

2017 Mental Health Week Survey Responses

As part of Mental Health Week activities in 2017 the Northern Territory Mental Health Coalition invited the Northern Territory community to provide feedback about their experiences of mental health services, programs or systems in the NT, as well as perspectives on priority areas for system improvement.

Participants were able to complete either a hard copy version of the survey at the Mental Health Week Launch or through an online version during Mental Health Week.

The purpose of the survey is to provide community feedback to the Northern Territory Mental Health Coordination Committee to assist with informing future planning and decision-making.

Survey Responses for the question - What is your experience of mental health services, programs or systems in the NT? Responses are direct quotes and have been grouped under relevant category headings.

Total survey respondents = 65 people

SERVICE AVAILABILITY

Experiences:

- Not good at all. Need more support in Darwin. Nowhere to go.
- There are a lot of good service providers. However, many indigenous people will not access some of them.
- Pretty good. Need more opportunities for the mentally ill to get things done.
- Gaps exist, especially with access to services for homeless and those with no social and family support.
- Lack of services for medium-high risk young people. headspace does not accept any of my clients because they are 'too high risk' although I would not consider them to be high risk. I feel that headspace does not wish to work with any form of slightly risk clients. there is not much available for young people outside this service.

INFORMATION AND EDUCATION

Experiences:

- Trying to find the right people for the application of services. Too many people moving on and lack of continuity. But overall it is a long journey, but I am improving.
- Limited experience, however, I believe that more mental health awareness could be good and make advertisement of services.
- From my limited knowledge, I'm aware of the mental health assessment available from the General practitioner. I'm also aware of the online services such as Beyond Blue.
- Needs to be more for homelessness in the NT. Working together with other services to give better outcomes.
- Great experience of mental health services who are working hard to help the community and advocate for mental health stigma.

- TeamHEALTH services aims to meet the needs of all their participants.
- We are moving forward - sometimes we reach the end of the road without any further answers. Perhaps the NDIS will help the system.
- I am aware of some MH programs and services in the NT who employ staff who have little or no education in mental health, yet they receive government funding for their programs.
- Many dedicated and sincere people but never enough workers or professionals to address what is a huge problem in an area that is huge.

EARLY INTERVENTION

Experiences:

- I work with youth 12 -25 years. Early intervention and moderate-severe mental health issues. Early intervention is very important. Getting help for people in the early stages of mental health.
- By the sounds of it, it sounds good. It is good to have events like this (mental health week launch) to raise awareness.
- Services seem to work well together to ensure people can access services when they ask for help. Much mental illness is unseen. More investment in prevention/early intervention is needed.

REFERRAL PATHWAYS

Experiences:

- Always had good experience with service in NT and Queensland. Work hard at helping participants to find relevant service.
- No experience as a consumer of mental health services in the NT. The availability of yoga and meditation classes in Darwin is valuable in terms of mental health promotion, if you can afford/access them and are aware of their mental health benefits.

SERVICE ACCESSIBILITY

Experiences:

- Darwin being small - all mental health services are accessible to all.
- Unpredictable and hard to find. They don't like to advertise themselves and most of them have such tight criteria I don't fit.
- Incredibly difficult to access clinical mental health services such as TEMHS - Tamarind Centre/Perinatal mental health.
- Clients find it difficult to get appointments. Programs are good, MIFANT, TEMHC, Day2Day Living etc.
- Mental health services are poor in the NT. the Tamarind centre is hard to access and the CATT team are terrible to deal with.
- It can be really difficult to get assistance for people when they are in need.

SUICIDE PREVENTION TRAINING

Experiences:

Not that great. Education of doctors!! 16 year old ticked box for mental health care plan, ticked suicidal thoughts. Doctor looked and said would see him following Wednesday. 2 hours later he hung himself! 15 year old at doctor after brother's suicide (2 days). Doctor asks her "why do you think he did it!!!!"

SERVICE COORDINATION

- Mostly good, however, there needs to be more serious worthwhile discussion- complete and proper communication with all leaders, Liberal/Labor, Courts, Councils etc. and introduce stricter laws.
- My experience with TEAMhealth has been a positive support service.
- Acute care services can be challenging to be client-centred, despite efforts of some good staff.
- Variable. Committed staff but a struggle to meet demand; not particularly contemporary in some areas
- A family member with significant debilitating mental health issues was an in-patient of AS Hospital for her mental illness. She has since received invaluable support from a psychiatrist, counsellor and MHACA. Her mental health condition is now well-managed and she is leading a meaningful and fulfilling life.
- I have received some good service however this has not been systematic and consistent and is dependent on the individual practitioner. The focus and investment on the medical model and inadequate level of planning and is poor. Knowledge and support of consumer rights need to be strengthened.
- Too busy, not enough resources, sometimes too risk adverse and too focused on gatekeeping people out of services
- Wait lists are too long, Depression and the symptoms don't understand wait
- The quality of psychologists in Darwin is well below par, and the cost of seeing a psychologist is prohibitive - especially when compared to other places in Australia. Suffering from mental illness in Darwin is a very isolating experience as there is a lack of variety and breadth of support services.
- Difficult when advocating. Long waits particularly with TEMHS. Difficult to navigate.
- Varying. In terms of public, emergency services, very poor.
- Inconsistent, hidden and hard to navigate.

Carer Experiences

- My experience of mental health services in Darwin is quite poor. As a carer I am continually excluded by the mental health service from decisions made about the person I care for, this is frustrating and at times distressing for my family as we are only told about decisions made by mental health service provider (in this case the Tamarind Centre) with little to no notice or adequate explanation and we are not provided with any opportunity to appeal the decision. The quality of service provision does not match the standards promoted by the service in the Tamarind Centre reception/waiting area. In my experience the Tamarind Centre also routinely fails to adequately comply with the Carer's Charter especially in relation to respect, acknowledgement, informed, recognition, impact, informed and

consideration in their planning and decision-making processes. Ongoing and persistent poor communication between the service and Consumers and Carers is also a significant issue and concern. In my experience service providers who are providing an excellent service are my GP, Carers NT and the Counselling Services at AMITY.

In-patient services

- Cowdy Ward was a harrowing experience, the building and facilities were unclean, unwelcoming, uncomfortable. Sectioned against my will, I wasn't provided with basic provisions such as soap, toothbrush, a sower that worked (one hard stream of luke warm water like a hose). Staff were barely present, and treatment seemed in no way therapeutic. It was what I imagine a dirty prison to be. Private services have been fair. I find that I have to take the entire responsibility for my care as I can't rely on practitioners to know best. After many years of incorrect diagnosis, I now find that I come across answers through research and then have them backed by practitioners rather than having them provide insight first. I don't believe this level of service to be any better interstate, however I think the NT hospital system may be the worst in Australia. I think the level of funding for mental health services is completely insufficient given its prevalence and severity of impact on people and their families.

Priority areas for system improvement identified by survey respondents

SERVICE AVAILABILITY

- Need for more diverse discharge accommodation (eg sub acute options), reducing paternalism in service delivery to Indigenous clients, more legislation to support carers in their role in the community.
- Availability of coordinated responsive services that are recovery focused.
- Availability of services for people in remote communities, particularly young people; support for people in the criminal justice system with mental health issues; lack of preventative/early intervention support for children and young people.
- Availability of services. reducing the housing and homelessness pressures. support for workers and carers in the field.
- Better linked/connection with other services. More Aboriginal people working in the Mental Health space, to work with aboriginal clients.
- Need more support where children are living with a parent with mental ill health and/or trauma, including MH workers who work within child protection system.
- 1. Housing. Homelessness is a significant contributing factor relating to mental health. Housing and support need to be more readily available. 2. Existing services are good but could be expanded.
- Reducing the criteria for access to services, more services available for young people after school hours and in Palmerston areas.
- Practical support and transport for those living with mental illness better ways of accessing services for all clinical staff to be trained in attachment theory and practice and to be trauma informed, more services that are easier to access that truly understand the episodic nature of mental illness Safe in Oz services.
- Availability of services, promotion (services rarely find out about services for their Clients until the last minute, which is always too late as weeks are usually booked in advance).

- Availability of services, Affordability of services and Variety of services.
- 1 - availability of service 2 - education of mental health and awareness 3 - support for the person who is suffering from mental health.
- Service accessibility, culturally relevant, not just culturally sensitive Family integrated
- MHAT Availability of Services Employment.

SERVICE ACCESSIBILITY

- Better access to free counselling services with counsellors that are experienced in trauma
- Support for consumer workers within mental health. Education and understanding across other health services about mental illness. Availability of suitable truly consumer centred services.

SERVICE COORDINATION

- Mental health and alcohol and other drug services should be combined eg. one stop shop. Educate the service providers. More funding for MH accommodation.
- More funding, assurity of funding, legal status of clients.
- Improvement in NT Mental Health Services, housing and support, education and employment. Role of consumers and carers in policy and more importantly in their care planning and consumer /carer peer support.
- Long term system planning and concurrent security of funding, better information about interface with NDIS and Mental Illness ... need to build capacity of what exists?
- De-stigmatisation of Mental Health and the labels associated with it, via awareness and promotion. Ability of services to respond to a person's crisis. Housing and Employment.
- Don't start to isolate areas. My personal belief - Isolation is a large contributor of mental health. All of your examples are important areas, and all should have the same growth of support from management on improvement issues.
- A professional peer support workforce is essential for the NT. Workplace-based mental health promotion training for large employers. NT Government (NTG) departments and orgs in receipt of NTG funds should have KPI's around mental health promotion/safety in the workplace.
- Cultures of bullying/excessive dominance and hierarchy persist in many workplaces and high turnover in the NT results in many managers having few skills in, or orientation towards supporting the staff below them (however the Not for Profit Organisations (NGOs) sector is much better at this than some govt. departments). This requires a cultural shift in some NTG Departments towards valuing the work (and support needs) of front-line workers, rather than just the needs of senior managers/executives/the minister. Child protection workers, in particular are placed under huge amounts of stress and often seem to operate within departmental cultures where their work is unsupported, devalued and frequently criticised, this can have serious impacts on worker's mental health and wellbeing.
- Funding of services - increasing availability, choice, quality. Lived experience in policy and service development. Review and overhaul of NT hospital system mental health services.
- Housing - a range of evidence based, and consumer and carer informed housing options need to be developed and provided including transition housing and supported accommodation in group and individual settings that meet Consumer's needs not just the

Service's need that provide people with accommodation that is stable and where they can feel safe.

- Establishment of a supported, informed, resourced, culturally appropriate peer workforce/program across the NT. The inclusion of lived experience executive/senior management roles in government and non-government mental health services including boards, committees, policy and service development, quality assurance programs and education and training programs.

Multiple Choice Survey Question - Priority Areas for Improvement

43 survey respondents were asked to indicate the three most important areas for system improvement from the list below:

- More dynamic service delivery such as access to services outside standard weekday 9am - 5pm office hours, service providers that can come to you to talk.
- More mental illness community awareness and education campaigns designed to assist with reducing stigma, reducing and preventing suicide attempts and improving community understanding about mental illness and mental distress.
- Improved availability and access to transitional, step down, short and long term supported accommodation.
- Providing more educational and employment opportunities within mental health services for consumers and carers with lived experience of mental illness and or mental health services, programs and/or systems.
- More opportunities for consumers and carers to contribute to policy development relating to mental health service delivery.

Survey Results: “What are the three most important areas that you think mental health services, programs and/or systems need to improve?”

