

Hunter New England/Central Coast

“Don’t try and build innovation on top of a sandcastle” – participant quote.

Key themes

Analysis for the Hunter New England/Central Coast region utilised written notes from the Newcastle (attended by around 53 people), Gosford (attended by around 25 people), Tamworth (attended by around 44 people) and Singleton (attended by around 18 people) consultations with photos of the butcher’s paper also available from all consultations apart from Newcastle. From the materials available the following key themes were distilled:

- Funding, resources and continuity of care. The issues raised included: it is a small pot of funding, funding cycles, competition and time limitations to funding
- Access to services, in relating to the assumption that people know where to go for help
- Connecting to young people, increasing early interventions in schools and providing free youth counselling services
- Stigma and discrimination around mental health
- Training and education including professional development and case management
- Collaboration and coordination of care with services not talking to each other

In addition, the following key themes emerged in response to the questions: what is working well, what are the challenges, and what are the priorities?

What is working well?	Qualifiers/examples
Peer workforce	Peer support; Peer work; Working together; Formal and informal support
Increased connections	Connections between mental health services and other organisations; Employment support; Support for independence; Community events; Coffee groups; Carer support network; Informal family support; Interagency group convened by Council - both mental health and youth interagency networks
Willingness to engage and connect, working together	Improved awareness; Readiness and willingness to work in partnership; Destigmatisation; Increased community campaigns - RU ok, anti-bullying etc.; Links between services; knowledge of services
Connections with young people/positive school involvement	Schools youth hubs; school link; youth solutions committees; increased awareness of services and how to access them, in school training and counselling, education in schools preventing mental health issues
Increase and improvement in co-design	
Increased use of technology and alternative therapies	Telechat; Telecross morning welfare chat; assistance dogs; headspace LITE; mental health first aid; outreach; adult acute services; support groups; Got it Program

Engagement with workplaces	Flexible workplaces; EAP; Psychology support; Mental health first aid
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What are the challenges?	Qualifiers/examples
Visibility of services	Assumptions made that people can access services; Services not visible or known to other providers
Lack of collaboration of services	Services not talking to each other; Communication; Having to repeat your story; Duplication; Inconsistency; Lack of flexibility; Lack of contact with service providers
NDIS	Access; Uncertainty; Funding; Case management
Funding	Small pot - have to fight: cycles; Criteria; Timing; Not funding right services; Competition; funding/time limitations; Lack of communication
Trauma informed care	"We say we are doing it - but we don't know what it is"
Workforce	Burnout; Skilled workforce training; Referral pathways from GPs; Staff staying relevant and up-to-date; Recruitment; Retention; Cost and wait times to see professionals; Access

What are the priorities?	Qualifiers/examples
Well educated and informed workforce	No wrong door policy; GPs education and awareness; Workforce development training; Skilled workforce shortage; Shortage of psychologists; Trained staff and clinicians; Security staff with empathy; Mental health education and training for community; Mental health nurses and community workers; Social workers and allied health professionals
Removing stigma	Developing a society that is welcoming and free from discrimination; Decreased stigma; Increased community engagement; Focus on people's ability; Treat people with dignity and respect; Listen to people; Community support
Co-design	Co-designing services; Increasing peer networks
Social determinants of health	Housing; Employment; Training; Education; Transport; Increase collaboration/engagement with broader health sector

Funding	Sustainable, flexible, consistent funding models; Better funding - translating into on-the-ground services; Consumer focused funding; Sufficient beds; Improved ED services; Outreach services; Non-NDIS services; Advocacy
Alternative therapies	Therapy animals; Skype sessions; Telehealth; Include fitness industry in mental health policy

The Mental Health Commission of NSW acknowledges the contribution of The Australian Institute of Health and Welfare (AIHW), who were engaged to conduct a qualitative data analysis for the mid-term review of *Living Well*.