How to use this document

This information is written in an easy to read way.

We use pictures to explain some ideas.

This document has been written by the Mental Health Commission of NSW.

When you see the word ‘we’, it means the Mental Health Commission of NSW.

Some words are written in **bold**. We explain what these words mean. There is a list of these words on page 38.

This Easy Read document is a summary of another document.

You can find the longer document on our website at www.mentalhealthcommission.com.au

You can ask for help to read this document. A friend, family member or support person may be able to help you.
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This document is about the way we are improving mental health in NSW.

We want everyone in NSW to have the opportunity to have good mental health.

And we want people to be healthy and happy in their community.

The changes we’d like to make apply to everyone, everywhere in NSW.

This includes people from all cultures, and people at all stages of life.
In this document, we explain:

- important ideas about mental health
- what we want to do
- how we will do this.
The changes we want to make are based on some important ideas.

These are:

**Respect**
Everyone should be treated equally.

**Recovery**
Those of us with mental illness can make choices about our lives at all times – including when we are well, when we are sick and when we are recovering. This applies to our families and carers too.

**Community**
Strong connections with the people around us are important.

**Quality**
We want good services and support.
Equality

We want people to be treated equally. We don’t want people to be treated badly because of their:

- age
- gender
- culture
- sexual identity
- where they live
- health problems they may have.

Citizenship

Everyone in our society can help make mental health better.
Hope

We are positive about a better future.

What we want to do

Over the next 10 years we want to make life better for everyone and we want to make big changes for people with mental illness in NSW.

Mental illness includes anxiety, depression, schizophrenia and bipolar disorder, and some other conditions.
We will make sure that:

- more people have good mental health and wellbeing

- more people with mental health problems can take part in our community

- more people with mental illness learn how to work with and support other people with mental illness – we explain this in more detail on page 32.

- people have a good experience when they use services
more money is spent on services in our community.

Reducing problems

We want to reduce:

- the distress that people experience in our community
- how often people with mental illness are treated badly
- the number of people who die by suicide, or who think about suicide, or who try to complete suicide
- the number of people who are put in hospital against their wishes
- the number of people in prison who have mental illness.
We will do this by using 10 steps for change.

1. Planning for our future
2. Making it local
3. Getting in earlier
4. Putting people first
5. Providing the right type of care
6. Better responses
7. Care for all
8. Supporting change
9. Making sure things are going well
10. Thinking widely

We explain each of these steps on the following pages.
1. Planning for our future

We are all affected by mental health and wellbeing.

And we all have a responsibility to look after ourselves and each other.

Together, we can make sure that mental health in our community gets better over time.

Some things in life can have a big effect on our mental health, such as:

- having good relationships with others
- taking part in our community
• being able to afford the things we need

• getting an education

• having a job or things to do

• having a good place to live.

Some areas of government have more to do with mental health than others.
For example, areas such as health and education often look after mental health issues.

However, we think that all areas of government should think about the impact of mental health in our community.

Lots of organisations and people in our community have a big role to play as well.

Organisations are groups of people who work together, perhaps in a business or a community group.

Organisations working in mental health include people like social workers, youth workers, counsellors and health professionals.

The NSW Mental Health Commission also has an important role.
However, we want to make sure that everyone in our community feels like they own this plan, and that they can do things about mental health problems.

Over the next 10 years, we will make sure that things are going according to the plan.
2. Making it local

NSW is a big place.

Some solutions that might work in one area may not work in another.

We think it’s important to think locally and look at what people living in different areas need.

This includes people living in cities and in the country.

It also includes looking at what Aboriginal people need.
Aboriginal people have a long cultural history. This history is based on:

- family
- community
- respect
- connection to land.

However, many Aboriginal people are treated badly in our community. They face problems like racism and sadness over the way they have been treated for a long time.

We need to improve this.
And we want Aboriginal communities to be part of the way we make things better.

We want the solutions to work for Aboriginal communities in their local areas.

We want to help these communities heal.

We know that Aboriginal people in NSW want better access to mental health services that meet their needs.

This includes:

- more Aboriginal health workers
- respect for women’s and men’s business
- more work to prevent mental illness and suicide in Aboriginal communities.
20% of Aboriginal adults experience high or very high mental distress including depression and anxiety.

About 208,500 Aboriginal people live in NSW. That is 1/3 of the Aboriginal population in Australia.

In NSW, the rate of suicide for Aboriginal people is 1.4 times higher than for non-Aboriginal people.

Aboriginal children and young people also suffer poorer mental health than their non-Aboriginal classmates.
3. Getting in earlier

Sometimes, the support that people need to prevent mental illness doesn’t happen early enough.

We think that big improvements can be made by supporting people earlier – no matter what stage of life they are in.

We can encourage:

• strong communities that value good mental health and wellbeing

• more people to take an active role in their own mental health

• more awareness of, and action on, mental health issues in children and young people – especially supporting parents

• community support to prevent suicide
• positive workplaces where people with mental illness are supported and safe.

Taking part in our community through work or other activities is an important part of recovery and staying well.

Half of all mental illnesses will show before age 14. **¾** of mental illnesses will show by the age of 25.

In 2012, a study showed that **8.3%** of NSW children could have trouble developing mentally because they did develop proper emotional maturity.

In 2011, **14%** of high school students showed signs of high mental stress like anxiety and depression.

In 2012, **707** people in NSW completed suicide. Each year about **9000** are admitted to NSW hospitals for hurting themselves on purpose.
4. Putting people first

People with mental illness – and their families and carers – should have a say in the supports and services that are available.

There are big benefits in working together, including:

- better results
- happier staff
- more understanding.

Sometimes, people find the mental health system hard to use.
Because of this, they might not want to try to find services or support.

We’d like this to improve.

We’d also like to see more services understand that some people have been through bad experiences in the past.
5. Providing the right type of care

In NSW, we want to do everything we can to keep people with mental illness out of hospital and living in their homes in the community.

However, at the moment, NSW relies a lot on hospital care for people with mental illness.

We’d like to change this by:

• increasing the opportunities for community care like mobile treatment teams and crisis care

• encouraging hospitals and community based care to work together

• making sure that community based care services have the staff and systems that they need to do their job well
• continuing to reduce the use of long-term care in mental health institutions

• encouraging the Government to use any money from the sale of mental health institutions on new mental health services

• making sure that everyone can get to the services and support they need – especially if transport is limited, or if people live in rural or remote areas.

Some groups in our community really struggle to get the services they need.

Everyone should receive the services and support they need, including:

• Aboriginal people

• young people
• older people

• people from all cultural backgrounds

• lesbian, gay, bisexual, transgender and intersex people

• people with disability.

In February 2014, there were 2337 mental health inpatients in the NSW public health system. ¼ of them, or 556 people, had been in hospital for more than a year.
6. Better responses

We know that, for many people, mental illness does not happen as a problem on its own.

For many, mental illness occurs at the same time as other problems, such as:

- physical health problems
- drug and alcohol use that causes problems
- homelessness or a lack of stable housing
- being in jail.
We think that all areas of Government should be working together to address these problems.

Working together:
- improves people’s mental health
- helps people recover
- saves the Government money.

It is estimated that 50-75% of young people who are homeless in Australia have some experience of mental illness.
7. Care for all

Some groups in our community have additional mental health needs.

For example, people who are lesbian, gay, bisexual, transgender or intersex (LGBTI) often have mental health issues.

Despite the changes that have taken place in our community over recent years to make everyone feel included, LGBTI people are often treated badly.

Similarly, people from a range of cultural backgrounds are sometimes treated badly in our community too.

Some people have come to NSW after experiencing a lot of pain and trauma in their own country.

Or they have language barriers that stop them from finding and using the services they need.
Other people have disabilities that make mental illnesses worse.

For example, up to 40% of people with intellectual disability have also have a mental illness.

As a community, we need to take care of these people who have additional mental health needs.
8. Supporting reform

We want to see more investment in mental health.

And we want to see more people working in this area.

We’d like everyone who works in mental health to have the skills and tools that they need to help people recover.

We’d like more people who have experienced mental illness to work in the area and help others recover. We call this peer support.

We’d like people working in peer support to feel welcome and valued as an important part of the mental health workforce.
We’d also like to make sure that organisations in our community can develop and grow to support people with mental health issues.

We want community care to be a good choice for people instead of hospital care.

Changes need to be made by the Government to make this happen.

We’d also like to see mental health care use more modern technology, like online access to care.

This would be really helpful for people living in rural and regional communities.
And it could be of benefit to young people as well.

86% of Australians use the internet.

44% of Australians use the internet more than 5 times a day.

95% of young people use the internet daily.
9. Making sure things are going well

The most important part of making changes to the mental health system in NSW will be making sure that the money is spent wisely.

Money from the Government needs to be set aside for mental health.

And we need to check regularly to make sure this is being spent well.

The Mental Health Commission of NSW has an important role to play in this.
10. Thinking widely

We know that mental health is not a single problem that occurs all by itself.

As you will have read throughout this document, mental health issues often occur along with other problems.

Changes to mental health services and support need to be considered in relation to other changes in all areas of Government.

This includes changes at a national level, not just in NSW.

For example, the National Disability Insurance Scheme is now underway around Australia.

The NDIS is a new way of providing services and support for people with disability.
And the way money for mental health services is spent is changing too.

Over time, the money will be spent in more individual ways, based on the needs of each person.

Over the next 10 years, we will check to make sure that the plan is working well – especially in line with other changes in other areas of government.
Word list

Organisation
A group of people who work together, perhaps in a business or a community group.

Peer support
When a person has an experience of mental illness and they work in the area and help other people recover.

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Cover painting by Rosemary Dugan

*Atmosphere – faces* (acrylic on canvas)

Rosemary is an artist and lives with mental illness. She goes to weekly art classes at Gladesville Hospital run by the Northern Sydney Local Health District. The NSW Mental Health Commission bought this artwork and asked the artist permission to use her artwork on the cover of this Plan and online.

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**ISBN: 978-0-9923065-6-4**