

## Analysis and summary: Mental health and suicide prevention services survey for Nepean Blue Mountains

In November-December 2019, we asked community members to respond to survey questions asking for their feedback about improving care and service delivery for consumers and carers.

A total of 25 persons responded. Most (84%) said they have personal experience of mental health challenges or mental illness, nearly two-thirds (64%) said they have used mental health services and just under half (48%) said they have experienced suicidal thoughts and/or survived a suicide attempt.

34% of respondents were aged 45-54 years, 25% of respondents 55-64 years and 21% of respondents 35-44 years. The majority lived in Hawkesbury (36%) or Blue Mountains (28%) local government areas, followed by Lithgow (20%) and Penrith (8%). 2 persons (8%) lived in none of these areas.

### People shaping services

When asked, “What would be the best way for you to have a say about how services could work”, the top responses were: Participate in service improvement activities (46%), work on a specific project e.g. to develop a new program or service (42%), attend events (38%), surveys (38%), and join a list of people who agree to having their say from time to time (38%).

### Connecting care and services

When asked, “What would it be like if services were working perfectly together?” some of the emerging themes included:

- Not retelling your story over again, via information sharing solutions (n = 4)  
*“It wouldn't be so disheartening to repeat yourself all the time. To have some belief in not only the system but yourself and that you are being cared for and listened to.”*
- Improved communication between providers (n = 4)  
*“All three providers would talk to each other, not rely on me communicating my issues.”*
- The need for a mental health liaison / dedicated GP-centre-based care connector and appropriate follow-up (n = 4)  
*“GPs need to contact mental health providers to make the initial appointment. This is left to the patient or carer, who often has no experience in these matters and does not know how to even hold this conversation. A mental health liaison who can then support the patient/carers through the process of an initial assessment and then ongoing treatment is the only way to ensure what the GP prescribes actually takes place...”*
- The need for continuity of care with specific services (n = 2)
- Early intervention and early referral to services (n = 2)
- The need for individuals to be closely involved in their own care (n = 1)

## Reducing suicide and improving after care

When asked, “What three priority actions would improve local suicide prevention and aftercare services and supports for people that need them?” the top responses were: safe places to go for people who are worried about suicide or thinking about suicide (83%), actively support people with follow-up care after a suicide attempt (71%) and raise awareness of suicide prevention services, support networks and opportunities for community members to contribute.

Some additional comments about reducing suicide included:

- *“Drop in centres need to be available outside of working hours, 24/7”*
- *“The safe places above need to be supported by a telephone service that actually answers the phone immediately for those that cannot drop in, and the services all need to be 24hrs, 7days. This should be sufficient to replace hospital emergency presentations as the hospital experience is so poor...that it can drive people to action.”*
- *“Post-vention services including resource pack available to police or notifying agency, peer support person to walk families through the process after being notified, age appropriate counselling available to all family members, links into bereavement groups, follow up , 3 6 12 months after the suicide.”*

## Head to toe health

When asked, “What types of initiatives would help increase physical health and wellbeing?” the top responses were: Peer-led coaching programs (74%); partnerships with local gyms, leisure and recreational centres and sporting and service clubs (52%); lifestyle and wellness programs, such as exercise therapy, nutrition advice, programs to improve sleep, and fitness and activity programs (48%); and physical health checks and screening for people with health risks (48%).

Some additional comments about initiatives to increasing physical health and wellbeing included:

- *“Make the services free or at very little cost so people can afford to participate.”*
- *“We need to invite people to recognise the solutions [to] support better choices.”*
- *“Connecting the community to make socialising easier and coordinate group activities. Connection and socialising will result in greater activity levels.”*

## Mental health and alcohol and drug use

When asked, “What three actions could local services take to support people with a dual diagnosis and their families and carers?” the top responses were: Offer a range of treatments for people with dual diagnosis (57%), develop dual diagnosis specialist roles at hospital and community services (52%), partner with people with experience of dual diagnosis and their families and carers to develop a linked up and coordinated model of care (43%), and promote the use of joint treatment and shared care plans across services (43%).

Some additional comments about initiatives to increasing physical health and wellbeing included:

- *“Outreach drug and alcohol counselling into the inpatient mental health unit and into the person's home.”*

- *“Reduce the use of a dual diagnosis model that separates the issues, they often stem from the same issues and a person is a whole not parts that can be cut up.”*

### **Addressing social stresses**

When asked, “What three stresses most affect the mental health of people living in your community?” the top responses were: Financial stress (73%), loneliness and isolation (68%), lack of employment (41%), lack of affordable health care (41%), and difficulties with transport and getting around (41%).

When asked, “What could lessen these stresses and inequalities?” emerging themes included:

- Information, support and local opportunities for social connection and inclusion (n = 7)
- Employment opportunities, strategies and considerations (n = 4)
- Support for costs of living (n = 4)
- Improved public transport (n = 3)
- Need for more affordable mental healthcare (n = 4)
- Drop-in centres, mental health one stop hub and a variety of wellbeing programs (n = 2)
- Making it easier to find, contact and navigate local services (n = 2)