

National Mental Health Plan Response


batyr

What are the fundamental issues you think we need to be taking into account in developing this Plan?

- Stigma was a key barrier to help-seeking prior to COVID-19, and this will be exacerbated now and into the future. batyr has been hearing through schools and universities we work in that racism and discrimination associated with COVID-19 are additional factors perpetuating stigma and exacerbating mental ill-health too. Addressing these areas through the Plan will be essential so people are more likely to access the digital mental health services that are being invested in.
- Whilst mental health services are invested in and being delivered, prevention and community outreach will be integral to bridge the gap between people requiring support and people actually accessing support. Prevention can also contribute to better health outcomes for individuals to avoid requiring acute care, which will also help relieve pressure off of mental health services experiencing higher demands through this period.
- Feedback from young people and communities is that it can already be difficult to understand what services are available to access, in addition to knowing the difference between them. Ensuring education and clear ways people can understand what is available for each demographic or need will be important.
- Through a thematic analysis on 83 stories of batyr speakers that looked at contributing factors to mental ill-health and recovery, anchor people and experiencing unconditional love were two key themes that contributed to recovery. Investing in support for the anchor people and carers will be important. Additionally, creating supportive peer-to-peer communities that offer connection and promote hope will help with building resilience.

How can we engage lived experience in a safe way as part of the COVID-19 response Plan? What practical ways can we integrate lived experience into the COVID-19 response Plan now?

- Peer-to-peer models of education will help promote help-seeking, hope, resilience and self-care. Relating to a peer has been proven as one of the greatest ways to see behavioural change when it comes to stigma reduction and therefore help-seeking (Corrigan, 2011).
- Sharing stories of hope and resilience can help people see a way through the challenges associated with COVID-19 and can encourage positive conversations on mental health. This is necessary at any time, but particularly through a crisis. Ensuring the sharing of lived



experience does not just highlight challenges, but has a focus on help-seeking, self-care or wellbeing is integral for safety and the promotion of hope, resilience, connection and stigma reduction. batyr has surveyed over 50,000 young people who have heard from a trained batyr speaker who not only shares about mental ill-health but about how they took charge of their wellbeing. The safe structure resulted in 70% of students feeling more likely to reach out for support if needed and over 90% saying they feel it is important to hear real stories from peers. This has demonstrated the importance of safe structure and support in sharing stories, and the impact it can have on others.

- Investing in robust training for people to learn how to share their stories in a safe and effective way is integral to engaging lived experience through the Plan. batyr has trained over 800 young people to learn how to share their lived experiences in a safe and effective way. The robust training informed by lived experience and clinicians has highlighted the risk and level of resource required to ensure it is a safe experience for the person sharing and for listeners.
- Making use of safety guidelines such as how to communicate about suicide, eating disorders, drug and alcohol use, trauma, psychosis and other topics can help promote safe conversations and reduce the likelihood of harm or perpetuating stigma further. batyr has developed a comprehensive resource taking into account information from a range of experts and organisations in the sector that can help if required.

Reference

Corrigan, P. (2011) Best practices: Strategic stigma change (SSC): five principles for social marketing campaigns to reduce stigma. *Psychiatric Services* Aug;62(8):824-6.