



The Mental Health Access, Early Intervention and Awareness Scheme (MHAETAS) 2019 (NSW)

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The Mental Health Access, Early Intervention and Awareness Scheme (MHAEIAS) 2019 (NSW)

A Bill for

An Act to address mental health and mental illness in communities across NSW

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Explanatory Notes

The Mental Health Access, Early Intervention and Awareness Scheme 2019 is a bill that plans to address the incredibly prevalent and contemporary issue of mental health. The implications of ineffective responses to the issue continue to have drastic effects in NSW communities, affecting not only those diagnosed but also their broader connections and support system). The bill specifically outlines reform toward:

- Prevention methods,
- PDHPE curriculums, and
- Community access.

In this incredibly fast-paced Information Age, it is often easy to forget the necessity of maintaining well-managed mental health; often it is often ignored for the sake of progress. Yet, to many extents, the importance of “mental fitness” should be held to a greater degree, if not equal, to that of physical fitness. This is highlighted further by the fact that approximately 45 per cent of Australian adults will be affected by mental illness at some time in life (Better Health Channel, n.d). For this very reason, the bill introduces a government action plan with the full intent to place emphasis on early prevention.

Finding support from the beginning, particularly within Youth, allows for accurate diagnosis, better treatment outcomes and decreases the likelihood of serious long-term relapses. In fact, evidence suggests three in four adult mental health conditions emerge by age 24 and half by age 14 (Beyond Blue, 2016). The introduction of a government action plan, one which caters to all communities and cultures, allows for prevention and support services to smoothly fulfil their roles with the backing of government promotion.

The introduction of such promotion will result in increased levels of awareness in regards to mental illnesses and the means to appropriately manage it. In order to ensure that affected individuals can be well supported, education is critical to further de-stigmatise such an illness. Therefore, it is as a result of the PDPHE being a standard means of education across all NSW schools, heavy reforms within it are necessary to address a management plan in relation to coping with mental health on an individual level and on a community level. This action plan will then facilitate in further de-stigmatisation of mental health and atypical mental health illnesses.

Not only does it target the crucial age demographic of youth, but it also allows the broadening of knowledge to include atypical diagnosis. Atypical mental illness is incredibly isolated within society, as it suffers from a lack of information distribution. As a basic example, it's estimated one in 20 children in Australia have ADHD, many of which remain undiagnosed even through adulthood; yet the general symptoms are not discussed at any point throughout the curriculum to date (Kids Health, 2018). In complement, such reforms will mandate new training requirements for teachers to respond to these possibilities and therefore enable them to become stronger areas of support for all students. When one in seven young Australians experience a mental health condition, a curriculum that creates a supportive and open mental health environment would facilitate seeking help and defeating mental illnesses from the earliest signs (Beyond Blue 2016).

For many, this final act of challenging the impacts of struggling with mental health directly can be incredibly difficult. This is particularly the case for rural communities and other geographical

factors, both of which prohibit access to key services often required by many. The National Rural Health Alliance notes that the suicide rate for men in rural communities is 2x higher than that of city communities (National Rural Health Alliance, 2017). As such, this bill aims to increase community access avenues through a range of practical improvement goals, building on the desperate need of rural services to have better and broader support availability.

Overall, the approach to further addressing the issue of mental health within NSW is one of solving three avenues. It involves:

- Correcting an apparent gap in early prevention methods,
- Building awareness to create a society which is open to these methods and supportive of their communities, and
- Providing support for those methods and further actions to all NSW citizens.

By achieving each of these outcomes, the bill will take a significant step toward a supported and mentally healthy NSW.

Part 1 Preliminary

Name of Act

This act is the *The Mental Health Access, Early Intervention, and Awareness Scheme, 2019*

Commencement

The Act shall commence immediately after the Royal Assent from the NSW Youth Governor.

Objects

- 3.1 To create an alternative way for the NSW government to address mental health and mental illness in the communities of NSW and the general public, through the circulation of a government commissioned plan. The further objective will be to ensure broader communication in regards to and overall de-stigmatisation of mental illness (and specific mental illnesses) in NSW.
- 3.2 To prioritise and maintain a proactive approach to mental health, with:
 - 3.2.1 A foundation and focus on prevention and response to mental health issues.
 - 3.2.2 Constant reform and improvement to reinforce the bill's central aim to address access, awareness and early intervention.
 - 3.2.3 Implementation across all areas and communities of the diverse state of NSW.
 - 3.2.4 Such referenced implementation to produce strong outcomes and support to all, regardless of personal circumstance.
 - 3.2.5 An ability to connect to all closely linked with those impacted by mental health concerns.
 - 3.2.6 Recognition of the sensitivity and care required in writing the bill.
 - 3.2.7 Clear and relevant messaging of such principles.
- 3.3 To be respectful of and responsive to the issue of access within rural communities, involving:
 - 3.3.1 Encouragement and resources to enable further development of positive mental health resources for regional NSW.
 - 3.3.2 The growth, renewal and improvement of existing services within rural communities.
- 3.4 To modify the PDHPE curriculum and reform within such relevant subjects to promote mental wellbeing. This would comprise of:

- 3.4.1 A focus on openness in relevant discussions and de-stigmatization of mental health as a whole.
- 3.4.2 Improvements to teacher syllabus resources and applications.
- 3.4.3 Centring such reforms regarding stage 4 students, noted to be an age group in which the information is both relevant and effective in building a mentally healthier society going forward.
- 3.4.4 Any such reform involving professionals in the relevant field, to ensure every lesson is utilised to its greatest potential.
- 3.4.5 Additionally addressing the circumstances and conditions which constitute atypical mental diagnosis, knowledge which is currently not addressed.
- 3.4.6 Preparing secondary students for the role in which they can play to help both themselves and others in regard to mental health.

Definitions

Mental health - a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. It includes our emotional, psychological, and social well-being.

Atypical Mental illness/diagnosis - A rare or uncommon diagnosis that is not broadly known, or when one exhibits one symptom or multiple symptoms that are not typical of the diagnosed disorder.

PDHPE - The class or education related to Personal Development, Health and Physical Education (PDHPE).

Bystander - A bystander is a witness who is aware or knows in-depth about a possible mental illness within a friend.

ADHD -
Attention-deficit/hyperactivity disorder (ADHD).

Personality Disorders - a mental health issue relating to someone's personality or behaviour that causes themselves or others distress.

Stage 4 - School years 7 & 8

Part 2 Clauses

Clause 1 the Government Action Plan

- 1.1 The Government Action Plan shall be created using the following steps:
 - 1.1.2 Once this bill is enacted, the following actions will be implemented by the government to create a well-rounded and comprehensive Action Plan that caters largely to the public, but also has a school-relevant use. It is necessary that the Plan created will be able to be utilised by all ages and demographics when needed.
 - 1.1.3 It is aimed to be created, reviewed, finalised and released and circulated into communities and the general public of New South Wales within a 2 year maximum timeline. This will occur as follows:
 - 1.1.3.1 The Health Department of the NSW Government, specifically the Mental Health Branch, will work in conjunction with community groups and a wide range of representatives of relevant demographics. Youth representation will be maximised, with organisations and people such as the Advocate for Children and Young People, YMCA, Youth Action, the Youth Advisory Council NSW, amongst others, having significant input into the creation of the guidelines and actual instructions. Their representation is necessary to ensure that the Plan is suitable to be circulated and implemented in all schools in NSW, effective, and appropriate use for children and young adults.
- 1.2 The Plan must be created with the following criteria and aims:
 - 1.2.1 To cater to all members of the public. This includes, but is not limited to, the consideration of age, gender and cultural background.
 - 1.2.2 To cater to both private and public spheres. Must be useful in schools as well as places such as libraries or community centres.
 - 1.2.3 To address the 'how to' process of seeking help for a 'friend' or one's self in the case of dangers or harms relating to mental health, and to outline instructions on how to achieve this.
 - 1.2.4 To thoroughly research on, discuss and ultimately incorporate aspects and processes outlined in already established _ mental health plans. The guiding plan shall be the Mental Health First Aid Action Plan ALGEE: A for Approach, Assess and Assist with any crisis, L for Listen and communicate non-judgmentally, G for Give support and information, E for Encourage appropriate professional help, E for Encourage other supports. The guiding plan and other researched plans are commonly unknown to the public of New South Wales, so although it will guide the creation of the new plan, it's distribution and campaign methods (including but not limited to general public awareness campaigns), will be effective - that is, awareness of this plan will be achieved. Through this, the government can ensure the familiarity of the new plan with the public of New South Wales.

- 1.2.5 To be thoroughly reviewed and re-read to ensure it is of the best quality and highest standard, as well as factual, comprehensive and helpful particularly in relation to targeting the youth demographic, above all other factors.
- 1.2.6 To then, once all information is finalised, collaborate with further community groups to create a design that is appropriate (in terms of colourisation, fonts, pictures etc.), engaging and eye-catching, simple and overall appealing. It is to the government's further discretion as to whether focus groups will be created to finalise the design to appeal to the public.
- 1.2.7 This will then be translated to a digital format in terms of being digitally available being available on the NSW Government website, stated with the website directory section of 'Mental Health.'
- 1.2.8 With the release of the Plan, the government will commence an advertisement campaign to promote the message and general use of it. This includes but is not limited to, social media campaigns on platforms such as Facebook and Instagram, TV advertisements, radio advertisements, and flyers in high traffic areas. This will involve heavy emphasis on encouraging authority of premises to implement the Plan posters where applicable and possible, as well as personal use for members of the public. This shall be run with the intention of the implementation and popularisation of the Plan across New South Wales. These various campaigns will circulate for the purpose of the public becoming aware of and familiar with the Plan, and by this purpose, will continue for as long as the government deems necessary.

1.3 The Government Action Plan shall adhere to the following guidelines:

- 1.3.1 Printed in clear writing to not only have the ability to indicate the intention of the poster clearly but also effectively communicate the Plan along with all other aspects of the Plan, so that all members of the public that may require it, are able to clearly read and understand the steps outlined and use them accordingly. The instructions are to be easy to read, understand and use, through clear and straight-forward text.
- 1.3.2 To be printed and posted with the intention of being a clearly understandable poster action plan as its objective. It shall be comprehensive and convenient to use.
- 1.3.3 Illegal for the instructions of the Plan on the poster outlined, to be changed, manipulated or twisted to modify the intention and purpose of the poster. All modifications made to the poster considered by any reasonable person to be altering the purpose and message in a malicious manner or with malicious intent, shall be dealt with accordingly, by whoever is responsible for the premise on which the poster is placed.
 - 1.3.3.1 Printed in different languages, where applicable in New South Wales. There may be public and private premises that require the Plan in specific languages other than English, to maximise the the amount of members of the public who can understand and are able to use the

Plan in that specific area. This is to be done without the compromising of the meaning, intention, instructions and other features outlined in the Plan.

- 1.4 The aim of implementing the Plan in a vast amount of varying public and private premises is as follows; The Government Action Plan should:
 - 1.4.1 Ensure it is wide-reaching and can reach as many members of the public as possible. Expecting that becomes widely available to the public and all demographics and populations within New South Wales, then it can be familiarised with and become well known by all. When the time may occur for a member of the public who may require the Plan, they will then have the relevant knowledge and therefore heightened capability to approach the situation and mental health issue, in regards to their 'friend' or themselves, in not just a respectful and responsible manner, but primarily in an efficient and results-producing manner.
- 1.5 Following from Section 1.4.1 the further intention of publicising and circulating the Plan will be to set into motion the process of widespread de-stigmatisation of mental illnesses and mental health issues. It is expected that campaigning the promotion and use of a formal instructional mental health outreach Plan will increase the conversation surrounding the topic of 'mental health' and associated illnesses and disorders relating to the topic. This increased conversation will inevitably lead to the normalisation of such topic/s and therefore the general de-stigmatisation of mental illness and mental health issues in New South Wales. So the campaigning and popularisation of the Plan leading to the widespread implementation of it, will undoubtedly be useful in addressing the stigma of mental health and mental illness, and reaching out for help.
 - 1.5.1 To widely ensure that those using the Plan will be addressing the mental health problems/issues of their 'friends' in an efficient and results-producing manner whilst also maintaining a respectful and appropriate manner, and striving to preserve the dignity of the party in question. The Plan outlined in Sections 1.1-1.3 will aim to identify and explain techniques that the utilising party can use to abide by these specifications of behaviour.
- 1.6 The Plan will be primarily targeting the 'friend' or 'bystander' in the situation regarding a person's mental health. This is to make more of the public aware of how they can help others in situations of mental health that, they recognise, needs to be further addressed, whether this be by professionals or by others in the person in question's life (e.g. a parent/guardian of the child in question). However the Plan will still be created to include personal use, if necessary.

- 1.7 By targeting this specific audience, as well as the conventional 'personal use' audience, more people will be either able to easily identify ways they can access help for themselves or their 'friend'. This is an important audience to address, as there will be members of the public unwilling or scared to reach out for help or assistance in dealing with a mental health issue. By encouraging more people to help their 'friend' that they identify or view as needing help, overall more members of the public who are struggling with mental health issues will be able to receive help, as opposed to if the Plan simply targeted those requiring help.
- 1.8 The Plan is intended to act as a guideline for the steps and behaviour a 'friend' should undertake if they are worried about another person's mental health, and believe it may require more attention by a relevant and appropriate person of authority in regards to the context of the situation. It will use vague language so that a person wishing to seek help for themselves may also do so.

Clause 2 Community Access

2.1 Rural and Regional Access

2.1.1 There are hundreds of services for seeking advice on mental health in Australia, but in rural and regional areas of NSW, many people are clueless that these programs exist and have little to no knowledge of them. Headspace is an organisation that has been available for youth all around Australia since 2006 but these services fail to reach out and make themselves known in regional, remote and rural areas.

2.1.1.1 Headspace facilities will become more accessible to those in rural and regional areas. This is necessary as Headspace is one of the only programs in NSW that is accessible to youths without parental consent. This means more facilities will be built in areas that do not already have access to headspace centres. Catering to youth in regional, remote and rural areas.

2.1.1.2 More advertising of Headspace programs such as eHeadspace will be undertaken, increasing awareness of headspace programs that exist. This will be beneficial because the majority of the population living in rural, regional and remote areas are currently unaware of these programs.

2.1.2 Currently active headspace facilities will have their services improved. Therapists, counsellors, clinicians and other mental health workers will require extra training in order to deal with mental health issues outside of anxiety and depression which are currently treated as the only mental

illness that exist. Thus, it is through this action where there will be rapid amounts of de-stigmatisation for atypical illnesses.

- 2.1.2.1 This will mean that youth will no longer be turned away when they are found to be suffering from an atypical disorder e.g. personality disorders. Therapists will be equipped to talk to them and give the necessary information.

Clause 3 PDHPE Curriculum Reform

3.1 PD/H/PE Curriculum Reform

3.1.1 Reforming the PDHPE curriculum will increase skills and knowledge surrounding mental health

- 3.1.1.1 Changes to the PDHPE curriculum should be implemented because many teachers and students still do not have a sufficient understanding of mental health conditions and the skills to practically apply what knowledge they do have into everyday situations.
- 3.1.1.2 Mental health is somewhat addressed in the current PDHPE syllabus however it should be expanded to include further information and a greater emphasis on the topic. This is required as mental illnesses are a greatly widespread issue and can have a significant impact on students' wellbeing.
- 3.1.1.3 The updated syllabus should assist teachers and students alike for all stages of mental health conditions: prevention, early intervention and crisis response.

3.2 Teacher to be trained to use the syllabus more effectively

- 3.2.1 This retraining would allow teachers to be more equipped to teach students the content, leading to better overall mental health education.
- 3.2.2 It will help them to provide accurate, up-to-date mental health information to students that includes a wider range of mental health issues affecting young people, as well as assisting teachers to plan engaging and practical activities that reinforce what is learnt.
- 3.2.3 The syllabus should both teach theory and encourage more practical activities that will increase students' knowledge and understanding while also giving them greater confidence to assist and support peers experiencing mental health conditions.
- 3.2.4 Mental health action plan training should be required for teachers, in the same way that first aid training is. Approaching mental health in a similar way to the way physical health is addressed will further decrease the stigma surrounding mental health.

- 3.2.4.1 Teachers will be retrained in accordance with the guidelines put forward so that they may:
 - 3.2.4.1.1 Have information on mental health that is current and well-informed.
 - 3.2.4.1.2 Know how to identify students who may be suffering from mental health issues and how to approach them calmly and appropriately in order to assist them in seeking treatment.
- 3.3 The curriculum change will be aimed at Stage 4 PDHPE students
 - 3.3.1 Additional mental health information should be a part of the compulsory content for the PDHPE course, ensuring all students have equal access to this information. Learning objectives should be specific in the syllabus to again ensure the objective of students receiving equal mental health education.
 - 3.3.2 The curriculum additions would begin to be implemented for Stage 4, at the beginning of secondary school, as the changes that occur for students at that time can make young people more vulnerable to certain mental health conditions.
 - 3.3.3 The updated curriculum will be devised with the assistance of a number of mental health and education professionals.
 - 3.3.3.1 This will ensure that the methods used and information provided is suitable for the environment of a classroom and is addressed in a way that fosters discussion and understanding amongst students, as well as encouraging students who are living with these difficulties to seek help.
 - 3.3.3.2 It should also aim to connect students to mental health support services and other such resources to provide students with greater access to assistance if experiencing a mental health condition, especially with needs that would more appropriately and effectively be addressed outside of the classroom environment.
 - 3.3.4 The aim of implementing education that addresses a plethora of conditions is as follows.
 - 3.3.4.1 To encourage the de-stigmatisation of mental illness and related conditions in young people and provide a sense of acceptance and inclusion for students suffering from these condition.
 - 3.3.4.1.1 To increase awareness of atypical diagnoses, including:
 - a. Personality Disorders
 - b. Eating Disorders
 - c. Psychosis
 - d. Autism

e. ADHD

- 3.3.4.1.2 To create an environment in which students suffering from these issues are not unintentionally isolated and placed in a position where their condition may be worsened as a result.
 - 3.3.4.1.3 Students and teachers will be informed on a broader range of conditions, so that students with lesser-known or discussed conditions can be understood and recognised.
 - 3.3.4.1.4 This Clause will increase education about mental health for secondary students and more practically assist them to experience mental wellness by empowering teachers, providing information, creating connection to resources and raising further awareness of a range of mental health conditions.
- 3.3.5 A key component of the curriculum addition would be the implementation of the Government Action Plan (Clause 1) in schools. This would ensure consistency in access to information for all NSW school students.

Part 3 Amendments

Amendment 1

Clause number	Clause 1.2 subsection 1.2.8.
Existing clause wording	1.2.8 With the release of the Plan, the government will commence an advertisement campaign to promote the message and general use of it. This includes but is not limited to, social media campaigns on platforms such as Facebook and Instagram, TV advertisements, radio advertisements, and flyers in high traffic areas. This will involve heavy emphasis on encouraging authority of premises to implement the Plan posters where applicable and possible, as well as personal use for members of the public. This shall be run with the intention of the implementation and popularisation of the Plan across New South Wales. These various campaigns will circulate for the purpose of the public becoming aware of and familiar with the Plan, and by this purpose, will continue for as long as the government deems necessary.
Amendment request	A digital campaign should be run by the Government, however, this campaign should purely be done through the use of social media platform only.
New clause shall now read	1.2.8 With the release of the Plan, the government will commence an advertisement campaign to promote the message and general use of it. This includes a social media campaign on platforms such as Facebook and Instagram. This will involve heavy emphasis on encouraging authority of premises to implement the Plan posters where applicable and possible, as well as personal use for members of the public. This shall be run with the intention of the implementation and popularisation of the Plan across New South Wales. These various campaigns will circulate for the purpose of the public becoming aware of and familiar with the Plan, and by this purpose, will continue for as long as the government deems necessary

Amendment 2

Clause number	Clause 2.1.2, subsection 2.1.2.1.
Existing clause wording	<p>2.1.2 Currently active headspace facilities will have their services improved. Therapists, counsellors, clinicians and other mental health workers will require extra training in order to deal with mental health issues outside of anxiety and depression which are currently treated as the only mental illness that exist. This stigmatises mental health issues majorly</p> <p>2.1.2.1 Meaning youth will no longer be turned away when they are found to be suffering from an atypical disorder e.g. Personality disorders. As therapists will be equipped to talk to them and give the necessary information</p>
Amendment request	<p>Headspace facilities and services are sufficient and already provide adequate and do not need to be reformed. Therapists, counsellors, clinicians and other mental health workers do not need any extra training as there are external facilities for youth suffering from atypical disorders outside of Headspace.</p>
New clause shall now read	<p>This section of the clause will be omitted from the amended bill.</p>

Amendment 3

Clause number	Clause 3.3.3, subsection 3.3.3.1 and 3.3.3.2.
Existing clause wording	<p>3.3.3.1 PDHPE classes in Year 7 and 8 will have a focus on this area of the updated curriculum</p> <p>3.3.3.2 The curriculum additions would begin to be implemented for Stage 4, at the beginning of secondary school, as the changes that occur for students at that time can make young people more vulnerable to certain mental health conditions.</p>
Amendment request	For the introduction of mental health education to begin in years five and six rather than seven and eight in order to destigmatise the issues addressed
New clause shall now read	<p>3.3.3.1 PDHPE classes in Year 5, Year 6, Year 7 and Year 8 will have a focus on this area of the updated curriculum</p> <p>3.3.3.2 The curriculum additions would begin to be implemented in Stage 3, as this marks the point just before transition into high school, and allows for students to become acclimated to the idea of mental illness without the potentially judgemental environment of a senior school classroom, and provide them with strategies, resources and information that will contribute to early management of any mental health issues that may manifest.</p>

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