Community Responders

Insights into Mental Health

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in collaboration with a **community of young people and health professionals.**

TACSI

The power of youth: How young South Australians are changing behaviour and perceptions around mental health

When someone experiences a mental health crisis, this can often be the darkest and most terrifying moments of their life.

Some believe this is all part of the human experience, while others tend to put the blame on the person involved. Whatever you believe, one thing remains the same: people's mental health is being exacerbated by current responses from the mental health system.
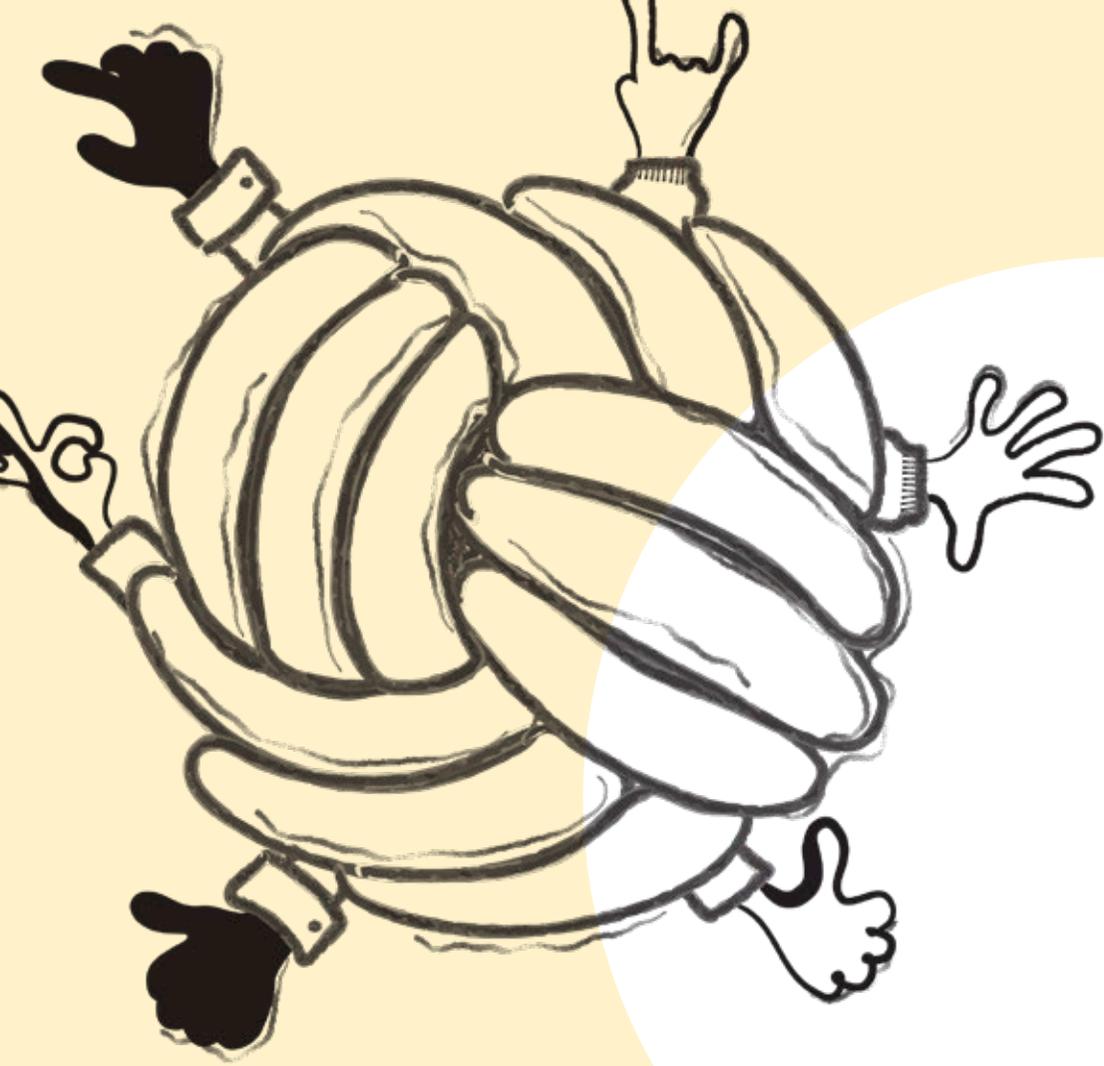
In 2020, the Community Responders project, funded by the Fay Fuller Foundation, set out to discover what South Australians want and need when it comes to mental health.

Led by passionate young people with lived experience of mental health crises, the Community Responders project saw these young people spend several months gathering insights, and then collectively designed resources to share and road test amongst those communities.

As we share these tool kits over the coming weeks, we're asking:

- How can we experiment with different ways to show up as human?

- How can we deepen our connection with each other, our services and the system that we're all a part of?

- When it comes to existing mental health resources, what works and what doesn't?
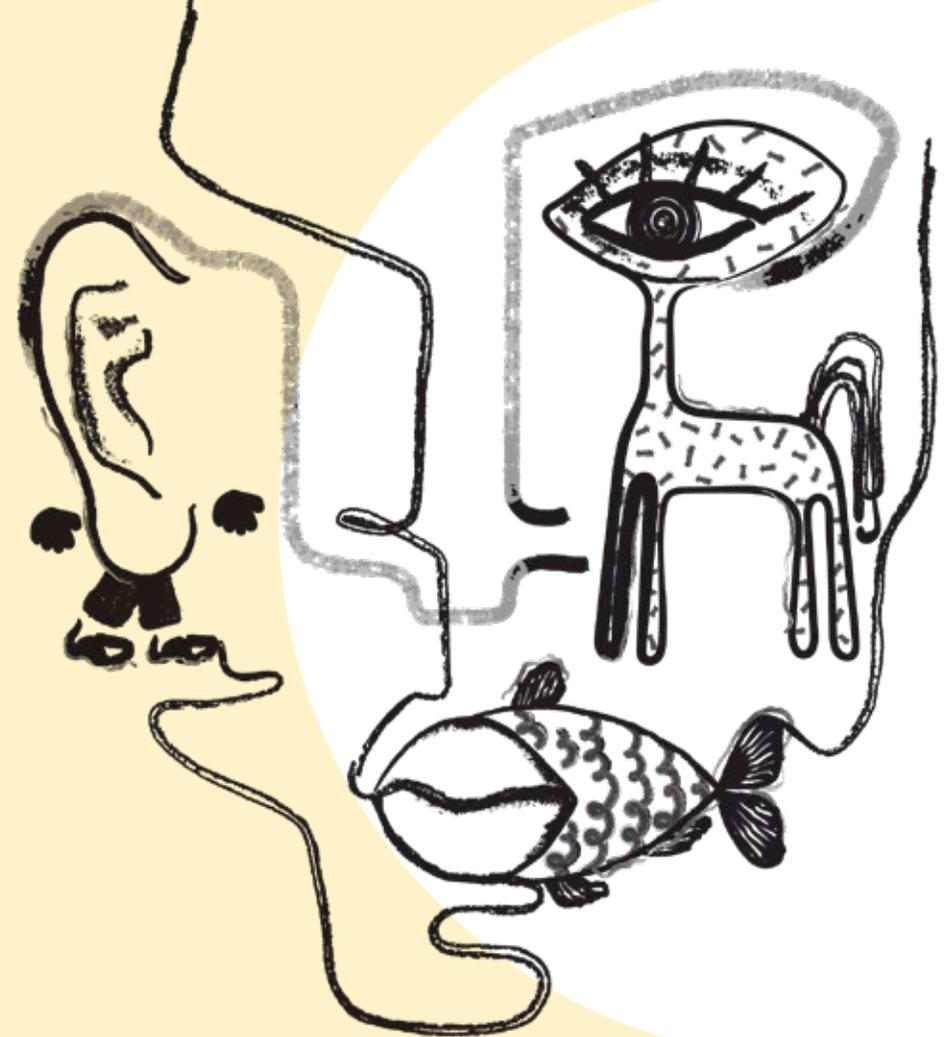
People power is an under-utilised and often hidden super power. There is so much to learn about our potential to help ourselves and others.

Community Responders Project Report

We all know youth mental health matters.

Mental ill health starts at a young age, **about three-quarters of common mental health problems emerge before the age of 25.**

Young people report high levels of symptoms of mental ill health, **more than 40% of Year 12 students report symptoms of anxiety and depression, which is higher than the normal range for their age group.**

Young lives are being lost, **in Australia, suicide is the leading cause of death for people aged 5-17.**[1]

Over the course of the last year, we worked across Adelaide, Eyre Peninsula and Port Pirie on a mental health project with young people. This work has been supported by the generous funding of the Fay Fuller Foundation.

The key question we asked was:

What do communities really need and want when it comes to responding to mental health crises?

A group of young people with lived experience of mental health crisis led this work, with support from TACSI throughout.

As a result, we created a number of toolkits to enable other communities and organisations to do this work with young people, and create more community-led responses to the crisis in mental health.

What we did

We worked with three teams of young people to gather insights and develop the tools to help others do similar work and value the role of young people with lived experience.

We created video and online content to recruit young people into the project. We also designed four new roles for young people to bring their lived experience to the fore to design for mental health crises.

We created a space for safety, storytelling, conversations and insight gathering, analysis, storytelling, and everyone also had the opportunity to be part of eCPR training.

[1] Black Dog Institute: Youth Mental Health

Insights from the project

Our young people spoke with over 80 people with lived experience of mental ill health, as well as community groups, mental health professionals and decision makers. These are the insights they gathered:

- Sticks & Stones
- Community Influencers
- Signs We Care
- Recovery is Relational
- We Need Different Sorts of Education

Sticks & Stones

Reframing language and labels as personal choice

"I had a lot of time in hospital, a lot of medication, numerous suicide attempts, and a lot of the approach to me was 'this is your diagnosis, this is what is wrong with you' – words and language like 'let's get you to a point where you can function in society'. So for me, the best thing that can happen for me is that I can 'function'. It doesn't matter about my dreams or anything like that? " - **Young person**

We learnt that amongst those experiencing mental health crises, there's debate about the value of diagnosis and the language of mental 'illness'. Many shared they felt frustrated and afraid as a result of being given a label. They found labels confusing and insufficient in capturing the complexity of what they were experiencing.

For others, they found their diagnoses reassuring – they've provided a sense of relief and something to work with. We also heard where these preferences had shifted over time.

What is clear is that people do not want a cookie cutter approach and 'one size fits all' to language. What is wanted is permission to choose how to understand and respond to the meaning they give to their own mental health, and the power to change their minds as they navigate and grow with and through their lived experience.

Community Influencers

Collective ways to play a part

"A self care aware community is courageous and brave enough to stop and reflect on issues we are facing and acknowledge where we are at – look at all the strengths around us"

"Mental health tokenism like RUOK Day makes me feel condescended. It feels like it's for ignorant people to excuse themselves" - **Young person**

This project started with the assumption that solutions for people experiencing mental health challenges and emotional distress can be found or produced locally in our communities. People told us they wanted easy, obvious and non-medical ways to start to connect and discover their capacities around mental health challenges and recovery, and permission to know it was safe to do so in daily life (not via one 'special' day or week a year).

We were curious about who holds knowledge and respect in the community. Many looked to sporting clubs as being great spaces to connect with others, while others found more 'unusual suspects' were masterful in lifting despair. They told us about queer communities, tattoo parlours and salons who embodied dignity and practices around making people feel safe, welcomed, and validated for their choices.

Signs We Care

Initiating values, offers and connection in the environment
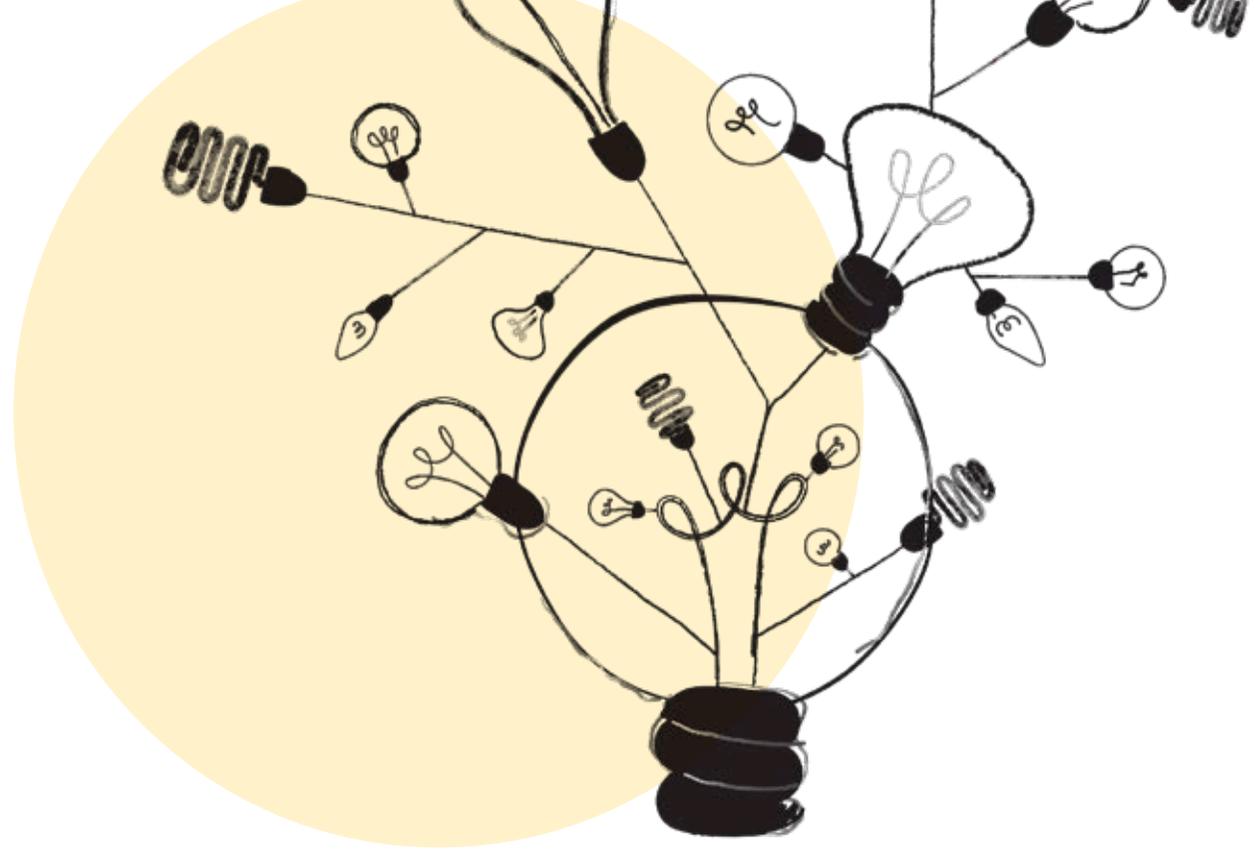
"How cool would it be if people were identifiable as being the ones you could 'tap on the shoulder' to know you were entering a safe space"

"Imagine if we had Mental Health safe houses and spaces on our streets?"

'People don't want to listen' or 'I don't want to be a burden' are two beliefs that came up again and again in our conversations. Other people told us they wanted to help but didn't know how to show up.

This got us thinking about the role of symbols and signs to let people know about safe spaces and people. What if we could identify in places (and people) a set of community values related to wanting to give and get support, and as a way to highlight community 'hot spots' where it is culturally safe to be listened to?

What would need to be different to take support to where people are, rather than expecting them to come to us? If we were outside, it could look like the example we heard of impromptu 'Just Listening' conversations on the beaches of Brighton and Broome. Or when we're inside, it could look like connecting meaningfully via online and face-to-face conversations from people's homes and beds.

Recovery is Relational

Reclaiming power to be in this together

Self care, self control, self worth, self reliance, self esteem, self regulate... it's no wonder we self medicate!

Our conversations highlighted that many people feel bombarded with messages that they must 'go it alone' in pursuit of an exhaustive list of strategies and instructions to feel and be better. Typically, this then becomes more fuel to beat themselves up with, or consists of activities that aren't accessible when mental health is poor.

Unrealistic pressures, expectations and entrenched beliefs (such as 'be the best', conform, consume, look right, fit in) has resulted in a false dichotomy of being well or not well, causing negative thinking and limiting options. This 'othering' narrative was also recognised across gender expectations, too. These stories don't allow for diversity.

While self help can have value, the people we talked with helped us see that solutions lay beyond that. They told us their definition of self care was 'social', and came from joining groups, becoming activists, sharing resources and purpose. One person found the more involved she was in the community, the less her mental health suffered. She wondered why her medical help didn't prescribe social interaction.

Creative interventions where people were given tools (art, music, writing, their bodies) to express themselves and make their own meaning — beyond talking, at their own pace and without pressure — were highlighted as particularly useful. Also valued was the opportunity to step in and out easily, and having a sense of belonging, dignity and feeling protected by the strong ties of a community was named as most important.

The conversations also revealed something important about relationships. When people and practitioners showed up as compassionate, collaborative and real, we heard that healing could happen. This was described as therapists who put the relationship first, who shared aspects of their own life, or positioned themselves as a co-explorer — not the expert — to reinforce non judgement, mutual learning and personal power. Many people pointed to feeling validated and encouraged to grow through peer support that happened informally (in cafes, or out on walks) and they wanted more opportunities like this in order to realise their potential.

We Need Different Sorts of Education

Preventative and trauma informed learning and growth
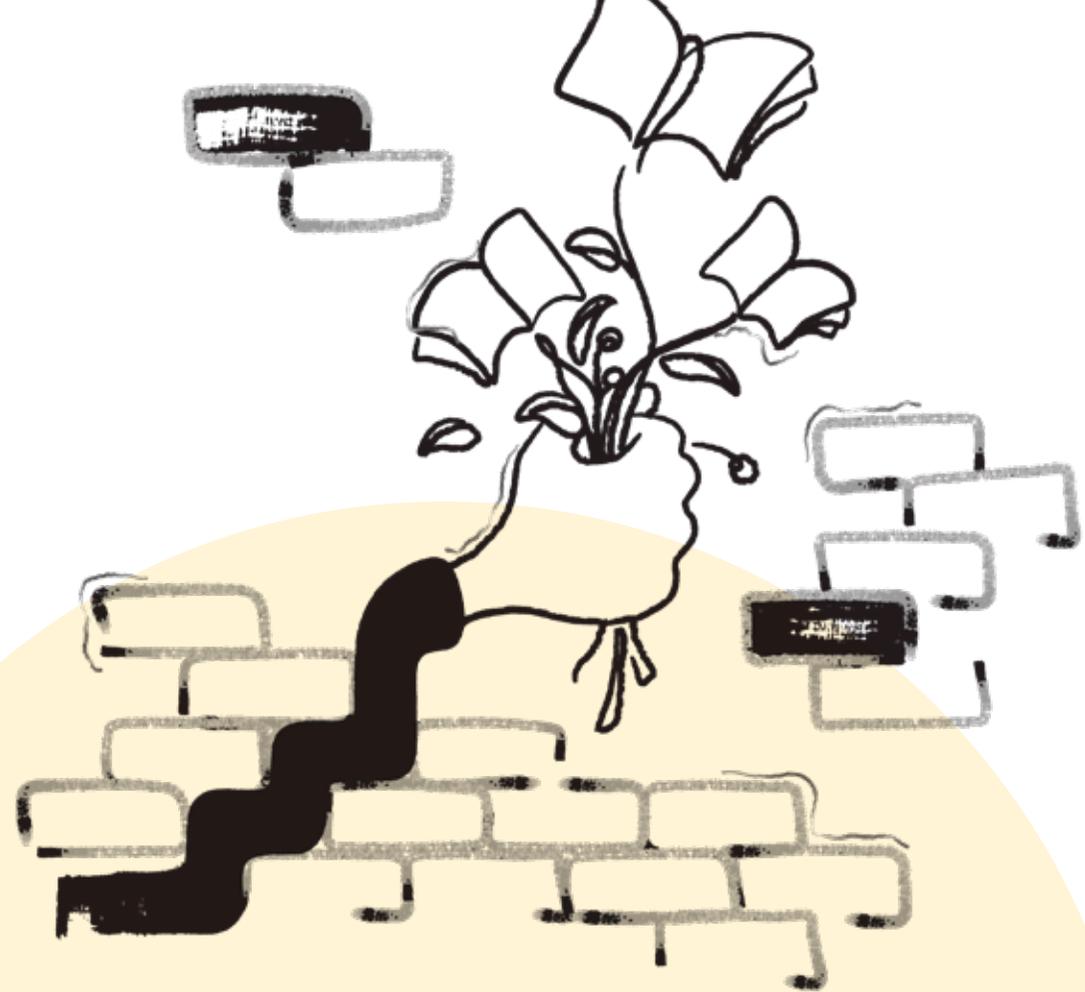
We know that the links between mental health, our histories, and the way we live are real.

Yet learning opportunities to do with mental health came across as being too late, too medicalised, or too superficial. People thought there was too much focus on symptoms, referral pathways or positivity, and not enough attention on addressing what could be the contributing and interrelationship of factors — political, economical, societal, cultural, spiritual, social, psychological and biological — as to why people are suffering and in pain in the first place, and what we can learn to do to prevent, minimise shame, walk alongside with patience, and be genuinely recovery focussed.

Call to action

Drawing together what we learnt in the project, we have worked with young people to design three toolkits to share and test with you; our community:

- Tools for working with young people

- Tools for tough conversations

- Tools for developing a community response to mental health

We would love to hear your feedback on these toolkits and how you might apply them.

Check out the first of these toolkits here >

Download Toolkit here