with mental illness can also result in self stigmatisation and family stigma, which is equally debilitating (Carr & Halpin, 2002, p.11). Our consultations provided many comments relating to this, for example one person stated "the way many psychotic illnesses are perceived in society leads sufferers to stigmatising themselves and hiding away from society". This results in many people not disclosing their mental illness, which can impact on participation in society. It can also be a difficulty in many situations when the individual is unwell, for example in social settings and in the work place.

The current lack of public education translates to limited knowledge and unfounded beliefs by many about the causes of mental illness, how to seek help and how to access information. This results in confining available support to professionals (Jorm, 2000), and can also act to reinforce stigma and discrimination within the community. Comments from consumers included that there is "lack of awareness in the community that mental illness can be transient, non-violent", and that it is the "lack of mental health literacy which contributes to ignorance, misconceptions and lack of understanding". NSW CAG also hears regularly of stigmatising and discriminating attitudes that are present by staff in health care services themselves.

The media is an important tool in educating the wider community around the issues of stigma and discrimination, while misrepresentation of mental illness in the media can act as a further barrier to the social inclusion of people living with mental illness. One comment provided through our network was that "consistent misrepresentation and misreporting of ADHD (Attention Deficit Hyperactivity Disorder) and related clinical research in the media results in fear mongering, increased stigma, perpetuating stereotypes and further limiting access to specialised health care services".

In 2006, the Senate Select Committee on Mental Health recommended that the Australian Government fund and implement a nationwide mass media mental illness stigma reduction and education campaign (p.15). Unfortunately, this recommendation was not adopted in the Council of Australian Governments (COAG) *National Action Plan on Mental Health 2006-2011*. NSW CAG is disappointed that such a prevalent issue for people living with mental illness is not considered in the COAG Plan, and believes that future plans, including those presented within this Strategy, must explicitly address stigma and discrimination.

Addressing the issue of stigma and discrimination is in line with the *Convention on the Rights of Persons with Disabilities*. This document states that people should live with equality and non-

discrimination (Article 5), and that signatories should undertake to raise awareness and combat stereotypes of persons with disabilities through measures such as initiating and maintaining awareness campaigns, and fostering attitudes of respect for people living with disability (Article 8). If the Australian Government is serious about addressing barriers that are faced by people living with mental illness, there needs to be a national program aimed to increase knowledge and awareness about mental illness.

A program designed for this purpose, "Like Minds, Like Mine" has been launched in New Zealand. This program has increased public awareness surrounding mental illness, reduced the prevalence of stigma and discrimination from family, mental health services, the public and employers, and has made progress in building infrastructure for the delivery of high quality training and education (NZ Ministry of Health, 2007; Vaughan & Hansen, 2004, p.117). The range of strategies used to achieve these outcomes included a nationwide television and radio advertising campaign, public speaking engagements by people with experience of mental illness, and local awareness raising events such as art exhibitions. There was also support through the media with complaints about discriminatory reporting through letters to the editor, the production of guidelines for working journalists and training for journalism students (NZ Ministry of Health, 2007, p.19).

Research has shown that contact between the general public and people living with mental illness can also greatly reduce the level of stereotypes about mental illness that the public subscribes to (Corrigan, 2001; Corrigan, et al., 2002). Through the *National Disability Strategy* supports can be put in place to increase the participation of people living with mental illness in society which would lead to more interaction with the community, and the flow-on effect of increasing knowledge and dispelling myths surrounding mental illness. One example of this would be increasing support for people living with mental illness in accessing and maintaining employment (refer to employment and employment related issues below).

RECOMMENDATION 1: Reducing stigma and discrimination, and increasing education and awareness

NSW CAG recommends that the Strategy endorses the funding of a national program to increase knowledge and awareness about mental illness in order to combat stigma and discrimination.

This program needs to include:

- Educational and training strategies (including contact with people living with mental illness) aimed at mental health staff; people in training to enter health, education and other related professions; employers; journalists and the general public;
- Examination and amendment of state policies that discriminate against people with mental illness so that people with mental illness have the same rights as everybody else; and
- Provision of information in a wide range of formats including a broad media campaign to challenge discriminatory attitudes towards people living with mental illness.

2 EMPLOYMENT AND EMPLOYMENT- RELATED ISSUES

Mental illness is unique in that some people can be well for long periods of time, experiencing episodes of being unwell only occasionally. This poses uncertainty for those who are trying to actively engage in employment and live normal lives. Issues relevant to accessing employment are continually raised by mental health consumers with whom we consult. This was again reinforced through our recent consultations in relation to the Strategy, where issues around employment were the second most commonly identified barrier to participation in society. NSW CAG commends the Australian Government's recent move to develop a *National Mental Health and Disability Employment Strategy* (NMH&DES), and recommends that this strategy be considered when producing the *National Disability Strategy* (attached is a copy of NSW CAG's submission to the NMH&DES).

For many consumers of mental health services, opportunity for participation in employment, including, and often particularly, mainstream employment is an important aspect of the journey of

recovery. Opportunities for participation in the workforce have a range of benefits for individuals, that include increased self-esteem and self-worth, confidence, and providing a purpose and meaning to life. Participation in meaningful and satisfying employment also facilitates broader social participation and inclusion, providing avenues for social and leisure experiences, opportunities for economic participation, greater community involvement, and future security through superannuation and options for housing.

Issues which have been raised in relation to employment during NSW CAG's consultations include:

- Regulations surrounding Centrelink. The lack of support and the excessive amount of paper work, jargon, inaccessible clear information and regulations associated with Centrelink can discourage people from looking for and maintaining work. In particular, for people who live with anxiety and other mental health issues, this can be especially debilitating. People who are taking medication for mental health related problems often experience visual difficulties. In addition to this many people living with mental illness have low levels of literacy, which presents a problem with paperwork. Article 21 of the *Convention on the Rights of Persons with Disabilities* states that information should be provided to persons with disabilities in accessible formats. NSW CAG supports this view and recommends that all forms and information from Centerlink need to be simplified and verbal support provided so that people with visual and literacy challenges have easy and equal access to information.
- The Disability Support Pension (DSP). The DSP is only provided to those who work less than 15 hours per week, and is removed once a person is employed for longer hours. Many people who live with mental illness are often capable of, and willing to work more than 15 hours per week. However, eligibility for payment of the DSP means that there is a disincentive for people living with mental illness to seek full time work, as the security of regular payment is threatened. Comments collected during NSW CAG's consultations include "I cannot do certain hours of work or study due to the legislation and criteria restrictions imposed upon disabled pensioners ... I have no qualms about getting off the pension permanently. This is in fact my goal. But the problem is that should I or any other disabled pensioner fall ill we will not be able to survive on the Dole for health, medicine, food and living costs" and that consumers "need to know that they will be able to access their sickness benefits easily and expediently if they start work and then become unwell again". One consumer indicated that the current DSP meant that "I'd be stupid to get a job and risk putting myself in financial crisis, if not on the streets". Consumers also identified that to assist in the management of their finances that DSP payments be made weekly rather than fortnightly.
- Inflexible workplaces. Many employers and workplaces are currently inflexible, particularly around work hours and leave. Consumers commented that it is hard to find employment that is flexible, including that it is "hard to find flexible full time work that allows for a slightly late start because of my illness and the side effects of my medication".
- Job Networks. People living with mental illness have expressed that at times these networks do not operate effectively, which can increase the stress load on people who use these services, at times exacerbating mental illness conditions. Consumer comments included that some people felt that networks did not provide adequate support in seeking employment, and that "the only reason that I am not with them is because I got sick and they were a significant contributor to my mental illness".

NSW CAG encourages the Australian Government to show evidence of its commitment to the *Convention on the Rights of Persons with Disabilities* by including in the *National Disability Strategy* a Framework for meeting the requirements of Article 27 in relation to work and employment. Article 27 states that governments ensure the following areas are met:

- Work in an environment that is open, inclusive and accessible to persons with disabilities.
- Prohibits discrimination on the basis of disability with regards to all matters concerning employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions.

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- Enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training.
 - Promote vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities.

RECOMMENDATION 2: Increasing opportunities for employment

NSW CAG recommends that the National Disability Strategy features:

- The initiative to make Centrelink more accessible and flexible to people who experience mental health problems, including reduced red tape, and making information and forms simple to understand and complete. It is also recommended that information is presented in many different formats, and that access to verbal support is available;
- The directive to ensure that people living with mental illness have security in accessing the DSP in times of illness, and are encouraged to work. NSW CAG has recommended to the Australian Government, Department of Families, Housing, Community Services and Indigenous Affairs in relation to the current *National Pensions Review*, that the work hour threshold for DSP or other suitable pensions be reinstated from 15hrs/week to 30hrs/week;
- Measures to be put in place that enforce workforce guidelines which take into consideration the impact of mental illness, its intermittent nature, and that ensure that workplaces prohibit discrimination and are flexible in their approach to the employment of people who live with mental illness;
- Measures to be put in place that ensure that Job Networks are regulated by an overarching agency, and provide at minimum standards of professional service where staff have knowledge of mental illness, and their service reflects this knowledge and encourages and supports those living with mental illness in seeking employment.

NSW CAG also recommends that the *National Mental Health and Disability Employment Strategy* be considered in producing the *National Disability Strategy*.

3 ACCOMMODATION

It is identified that people with mental illness are amongst the most socially disadvantaged and economically marginalised in our communities (COAG, 2006, p.4). People who live with mental illness have particular needs in relation to their levels of health and illness, and consideration needs to be given to these needs in terms of accommodation regulations. The *Convention on the Rights of Persons with Disabilities* calls upon signatories to “recognise the right of persons with disabilities to an adequate standard of living... and shall take appropriate steps to safeguard and promote the realisation of this right without discrimination on the basis of disability” (Article 28), and also to recognise the equal right of people with disability to live independently and be included in the community (Article 19).

In consultation with our network we have found that people who live with mental illness are particularly vulnerable to:

- Financial instability: People have indicated that the security of the tenancy can impact on mental health as much as mental health can impact on the security of tenancy. Some people have found that when they are unwell there is the added stress of eviction, and there have been cases where people lose their tenancy after a long stay in hospital.
- Stigma and discrimination: Some people have commented that rental databases are able to hold personal details relating to circumstance, and in some cases this is used to identify mental illness conditions and discriminate on this basis.
- The unpredictability of illness.
- The processes of the Tenancy Tribunal: People have expressed that the Tenancy Tribunal needs to be flexible and supportive of people living with mental illness, and in order to do this, ensure that staff have knowledge about mental illness.
- Lack of privacy: People in our network have commented that during the sale of property access by agents in some cases exacerbates mental health conditions. For example,

people with anxiety disorders or who have experienced a home invasion may find this experience particularly stressful.

RECOMMENDATION 3: Suitable accommodation

NSW CAG recommends that in order for the Australian Government to effectively achieve better outcomes for people living with mental illness, suitable accommodation must be available and appropriate regulations must be in place. It is recommended that the Strategy include programs to ensure:

- The protection of people living with mental illness from eviction if they become unwell and require extended hospitalisation;
- The protection of people living with mental illness from discrimination in rental databases;
- The awareness of the unpredictability of mental health, and the effects that this may have on the payment of rent and privacy of people living with mental illness.

4 RECOVERY ORIENTED SERVICE PROVISION

In Australia there is now policy in place which encourages the move towards recovery oriented service provision (see *National Mental Health Policy* and *NSW Community Mental Health Strategy 2007-2012*). This is where the focus for recovery is a “journey made by individual consumers to achieve a satisfying, personally meaningful and hopeful life” (NSW Health, 2008, p.i), and the role of services is to assist consumers by providing choice to make this possible. However, despite the rhetoric of such policies, the transition to this mode of service provision is, on the whole, not yet realised in practice.

Consultations conducted by NSW CAG have identified that people with mental illness would be better supported by service provision which reflects the recovery model, and includes early intervention, choice of treatment, and access to supports and follow up support. The benefits of early intervention and follow up care are well cited in policy directives and literature (NSW Department of Health, 2008, p.10; Australian Health Ministers, 2003, p. 21). However the lack of resources available, in particular the lack of non-acute services, is resulting in mental health care being crisis-driven and the model of recovery failing to be realised in practice.

RECOMMENDATION 4: Recovery oriented service provision to be promoted within the *National Disability Strategy*

- NSW CAG recommends the Strategy ensures additional resources are made available to: ensure mental health staff have manageable caseloads;
- NSW CAG recommends the Strategy provide resources for the implementation of staff education around the concept of recovery as being consumer focussed and driven by the individual rather than a biomedical model of recovery; and
- NSW CAG recommends that the Strategy endorses that additional resources be invested into non-acute services in order to create adequate support networks and after hours care for people living with mental illness. This includes increasing staffing levels.

5 PEOPLE WITH COMPLEX NEEDS

Our consultations have revealed that there are several gaps in service provision for people with complex needs. For example, people diagnosed with personality disorders are often turned away from accessing services due to the nature of their diagnosis and need for comprehensive support. Although people diagnosed with personality disorders are acknowledged within the *NSW Community Mental Health Strategy 2007-1012* as a particular group for treatment development and focus, there appears to be no immediate plans for implementing specific programs to support this population. This results in individuals experiencing complex diagnosis being ostracised from social participation and is an area that urgently needs to be addressed in the form of provision of service and specialised staff training.

There is also a need for services for people with comorbid issues, such as substance use and mental health issues, mental health issues and physical illness, as well as those with comorbid

mental illnesses. The high incidence of comorbidity surrounding mental illness highlights the need for holistic, coordinated service provision, including broad communication between treating services. Further, these complex conditions highlight the need for comprehensive evidence-based treatments for the wide variety of conditions. To ensure this provision, it is necessary that the Strategy outlines ways that complex needs can be addressed, including the adequate provision of staff with specialised training.

RECOMMENDATION 5: Specialised services required by people with complex needs be addressed in the *National Disability Strategy*

- NSW CAG recommends that the Strategy recognises that additional resources need to be made available to people who have complex needs, including the training of staff in managing comorbid substance abuse and mental illness problems, and in providing Dialectical Behaviour Therapy;
- NSW CAG recommends that Strategy outlines ways that services can operate in a more coordinated manner to facilitate the treatment of people with complex needs, including comorbid physical and mental illnesses; and
- NSW CAG recommends that the Strategy introduce policy, procedures and programs to ensure that the physical health needs of the mentally ill, and the mental health needs of the physically ill are assessed and adequately provided for.

6 SOCIAL NETWORKS AND SUPPORT

A lack of social supports and activities has been raised as a problematic issue for people living with mental illness. Social isolation is a contributing factor to mental illness, and the protective effects of social ties and supports in reducing vulnerability are well documented (Herrman, 2001, p.710; Brissette, Scheier & Carver, 2002). Many consumers with whom NSW CAG has liaised with have found activity centres and group outings an essential component to coping with the challenges associated with mental health problems. Suggestions provided from our network include the creation of clubhouses and camps as recreational facilities and activities.

Issues identified include:

- Lack of peer support networks: People during our consultations have made various comments, including that “the biggest barrier is feeling utterly alone ... wondering if you would survive and not being given information about the support available” and that “living in a rural town there are no real supports for me”.
- Lack of social activities and recreational centres.
- Lack of social support networks, resulting in many people living with mental illness firstly accessing crisis support as no other supports are available. Therefore higher numbers of people are getting to the point of needing crisis services in situations that may have been prevented through stronger support from social networks.
- Mental health problems are not limited to occurring in work hours; however services are structured in this way, leaving many people isolated outside of this time. There is a strong need for twenty four hour access to non-crisis support.

RECOMMENDATION 6: To increase the social networks and supports available to people living with mental illness

- NSW CAG recommends that the Strategy address the need for adequate social networks and supports to be in place for people who experience mental illness. Social networks need to be inclusive of people from all aspects of the community so as not to segregate people living with mental illness and to break down barriers. These can be provided in the form of social events and activities and need to be cost free to people living with mental illness who are on a support pension.

7 TRANSPORT

A lack of accessible and financially viable options for transport are continually identified by consumers as a barrier to participating both socially and economically, as well as accessing appropriate services for maintaining mental health. This is particularly of issue in rural and remote

communities. The need for adequate provision of accessible transport is reiterated in the *Convention on the Rights of Persons with Disabilities*, which states that governments are to ensure “equal access to transportation” (Article 9). Such transport is a right under the Convention not only for accessing services but also to access sporting, recreation and tourism venues. This is a consistent area of concern for our constituents (Article 30).

RECOMMENDATION 7: Transport

- NSW CAG recommends that the Strategy includes support for States and Territories to increase transport availability particularly in rural and remote areas.

8 MENTAL HEALTH SERVICE STAFF

A key area that continues to be highlighted by mental health consumers as a barrier to effective community mental health service provision is the lack of availability and accessibility to staff. Staff working in community mental health services (including clinicians and Case Managers/Care Coordinators) often hold unrealistic case loads, which limits their ability to provide adequate service and support to consumers who access the service. This is due to challenges associated with recruiting and retaining staff, particularly in rural areas, as well as limited resourcing to increase staff numbers. Low staff morale and negative attitudes of staff towards mental health consumers are also identified as a problem for those who access mental health services.

Some people indicate that they don't see or hear from the service for weeks at a time. In addition to this we have heard stories of people being put on Community Treatment Orders (CTOs) purely to ensure that they are prioritised and receive follow up by mental health staff that hold extremely high caseloads. Under the Act, services are required to follow up mental health consumers on CTOs, therefore making them a priority. NSW CAG has also received feedback from consumers that a potential result of not receiving enough contact and follow up from their case managers, is that people reach a point of crisis before receiving the support they require.

Community mental health services in NSW have the potential to play a significant role in prevention and early intervention, however with limited resourcing and staff numbers, they are unable to provide this function adequately.

In addition, adequate support in the form of a care coordinator or counsellor can have a significant impact on an individual's ability to participate in society in general. Currently there are insufficient levels of resourcing being allocated to providing enough staff in the above roles, resulting in inadequate levels of support being available.

RECOMMENDATION 8: Mental Health Service Staff

- NSW CAG recommends the Strategy includes processes for increasing investment in adequate provision of mental health service staff.

9 ACCESS TO INDIVIDUAL ADVOCACY SERVICES

Advocacy services, particularly advocacy at an individual level for people using mental health services is extremely limited in availability within NSW. Currently there is provision of some Consumer Advocate roles within mental health services in NSW. Consumer Advocates are consumer designated positions within mental health services aimed to provide mental health consumers with access to support and individual advocacy from someone with the lived experience of having mental illness. The limited resourcing of hours allocated to these positions as well as the mental health service being the employer of Consumer Advocates often restricts the ability for people placed in these roles to provide effective advocacy. NSW CAG often receives requests for access to individual advocacy for people using mental health services. This is a clear gap within current service provision.

RECOMMENDATION 9: Access to Individual Advocacy Services

- NSW CAG recommends that the Strategy includes resourcing for individual advocacy services for people using mental health services.

11 CAPACITY BUILDING

Finding meaningful, well-paid work is always difficult, but it is particularly difficult for people with mental illness who have been unemployed for a long period of time, as there is currently a lack of supports to help people re-skill after long-term unemployment. It was noted that employers are currently not provided with enough incentives to provide training for and employ people living with mental illness.

All people require training, education, and support in order to find employment. People living with mental illnesses require capacity building that recognises their individual needs and goals. For some, capacity building might involve re-training after being unemployed for a significant period of time. This Strategy needs to ensure that individuals with mental illness and other disabilities have access to the training and supports they need in order to find meaningful employment.

RECOMMENDATION 11: Capacity Building

- NSW CAG recommends that the Strategy aims to provide skills training for people living with mental illness, and for those re-entering the workforce.

12 ATSI AND CALD COMMUNITIES

NSW CAG is aware that Aboriginal and Torres Strait Islander (ATSI) and Culturally and Linguistically Diverse (CALD) communities are often marginalised due to cultural differences, and require culturally accessible information and services. For this reason it is essential that people from an ATSI and/or CALD background who experience mental illness are provided with adequate supports and culturally sensitive services.

The issue of stigma and discrimination around mental illness are more salient within these communities. This underscores the need for the adequate provision of information about mental illness and where to seek help, so that people from these communities have the same equality of choice as other Australians.

RECOMMENDATION 12: ATSI and CALD Communities

- NSW CAG recommends the expansion of mental health services, supports and information that is accessible to people from ATSI and CALD backgrounds, and that appropriate training is undertaken by staff in order to adequately address the needs of these communities;
- NSW CAG recommends that ATSI and CALD communities are equally considered within the Strategy.

Ways that people living with mental illness, their families and carers can be involved in monitoring the progress of the Strategy

NSW CAG considers that it imperative that people living with mental illness are involved in all aspects of monitoring the *National Disability Strategy*. This is in line with the Australian Government's social inclusion agenda, and National policy within health and mental health regarding consumer participation (eg. Australian Health Ministers, 2003). A range of mechanisms need to be put in place to ensure that consumers have genuine opportunities to be involved in this monitoring. It is crucial that people living with mental illness be represented on committees and in consultations that serve this purpose. Further mechanisms may include:

- Working with mental health consumer non-government organisations, consumer networks and organisations to reach a wide audience of those with experience of mental illness, and gaining their feedback in this way;
- Online feedback, which could be in form of surveys or feedback forms;

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- Consultations and information sharing sessions;
 - Evaluation forms and information needs to be provided in an accessible format, keeping in mind different literacy levels, and visual and cognitive difficulties associated with mental health medication.

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