

Dear Commissioner,

I would like to bring you attention to the following Mental Health needs throughout the Midwest, WA: -

- 5.1 of national mental health standards, the MHS develops strategies appropriate to the needs of its community to promote mental health and address early identification and prevention of mental health problems;
 - There needs to be a responsive and sustainable partnering and employment of consumers and carers, in all mental health services. Peer work is proven to be very successful in supporting the mentally ill to recover.

- The Midwest Mental Health and region requires the services of a private psychiatrist. And Bulk Billing GP's.
 - The lack of bulk billing GP's make it difficult for consumers to have a family doctor who can support their wellbeing.
 - 9.4 of NMHS, the MHS establishes links with the consumer's nominated primary health care provider and has procedures to facilitate and review internal and external referral processes.
 - This can't be done when consumers do not have a medical practitioner.

- People who want a second opinion must travel to Perth, but this is very expensive.
 - There is no free face to face counselling supports for carers in the Midwest.
 - There is a disproportionate financial impact on those who require ongoing MH care but do not fit the bill for MWMH services. In remote areas it is even worse with no way to access counselling of any sorts without a phone. Many people in the Midwest do not have phones.

- Urgent need for mental health beds in Geraldton hospital, as the risk of sending people via plane to Perth for treatment is risky. Consumers must be significantly sedated prior to flying. They are sedated in Geraldton and wake up in Perth, often they are unaware this has happened to them. This is very traumatic for them. And then there is the cost of getting back home from Perth to the Midwest. Their families and friends can't visit them whilst

there are there. Isolation is a huge factor in people's ability to recover.

- 1.9 of the mental health standards is the right of the consumer to be treated in the least restrictive environment to the extent that does not impose serious risk to the consumer or others. Heavy sedation is a risk to the consumers physical health and greatly impacts on their cognitive ability.
- 7.7 Mental Health standards, the MHS considers the needs of carers in relation to the Aboriginal and Torres Strait Islander persons, culturally and linguistically divers persons, religious, spiritual beliefs, gender, sexual orientation, physical and intellectual disability, age profile, and socio-economic status.
 - If family members do travel to visit their loved one, they have the added costs of finding accommodation and food. This is very costly.
- A side-line to this is that if someone wants to access the mental health advocacy service then this is only available via phone and skype, people can't get a face to face meeting as there are no mental health advocates to address their needs with the tribunal.
- A crisis team that works with and along-side the emergency services to support people in need of mental health support.
 - Currently if you have a crisis you are told to go to emergency or call police, however, if the person has not committed a crime it is unfair to call the police. This is a very traumatic event, where four police attend and grab the consumer, handcuff them and put them in the back of a paddy wagon
- Education for all emergency service persons in mental health recovery and mental health first aide.
 - There seems to be a need for the mental health education of all emergency support workers, including volunteer workers to be able to manage when persons with mental illness need their support.

- There is a need for all emergency service people to be trained in de-escalation techniques that are MH specific.
- Medicare rebates for holistic service providers such as art therapists.
 - The costs associated with seeing a holistic counsellor is prohibitive and this might be just the ticket, for the consumer to enhance their wellness. This would offer those of Aboriginal and Torres Strait Islander a choice of counselling options that may work best for their wellbeing.
- Dental costs are prohibitive, and the current MW dental service is only able to support people on benefits, the wait for dentures etc. is long.
 - this leaves many without the ability to afford appropriate dental health costs.
 - People with bad teeth have poor mental health outcomes.
 - Consumers are left without teeth because they can't afford dentures, this impacts their wellbeing.
- Dentistry education for children, so they can manage their own oral care, with simple health literacy about how to clean your teeth and why you should clean your teeth would be worth investing in. Free toothbrushes for all children could help. Midwest has a low economic group of people who needs support with this and by providing free toothbrushes to all children then no one is stigmatized.
- There are many Midwest children who have food poverty in their homes and school could provide healthy food at lunch times for all students so that those without are on an equal footing with those who have. I think even in USA they do this well.
 - Getting people moving, exercising or playing sports provides meaningful activity which prevents or reduces likelihood of depression, anxiety and childhood obesity.
 - Meaningful activity and inclusion are shown to reduce the risk of addiction problems. And has the added benefit of building healthy relationships. This could be achieved

through a scholarship type program that provides membership and uniforms for all students, so that no one misses out and all are encouraged to be involved in healthy activities.

- A Peer led and community supported, drop-in club for those who are lonely would be helpful. Somewhere people can stop and chat with friendly people. This might reduce loneliness, depression and suicide. Men's shed do this well, but not everyone wants to join the shed.
 - 5.3 MH Standards, the MHS in partnership with other sectors and settings supports the inclusion of mental health consumers and carers in strategies and activities that aim to promote health and wellbeing.
 - This could be a consumer space, run by consumers and carers to support others who are lonely to reach out to others and to belong. Belonging to a group or family improved mental resilience.
 - Paid mental health peer workers to sit along-side the MH services in the Midwest.
- Free quit patches and counselling to help people quit smoking, would reduce health problems. Something like 80% of people who smoke have mental health problems, targeting smokers who have mental health problems is in its infancy and not at all in the Midwest, so therefore we need programs that support people with mental illness to quit.

Kind regards

Cathy Fox