

Preventative education in mental health a public health comparison with road safety.

The suicide rate in Australia outstrips the road toll annually. If we compare the way prevention is handled in both mental health and road safety, we can see the weakness in our approach to mental health.

In safe driving, the govt doesn't just address the at-risk drivers, but all users of motor vehicles. They learn the rules of the road, are tested for their ability to manage a vehicle, have on going testing at an age where they are considered to be more at risk. They have consequences for failing to comply with best practice.

In mental health, prevention is incidental and spotty at best. There is "drop-in" curriculum in mental health, but it is not consistent across school curricula and is often taught by staff who have no background in the subject. It is often taught incorrectly. There is no testing that requires any consequence in their academic progress thus students are not always motivated to give it full attention.

With 9 people a day dying by suicide and a 12.2-billion-dollar mental health budget we have to accept that the current medicalised approach is only part of the solution.

We need a national mental health curriculum from at least year 7 to year 12 examined at HSC. If it is not tested, then many will sleep through class. It should be taught by people with mental health/public health backgrounds and should cover clinical and social aspects of mental health looking at both the medical and social approaches to understanding mental health across populations such as neuro typical, neurodiverse and at-risk groups such as LGBTQI+ and indigenous Australians. The curriculum needs to be co designed and include diverse people not just another panel of middle-class white people.

Cost is an ongoing concern for mental health, and I know that a mass education could teach people the red flags of domestic violence, what to watch out for after child birth, social determinants of mental health such as housing and income insecurity and the early warning signs of the common cold conditions such as depression and anxiety and pathways to support.

I think we are hoodwinked by bodies such as the APS to believe that all conditions can be solved with a visit to a psychologist or psychiatrist. This is not accurate and excludes many people for whom sitting in an office talking does not suit. Occupational therapy approaches, peer group approaches, art therapy and creative options should all be on the table. In addition, the majority of people cannot afford private therapy after a measly 10 sessions.

I think that psychology has a stranglehold on mental health, and we need to consider integrating counsellors, social workers and mental health educators into treatment in a system that is clearly failing.