

# What the Gippsland community want for their mental health and wellbeing



The following snapshot summarises key feedback from community members about mental health and wellbeing needs and priorities across Gippsland.



## Right care, right place, right time

Community members want to access care that meets their needs and stage of recovery, when they need it.



*I want services when I need them.*



*The service system needs to be simpler. Every separate service, process, form and wait list is an opportunity for people to disengage and fall through the cracks.*



*The challenge of not being able to access mental health support because you must first visit a GP but cannot get in as the GP "books are closed".*



*We need access to services streamlined across the region.*



*Particularly for mental health, when using telehealth, it is important to provide support pre and post the session.*



*With mental health issues, you're tired, you don't want to get out of bed, you don't want to be on the telephone, don't want to tell your story again, especially if it's devastating - abuse, AOD problems and family violence.*



## Effective GP communication

Some community members are deterred from accessing health care by unpleasant experiences with GPs and other health services. This includes experiences of:

- language or cultural barriers
- difficult or overly complex systems and processes
- being rushed or judged

Community members would like healthcare professionals who:

- listen
- establish trust
- care about the relationship and take the time to read file notes
- understand the patient's journey in navigating services



*GPs don't listen.  
GPs don't care too much.  
They just want to throw  
medication at it.*



*I need a doctor that  
will get to know you. I want  
to see a campaign for GPs to  
get to know patients.*



*I want to feel listened  
to, I often feel depressed  
after attending doctors,  
feeling they don't believe  
me.*



*I want services that will  
not re-traumatise people.  
I do not want to be re-  
traumatised by a service.*



*Why don't we have mental health nurses at GP clinics all around the country. They navigate and coordinate services and some nurses are allowed to do secondary consults with psychiatrists, which is great because you get to see the same person. The face-to-face relationship is very important because you need that human touch, that caring and compassion. They can see visual cues when you are not able to tell them. I can be heard and not judged.*



## GP education

Community members desire:

- increased mental health awareness and competence among primary health care professionals across the region
- increased awareness regarding how to manage mental health issues and chronic health conditions in a coordinated and integrated way



*We need education for GPs so they  
can actually provide mental health care.*



*I am more than a diagnosis and  
I want more than a prescription - my  
other needs are also addressed such as  
substance use, physical health and my  
experience of trauma.*



*I would like the GP to look at  
the cause of illness rather than just  
prescribing medication.*



## Affordable services

Service cost is reported as the biggest barrier for health care access, and particularly for people experiencing multiple challenges. This includes cost of general practice, cost of prescription medication, and cost of specialists. Screening and preventative services should be free of charge to increase uptake (and widely advertised as such).



*[I have] complex mental health, I can't afford to go to a  
doctor.*



*I want access to bulk billing psychiatry.*



## Service navigation

Community members desire improved service navigation support, highlighting the need for:

- accessible and knowledgeable guidance to navigate services effectively
- a centralised helpline
- improved promotion across a range of platforms and readily available service lists to address awareness gaps
- streamlined selection process for choosing the most appropriate services, especially in complex situations
- Gippsland-based localised knowledge and contact information



*I want someone easy to talk to, who can guide me in the right direction. I need help making my way through the system.*



*People don't know about services available. We have been supporting our daughter with alcohol and depression for 10 years and still didn't know this service existed. Services should deliver more promotion, and community members need a service list.*



*When trying to access services I found that it was difficult to find what I was looking for. You don't know who you should be phoning. You don't know which service is the right one - we had drugs, trauma and PTSD in the family - which service do I call? Everyone has their own speciality and it's hard to keep up.*



*We need a central number to call, but ensuring that it is Gippsland-based, with Gippsland knowledge, not Melbourne-based with minimal or no knowledge of local services and supports.*



*One number would save so much time and stress. You don't know what you don't know and what you need until you speak to someone.*



*Trying to solve the service navigation issues usually has an assumption that everyone has a computer and Wi-Fi and quite often they don't. When promoting services, we need to promote them in many different forums and modalities, so that it reaches everyone.*



## Service coordination

Community members reported that a lack of coordination among services was the norm. There is often a lack of information sharing and a lack of smooth transfer between services. Clear transition plans are highly valued when using or transitioning between different services and settings.



*When I use a new service or move between services and settings, I would like a seamless handover and a plan in place for what happens next.*



*It is important to be coordinated in your care, to have a good team around you and to make sure your team communicates well with each other.*





## Improved response to coexisting conditions / Holistic care

Community members would like a more holistic approach to their health – looking at physical and mental health together, and working with multiple chronic conditions at the same time. They would like comprehensive health-related support for both the physical and mental implications of their conditions. This includes non-judgemental and supportive supports for smoking reduction.



*I think that mental health or illness is “the poor cousin” in health care and is often overlooked.*



*Following a diagnosis of a chronic disease, I would like to access health related supports for the physical and mental consequences of my chronic disease related conditions.*



*We need a one-stop shop. One place where you go for support for the individual, support for the family, and any other aspects of the situation.*



*I want access to healthcare options within a reasonable time frame (no long wait times) which target both physical and mental aspects of being diagnosed with, being treated for and living with a long-term health condition like cancer.*



*With my consent, I want my other services to be able to communicate / coordinate with my mental health and alcohol/drugs services (e.g. general health services).*



*Mental health comes into so many of those things. If you have chronic health, it will launch into mental health. If you have disability, likely impacts for mental health. If there is family violence, likely impacts for mental health. It crosses over into so many aspects, that’s why it’s so important.*



## Improved screening and support for suicide risk

The importance of equipping all healthcare professionals with the ability to support individuals experiencing suicidal or self-harm ideation, along with improved screening and support for suicide risk is a priority.



*I would like to see all health professionals be able to support people experiencing suicidal or self-harm ideation. There should be adequate primary care counselling services that I can access within one week.*



*Handing out a mental health treatment plan is not enough if you feel really low. I don’t have the energy to call. There needs to be follow up.*



*I want someone to direct me when I’m floundering...like follow up after I’ve been to ED.*



## Embedding lived experience / Peer work

Community members with lived experience should be embedded in the wellbeing support system, with the aim of both providing assistance and fostering collective healing in the community. Lived experience expertise should be integrated into community, into organisations, into policy research, system reform, and all aspects of support and development.



*Speak out about such experiences [lived experiences] in the hope of helping yourself and others – to share the healing.*



*... Providing hope is a huge thing isn’t it? And I think that’s what lived experience does because people don’t want to hear from people that haven’t had that experience themselves. They want to hear and see people who have got through the other side and are okay now. And that gives them the hope and belief and trust that there is hope for them too.*



*It is really helpful to be able to acknowledge and talk about suicide and my thinking about suicide.*



*Peer workers are amazing. You learn so much from people walking in front of you.*



*It is really hard to connect with a worker when they are asking you really deep and personal questions... it is hard to get to the root of your own demons when people see it as just a job. Peer workers provide lots of empathy and compassion.*



## Mental health supports for ages and stages

Community members want mental health supports that recognise and address the distinct needs across various life stages.



*I would like my providers to understand the particular needs at different stages of life.*



*I want skilled child mental health clinicians in all parts of Gippsland. I want specially targeted services for children 0-10. I want access to bulk billed child psychiatry...*



*Asking for mental health care is highly stigmatised in remote areas, where the population is mostly older, male. Bush nurses build the trust relationship and destigmatise the referral.*



*Youth mental health is an absolute priority. Baw Baw has a lot of problems with youth mental health, which have been exacerbated by COVID. We have 12-year-olds having problems. Children and young people should be split for the purpose of mental health support. Young people's mental health, their family's mental health and the mental health of little people...we need paediatric psychologists, we have so many diagnoses in the little people.*



*0- to 25-year-olds...If they are not looked after then it affects everything else. This age group is affected by everything, most likely to need services.*



## Improved drug and alcohol supports

There is recognition of the frequent relationship between poor mental wellbeing and substance use issues. Community members would like existing alcohol and drug support services to provide a more consistent and integrated level of support. This includes:

- The need for detox facilities and a desire for more social supports
- There is ongoing community interest in the establishment of a rehabilitation centre in Latrobe



*When my daughter was put in prison for a long time and then released, she was provided fantastic supports that were already in place before she left. But there were earlier opportunities when she was on remand or in jail for shorter stints, where the supports were not set up before she was released. Without the quick access to the methadone, she falls again.*



*We need dual diagnosis expertise, including for youth – especially those too acute for headspace.*



*All health care professionals need to understand and be able to work with dual diagnosis. This is obvious and it should be mandated.*



*We need access to AOD [alcohol and other drug] nurses and AOD GPs.*



## Inclusive care and support

Community members have shared their aspirations for more inclusive services that respond to the needs of families and carers of individuals living with mental illness and substance use issues. They want services to be more welcoming to families and provide additional support for carers, including dedicated spaces for connection, informal assistance, and access to mental health resources.



*We need wrap around care that includes carers, family, and friends.*



*Family and friends make up my A-Team. It's about having people you can trust. If you get things working right and everyone works together, then that little team, hopefully, will keep the lines of communication open and ensure prevention is possible.*



*We need more carer supports. A place for carers to meet with other carers with supports, informal supports, link with other carers, beneficial for other carers, especially if they don't have other family members to talk to. Carers are a hidden bunch and don't identify as carers, they identify as family, loved ones, just 'their mum'.*



*We need mental health supports for family and carers.*



*My husband has also been instrumental in keeping me out of hospital – along with the medication.*



## Multidisciplinary health care hub for young people

Community members highlighted the need for a multidisciplinary health care hub specifically tailored for young people, encompassing services such as mental health, contraception, podiatry, and dental care.



*We need a hub for teenage kids – for mental health, plus contraception, podiatry, dentist. All children should be screened more for walking, hearing.*



*I love the idea of Hubs with all services in one place.*



*Hubs are a great idea. Services could be accessed much more easily and would take pressure off trying to navigate what to do and where to go next.*



## Social connection / Informal supports

Community members recognise and emphasise the crucial role of social connections and informal supports in promoting improved mental health and overall wellbeing. They would like to see more community connection supports, including social prescribing.



*Make sure that you have regular contact with people and your community in person or via phone or digital. It makes you feel better to talk to someone and feel like you belong.*



*Older men often are not prepared and struggle around retirement. Part of the strategy is to invite them, encourage them and support them to start re-engaging with the kind of activities they enjoyed doing in the past or even start something new.*



*The importance of social connection as prevention for people becoming suicidal!*



## Cultural connection

Some Aboriginal and Torres Strait Islander people have talked about the importance of an aligned spirit and shared their aspirations for Aboriginal aged care services supporting community Elders. They have said that cultural connection is at the centre of their mental health and wellbeing.



*I'm part of the longest living culture in the world, so by uplifting me or any other Aboriginal/Torres Strait Islander person you're helping us to carry on the legacy of over 40,000 years' worth of knowledge and tradition. I'm saying this because I believe culture gives us our purpose in life and can help mend some of those mental health problems.*



*It is such a relief to know that there is a service available 24/7 that is culturally appropriate for people to call who are experiencing suicidal thoughts, who are experiencing loneliness or crisis in whatever form that may look like that will be answered by somebody.*



*I want to be accepted and not be the subject of racism in the health system. I want the choice of an indigenous or non-indigenous clinician, I want clinicians who understand trauma.*

The insights and priorities were collected during various projects during 2020-2022, including:

- Codesign of mental health cafe (Latrobe Health Assembly, 2022)
- Codesign of the Primary Mental Health Care and Alcohol and Other Drugs Commissioning strategies (Gippsland PHN, 2021)
- Gippsland PHN Health Needs Assessment (2021)
- Community consultation to inform chronic disease risk factor screening for Latrobe Health Innovation Zone (Gippsland PHN, 2021)
- Codesign of social prescribing model (Latrobe Health Assembly, 2020)
- Place-based suicide prevention trials (Gippsland PHN, 2020-2022)
- Office of Latrobe Health Advocate (2020-2022)