

# A Social Inclusion Agenda – where to start?

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# Introduction

- Acknowledgment of the traditional custodians of this land
- The Mental Health Association NSW – its role, programs and services
- What do we mean by Social Inclusion?
- Indigenous and CALD inclusion project

# MHA – what we do

- MH Information Service:
  - Phone, email, website, database, resource centre
- MH Promotion – Mental Health Week in NSW, Workplace Health Promotion Network
- Anxiety Disorders programs – support groups, Triumph Over Phobia groups, Small Steps.
- Mood Disorders Program, Support Groups Network
- Seasons for Growth – Loss and Grief Program
- Systems advocacy – submissions, meetings, representation on committees/reference groups etc.

# What is Social Inclusion?

- Commonwealth Government's Social Inclusion Unit, Social Inclusion Board
- UK Government – Social Exclusion Unit
- Australian Services Union's Building Social Inclusion in Australia
- MHCC definition: “about being able to participate in and contribute to social life – in economic, social, psychological and political terms”

## MHA's Indigenous and CALD inclusion project

- Infrastructure funding from MHCC
- Consultant engaged – Margaret Scott, Westwood Spice
- Intended outcomes:
  - Increase usage of MHA programs
  - Establish partnerships and links with organisations
  - Increase MHA membership of those groups
  - Increase membership on MHA Board and Advisory groups
  - Develop and distribute resources
  - Contribute to the breakdown of barriers presenting obstacles to people accessing MH services
  - Identify training needs of staff and Board members

## MHA's Indigenous and CALD inclusion project

- The approach taken was to:
- Review the current situation
- Investigate what other NGOs have done
- Identify relevant organisations services, programs and resources
- Review and collate resources
- Consult with key stakeholders to identify key issues, resources and gaps
- Develop recommended strategies for MHA to implement

## MHA's Indigenous and CALD inclusion project

- Three year Action Plan developed – 3 levels of action:
  - Internal organisational environment
  - Interface with external environment
  - The nature and reach of MHA services, stakeholder engagement and initiatives
- In accordance with the MHA's Strategic Plan:

## MHA's Indigenous and CALD inclusion project

- **Goal 1 Promote good practice in mental health**
  - Diversity statement
  - Indigenous Reconciliation statement
  - Establish partnerships with CALD and Indigenous organisations
  - Identify priority issues for advocacy
  - Seek information about different attitudes to mental illness and opportunities to address stigma and discrimination
  - Look for opportunities to work with other NGOs and government agencies
  - Explore literature and evidence in relevant issues and needs in terms of dual diagnosis

## MHA's Indigenous and CALD inclusion project

- **Goal 2: Increase community awareness of mental illness and promote mental health**
  - Expand focus of the MHA In terms of mental illness awareness and MH promotion
  - Incorporate CALD and Indigenous representation and issues in all planning for education programs

## MHA's Indigenous and CALD inclusion project

- **Goal 3: Inform and support people to access appropriate mental health interventions**
  - MH Information Service – fact sheets – service promotion – telephone interpreter service
  - Investigate need for self-help groups
  - Research access needs to promote Resource Centre
  - Identify and highlight gaps in service provision

## MHA's Indigenous and CALD inclusion project

- **Goal 4: Continually improve the viability, capacity and operation of the MHA**
  - Develop and adopt an organisation-wide strategic approach to CALD and Indigenous inclusion
  - Develop and monitor indicators for increasing access to CALD and Indigenous communities
  - Build Board and staff capacity in CALD and Indigenous issues
  - Identify opportunities to apply for targeted funding to address CALD and indigenous MH issues

# Mental Health Information Service

Baseline data collection over 3 weeks showed:

- 81% (105) born in Australia (4% Indigenous)
- 19% (25) born overseas, majority (15) in UK or Ireland
- 10 born overseas – Argentina, Brazil, Greece, Holland, Israel, Italy, Nepal, Poland, Philippines, Vietnam.

## MHA's Indigenous and CALD inclusion project

- What next?
- Implement the 3 year plan
- Identify organisations to liaise with
- Develop and provide resources with and for population groups
- Your ideas?

