



## **MENTAL HEALTH COMMISSIONER, EDDIE BARTNIK'S SPEECH NOTES**

### **EVENT:**

CHILDREN'S WEEK FORUM – 'Building Brighter Futures'

### **VENUE**

9.30am – 11.30am, Tuesday 26 October 2010

Theatre Auditorium, University Club, UWA, Hackett Drive, Crawley

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### **INTRODUCTORY REMARKS**

- THANK YOU, PATRICK.
- AND GOOD MORNING EVERYONE.
- ACKNOWLEDGE REV SEALIN GARLETT, THANK THE COMMISSIONER FOR CHILDREN AND YOUNG PEOPLE, MICHELLE SCOTT, AND ALSO THE UNIVERSITY OF WESTERN AUSTRALIA
- IT'S A PLEASURE TO BE HERE TODAY TO TALK ABOUT THE MENTAL HEALTH COMMISSION'S (MHC) ROLE IN BUILDING A BRIGHTER FUTURE FOR CHILDREN AND YOUNG PEOPLE.
- I WILL COVER AN INTRODUCTION TO THE NEW MHC, THE ENVIRONMENT FOR FUTURE PLANNING AT THIS TIME AS WELL AS SOME INITIATIVES ALREADY UNDERWAY.

### **NEW MENTAL HEALTH COMMISSION**

THE MHC WILL LEAD THE STATE'S MENTAL HEALTH REFORM AGENDA AND HAVE CLEAR ACCOUNTABILITY.

A NEW DEPARTMENT WITH SEPARATE COMMISSIONER AND MINISTER FOR MENTAL HEALTH (HON GRAHAM JACOBS MLA) AND SEPARATE BUDGET OF \$507M.

POLICY, PLANNING AND PURCHASING FUNCTIONS BUT NOT A DIRECT SERVICE PROVIDER,

SOME KEY VALUES:

- PERSON CENTRED AND RECOVERY FOCUSSED
- PARTNERSHIPS ACROSS THE FULL SYSTEM OF SUPPORT AND SERVICES
- SHIFTING THE BALANCE OF INVESTMENT WITH INCREASED FOCUS ON COMMUNITY SUPPORT
- EARLY INTERVENTION AND PREVENTION.

I HAVE HEARD PROFESSOR PAT MCGORRY'S MESSAGE LOUD AND CLEAR.

KEY EARLY PRIORITIES:

1. STRENGTHENING RELATIONSHIPS WITH OUR PARTNERS RIGHT ACROSS THE COMMUNITY, SO THAT MENTAL HEALTH BECOMES EVERYONE'S BUSINESS.
2. FINALISING THE MENTAL HEALTH 2020 STATE POLICY AND PLAN WHICH INCLUDES NINE REFORM AREAS AND SIX SPECIFIC POPULATION GROUPS. WE HAVE RECEIVED, 250 SUBMISSIONS AND HELD 10 PUBLIC FORUMS. THIS WILL BE CONVERTED TO A STRONG AND CLEAR PLAN (NOW, ONE YEAR, THREE+ YEARS). A PRACTICAL EXAMPLE OF THE NOW IS INVESTMENT IN WORKFORCE ISSUES.
3. ESTABLISH STAFFING AND CAPACITY OF NEW MHC, ENSURE ALL CURRENT RESOURCES ARE ACHIEVING GOOD OUTCOMES AND VALUE FOR MONEY.

4. INCREASING LEVEL OF COMMUNITY GOVERNANCE THROUGH REVIEW OF THE MENTAL HEALTH ACT, PEAK CONSUMER BODY AND NEW ADVISORY COUNCIL.
5. LEAD A POSITIVE CONVERSATION ABOUT MENTAL HEALTH IN THE COMMUNITY TO REDUCE STIGMA AND DISCRIMINATION. A CONVERSATION WHERE THE WORDS “ARE YOU OK” ARE MUCH MORE PART OF OUR EVERYDAY LANGUAGE.

THIS IS AN AMBITIOUS REFORM AGENDA AND WE CAN'T DO IT ALONE.

#### CURRENT CONTEXT OFFERS A UNIQUE OPPORTUNITY

**THE COMMISSIONER FOR CHILDREN AND YOUNG PEOPLE IS CONDUCTING AN INQUIRY** INTO THE MENTAL HEALTH AND WELLBEING OF CHILDREN AND YOUNG PEOPLE.

THE MHC IS COMPILING A SUBMISSION TO THE INQUIRY, PLAYING A KEY ROLE IN COORDINATING THE STATE GOVERNMENT'S RESPONSE ACROSS A RANGE OF KEY AGENCIES.

THE MHC HAS AN IMPORTANT ROLE IN THE INQUIRY THROUGH MY MEMBERSHIP OF THE REFERENCE GROUP.

#### ECONOMIC AUDIT REPORT

THE GOVERNMENT-COMMISSIONED ECONOMIC AUDIT COMMITTEE REPORT IDENTIFIED CONSIDERABLE SCOPE TO DO THINGS DIFFERENTLY TO GET BETTER MENTAL HEALTH OUTCOMES.

THE MHC IS IMPLEMENTING THE REPORT'S RECOMMENDATIONS. WE ARE LEADING REFORMS WHICH FOCUS ON BETTER SERVICES FOR CITIZENS AND GREATER COLLABORATION ACROSS AGENCIES AND THE NON-GOVERNMENT SECTOR.

WE ALL REALISE THAT MENTAL HEALTH IS A COMPLEX POLICY ISSUE. PEOPLE WITH A MENTAL ILLNESS ARE LIKELY TO ACCESS MORE THAN ONE GOVERNMENT SERVICE.

YOUNG PEOPLE, IN PARTICULAR, NEED SERVICES THAT ARE AGE AND CULTURALLY APPROPRIATE, SUPPORT THEM THROUGH LIFE TRANSITIONS AND ENGAGE THEIR FAMILIES.

OUR BIG PICTURE PLANNING REQUIRES BETTER STATE COORDINATION; WITH STRONG MULTI-AGENCY PARTNERSHIPS AND SEAMLESS, INTEGRATED SERVICES.

ON A DAY-TO-DAY LEVEL, A SHIFT AWAY FROM FOCUSING ON ILLNESS AND GREATER EMPHASIS ON PERSONAL RECOVERY IS ESSENTIAL. THIS PERSON-CENTRED CARE SHOULD INCLUDE AND SUPPORT THE INDIVIDUAL TO ACHIEVE THEIR GOALS, THROUGH A PARTNERSHIP SOMETIMES CALLED "CO-PRODUCTION."

STRONG CONNECTIONS WITH FAMILIES AND COMMUNITIES ARE VITAL TO PROMOTE AND SUSTAIN LONG-TERM WELLBEING.

THE MHC AIMS TO BRIDGE SERVICES AND HELP COORDINATE MENTAL HEALTH POLICY ACROSS GOVERNMENT.

SPECIFIC INITIATIVES INCLUDE A LEAD ROLE IN DEVELOPMENT OF AN OUTCOME FRAMEWORK FOR MENTAL HEALTH ACROSS GOVERNMENT, PLANNING FOR A STRONGER AND MORE SUSTAINABLE COMMUNITY SERVICES SECTOR, PILOT PROJECTS AROUND MORE INDIVIDUALISED AND SELF DIRECTED

SUPPORT PACKAGES, AS WELL AS A MULTI-AGENCY COLLABORATION AROUND YOUTH LEAVING STATE CARE. WE WILL BUILD ON THE SOUND WA INVESTMENT IN DATA AND RESEARCH, INCLUDING THE DEVELOPMENTAL PATHWAYS PROJECT THROUGH THE TELETHON INSTITUTE FOR CHILD HEALTH RESEARCH.

### COMMONWEALTH REFORMS

AS WE ARE ALL AWARE, NATIONAL HOSPITAL AND HEALTH REFORMS ARE UNDERWAY ALTHOUGH WA PARTICIPATION IS UNDER REVIEW.

THESE INCLUDE:

- PRIMARY CARE REFORMS AND ROLE OF GPs AND ACCESS TO PROFESSIONAL SERVICES.
- YOUTH INITIATIVES AROUND HEADSPACE AND EPPIC.
- COAG CLOSING THE GAP INITIATIVES AROUND INDIGENOUS MENTAL HEALTH.

AT BOTH COMMONWEALTH AND STATE LEVELS, MOMENTUM FOR INCREASED INVESTMENT AND NEW METHODS OF DELIVERY.

### EXAMPLES OF IMPORTANT WA INITIATIVES

THE MHC CURRENTLY PROVIDES OVER **\$3.4 MILLION IN FUNDING TO COMMUNITY AGENCIES TO PROVIDE MENTAL HEALTH PROMOTION, PREVENTION AND EARLY INTERVENTION SERVICES TO CHILDREN AND YOUNG PEOPLE IN THE COMMUNITY.**

THIS INCLUDES FUNDING OF \$466,000 TO THE **POSITIVE PARENTING PROGRAM**, WHICH IS DESIGNED TO ASSIST

PARENTS IN BUILDING POSITIVE RELATIONSHIPS WITH THEIR CHILDREN.

WE'RE CONTINUING WITH FUNDING OF **AUSSIE OPTIMISM**, A RESILIENCE-BUILDING PROGRAM FOR PRIMARY SCHOOL CHILDREN.

AUSSIE OPTIMISM PROVIDES EDUCATORS AND PARENTS WITH PRACTICAL STRATEGIES FOR DEVELOPING CHILDREN'S COPING SKILLS AND POSITIVE THINKING. TO DATE, MORE THAN 1,200 TEACHERS HAVE BEEN TRAINED, AND OVER 13,000 STUDENTS HAVE PARTICIPATED IN THE PROGRAM.

### YOUNG PEOPLE

ONCE A CHILD HAS NAVIGATED HIS OR HER WAY THROUGH THE EARLY YEARS, POTENTIAL OBSTACLES STILL LIE AROUND THE CORNER.

YOUNG PEOPLE IN THEIR TEENS AND EARLY TWENTIES ENTER A TIME OF TRANSITION AND PERSONAL CHANGE.

CURRENTLY, CHILDREN CAN ACCESS THE INPATIENT MENTAL HEALTH BEDS AT PRINCESS MARGARET HOSPITAL UP TO THE AGE OF 16 YEARS.

IN ADDITION, INPATIENT MENTAL HEALTH BEDS ARE AVAILABLE AT BENTLEY ADOLESCENT UNIT FOR YOUNG PEOPLE AGED 12 TO 18 YEARS OLD.

FROM THE AGE OF 18 YEARS, YOUNG PEOPLE MUST ACCESS ADULT MENTAL HEALTH INPATIENT FACILITIES FOR SERVICES. THESE FACILITIES AND THE TRANSITIONS TO AND FROM INPATIENT CARE NEEDS TO BE IMPROVED.

WE HAVE JUST ANNOUNCED IMMEDIATE FUNDING TO IMPROVE THE PHYSICAL ENVIRONMENT AT BENTLEY AND INVEST IN ADDITIONAL STAFF TRAINING AND IMPROVED DISCHARGE PLANNING AND FOLLOWUP. FUTURE SYSTEMS WILL BE IMPROVED THROUGH OUR LONGER TERM PLANNING FOR MORE CHILD AND YOUTH FRIENDLY ARRANGEMENTS.

HAVING PAT MCGORRY WITH US THIS WEEK, WE ARE ALSO HAVING DETAILED DISCUSSIONS ABOUT WHAT A SIGNIFICANT YOUTH MENTAL HEALTH INITIATIVE WOULD LOOK LIKE FOR WA.

### STIGMA

STIGMA IS A SIGNIFICANT ISSUE THAT NEEDS TO BE ADDRESSED AMONG YOUNG PEOPLE. STIGMA CAN UNDERMINE THE PERSON'S SELF ESTEEM, AND LEAD TO SOCIAL ISOLATION AND A RELUCTANCE TO SEEK NECESSARY HELP.

A **RECENT STUDY** FOUND THAT TEENAGERS OVERESTIMATE THE STIGMA MENTAL ILLNESS CARRIES AND THE ATTITUDES OF OTHERS TO DEPRESSION.

THE STUDY BY THE AUSTRALIAN NATIONAL UNIVERSITY WAS OF MORE THAN 1000 TEENS AGED FROM 12 TO 17 BY THE AUSTRALIAN NATIONAL UNIVERSITY'S CENTRE FOR MENTAL HEALTH RESEARCH.

LEAD RESEARCHER, DR CALEAR STATED THAT IT WAS IMPORTANT TO ADDRESS STIGMA AMONG YOUNG PEOPLE AS MENTAL ILLNESS OFTEN DEVELOPS IN ADOLESCENCE OR EARLY ADULTHOOD.

BY THE AGE OF 19, BETWEEN 21 AND 28 PER CENT OF PEOPLE HAD DEVELOPED A MENTAL ILLNESS. AND ONE IN EIGHT HAD DEPRESSIVE DISORDERS.

CHILDREN OF PARENTS WITH DEPRESSION WERE ALSO MORE CONCERNED OF STIGMA, PERHAPS FROM HAVING WITNESSED DISCRIMINATION OR PROTECTING THEIR FAMILY FROM NEGATIVE ATTITUDES.

THE NATIONAL HEALTH AND HOSPITALS REFORM COMMISSION HAS IDENTIFIED THAT TARGETING YOUNG PEOPLE IS A PRIORITY BECAUSE EARLY INTERVENTION DELIVERS BETTER LONG-TERM HEALTH AND SOCIAL OUTCOMES FOR PEOPLE AFFECTED BY MENTAL ILLNESS.

THE MHC IS WORKING TO ADDRESS STIGMA AND MEET THE PRIORITIES OF THE FOURTH NATIONAL MENTAL HEALTH PLAN:

- PRIORITY AREA 1. SOCIAL INCLUSION AND RECOVERY - IMPROVE COMMUNITY AND SERVICE UNDERSTANDING AND ATTITUDES THROUGH A SUSTAINED AND COMPREHENSIVE NATIONAL STIGMA REDUCTION STRATEGY.
- PRIORITY AREA 2. PREVENTION AND EARLY INTERVENTIONS - WORK WITH SCHOOLS, WORKPLACES AND COMMUNITIES TO DELIVER PROGRAMS TO IMPROVE MENTAL HEALTH LITERACY AND ENHANCE RESILIENCE.

A KEY AREA OF FOCUS AMONG YOUNG PEOPLE IS ENHANCING RESILIENCE, BUILDING COMMUNITY CAPACITY TO IDENTIFY SIGNS OF MENTAL ILLNESS AND SUICIDE PREVENTION.

LAST YEAR, THE MINISTER FOR MENTAL HEALTH, DR GRAHAM JACOBS, LAUNCHED THE GOVERNMENT'S **\$13 MILLION 'WA SUICIDE PREVENTION STRATEGY'**, WHICH AIMS TO STEM THE NUMBER OF DEATHS BY SUICIDE.

THE STRATEGY WILL BE OVERSEEN BY THE MINISTERIAL COUNCIL ON SUICIDE PREVENTION AND THE MHC HAS APPOINTED CENTRECARE TO IMPLEMENT THE STRATEGY,



WHICH IDENTIFIES YOUNG PEOPLE, ESPECIALLY YOUNG MEN AND ABORIGINAL AUSTRALIANS, AS AMONG THOSE MOST AT RISK. THE STRATEGY WILL FOCUS ON TARGETTED COMMUNITIES AND WORK WITH COMMUNITY DEVELOPMENT AND PARTNERHSHIP PRINCIPLES TO BUILD ON LOCAL COMMUNITY STRENGTHS.

TO REDUCE THE STIGMA SURROUNDING MENTAL ILLNESS, THE MHC HAS INITIATED THE SUCCESSFUL **MUSIC FEEDBACK MULTIMEDIA CAMPAIGN**. THIS IS A MULTI-AGENCY PARTNERSHIP WITH FUNDING AND RESOURCES FROM THE MHC, THE DEPARTMENT OF COMMUNITIES' OFFICE FOR YOUTH, BEYONDBLUE AND THE INDIGENOUS HUMAN RIGHTS NETWORK OF AUSTRALIA.

MUSIC FEEDBACK UTILISES POPULAR MUSICIANS TO ENCOURAGE YOUNG PEOPLE TO TALK ABOUT MENTAL HEALTH PROBLEMS, SEEK HELP EARLY AND GET INVOLVED IN HEALTHY ACTIVITIES.

THE KEY MESSAGE IS 'MUSIC TALKS ABOUT MENTAL HEALTH. SO CAN YOU.' TWO DOCUMENTARIES AND 48,000 CD/DVDS HAVE BEEN DISTRIBUTED TO SCHOOLS, MENTAL HEALTH, YOUTH AND COMMUNITY GROUPS. THE 2010 CAMPAIGN WAS LAUNCHED BY THE MINISTER FOR YOUTH DURING NATIONAL YOUTH WEEK 2010.

BY INCLUDING DIVERSE MUSICIANS, THE MUSIC FEEDBACK CAMPAIGN TARGETS GROUPS AT-RISK OF SUICIDE INCLUDING YOUNG MEN, PEOPLE WHO ARE INDIGENOUS, CULTURALLY AND LINGUISTICALLY DIVERSE, SAME-SEX ATTRACTED, FROM REGIONAL WA, OR WHO HAVE FAMILY HISTORY OF MENTAL ILLNESS.

THE THIRD PHASE OF MUSIC FEEDBACK WILL EMBED THE PROJECT IN THE COMMUNITY, MENTOR YOUNG PEOPLE TO SET ITS DIRECTIONS AND PROVIDE ONGOING SUPPORT AND INCLUSION OF YOUNG PEOPLE AFFECTED BY MENTAL ILLNESS.

PROFESSOR McGORRY HAS ALSO AGREED TO BE INTERVIEWED FOR THE 2011 DOCUMENTARY, AS THE AUSTRALIAN OF THE YEAR AND FATHER OF THREE SONS INVOLVED IN THE MUSIC INDUSTRY.

NEGOTIATIONS ARE UNDERWAY WITH THE FEDERAL OFFICE FOR YOUTH AND BEYONDBLUE TO MAKE THE RESOURCES AVAILABLE ACROSS AUSTRALIA, AS A PART OF NATIONAL YOUTH WEEK.

#### MENTAL HEALTH PROMOTION

**BEYONDBLUE**, THE NATIONAL DEPRESSION INITIATIVE, IS A NAME KNOWN IN MANY AUSTRALIAN HOMES NOW. THE MHC CONTINUES TO PROVIDE FUNDING TO THIS AWARENESS-RAISING ORGANISATION. THIS FINANCIAL YEAR OUR COMMITMENT WILL BE OVER \$341,000.

THE MHC ALSO FUNDS SERVICES AND PROGRAMS THAT TARGET YOUNG PEOPLE WHO ARE:

- AT RISK OF SUICIDE OR SELF HARM
- AT RISK OF DEVELOPING A SERIOUS AND PERSISTENT MENTAL ILLNESS, OR
- WHO ARE EXPERIENCING A FIRST EPISODE OF A SERIOUS MENTAL ILLNESS.

THE AIM OF THESE SERVICES IS TO EITHER PREVENT THE DEVELOPMENT OF A MENTAL DISORDER OR, IN THE CASE OF A

FIRST EPISODE, REDUCE THE IMPACT OF THE DISORDER IN ITS DURATION AND ITS POTENTIAL DAMAGE TO THE PERSON'S LIFE.

THESE SERVICES INCLUDE THE FREMANTLE **GP NETWORK'S GP4YP** (Pron: *GP-FOUR-WHY-PEEH*) CLINIC, WHICH SPECIFICALLY ADDRESSES MENTAL HEALTH ISSUES.

IT INCLUDES THE **SAMARITANS' YOUTH SUPPORT PROGRAM AND YOUTHLINE AND THE WA AIDS COUNCIL**, WHICH DISTRIBUTES FUNDS TO PROGRAMS FOR YOUNG PEOPLE WITH SAME-SEX ATTRACTIONS.

WE ALSO FUND SERVICES FROM **YOUTH FOCUS**, AN ORGANISATION FOR PEOPLE SHOWING EARLY SIGNS ASSOCIATED WITH SUICIDE, DEPRESSION OR SELF HARM.

CHILDREN OF PARENTS LIVING WITH A MENTAL ILLNESS HAVE A HIGHER RISK OF DEVELOPING A MENTAL ILLNESS THAN THEIR PEERS.

FOR THESE CHILDREN, THERE ARE SERVICES OFFERED BY

- **ARAFMI**
- **RUAH COMMUNITY SERVICES, AND**
- **WANSLEA FAMILY SERVICES.**

THE MHC PROVIDES SIGNIFICANT FUNDS TO THESE ORGANISATIONS TO PROMOTE THE MENTAL WELLBEING OF CHILDREN AND YOUNG PEOPLE.

### YOUTH HOMELESSNESS

THE MHC IS CONTINUING TO INCREASE ITS FOCUS ON RECOVERY IN THE LIVES OF ALL IN THE COMMUNITY, INCLUDING ITS MOST MARGINALISED, SUCH AS THE **HOMELESS**.

PEOPLE WHO ARE HOMELESS ARE AMONG THE MOST DISADVANTAGED GROUPS IN OUR SOCIETY.

AND SADLY, FOR MANY, THEIR EXPERIENCE IS COMPOUNDED BY MENTAL ILLNESS.

AMONG YOUNG HOMELESS PEOPLE, RATES OF MENTAL ILLNESS ARE CONSIDERABLY HIGHER THAN IN THE WIDER YOUTH POPULATION.

INITIATIVES SPECIFICALLY TARGETING HOMELESS INDIVIDUALS WITH A MENTAL ILLNESS ARE CURRENTLY BEING PILOTED BY THE DEPARTMENT FOR CHILD PROTECTION, IN COOPERATION WITH THE DEPARTMENT OF HEALTH.

THE MHC HAS BEEN INVOLVED IN THE DEVELOPMENT OF THESE SERVICE MODELS AND IS CURRENTLY ASSISTING THE DEPARTMENT OF HEALTH IN IMPLEMENTING THE MENTAL HEALTH COMPONENT OF THE **STREET TO HOME PROGRAM**. THIS PROGRAM TARGETS FAMILIES, MEN, WOMEN AND YOUNG PEOPLE (AGED 18 TO 25 YEARS) WHO ARE ROUGH SLEEPERS.

STREET TO HOME HAS A STRONG FOCUS ON OUTREACH, WHICH TAKES SUPPORT AND INTENSIVE CASE MANAGEMENT TO THE PERSON TO ENSURE THEY ARE SUPPORTED INTO LONGER TERM SECURE AND STABLE HOUSING.

EARLIER THIS YEAR THE GOVERNMENT OPENED AN ACCOMMODATION SITE DESIGNED SPECIFICALLY FOR YOUNG PEOPLE WITH A MENTAL ILLNESS. IT IS THE ONLY ONE OF ITS KIND IN THE STATE.

**NGATTI**, A NOONGAR WORD MEANING 'TO CONTINUE TO MOVE FORWARD,' PROVIDES A STABLE AND SUPPORTIVE ENVIRONMENT WHICH ENABLES RESIDENTS TO:

- BUILD THEIR SKILLS AND INDEPENDENCE
- LEARN HOW TO MANAGE THEIR ILLNESS
- ENGAGE WITH THE COMMUNITY, AND
- TAKE UP VOCATIONAL AND EDUCATIONAL OPPORTUNITIES.

THIS WILL HELP RESIDENTS TO MOVE INTO PERMANENT ACCOMMODATION AND MAXIMISE THEIR RECOVERY.

NGATTI IS THE RESULT OF PARTNERSHIP BETWEEN:

- THE DEPARTMENT OF HOUSING, WHICH PROVIDED THE BUILDING
- THE COMMUNITY ORGANISATION LIFE WITHOUT BARRIERS, WHICH MANAGES THE FACILITY
- THE DEPARTMENT OF HEALTH, WHICH PROVIDES CLINICAL SERVICES, AND
- THE MHC; WHICH FUNDS THE FACILITY.

WE SEE, THEN, THAT LOOKING AFTER A PERSON'S MENTAL WELLBEING MEANS NOT SIMPLY TREATING THEIR MENTAL HEALTH PROBLEMS. WE MUST ALSO:

- BREAK THE CYCLE OF DISADVANTAGE
- NURTURE A PERSON'S GENERAL WELLBEING, AND
- ENCOURAGE THEIR FULL PARTICIPATION IN THE COMMUNITY.

WE NEED TO CONSIDER THE WHOLE PERSON – THEIR BODY, MIND, SENSE OF HOPE, INDEPENDENCE, GOALS, ASPIRATIONS, STRENGTHS, AND THEIR RELATIONSHIP WITH OTHERS.

WITH NGATTI, THE MHC BROUGHT TOGETHER DIFFERENT ORGANISATIONS TO ACHIEVE A COMMON GOAL.

### CLOSING REMARKS

TO EFFECTIVELY SUPPORT CHILDREN AND YOUNG PEOPLE, WE NEED A WHOLE OF GOVERNMENT AND WHOLE OF COMMUNITY

APPROACH; TO INTEGRATE AND STREAMLINE SERVICES AND SUPPORTS.

THESE PARTNERSHIPS MUST EXTEND TO INDIVIDUALS, FAMILIES AND CARERS. THEIR VIEWS AND IDEAS MUST BE INTEGRAL TO PLANNING CARE AND SUPPORT.

THE MHC IS KEEN TO STRENGTHEN PARTNERSHIPS WITH ALL OF YOU TO ACHIEVE GOOD MENTAL HEALTH OUTCOMES.

WE WANT TO FOSTER INNOVATION AND IMPROVE STATE COORDINATION.

WHILE THERE WILL BE CHALLENGES ALONG THE WAY, I AM CONFIDENT THAT WE ALL HAVE THE SAME VISION.

I HAVE A DEEP RESPECT FOR SPECIALIST MENTAL HEALTH SERVICES AND THE WIDE RANGE OF PROFESSIONAL SERVICES. I ALSO HAVE A DEEP RESPECT FOR THE ROLE AND CONTRIBUTION OF FAMILIES, COMMUNITIES AND THE COMMUNITY SERVICES SECTOR.

THERE IS A VITAL NEED TO ENGAGE THE MOST VULNERABLE CHILDREN AND FAMILIES; IN THE 0 - 4 EARLY YEARS AS WELL AS YOUNG PEOPLE.

BY WORKING TOGETHER, WE CAN IMPROVE THE MENTAL WELLBEING OF OUR WHOLE COMMUNITY. WE CAN ENABLE CHILDREN AND YOUNG PEOPLE AND THEIR FAMILIES TO ACHIEVE A GOOD LIFE AND REALISE THEIR DREAMS.

THIS WILL BE ONE OF THE HIGHEST PRIORITIES FOR THE NEW MHC.

ENDS