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Any of us, All of us:

Calling for a NSW where everyone can thrive

Call for Action

A letter from the CEO



Every year, approximately one in every five Australians will experience a mental illness.¹ Mental health issues themselves do not discriminate – they can affect anyone. These people could be your family members, good friends, workmates, neighbours, or yourself.

Despite mental illness being a common issue, many people with mental illness (mental health consumers) living in NSW experience a high level of disadvantage, including unemployment, poverty, social exclusion and homelessness. The human and economic costs of mental illness affect all of us in one way or another. There is something each of us can do to reduce the costs of mental illness and it is in all of our interests to do so.

This election agenda identifies six priorities that mental health consumers in NSW said the State Government needs to take action on: inclusive communities, housing, transport, employment, legal assistance, and mental health education and support for young people.

To all political parties: we ask you to commit to the priorities in this election agenda.

To everyone living in NSW: we ask you to support our call for action – you can write to political parties and your local candidates and spread the word about this election agenda to your friends and family. You can also make a big difference in your community by taking proactive actions to be inclusive and supportive of people from all walks of life, including people who have a mental illness.

BEING also supports the actions in *Living Well: A Strategic Plan for Mental Health in NSW 2014 - 2024*, and calls on all NSW political parties to show commitment to the Plan.

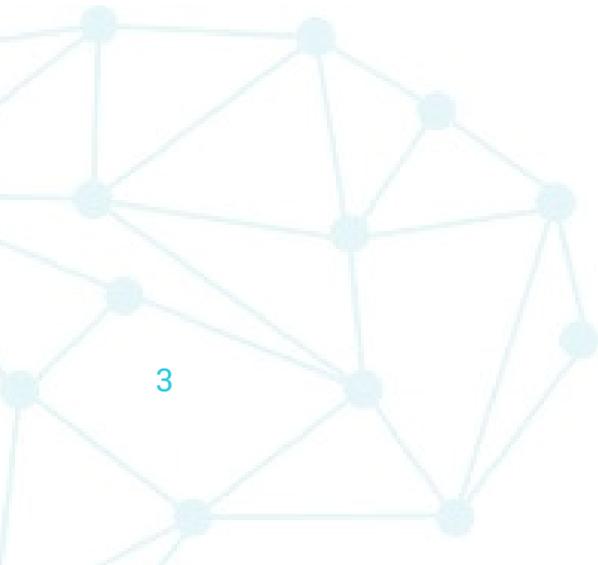
I, and all the staff and members of BEING, look forward to working with you for the benefit of all the people in NSW. Together, we can make NSW a state where everyone, including people with mental illness, can thrive.

Dr Peri O'Shea
BEING CEO
February 2015

¹ Mindframe (2014), Webpage, 'Facts and stats about mental illness in Australia': <http://www.mindframe-media.info/for-media/reporting-mental-illness/facts-and-stats> [5 February 2015].

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Inclusive and supportive communities

The goal

More inclusive activities and places in communities that support people living with mental illness to connect with other mental health consumers and members of the community.

What's the issue?

Mental illness is often an isolating experience. To reduce isolation, people living with mental illness need to be able to engage in positive relationships and meaningful activities in their own communities. As with any person, community participation is essential to the wellbeing of people with mental illness.

Many mental health consumers said there is a lack of inclusive and supportive opportunities and places for them to connect with others in their community. This is especially so for mental health consumers in regional and rural areas.

People with mental illness often do not feel welcome at mainstream community centres and activities because of both the perceived and the real discrimination and stigma from other people in the community. Many mainstream community centres are also not resourced to meet the needs of people with mental illness.

“Here in [regional area] there is a definite need for access to clubhouses, step-up/step-down community mental health services so that hospital admissions aren't always necessary, and social groups attuned to the needs of the community but sensitive to mental health issues.”

- Mental health consumer, 2014

What can be done?

Mainstream community activities and centres need to become more inclusive of people living with mental illness, supporting them to better connect with their diverse local community. People with mental illness also need to have more opportunities to connect with other mental health consumers in a supportive environment.

Currently in NSW, there are a number of initiatives that may improve mental health consumers' access to community participation opportunities. For example, the National Disability Insurance Scheme (NDIS) can provide funding to eligible mental health consumers to participate in community activities of their choice.² Ability Links NSW can help people living with mental illness develop networks in their own communities and work with

² National Disability Insurance Agency (2013), Webpage, 'National Disability Insurance Scheme': <http://www.ndis.gov.au> [29 January 2015].

communities to become more inclusive of people with mental illness.³ The NSW *Disability Inclusion Act 2014* requires the NSW Government to have a State Disability Inclusion Plan⁴, and all NSW public authorities to have their own disability inclusion action plans⁵. All three initiatives are in their early stages. They have the potential to create more inclusive communities, and help people living with mental illness to become more involved in their communities.

To improve mental health consumers' access to inclusive spaces and social support networks in their communities, BEING recommends the following actions:

1. Fund and support communities to develop and increase inclusive opportunities for people to connect with others in their community. These opportunities need to be valued by the community and be responsive to the specific needs of the community, including people with mental illness. For example:
 - o Support community places and activities to become more inclusive of people with mental illness through mental health training and resources, and involving local mental health consumers in planning and development.
 - o Facilitate pathways for organisations and communities to share learnings about successful inclusive community activities.
2. The NSW Disability Inclusion Plan to be inclusive of people with mental illness. This means the Plan should:
 - o Clearly state that it includes all people with disability, including people with disability relating to mental illness.
 - o Incorporate key mental health policies.
 - o Actively involve people with mental illness in its processes, including in its development, monitoring and review.
 - o Require the disability inclusion action plans of NSW public authorities to involve mental health consumers in their development, monitoring and review processes.

“Community Participation is critical for the journey of recovery, for those with lived experience of mental illness. Way up on the list of contributors to health (mental & physical) is a sense of connectedness. Those “consumers” who are actively engaged in their respective communities are well on the road to leading a fulfilling, meaningful and contributing life.”

- Mental health consumer, 2014

³ NSW Department of Family and Community Services (2014), Webpage, 'Ability Links NSW': http://www.adhc.nsw.gov.au/individuals/inclusion_and_participation/ability_links_nsw [21 January 2015].

⁴ *Disability Inclusion Act 2014* (NSW) s10.

⁵ *Ibid*, s12.

Housing supply and public housing support

The goal

Improved service in public housing for people with mental illness, and increased availability of social and other forms of affordable housing.

What's the issue?

It is becoming more and more difficult for people with mental illness to access safe and appropriate housing in NSW. Private rental costs are increasingly unaffordable for people living with mental illness, considering that many have high healthcare costs and a low income. There is also not enough social housing available, including public housing managed by Housing NSW, for people with mental illness who cannot access private housing.

The current shortage of social housing and other forms of affordable housing in NSW has a significant impact on people with mental illness. For example, it increases the risk of homelessness that many people with mental illness already face, and makes it harder for people to exit homelessness.

For mental health consumers who have managed to access public housing, many do not get appropriate support from Housing NSW. It is estimated that around 19% of people living in social housing have a severe mental illness, compared to around 8% in the general NSW population.⁶ However, Housing NSW staff do not always have the expertise and experience to work with and support people with mental illness.⁷ For example, some mental health consumers have experienced discriminatory and stigmatising attitudes from some staff, and encountered staff that were dismissive of their concerns or requests for assistance. Some people with mental illness have been told by staff that Housing NSW could not help with their particular concern but were not referred to other services.

“When you ring up the Housing Department you get different stories, different people to talk to, it's very frustrating, and because I've been there for so long, I've had enough of these people. I just won't try and get help, and they count on that. So you give up”.

- Mental health consumer, 2013

⁶ NSW Department of Family and Community Services and PricewaterhouseCoopers (2013), Supply and Demand Modeling, (unpublished).

⁷ Submissions to the Legislative Council Select Committee on Social, Public and Affordable Housing (2014): Submission 121, The Benevolent Society, p. 6; Submission 54, NSW Consumer Advisory Group – Mental Health Inc, p. 6; Submission 13, Public Interest Advocacy Centre, p. 2.

What can be done?

The next NSW Government needs to build on the recent efforts to look into social and affordable housing issues. The Legislative Council Select Committee on Social, Public and Affordable Housing has reported on issues such as the shortage of social and affordable housing, and the need for holistic support for tenants in social housing.⁸ The NSW Department of Family and Community Services has recently released a discussion paper to facilitate conversations about how the social housing system in NSW should be reformed.⁹ The next NSW Government needs to take full advantage of these opportunities to address the housing issues people with mental illness are facing.

To improve mental health consumers' access to safe and affordable housing with appropriate support, BEING recommends the following actions:

1. Commit to increasing the supply of social housing and other forms of affordable housing over the next four years. This should include setting targets at the state and regional level.
2. The Department of Family and Community Services to immediately commission an independent review of how public housing services are administered.
 - o The review should focus on improving public housing tenants' experience of Housing NSW staff and service, in particular, the experience of tenants with complex needs.
 - o It should proactively seek input from public housing tenants with mental health and other complex needs.
 - o The findings and recommendations from the review should be incorporated into the social housing reform.

"I think that having a safe and stable home has been essential to my getting better and maintaining health."

- Mental health consumer, 2014

⁸ NSW Legislative Council Select Committee on Social, Public and Affordable Housing (2014), Report, Social, public and affordable housing.

⁹ NSW Department of Family and Community Services (2014), Social Housing in NSW: A discussion paper for input and comment.

Accessible and affordable transport

The goal

More accessible and affordable transport for people living with mental illness, especially in rural and regional areas.

What's the issue?

Lack of access to appropriate transport adds to the barriers that people with mental illness already experience in relation to community participation, healthcare access and other aspects of living.

Many people living with mental illness have a limited budget for transport costs due to having a low income and high healthcare expenses. For some people, certain transport modes are also not accessible due to their mental health needs.

“Anxiety and paranoid thoughts when [I] catch public transport and I also get lost”

- Mental health consumer, 2014

Some of the most pressing issues around transport for people with mental illness are:

- Lack of public transport services and other accessible transport options in rural and regional areas (e.g., safe cycle or walking paths, community transport).
- Many people living with mental illness are on a low income but do not qualify for public transport concessions, and cannot afford public transport.
- High car ownership dependency in rural and regional areas, and many mental health consumers not being able to afford the high costs associated with owning a car (e.g., petrol, long distances to travel, car registration, green slip).

“Honestly, you've got to have a car. There's not enough transport... if you live... on the fringe of [regional area] and the fringe of [regional area] your legs are the only way of getting around.”

- Mental health consumer, 2014

What can be done?

There needs to be better access to affordable and appropriate transport for people with mental illness. This should consider the transport needs that may vary from community to community. Transport for NSW has recently developed Regional Transport Plans. Transport for NSW should ensure that the implementation of these plans will meet the transport needs of communities, including people living with mental illness in those communities.

To improve transport access for people with mental illness in NSW, BEING recommends the following actions:

1. Review concessions for public transport to enable a more equitable system. The review should identify and address gaps currently faced by people on a low income who are not eligible for existing concessions.
 - For example, people who are working part-time, have a low income and high healthcare expenses.
 - The review should also consider recommending concessions for health care card holders.
2. Transport for NSW to commit to meaningful engagement with mental health consumers in the development and implementation of regional transport initiatives, and reviews of Regional Transport Plans.
3. Investigate ways to make driving more affordable for people living with mental illness where there is limited access to alternative modes of transport.
 - For example, in Victoria, Health Care Card holders have a 50% discount for vehicle registration.¹⁰ In South Australia, there is an outer areas concession with a discount for registration fees.¹¹

¹⁰ State Government of Victoria (2014), Webpage, 'Registration concessions': <https://www.vicroads.vic.gov.au/registration/registration-fees/concessions-and-discounts/registration-concessions> [20 January 2015].

¹¹ Government of South Australia (2015), Webpage, 'Concessions for registrations and licences': <https://www.sa.gov.au/topics/employment-and-finance/financial-support/concessions-and-benefits/registration-and-licence-concessions> [20 January 2015].

Equitable employment opportunities and support

The goal

More inclusive and supportive employment opportunities for people with a lived experience of mental illness.

What's the issue?

Many mental health consumers want to work but face significant barriers to accessing employment. For example, some employers would not hire people who were known to have a mental health issue; some people with mental illness would not apply for certain employment opportunities due to the fear of being discriminated against; and many people with mental illness have experienced barriers to education which then limited their employment options.

For mental health consumers that are employed, many need appropriate support and flexibility in the workplace to perform to their potential. For example, some people with mental illness may need extended leave, flexible start times, and other considerations. Many workplaces, however, either would not or could not meet this need. Research by WISE Employment in 2014 found that most (57%) small and medium-sized businesses were not inclined to hire people with mental illness.¹² Reasons included discriminatory attitudes from employers, and lack of resources to provide appropriate training for managers and support for people with mental illness.

“Due to the episodic nature of my mental health issues it is always difficult to find mainstream employment. Further to this the dilemma of “to tell or not to tell” at employment interviews is tricky. More often than not I choose not to tell (unless it peer or consumer employment) as the stigma of mental health is still a big issue.”

- Mental health consumer, 2014

What can be done?

In order to provide flexibility and appropriate support, workplaces need to have an understanding of mental health issues, recognise the mental health needs of employees, and be willing to work with individual mental health consumers to put the appropriate support in place.

Employers also need to put in place whole-of-workplace initiatives to promote and develop positive mental health and wellbeing. Such initiatives would help breakdown stigma and

¹² WISE Employment (2014), Empowerment research results snapshot: 'SME attitudes to employing people who have a mental illness', p.1.

discrimination. They would encourage people to better support each other's mental health and wellbeing, and in the longer term save employers money.¹³

To make employment opportunities more equitable for people with mental illness, BEING recommends the following actions:

1. Investigate, develop and implement a range of initiatives to positively promote mental health issues in workplaces. This includes:
 - o Funding and providing expertise to support workplaces to develop mental health and wellbeing strategies for the workplace, and to provide appropriate supports for people with mental illness. This includes supporting people with mental illness to train staff, especially managers, to understand mental health issues and inclusive practices.
 - o Providing resources to support and grow a network where employers can share with other employers the positive experiences of employing people with mental illness, and successful ways of improving workplace practices. It should build on existing networking groups and initiatives, including the national Mentally Healthy Workplace Alliance.¹⁴
2. The NSW Public Service Commission, in its role to increase workforce diversity in the public sector¹⁵, to include explicit consideration of people with mental illness in its research and strategies.

*“Work is possible for many who suffer from mental illness, but many employers don't want to make the reasonable adjustment we need to be able to work. For example, for me currently it was a matter of being allowed to work part-time, with access to flex time & a late start time. This has worked well & I have been praised for my productivity when **led by a supportive manager.**”*

- Mental health consumer, 2014

¹³ beyondblue and PwC (2014), Creating a Mentally Healthy Workplace: return on investment analysis, p. iv: Shows that successful implementation of an effective action to create a mentally healthy workplace sees a return on investment (ROI) of \$2.30, typically through lower absenteeism, presenteeism, and compensation claims.

¹⁴ National Mental health Commission (2014), Webpage, 'Mentally Healthy Workplace Alliance': <http://www.mentalhealthcommission.gov.au/our-work/mentally-healthy-workplace-alliance.aspx> [23 January 2015].

¹⁵ Public Service Commission (2013), Webpage, 'Equity and Diversity', <http://www.psc.nsw.gov.au/Sector-Support/EquityandDiversity> [26 January 2015].

Holistic and responsive legal assistance

The goal

A more accessible justice system and holistic approach to legal issues for people living with mental illness.

What's the issue?

People with mental illness can be and are more susceptible to legal issues. However, people with mental illness generally face disadvantages in accessing justice. Some of these disadvantages include:

- The high costs of legal representation, which many mental health consumers facing social and economic disadvantage cannot afford.
- Mental illness may impact on a person's ability to access legal assistance and participate in the legal system.¹⁶
- Stigma and discrimination towards people with mental illness, including the tendency to perceive people with mental illness as lacking credibility.¹⁷
- Most lawyers do not have the experience or expertise to address the legal needs of people with mental illness.

Some services (e.g., Legal Aid NSW and community legal centres) provide free legal assistance to those who are eligible. However, in NSW, there are still high levels of unmet legal needs of people with disability, including mental illness, across a range of legal issues.¹⁸

"The justice system does not seem to recognise that despite our intellectual ability to represent ourselves in court our mental health can greatly hinder our ability to build a case and defend ourselves alone. Lawyers are expensive and legal aid is limited. We need someone who can help us to navigate the very daunting justice system as victims or offenders."

- Mental health consumer, 2014

What can be done?

There needs to be more legal assistance for civil and criminal matters that is responsive to people with complex needs, such as mental illness. Lack of funding for legal assistance

¹⁶ Karras, M, McCarron, E, Gray, A & Ardasinski, S (2006), On the edge of justice: the legal needs of people with a mental illness in NSW, Law and Justice Foundation of NSW, Sydney.

¹⁷ Ibid.

¹⁸ Coumarelos, C, Macourt, D, People, J, MacDonald, HM, Wei, Z, Iriana, R & Ramsey (2012), Legal Australia-Wide Survey: Legal Need in New South Wales, Law and Justice Foundation of NSW, pp. 76, 201; see footnote 8 on p. 11 for definition of disability.

often shifts the costs of unresolved problems into other areas of government spending, such as healthcare, housing and child protection.¹⁹

To be responsive to people with complex needs, a holistic approach is required which looks at both the legal and non-legal issues, as the issues are often connected. For example, mental health issues can contribute to a family law dispute. Legal disputes may also impact on other aspects of a person's life, such as their mental health. Having legal and non-legal sectors working together to provide a coordinated response is likely to lead to better outcomes for people, including mental health consumers.²⁰

To improve access to justice for people with mental illness, BEING recommends the following actions:

1. Fund more partnerships between legal assistance and non-legal services to provide more holistic and affordable services to people with mental illness, and to facilitate cross-sector knowledge-sharing and training. This process should draw on learnings from existing partnerships and initiatives, such as the Cooperative Legal Services Delivery Program²¹. Types of partnerships could include:
 - Co-location partnerships
Legal and non-legal services being at the one place to enable a more coordinated response to the broader issues affecting a person.
Existing examples:
 - The Homeless Persons' Legal Service coordinates lawyers to work on a pro bono basis at welfare agencies that provide direct services, such as food and accommodation, to people in housing crisis.²²
 - Social workers work together with lawyers at The Shopfront Youth Legal Centre to provide holistic support to young people who are experiencing mental illness and homelessness.²³
 - Training partnerships
Mental health consumers and workers provide training to lawyers, including private lawyers, to improve their ability to work effectively with mental health consumers. Also, lawyers provide training for mental health consumers and non-legal workers, such as social workers, to improve their ability to identify and respond to legal issues.

¹⁹ Productivity Commission, Access to Justice Arrangements: Overview, above n 3, pp. 30, 31.

²⁰ Coumarelos, C et al, Legal Australia-Wide Survey: Legal Need in New South Wales, above n 4, p. xxii.

²¹ Legal Aid NSW (2014), Webpage, 'Cooperative Legal Service Delivery Program': <http://www.legalaid.nsw.gov.au/what-we-do/community-partnerships/cooperative-legal-services-delivery-clsd-program> [2 February 2015].

²² Public Interest Advocacy Centre, Webpage, 'Homeless Persons' Legal Service': <http://www.piac.asn.au/hpls> [20 January 2015].

²³ Public Interest Advocacy Centre, Webpage, 'The Mental Health Legal Services Project': <http://www.piac.asn.au/project/mental-health-legal-services-project> [20 January 2015].

Mental health education and support for young people

The goal

Increased ability of young people to seek help and support for their mental health, including from teachers.

What's the issue?

Many people experience their first episode of mental illness at a young age, with nearly half of all mental health problems beginning before the age of fourteen²⁴, but most young people don't get the support they need.²⁵

School communities and parents are in critical positions to help and support young people who may be experiencing mental illness. There are a range of resources and initiatives provided by Commonwealth Government, NGOs and the private sector that aim to increase the ability of schools and parents to support young people's mental health. However, not all schools use these, so many students miss out.

"At my high school at least, I mean most of us never thought to see a counsellor anyway because we didn't really receive any education about mental health"

- Young mental health consumer, 2014

For young people, some of the most pressing issues are:

- The compulsory mental health education at NSW Primary and Secondary schools is not practical or in-depth enough for young people to feel confident about seeking help for themselves or their friends.²⁶
- Many teachers lack the necessary knowledge and skills to support students who may be experiencing mental illness.
- Some young people who are experiencing mental health difficulties are being punished, including through suspensions, for their behaviour.

"Instead of doing something about the concern they [the student] are working through[...] they just get rid of the child[...] which I experienced in high school."

- Young mental health consumer, 2014

²⁴ Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE (2005), Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication, *Arch Gen Psychiatry*, 62(6), pp. 617-27.

²⁵ Reachout.com by Inspire Foundation, EY (2014), *Crossroads: Rethinking the Australian mental health system*, p. 8.

²⁶ On students wanting more practical skills and information, see NSW Commission for Children and Young People, Mental Health Commission of New South Wales (2014), *Support in tough times: Encouraging young people to seek help for their friends*, pp. xi, 46.

What can be done?

The next NSW Government needs to make the most of opportunities to improve the mental health education students receive. For example, the health education syllabus in NSW will be changing to align with the Australian Curriculum.²⁷ It is important that these changes improve current mental health education.

To increase the support for young people at school, there needs to be more drive for all teachers to engage in mental health training and initiatives - for example, by ensuring that such efforts by teachers can count towards their teacher accreditation. Accreditation in NSW is managed by the Board of Studies, Teaching and Educational Standards (BOSTES).²⁸

To improve mental health education in schools, and the ability of teachers and schools to support young people's mental health, BEING recommends the following actions:

1. Department of Education and Communities to ensure that the NSW curriculum, including the upcoming changes to the PDHPE syllabus, teaches Primary and Secondary students practical strategies around mental health. This should include:
 - Coping techniques.
 - Dealing with confidentiality issues such as self-disclosure and disclosure by peers.
 - Real life examples, such as people's personal experiences with mental illness.
2. Partner with BOSTES to investigate ways to increase the ability of all teachers, from graduate teachers to principals, to support student mental health and wellbeing. This should include:
 - Making it easier to count participation in mental health training and initiatives towards teacher accreditation.
 - Providing all teachers with attractive professional development opportunities that would benefit students' mental health.
3. Partner with Commonwealth Government, tertiary education providers and BOSTES to increase mental health training requirements for people training to become teachers in NSW.

²⁷ Australian Curriculum Assessment and Reporting Authority, Webpage, 'Health and Physical Education':

<http://www.australiancurriculum.edu.au/health-and-physical-education/curriculum/f-10?layout=1> [19 January 2015].

²⁸ BOSTES (2015), Webpage 'Teacher Accreditation: How it works': <http://www.nswteachers.nsw.edu.au/current-teachers/maintain-proficient-teacher-accreditation/how-it-works/> [19 January 2015].

Being | Mental Health & Wellbeing Consumer Advisory Group

Being | Mental Health & Wellbeing Consumer Advisory Group (BEING) is the independent, state-wide peak organisation for people with a lived experience of mental illness (consumers). We work with consumers to achieve and support systemic change.

BEING's vision is for all people with a lived experience of mental illness to participate as valued citizens in the communities they choose. Participation is a fundamental human right as enshrined in Article 25 of the International Covenant on Civil and Political Rights (ICCPR). We work from the premise that the participation of consumers results in more effective public policy and facilitates individual recovery.

Our work is guided by six principles:

- Being person centred and empowering consumers in the interests of consumers;
- Adopting a recovery approach to building positive futures;
- Promoting positive images and reducing stigma and discrimination;
- Enhancing best practice and building understanding of effective approaches to consumer participation;
- Capacity building of our organisation, consumers and services; and
- Promoting professionalism and continuous improvement in our ways of working.

BEING is an independent non-government organisation that receives core and project funding from the Mental Health Commission of NSW.

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