

10th March 2011

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Inquiry Secretary
Standing Committee on Health and Aging
House of Representatives
Parliament of Australia



Submission No. 23 (Youth Suicide) Date: 22/03/2011

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Thank you for including Mental Illness Education ACT (MIEACT) as part of the House of Representatives Standing Committee on Health and Ageing's Inquiry into Youth Suicide.

When we presented to the committee we talked about the mental health education program we deliver in schools. All our presentations to years 9 – 12 are done by volunteers who have a lived experience of mental illness. As the highlight of the presentation the volunteers tell their personal story of their experience of mental illness, and this can have reference to suicide. The volunteers who do this work are all trained to be able to tell their story in a safe and respectful way that will do no harm to themselves or to the audience, that encourages seeking help early. There are always elements of recovery and hope in the MIEACT stories.

There are a number of points that we made verbally when we presented to the committee that I would like to reiterate in this submission to your inquiry.

- MIEACT would like to emphasise the importance of including a personal story in mental health education, as both a way of counteracting stigma and discrimination and also of respecting the importance of a 'lived experience' in communicating what living with a mental illness is like. In our 17 years of work this is the feature of our presentations that is without fail highlighted as having the greatest impact.
- Independent research conducted by the University of Canberra School of Applied Psychology shows the effectiveness of the program in reducing the stigma around mental illness, and improving community mental health literacy. The research highlights the importance of personal story and contact with people with lived experience of mental illness in achieving these outcomes. A copy of the research has been previously submitted.
- We would like to see others that deliver mental health education consider including the lived experience in their training courses and that organisations like ours can provide the training and support for volunteers to undertake this work. We already have arrangements with a couple of other training providers to supply a personal story for their sessions. It is essential that people with a lived experience of mental illness are not asked to do this sort of presentation without the continual support and training needed to ensure this experience is safe for all involved.
- There are a variety of mental health education providers for schools, workplaces, clinicians etc within Australia, but there is little communication and coordination between them. MIEACT would like to see the government support a forum (possibly through the Mental Health Council of Australia) that brings together these education/training providers from the government, community and corporate sectors to discuss and share best practice and even work towards developing guidelines for our work.

- MIEACT believes the language used in mental health and suicide education is incredibly important in shaping the way young people view mental illness. We have previously submitted our 'Do No Harm' policy which is guided by the work of Mindframe but is then adapted for people with a lived experience working in schools. This addresses the use of respectful language when talking about mental illness, and also how to talk about suicide. MIEACT would like to see discussion about this within the education/training sector.

Thank you for this opportunity to submit these recommendations.

Regards

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