



inBalance

Mental Health Association of Central Australia Inc
quarterly newsletter

10th edition
April - June 2006

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Resilience:

Being able

to bounce back

during difficult times ...



SUPPORTING mental health for secondary schools, MindMatters acknowledges that a key aspect of mental health and wellbeing is resilience: "the capacity to cope with change and challenge, and to bounce back during difficult times." This definition was highlighted at a workshop in June hosted by MindMatters for those who work with young people, both inside and outside the school settings.

Many youth workers and community sector workers in Central Australia provide support to young people who may not be attending schools or are not attending on a regular basis, and for them *MindMatters* is a valuable resource. *MindMatters* recognises mental health as:

"... emotional and spiritual resilience which enables us to enjoy life and survive pain, disappointment and sadness. It is a positive sense of wellbeing and an underlying belief in our own and others' dignity and worth." (*Health Education Authority, 1988, England*). (cont. pg 24)



Participants from Congress and IAD at the *MindMatters* workshop - good learning and good fun!

staff

General Manager: Claudia Manu-Preston

Administrator: Rita Riedel

Administration Assistant: Helena Lardy

Relieving Services Manager: Rangi Ponga

Outreach Coordinator: Melissa Glasscock

Outreach Officer: Tim MacDonald

Occupational Therapist: Stephen Hollis

Rehab Officer: Christine Boocock

P&R Coordinator: Rangi Ponga

P&R Officer: Gina McAuley

P&R Officer: Richard Smith

LPP Coordinator: Laurencia Grant

LPP Officer: Kristy Schubert

Bookkeeper: Karen Wilton

committee

Chairperson: Karen Aucote

Deputy Chair: Mardijah Simpson

Secretary: Jill Deer

Treasurer: Mark Keyworth

Public Officer: Maya Cifali

Org. Rep: Trish Fernley, ARAFMI

Org. Rep: Bert Zuidema, Salvation Army

Consumer Rep: Leo Welin

Consumer Rep: Juanita Sherwood

committee meetings

Are held on the 2nd Wednesday of each month. If you have any issues you would like to place on the agenda please contact Claudia or your favourite committee member at least a week prior to each meeting.

correspondence with editor

Contact Rita Riedel 8950 4610

disclaimer

Contributions to *inBalance* do not necessarily reflect the views of MHACA.

general manager's update



Claudia Manu-Preston, Manager

HELLO and welcome to the 10th edition of our quarterly newsletter *inBalance*. The time has gone so quickly that we are already mid-way through the year!

The past three months I have spent the majority of my time assisting in recruiting and orientating new staff, managing the programs and planning for future events (for a list of what's on the calendar see page 14). As you will read, there has been a lot happening, including a pilot Yoga for Women group (see page 7) and developments in the Santa Teresa Life Promotion project (see page 8), as well as the ongoing management and administrative work which has been varied and constant.

Staff profiles

This edition has a new feature called "people profiles" which provides some informal information about our staff and their experiences, qualifications and skills (see page 40-41).

I believe we have a great bunch of people working at MHACA, individuals who have extensive knowledge, experience and varied interests, reflecting a diverse range of colourful backgrounds. As the article "What makes a good workplace?" on page 40 highlights, any organisation is only as good as its staff, who are the central ingredient in providing effective services to clients.

Staffing

A special congratulations to both Jo and Huss on the safe arrival of their baby girl, Grace May. Joanne will be on maternity leave until May 2007 and we look forward to her return; I know she will blossom in this new and very rewarding role. In turn, welcome back to Christine Boocock, who was previously employed in the Prevention & Recovery

Program. Christine is replacing Jo while she is on maternity leave.

Welcome also to Stephen Hollis who is our new Occupational Therapist. Stephen will be based in the Rehabilitation Program and will also be providing assessment and group support across all our programs.

I would like to farewell and thank Christine Sevallos for all her work in the Life Promotions Program, and also for her support in the Prevention and Recovery Program.

Also, a temporary farewell to Rita who will be leaving us in late July till early next year to complete her counselling studies in Adelaide. We are hopeful she will return refreshed and equipped with new skills and knowledge. Rita will continue to produce *inBalance* while she is away, so we will still be in regular contact.

Consumer feedback

As advertised in the last edition, an independent Consumer Consultation forum was held in April to gauge consumers' feedback on their experiences with MHACA services.

The feedback was a good reflection of what consumers knew and thought about the Association. Comments like, "they fill the gap between the mental health ward and society" and "help with contact and interaction which makes me feel better about myself", confirmed positive experiences and a good understanding of MHACA's role. Areas highlighted for improvement included: "MHACA to have a stable workforce", "would like an organised activity every day" and "support from peer groups – interaction with our peers and not



Catching up with members of our dedicated committee. From left to right: Jill Deer, Leo Welin, Juanita Sherwood, Maya Cifali, Christine Burke (consumer support liaison), Claudia Manu-Preston and Mardijah Simpson

just with people who are paid to know us". The feedback from the consultation will help us tailor our services to be more responsive to consumers' needs. Refer to page 16 for more information about the consultation.

National activities

In the second week of April, I attended the Mental Health Council of Australia AGM in Canberra on behalf of the NT Mental Health Coalition—please refer to page 15 for a summary overview.

On 7 June MHCA launched *The Time for Service: Solving Australia's Mental Health Crisis* report by Professor Allan Fels. The report is the first of a series of MHCA papers presenting solutions to Australia's mental health crisis. It presents practical solutions that governments should fund and implement now through the Council of Australian Governments (COAG).

The solutions proposed aim to deliver new pathways to new services, offer flexibility and choice, and make

a real difference to people with a mental illness and their carers.

If you are interested in this report you can download it from www.mhca.org.au or contact MHACA on 8950 4600 for a photocopy of the report. MHACA has continued to advocate for an extension in therapeutic options and better access to services.

Mental health first aid

In response to the increased demand for this training, MHACA will be offering jointly-run sessions with CAMHS which will be scheduled on a monthly basis. Please contact Melissa (8950 4603) or Paul Hills at CAMHS (8951 7710) if you are interested in this training.

Annual camp

The MHACA community would like to thank Jackie Deer and her family for their donation towards the annual MHACA consumer camp. In memory of her brother Matt and in recognition of this contribution, the management com-

mittee have officially named the camp, the "Matt Deer Camp". Matt attended the camp last year and enjoyed the experience, as did others who attended. It is hoped opportunities like this one provide people with a therapeutic as well as social and enjoyable experience.

Future activities

Please take the time to have a look at 'What's on the MHACA Calendar?' on page 14, to see what's happening for the next few months. A special event will be the screening of the ABC's *Australian Story*: "See How She Runs", on Wed. 19 July at the Salvation Army Hall. The feature documentary is on a young woman's courageous battle with mental illness (see page 16 for more details). I look forward to seeing you there.

Please remember, our office is always open for for a coffee and a chat.

Kind Regards,
Claudia

TheMHS Conference Consumer Wanted!

MHACA is funding a consumer to attend this years TheMHS conference in Townsville from 29 August to 1 September. If you are interested in going please tell us why you want to go and how you would help other consumers. For more info contact Rangi on 8950 4602.



Claudia in Canberra in April with members of the MHCA board

A penny for your thoughts from the editor

THERE'S been a lot happening in our neck of the desert, and as one of "Murphy's Other Laws" recognises, change is inevitable, except (of course) from a vending machine!

On an organisational level, as of the beginning of July, MHACA has a new phone number:

8950 4600

In keeping with the times, we now have a new u-beaut phone system where staff can be contacted directly, and hope this works well for everyone. We have sent out emails and flyers notifying everyone of our new numbers, and look forward to using our new 'making life easier' apparatus.

The admin team has also been busy in the promotions department.

Helena has been busy organising some MHACA promotional material, and we're all very happy with the results. We now have a range of snazzy gear on hand—caps, water bottles, stress balls and backpacks—all with logo and caption MENTAL HEALTH MATTERS. Look out for it at up-coming conferences and stalls.



Meanwhile, I've been designing some 'look after your mental health' promotional postcards (see below), which highlight things you can do to proactively take care of your mental wellbeing.

Just as we exercise our body to build up our fitness and strengthen our immune system, so to it's important to take positive steps to help us stay mentally balanced. Don't wait til your stressed or feeling run down, honour yourself in small ways each day: whether it's catching up with a good friend, taking regular breaks at work, planning a week-end outing or cooking yourself some healthy food, make your mental health a priority. If you don't, who will?

I'm pleased to say that the planning for our website is now well underway. We hope to have it up and running by the end of July—fingers crossed!

On a personal level, I am also making some changes. I will be leaving MHACA at the end of July to finish my counselling studies in Adelaide. But I will return again early next year, and am looking forward to working more in the area of promotions and training. I will miss the team, but, as I will continue to produce *inBalance*, I'll be 'just down the line' via email, so do keep in touch.

Until next time, take good care of your mental health,
Rita



Rita Riedel, Editor/Administrator

Some light-hearted thoughts on life ...

... from the internet

Murphy's Other Laws and Truisms ...

- ◆ Light travels faster than sound. This is why some people appear bright until you hear them speak.
- ◆ Change is inevitable, except from a vending machine.
- ◆ I just got lost in thought. It was unfamiliar territory.
- ◆ I feel like I'm diagonally parked in a parallel universe.
- ◆ Nothing is foolproof to a sufficiently talented fool.
- ◆ I wished the buck stopped here, I could use a few.
- ◆ Honk if you love peace and quiet.
- ◆ You can't have everything. Where would you put it?

... your mental health matters



- Enjoy regular exercise
- Relax with a good book or movie
- Balance your work & leisure time
- Plan your next holiday
- Learn a new skill or hobby
- Share a laugh with friends
- Be kind to yourself & to others
- Join a local group or club
- Take regular tea breaks
- Appreciate the good in life ...

Contributions Welcome!

If you would like to include any news, stories or poems in the next edition of *inBalance* please email mhaca@iinet.net.au or send to PO Box 2326, Alice Springs NT 0871

by 8 Sep 2006

Contributions are welcome any time

Trish Fernley . . .
New Organisational Rep.

New ARAFMI Support Worker for Alice Springs

Hi, My name is Trish Fernley and I have lived in Alice Springs for nearly five years. My background has mostly been in the area of nursing and welfare. With my family, I have lived and worked in every state and territory of Australia (except for Tasmania) in rural, remote and metropolitan areas. This has led to the development of a variety of life skills in both paid and voluntary positions. My most recent job here in Alice Springs was as the Centre Manager for the St Vincent de Paul Centre of Charity.

I was told recently that I was a "narration specialist", which in reality means I enjoy meeting and talking with people. I enjoy the face-to-face contact with people and being able to offer practical assistance and a listening ear.

The Alice Springs office and library is upstairs in the Salvation Army Hall at 13 Stuart Tce and is open Mon. - Fri: 8.00am to 12 noon (see page 30 for more details). If for some reason I am not in my office you can contact me on 0431 473 891 or leave a message on the answer-phone and I will get back to you as soon as possible.

If you are able to drop in and say hello next time you are in the area or if I can be of help in any way I would enjoy meeting with you. We have a pleasant lounge area and tea, coffee and cold drinks are always available.

Trish



committee update ...

THE MHACA COMMITTEE has met regularly over the past 3 months to receive and review service and financial reports, which have reflected continued growth in service delivery and sound financial management.



Karen Aucote

evaluations and planning

During this period MHACA management and staff have been involved in service evaluations and future planning, based on the findings of consumer and staff workshops. Life skills training and social outings are planned, with active participation of clients encouraged as all activities are aimed at empowering participants and enhancing their quality of life. Staff members have adopted a flexible and responsive approach to their work, with innovation and client-interest evident in the planning as well as report documents reviewed at our meetings. The Committee is also researching ways in which we can successfully encourage and increase the involvement of people with psychiatric disabilities in the governance of our organisation.

staffing

It is pleasing that we now have a full compliment of staff (with the exception of a Life Promotion Officer in Tennant Creek) and that MHACA is actively advocating and raising awareness about the needs of our current and future clients at the local, Territory and national levels.

program delivery

One area of concern for the Committee is an apparent lack of referrals to our service from some sectors. We know our management and staff members are working hard to overcome any barriers to increased client referrals, and we trust that future reports will reflect improved interagency cooperation, resulting in more people receiving help and appropriate support.

Karen Aucote, Chairperson



Members of our committee at a monthly meeting: Back L to R: Trish, Bert, Mark and Leo; Front L to R; Karen, Maya, Christine (consumer support) & Mardijah

Choices ...

People whose lives are affected by mental health issues may have fewer life choices and less opportunities.

The Pathways Program provides:

- Ongoing support to set and achieve personal goals
- Social skills training
- Help to access other services
- Opportunities to participate in a variety of social and recreational activities
- Assistance to education
- Help to engage in voluntary work and other types of employment
- Information on a variety of topics
- Resource materials on mental health issues
- A cuppa and a place to chat with others who understand

What can you do?

- Come and visit us with or without a referral
- Make an appointment with our Occupational Therapist or Rehabilitation Officer
- Explore your choices and personal goals
- Design your own Individual Plan

For further info call:

Stephen Hollis on 8950 4606 or
Christine Boocock on 8950 4607
Monday to Friday 8.30am – 4.30pm

Pathways Program

Recovery-based Rehabilitation Program

Occupational Therapist: Stephen Hollis • Rehab Officer: Christine Boocock

update

Welcome to our new Rehab staff

The last few months have seen several staff changes to the Rehab program. Joanne Ruby has left on maternity leave for 12 months and I have moved into the Outreach program as Coordinator. I'd like to take this opportunity to congratulate Joanne and Huss on the birth of their little girl, Grace May, who was born on 1st May. We wish them all the best and look forward to having Jo back in the team next year.

I'd like to welcome Stephen Hollis and Christine Boocock as new members of the Rehab team. Stephen is working in a newly-created position of Occupational Therapist across the programs and Christine is working as a Rehabilitation Support Officer. With the new staff on board we look forward to accepting new referrals and planning new activities for the coming year. Thank you to Gina who has been assisting with the program throughout the past few months while we were recruiting new staff.

Women's Group

The Women's Group continues to be held every fortnight (see times below). Recent activities have included visiting the Reptile Centre, going to the movies and a light exercise and meditation class at the Salvation Army. At the end of the month we're planning to join with the Salvation Army Women's Group to visit the pottery centre in Hermansberg. Hopefully we'll get a chance to make a few pots ourselves! Please contact Gina for details on 8950 4605.

Mental Health First Aid Training

In the next few months I hope to recommence MHFA training. The course covers helping people in mental health crisis situations and/or in the early stages of mental health problems. Mental health problems covered in the course are depression, anxiety disorders, schizophrenia and bipolar disorders. Participants will learn signs and symptoms of these mental health problems, where and how to get help and what sort of help has been shown by research to be effective. Please call me on 8950 4603 for any enquires.

Free movie night 19 July

MHACA is hosting a free movie night for consumers, carers and the general public. The film is a 30-minute documentary on the inspiring story of Anne Garton, who's battle with mental illness, "See How She Runs", featured on ABC TV's *Australian Story*—for more info see page 16. We hope you can come along.

Melissa Glasscock
Interim Support Officer
on behalf of the Rehab Team

**Women's
Group
meet every
1st & 3rd Thurs.
1.30-3.00pm
at MHACA
Phone Christine on
8950 4607**





New fulltime Occupational Therapist

Hi, my name is Stephen Hollis and I recently joined MHACA as an occupational therapist, a new position within the organisation. I will be assisting with the Pathways Rehabilitation Program and

also the Outreach and Prevention & Recovery Programs. I have been interested to work with MHACA as I had heard good things from word-of-mouth and from reading about the staff and programs in previous newsletters. I am impressed in the philosophy of people being able to make choices for themselves and be behind the steering wheel of their lives. This is the same approach for occupational therapy so I believe this will be a good place for me to be.

I grew up in Adelaide and have spent most of my life there. I moved to Alice Springs in 2005 and worked at the hospital and rehabilitation centre until coming to MHACA. I think a career change into mental health work will be interesting as there is more opportunity to consider the different elements that effect how happy and healthy people are at a particular time. During my time in Alice Springs I have been especially interested in reading about the traditional healing practices within the Indigenous cultures of Central Australia and I am grateful that the traditional healers are sharing this information and knowledge.

My favorite way to pass time is playing music and my favorite instrument is the bass guitar ... I want to one day be as funky as Flea from the Red Hot Chili Peppers (no harm in wishful thinking!). I look forward to being a part of MHACA and meeting and working with many different people.

Stephen

New part-time Rehabilitation Officer



Hi my name is Christine Boocock, and I have lived in Alice Springs for the past 27 years. I was born in Northern Ireland and grew up in England until moving to Australia in 1977 with my parents and two sisters. We lived in Adelaide for the first two years then moved here in 1979.

After leaving Alice Springs High School I completed my Certificate IV in Community Services, Alcohol & Other Drugs. I have also gained certificates in Basic Counselling, ASIST training and Mental Health First Aid, and undertaken courses in managing violent and potentially violent situations.

I have worked in the community service sector for the past ten years in the areas of domestic and family violence. I have also previously worked at MHACA in 2005 as a Support Worker with the Prevention and Recovery subacute care team.

I applied for the position of Rehabilitation Support Officer at MHACA as I have a great interest in working within the mental health field. I feel that I can use the knowledge and skills I have gained, to assist and support consumers in gaining a better quality of life.

It's good to be back on the team, and I look forward to working with the consumers and staff at MHACA.

Christine

Helen Glover training for Consumers and Carers

As part of its training support program MHACA is funding consultant, Helen Glover, to run a workshop for consumers and carers on:

“How to get the best help from your mental health professional”

Thursday 17 August 9.30am-12.30pm at Salvation Army Hall

For more info contact Christine on 8950 4607 or Rangi on 8950 4602

Sharing a laugh at a Women's Group lunch ... everyone is welcome



Aim

LPP aims to collaborate with others to develop strategies to address the high rates of suicide and suicide attempts in Central Australia.

A community-development focus identifies community-owned and developed initiatives as a means to help reduce the rates of suicide and suicide attempts and their impact on families and communities.

How can this work & what is our role?

- LPP facilitates an Interagency response to suicide that helps to identify who has been affected by a suicide and what supports can be provided.
- Applied Suicide Intervention Skills Training (ASIST) is first-aid training for workers who come into contact with people at risk of suicide. LPP staff collaborate with other trainers to deliver ASIST in Alice Springs.
- LPP keeps in touch with current suicide prevention research so that strategies are evidence based.
- LPP facilitates a steering committee made up of government and NGO representatives to ensure transparency and to gain ideas and support from other organisations and community representatives.
- LPP is spending time in one remote community with the aim of learning what this community can do to reduce suicidal behavior.

For further info call:

Laurencia Grant on 8950 4608 or
Kristy Schubert on 8950 4609
Monday to Friday 8.30am – 4.30pm

Life Promotion Program

Addressing Suicide and Self-Harm in Central Australia

Coordinator: Laurencia Grant • LPP Officers: Kristy Schubert

update

MindMatters workshop

The Life Promotion Program was involved in bringing a *MindMatters* workshop to Alice Springs in June, for those who work with young people both inside and outside the school settings (see story on page 1). Focusing on mental health and wellbeing for young people and those who work with young people, the *MindMatters* material is a valuable resource, and the workshop attracted a wide range of participants from NT secondary schools, Aboriginal training and health organisations. It was informative, interesting, social and lots of fun!

MHACA will be using *MindMatters* material to collaborate with schools and other organisations to address mental health and wellbeing for young people. For more information on *MindMatters* programs and resources check out their website at <http://online.curriculum.edu.au/mindmatters/index.htm>

Hamilton Downs: Remote Youth Worker Training

Waltja's Youth Worker Training Workshop was held on 8–11 May, and Kristy and I teamed up with the CAMHS Remote Mental Health team to present a creative way to discuss and promote mental health and wellbeing with young people (see page 20 for full story). The camp drew together many people from a variety of regional and occupational areas and included urban, and remote volunteers, family members and paid professionals in areas such as recreation, arts, business, law and health.

The camp generated a sense that there is a strong community of people, all applying their various strengths to the area of youth work. It was a valuable time to learn, participate in activities, meet other workers and feel inspired to continue doing good work with communities.

Ltyentye Arpurte (Santa Teresa) Life Promotion

On 12 May, the community of Santa Teresa experienced a sad loss, as one of its members died by an accident that seems to have been a suicide. It is never easy to talk about something like this. It is traumatic and difficult, and we only hope that we can work out ways to respond better and to ensure that others at risk are well supported and get help when they need it.

Following this event, LPP was part of a community meeting in Ltyentye Arpurte, held to discuss structures that might be put in place to better support people at risk. Some of the ideas that were actioned after this tragedy were to notify power and water to remove the steps that allow easy access to power lines. Reducing the means is one way to reduce suicide rates in the same way that some alcohol and drug strategies work. We know that this does not remove the problems for people at risk of suicide, but it makes it more difficult to access a way out, especially when drinking is also involved.

LPP will be inviting representatives from other communities (such as East Arnhem) to talk to people in Ltyentye Arpurte about ways that have worked to reduce the rates of suicide and suicide attempts.

We continue to talk to elders in the community to gain a better understanding of the problem, to encourage the issue to be talked up in the community and to receive guidance about the work we are doing.





Members from the Women's Night Patrol at Yuendumu at the ASIST workshop in May

ASIST workshops in Tennant Creek & Alice Springs

Christine Sevallos and I, Snowy Day from Adelaide, Nathan Aucote from CARHDS and Des Lyons from the Barkly Mental Health Team met in Tennant Creek in May to deliver ASIST to local workers. Participants attended from the Tennant Creek Town Council, Family and Children's Services, Drug and Alcohol Services, Indigenous Health, Women's Refuge and the local Catholic Church.

This was a first time for Des, Nathan and Christine in the delivery of this suicide intervention skills training and, given the terrific job they did, we hope to see them at many more ASIST workshops. Their experience as both ASIST trainers and as Indigenous trainers is an important one, and will help to ensure that other Aboriginal people attend the training and learn how to recognise and work with people who might be at risk of suicide.

Simone Dayer came all the way from Mandurah in WA to train with Liz Archer (from Waltja) and myself at an ASIST workshop in Alice Springs. Twenty-four people attended: from MHACA, Women's shelter, Charles Darwin University, Lifeline, FACS, Anglicare and the Women's Night Patrol from Yuendumu.

This ASIST workshop taught us that we really need to deliver to remote community members in their own communities, and in language that makes sense to them. This format wasn't suitable as it relies on high levels of English literacy and doesn't allow for lots of stories to be told. There is too much to get through and to accommodate these ladies we needed to slow it down and let them tell us about what it's like in their communities. So the Central Australian ASIST trainers will be working on this for future remote workshops. For more information on up and coming workshops please give us a call.

Laurencia Grant, LPP Coordinator

Laurencia with Christine Moran, Suzi Woods and Tracy Zilm from *MindMatters*




LIFE:

National Suicide Prevention Website

www.livingisforeveryone.com.au

**Are you of Eastern Arrente descent?
Can you help us?**

We would like to hear from interested Eastern Arrente people who wish to work with the Life Promotion Program on a casual basis as cultural consultants, interpreters and artists.

Please phone Laurencia on 8950 4608 or Kristy on 8950 4609

Position Vacant Tennant Creek

VACANCY: for a full-time Life Promotion Program Officer based in Tennant Creek.

This is a community development role that requires skills in collaboration with local organisations, government and indigenous communities.

The person will be required to deliver training in suicide intervention skills, raise awareness about the issue of mental health and suicide and develop an interagency response that supports families bereaved through suicide and those who are at risk of suicide.

For more information and a position description contact Laurencia on 8950 4608

Objectives

- To increase consumer capacity to live independently in the community through lifestyle support and living-skills training
- To increase the community resource base available for mental health consumers, including formal and informal services and supports

Activities

Through a recovery-focused independent living skills program, to assist with:

- detailed client needs assessment
- formulation of individual plans
- setting of personal goals
- regular 3-monthly plan review
- referrals to other agencies
- completion of self-evaluation questionnaires

Individual outcomes

- Increased ability to live independently in the community
- Increased access to and participation in community activities of choice
- Reduced use of inpatient and crisis services

For further info call:

Melissa Glasscock on 8950 4603 or
Tim MacDonald on 8950 4604
Monday to Friday 8.30am – 4.30pm

Outreach Program

Promoting Independent Living in the Community

Coordinator: Melissa Glasscock • Program Officer: Timothy MacDonald

update

IT'S BEEN an exciting three months and there have been lots of innovative changes in the Outreach Program. I have filled the Outreach Coordinator position and have been busy co-organising a new Yoga for Women class, encouraging consumers to be active in the community. Tim has been reviewing activities, and changed the Men's Group format to reflect a more relational and nature-based approach. We have also been busy organising and planning for our annual joint Outreach/Rehab camp (see more below). In honour of the passing of Matt Deer last year we have named the camp after him, and we would particularly like to thank the Deer family for their contribution to this event. There have also been a number of new consumers joining the program in the last three months.

Men's Group

A number of changes have recently taken place: the Men's Group is now occurring once a fortnight and has a strong nature perspective. There have been a number of long-distance trips to places such as Trephina Gorge, Ellery Creek Big Hole and Ormiston Gorge, and consumers have enjoyed the chance to get out of town and explore the surrounding countryside. Feedback has been very positive from all involved. Future trips may include walking the Larapinta Trail, climbing Mt Gillen and spending some time at the closer nature spots, such as Simpson's Gap and several of the gaps in the Western MacDonnell Ranges.

We have also been exploring the possibility of joining with Anglicare in their new men's program run by Bill McKenzie. This door may open up sometime in July.

Matt Deer Camp: 21-23 July

Due to the great success of our camp at Ormiston Gorge last year, we have decided to run something similar again this year in July. In remembrance of Matt Deer, we have named this annual event the Matt Deer Camp, which is available for all consumers to attend. We would like to extend a big thank you to the Deer family for their generous support and donations.

We have been in the process of organising camp details and will be contacting consumers with regards to the specifics for the camp. It will be held at Uluru from 21-23 July, and a rough itinerary is on the next page. There's still time to join! So please give us a call if you'd like to come along.

Cooking Group

As mentioned in the last *inBalance*, there have been some recent changes to our cooking class. We have split the activity into two groups to be able to focus more on life skills. Thank you to Centacare for the use of their facilities. The Men's Cooking Group is on Wednesdays 10.30am-12.30pm and the Women's Cooking Group is on Thursdays 10.30am-12.30pm.

For more information give us a call.

Melissa Glasscock
Outreach Coordinator

**Men's
Group
meet every
2nd & 4th Frid.
12.00-4.00pm
at MHACA**

**Phone Tim on
8950 4604**



We're off to Uluru and the Olgas ...

Matt Deer Camp 14-16 July



some questions & answers about the outreach program

Friday 21 July

- ◆ Meet at MHACA at 8:30 am
- ◆ Leave Alice Springs at 9.00am
- ◆ Arrive at Uluru at 3.00pm
- ◆ Set-up camp/collect wood
- ◆ See Uluru at sunset
- ◆ Have dinner around 7.00pm
- ◆ Bed around 9.00pm

Saturday 22 July

- ◆ See sunrise at Uluru at 6.00am
- ◆ Breakfast at 7.00am

Proposed itinerary

- ◆ Track walks /Cultural Centre in the morning (3 hours each)
- ◆ Lunch at 12.00pm - barbeque
- ◆ Visit the Olgas in the afternoon
- ◆ Dinner at restaurant from 7.00pm

Sunday 23 July

- ◆ Breakfast at 8.00am
- ◆ Pack-up at 8:30am
- ◆ Leave Uluru at 9.00am
- ◆ Back at Alice Springs at 3.00pm

If you would like to join our camp or for any enquiries please call Tim or Melissa at MHACA

1. What does the Mental Health Outreach Team do?

The Outreach Team provides a life-skills and lifestyle-focused program intended to support people with mental health problems, in their own community. Our aim is to assist people to live as independently as possible in their own homes, via a recovery-focused living skills program.

2. What sort of help does Outreach provide?

- ◆ Setting of personal goals
- ◆ Regular 3-monthly goal planning
- ◆ Self-care and hygiene
- ◆ Home maintenance
- ◆ Budgeting assistance
- ◆ Dietary needs - cooking, nutritional education
- ◆ Monitoring mental health and general wellbeing
- ◆ Social activities (groups & one-to-one)
- ◆ Shopping
- ◆ Mental health awareness

3. How is help given?

Each consumer will work with a trained and qualified Outreach worker. They will set a time with you to meet and talk about what your aims are, and with your help an individual goal plan will be set to help you achieve your goals. This will be reviewed on a 3-monthly basis, or as needed.

4. How long can I have help?

As your involvement with MHACA is voluntary, you decide how long you require our assistance. Some people only need the service for a short time, whereas others may need ongoing help at different times. The choice is up to you.

5. How much does it cost?

As we are a non-profit organisation we only ask for a gold coin donation for all our group activities.

Yoga for Women



A Yoga for Women class commenced in May and has been very popular. The 2nd six-week block of classes will run from 12 July until 16 August. For more information contact Melissa on 89504603. See also Kalika's article on page 37.

Subacute care

- A way forward with identified supports that reduce the likelihood of admission when it may be best offered at home or in a residential environment
- A way forward that keeps you in touch with coping, understanding and meeting your needs during discharge from care

Support offering ...

- To assist in keeping yourself and family strong through an uncertain time of change in your mental wellness
- To keep you in touch with those things that may need extra effort to achieve during this time of possible uncertainty
- To share clinical and non-clinical support options, which include identified community services

What happens?

- A referral from CAMHS to MHACA will request shared mental health supports for when you are ready to be discharged ... or before a possible admission
- We will be guided by you and your family to meet your needs

For further info call:

Rangi Ponga on 8950 4602 or
Gina McAuley on 8950 4605 at
MHACA between 8.30am – 4.30pm
Monday to Friday

Prevention & Recovery Program “A Safe Way Forward”

P&R Coordinator: Rangi Ponga ● P&R Officer: Gina McAuley

update

Belated farewells

P&R Coordinator at CAMHS:

The Prevention & Recovery Program extends a belated farewell to Jean and John Gregory who have resigned from the hospital's Mental Health Service and returned to New Zealand.

Jean played a crucial role in the implementation of this program as well as contributing to the overall delivery of services within CAMHS. I have no doubt that those clients who were supported by Jean in her nursing capacity are missing her. Jean was the main contributor for the program at CAMHS, and MHACA awaits a replacement of Jean's coordinating position so the program can be maintained. Presently there is no one acting in the relieving position for the program.



P&R Indigenous Support Officer

Christine Sevallos has resigned from MHACA and I extend my special thanks to her for the invaluable support she provided to our program. Her innate knowledge and local networks enabled her to provide quick responses to the specific needs of the clients she supported. Christine's contribution to the program reinforces the necessity of Indigenous Support Officers in all areas of the mental health and social service delivery. All the best Christine.



Evaluation of the program

In March, Debra Rickwood visited Alice Springs to meet staff and identify how the Prevention & Recovery Program is progressing. Her role is to provide an independent evaluation of the program's procedures, progress and validity. The visit entailed meeting mental health staff and allied groups who service the program such as MHACA, CAMHS, the P&R Steering Committee, and community service providers who offer accommodation facilities such as Anglicare and Red Shield. Debra was kept busy by spending the full two days out in the community and hospital, getting perspectives on the positive and negative aspects of the programs present operation.

This evaluation is a combined report for Alice Springs and Team Health in Darwin, the top end's Mental Health Service. The shared draft report has quickly illustrated complexities of establishing any new program, as there are similar issues identified between the programs although we operate differently.



It's a WRAP :

Individual Wellness Recovery Action Planning (WRAP) and Individual Care Planning - ICP

BEING pro-active in your own Wellness Recovery Action Plan and / or Individual Care Plan allows for room to move and alter when there are major changes affecting you. It allows you to be actively involved and in control throughout unpredictable times because you have prepared for them. It is very much like an insurance policy: something you prepare for but are always hoping you never have to use. MHACA seeks to encourage clients experiencing good mental health to ensure they have a backup plan in place with their case managers, clinicians and support officers for when there is the possibility of becoming unwell.

If you want to be better prepared and have an understanding of how the P&R program can assist in your WRAP or ICP, consider having a discussion with one of MHACA's support workers to include "Consent to Supports" in your plan.

It is acknowledged that clients accepting supports should always have an updated Recovery Plan and ICP ... Is yours? As Helen Glover endorses, "Are you the driver or the passenger in your life?"

The draft has been accepted and will assist MHACA and CAMHS to improve the program based on issues identified. Some of these include the following:

1. Staff from CAMHS and MHACA require in-service training to clarify roles and to gain an improved understanding of the purpose and potential of the P&R program;
2. Further promotion of the P&R Program needs to occur across teams;
3. The referral process can be greatly improved so that more referrals occur and that more accurate client information is provided;
4. MHACA and CAMHS need an improved process of data collection and statistical information in order to measure the effectiveness of the P&R program, its impact on recovery for people with a mental illness and its impact on hospital admissions;
5. The lack of referrals for a program that was clearly identified as a need within the community might be reflecting the historical difficulties that exist for people with mental illness, and the need for a greater respect and understanding of the role of the NGO sector in mental health. This includes the full integration of services that contribute to recovery and the complementary role that allied psychosocial interventions have alongside clinical interventions.
6. There is a need for clients to feel empowered to direct their own recovery—for clients to identify what might best meet their needs and to be aware of the range of options available alongside clinical treatments to manage wellness and recovery.

To all those who participated and provided necessary information to Debra, "thank you," especially Bill and Peter of Anglicare Services and Brent Mansell from the Remote Mental Health Team, who escorted Debra to meet Indigenous Service providers and Red Shield Hostel staff.

Debra's final visit is scheduled in October and client input during this time will add to the process of evaluation.

(cont. next page)



New Prevention & Recovery Indigenous Support Officer

My name is Richard Smith. I was born in Alice Springs, my mother is Wanyi woman from Camooweal, Georgina River area, just over the Queensland border. My father is Bandaba man from Halls Creek, Flora Valley area in Western Australia. I have extensive experience working with young people, and the aged and disabled in Queensland and the Territory. I am more than willing to listen and learn about the mental health set up. I would also be satisfied to be of assistance to anyone in need, especially Indigenous people.

Richard

Helen Glover training for consumers and carers

Mental health consultant, Helen Glover, is returning to Alice Springs in August and consumers are invited along to a half-day workshop – please see page 7 for more details.

A reminder of Helen's concept of Self-Driven Recovery can be re-read in the April-Sep. 2005 edition of inBalance





What's on the MHACA Calendar?

JULY

- ◆ MHACA Stall, Alice Springs Show (Friday, 7 July)
- ◆ National Mental Health Consumer's Network Meeting, Andy McNeil Room - Alice Springs Town Council, 12:00 to 3:00pm (Tuesday, 11 July)
- ◆ Free movie night at Salvos Hall, 30 minute documentary, "See How She Runs", a young woman's courageous battle with mental illness - free drinks & nibbles 5.45pm for 6pm start (Wednesday, 19 July)
- ◆ Matt Deer Camp (Friday to Sunday 21-23 July)

AUGUST

- ◆ Capacity Building in Indigenous Communities Seminars, Rangi and Laurencia attending (Tues to Wed, 1-2 Aug)
- ◆ Helen Glover staff, managers and Consumer Training (Monday to Thursday, 14-17 Aug)
- ◆ THEMHS Annual Conference in Townsville, a consumer, staff and committee member will be attending (Tuesday to Friday, 29 Aug – 1 Sept)

SEPTEMBER

- ◆ NTCOSS Linking Together, Subacute Presentation (Wed to Thurs 6-8 Sept)
- ◆ World Suicide Prevention Day (Sunday, 10 Sept)
- ◆ Boston Training @ MHACA (Tues to Wed 12-13 Sept)
- ◆ MHACA AGM (Wednesday 27 Sept)
- ◆ *inBalance* Newsletter due (end Sept)

OCTOBER

- ◆ Resilience in the Centre Community Forum at Centralian College featuring presentation from Anne Devison at 4:30 - 6:30 pm (Tuesday, 3 Oct)
- ◆ LPP & CAMHS partnership presentation at the Australian and NZ College of Mental Health Nurses Annual International Conf. (Wednesday, 4 Oct)
- ◆ MHACA & NT Coalition Fun Run/Walk at the Telegraph Station (Sunday, 8 Oct)
- ◆ Mental Health Week (Monday to Saturday, 9-14 Oct)

OTHER REGULAR ACTIVITIES: ◆ Consumer lunches, Men's Group, Women's Group, Cooking Group and Monthly Outings ◆ General meetings, Mental Health First Aid and ASIST Training

P&R Program Update (cont)

(from previous page)

Satisfaction survey update

There have been some delays in securing a consultant to distribute independent questionnaires to clients as part of our satisfaction survey. It is hoped Raelene Beale (who convened the Consumer Consultation forum in April) will assist in the first response survey.

Surveys are a necessary part of any service delivery, as without them clients and family do not get to provide direct input into work standard improvements. A letter of introduction will be distributed to clients prior to being contacted by the consultant to complete a questionnaire. **Remember: your comments are valid** and will be taken seriously. Results will be reported back to Steering Committee members and any recommended changes will be considered and, if necessary, implemented into the program.

This satisfaction survey is separate from the research project and will be ongoing for the duration of Prevention and Recovery. It should be completed at least twice a year or with each client after they are discharged from the program.

Rangiwhiua Ponga,
Prevention & Recovery Coordinator



australian
mental health
consumer
network

national consultations

Want AMHCN to provide you with more support? Want to inform AMHCN on future directions? Then these consultations are for you!

11 July @ 12.00-3.00pm

at Alice Springs Town Council
Andy McNeil Room

A light lunch will be provided

RSVP AMHCN on (07) 3844 3009

(staff will call you back to save you the cost of the call)

mental health sector management @ the national level

On 10-11 April, Claudia flew to Canberra to attend several Mental Health Council of Australia meetings representing the NT Mental Health Coalition. She reports ...



Participants at the MHCA Members Policy Forum in Canberra in April 2006

MHCA Members Policy Forum

The Members' Policy Forum was established as a forum for all MHCA members to analyse and debate about the key strategic issues facing MHCA. The restructuring of MHCA's board from a 44-member to a 9-member board has been significant, and the meeting was held to identify how members could provide ongoing input to board members.

Strategic planning

As part of planning, a consultant was employed to help members identify the organisation's strategic direction and priorities. The group discussed the vision, "quality mental health for everyone in Australia", and brainstormed future scenarios around the way we do business now, in five years and 10 years.

At the previous governance workshop the consultant identified four apparent contradictions for MHCA:

◆ Insider vs Outsider status; ◆ Advisor vs Advocate ◆ Representative vs lobby/opportunistic ◆ Inclusive/collaborative vs streamlined/professional (process vs outcome).

There was a strong debate about the terms identified, and most members

felt that MHCA operated on both levels, not either/or, depending upon the topic and need. Members also acknowledged the challenges in consulting on every issue. It was agreed that there should be a process by which management decisions can remain opportunistic but reflective of the memberships needs and agreed views. Members felt that MHCA must have some separation from Ministers and Government Departments to maintain integrity for members and the sectors interest.

Strengths, weaknesses, opportunities and risks

Through this process the members identified the priorities for the next few years. A strong message from members included: timely reporting, the need to balance State/Territory perspectives and a short description of the principles for the Board and committees to operate within. It was agreed that, to remain opportunistic and agile, the organisation would need the ability to make decisions quickly. However, the development of the agreed principles was very important to members as the basis for those decisions. Surveys were suggested as a way to provide ongoing advice.

Peak Bodies Meeting

This informal meeting was to discuss the peaks' issues, elections and the common mental health sector priorities.

It was agreed that we should meet regularly (twice a year) with the aim to build capacity within the peak network; this would include adding a day to the Annual General Meeting. The next meeting (held at the VICSERV conference) would act as another meeting to progress the peaks' agenda and identify how we could contribute and influence the MHCA agenda.

MHCA Extraordinary General Meeting

The Chairperson's and CEO's reports were tabled for member's consideration. The reports provided an overview of the issues and proposed ways forward for the MHCA community.

MHCA members had agreed at last year's governance workshop that the Audit & Compliance and Research Committees would be standing committees, and these reports were also tabled. Other committees would be developed in response to emerging topics and issues. After the passing of constitutional amendments, the new board members were elected. ✕

MHCA New Board Members

Chair: Hon. Rob Knowles, Mental Illness Fellowship of Australia

Deputy Chair: Ms Dawn Smith, Lifeline Australia

Secretary/Treasurer: Dr Lyn Littlefield, Australian Psychological Society

Consumer: Ms Ingrid Ozols, Blue voices, Beyond Blue

Carer: Mr Tony Fowke, ARAFMI

General Member: Mr Jeff Cheverton, QLD Alliance (**Peak**)

General Member: Mr Geoff Harris, MHCSA (**Peak**)

Integration into the Community:

... of high importance to consumers

HELPING people to broaden their personal networks and stabilising our workforce – these are some of the ways in which MHACA can improve its services, according to feedback at a recent consumer consultation forum.

Held in late April, the forum was conducted to obtain anonymous feedback from consumers—to help identify what we are doing well and what areas need improving. As an organisation, we regularly review our programs and, as part of this process, invite and welcome feedback from our clients.

Focus questions

Independent consultant, Raelene Beale, convened a focus group session which presented participants with questions such as: Tell us what you know about the MHACA services? What you have found helpful / unhelpful in MHACA's services? What do you need from MHACA services to assist you in recovering your mental health, and How could we improve MHACA services?

Positive outcomes

Outcomes of the consultation revealed that MHACA services are helpful to many of our clients, particularly in relation to increased self-esteem, improved communication with GPs, better social skills and living a healthier life. Program activities have helped people develop useful skills (such as cooking, cleaning, shopping and budgeting), feel more confident and create friendships, as well as feel more acceptance from the community.

A common theme for all consumers was the need for socialisation and interaction with people, whether at MHACA or in the work place: consumers would like to broaden their personal networks to include more non-MHACA people in their daily lives. The services that allow consumers to become integrated into the community were of high importance to them.

Room for improvement

While most consumers believe MHACA is a good organisation and are happy with the services they receive, some of the areas in which we can help improve services to consumers include: supporting further training to gain employment, better after hours crisis services, a broader range

of intellectually-stimulating activities, more activities targeted for age-specific groups (both younger and older) and the use of peer support groups.

Another issue raised was that of high staff turnover (particularly in the Outreach Program), an issue also recognised as important by management. Stabilising a long-term staff workforce remains an ongoing challenge synonymous with living and working in Central Australia.

The outcomes of this consultation were incorporated into a MHACA planning meeting in late June, together with priority areas for action identified at a MHACA planning day held in March. Look out for further updates in the next newsletter. ✕



Anne Garton is a young Queensland woman who consistently achieved outstanding results in the sporting, academic and professional arenas. Her childhood dream of a police career was underway when the stresses of emergency call-outs triggered a devastating psychological collapse. Severe and mysterious mental illness left Anne Garton and her family literally fighting for her life. At rock bottom and struggling for a lifeline, Anne wrote a list of challenges for herself. At the top of the list she wrote, 'compete in a triathlon'. Against the odds, Anne started to notch up victories, and last year was chosen to represent Australia at a major event in Hawaii. *Australian Story* accompanied her on the trip as she battled through illness and financial and emotional obstacles towards the goal of just getting through the race.

**5.45pm (for a 6.00pm start)
@ the Salvos Hall, Stuart Tce
Wednesday, 19 July 2006**

**Drinks and nibbles will be provided
Please RSVP to Helena on 8950 4600 by 14 July 2006**



Holyoake Counsellors Sharon Harris, Heather McIntyre and Mary Prunty



Holyoake is a non-government, non religious organisation, offering counselling, education and support to all members of the family who may be affected directly or indirectly by alcohol, other drugs or inappropriate behaviour. Holyoake's programs and services are suitable for anyone experiencing stress in their lives.

Information & awareness sessions

Holyoake provides the following programs as 12 information and awareness sessions, supported by individual counselling.

“Skills for Life” Program

Are you trying to cope with someone else's alcohol or drug use?

“Managing your Life” Program

Is your life becoming unmanageable because of your grog or other drug use?

Counselling & group programs

Holyoake also provides support, counselling and group programs where children may:

- ◆ Share common experiences
- ◆ Look at their own behaviour and

find ways to change ◆ Discover new coping skills ◆ Feel more confident and positive about themselves ◆ Understand feelings and how to express them positively

“Young People’s” Program

Is your child aged between 5-12 years and becoming:

- ◆ Overly responsible / too serious?
- ◆ Always in trouble / becoming rebellious?
- ◆ Becoming withdrawn and hiding feelings?

“Adolescent” Program

Does your use of alcohol or other drugs concern you, or are you experiencing stress in your life?

Support for Parents

Are you concerned about your adolescent's behaviour or alcohol or other drug use?

Holyoake is a safe confidential place which is recognised by the NT Government Office of Women's Policy as a Domestic Violence Support Service and in the top 5 Best Practices in working with Children, ph: (08) 8952 5899 fax: (08) 8952 5232 email: hasinc@ozemail.com.au

One step at a time ...

Does the prospect of changing and growing seem monumental to you? Just too much to tackle? Then consider this approach: A journey is made of many small steps. Don't focus on a far-off destination if you're not clear how to get there. Build a foundation that is solid for you. We get to new places one step at a time.

“You don't have to see the whole staircase, just take the first step.” *Martin Luther King, Jr.*

“One may walk over the highest mountain one step at a time.” *John Wanamaker*



Helping Families

When mental illness strikes, there is a 'ripple effect' which has an impact on the whole family.

Parents, brothers and sisters, grandparents, close friends and others may all have their lives affected. They often play a major

role in providing day-to-day help for the person they care about too. Every year the SANE

Helpline receives thousands of calls from worried family members, who make up 40% of callers - providing them with information, advice and referral to relevant services.

The SANE Helpline has a new, FREE easy-to-remember number:

1800 18 SANE (7263)

Callers can contact the Helpline free from anywhere in Australia, as well as via the SANE website

\$ Big budget \$\$\$ for mental health services ...

but “massive rebalancing” still required

COMMENT by Sebastian Rosenberg, MHCA Deputy CEO, on the Federal Government’s billion dollar injection of funds into the nation’s mental health care arena—see next column (from MHCA Newsletter, 15 May 2006)

“It is a whirlwind. That’s the only way to describe current feverish activity at the national level.

“The latest information is that the much anticipated next meeting of the Council of Australian Governments (COAG) will not occur until July, but even this is not crystal clear. What is clear is that the Prime Minister’s April 5 announcement of a \$1.9bn investment by the Commonwealth effectively put the ball well and truly in the State Governments’ court ...

“The general attitude of the Council has been that any new investment in mental health must focus on services, particularly services which are accessible from or in your home. Without a massive rebalancing of the mental health system away from acute care in hospitals and towards clinical and non-clinical services provided in the community, there will be no systemic reform.

“It is clear from the Council’s own involvement, that COAG discussions are a long way yet from delivering real reform. While announcements of new funds are always welcome, unless these occur in a joined-up fashion there is every likelihood that COAG will only provide a piece-meal list of jurisdiction by jurisdiction initiatives.

“The Council will soon be publishing its own priorities for reform. Unsurprisingly, there will be a call for massive investment in early intervention services, collaborative primary care, community support services and employment support. While these target areas seem obvious to anybody involved in mental health, governments retain an amazingly strong reflex to just build more acute hospital beds.

“Now is the time for carers, consumers, health professionals and non government service providers with an interest in this area to make their voice heard to ensure that the COAG opportunity is not squandered.” ✕

Sebastian Rosenberg, MHCA Deputy CEO

Budget Boosts to Mental Health Services

AS PART of a \$1.9 billion commitment over five years to the COAG mental health initiative, the Australian Government will provide \$224.7 M for 650 new respite care places for people with mental illness or an intellectual disability. The Government announced this in its 2006-07 Budget.

The measure will provide overnight and day respite services for up to 15,000 families a year. Priority access to these places will be given to people with a severe mental illness or intellectual disability who live with elderly parents. The new respite care places will all be provided by the non-government sector, and none of the funding will be channelled through State Governments or (unlike allocations for respite care in previous Budgets) depend on the States to provide matching funds.

Also as part of the COAG mental health initiative, the Government will provide (over five years):

◆ \$284.8 M to engage 900 personal helpers and mentors (or case managers) to assist people with a mental illness who are living in the community to gain access to accommodation, employment, income support and treatment. These services will be provided by non-government organisations which will be directly funded by the Australian Government.

◆ \$39.8 M to help people with mental illness enter and remain in employment. The initiative will include the creation of 2,500 additional places in the Personal Support Program. In addition, funds will be available for projects to find the most effective ways of providing employment assistance for people with mental illness.

◆ \$46 M over five years will fund 7,000 additional places in programs designed to assist people with severe mental illness. These programs will provide people with access to activities such as cooking, shopping and social outings, enhancing their social participation by providing independent living skills.

◆ \$45.2 M for local community-based projects that support families, children and young people affected by mental illness. Non-government organisations will be able to apply for innovative project funding. ✕

**Federal Budget summary from
ACROD News Update 9 May 2006**



NT Mental Health Coalition

by Marilyn Starr, Project Officer



The NT Mental Health Coalition is the state peak body recognised by the Minister for Health and Community services representing non-government organisations that provide services to people with mental health needs. It operates as a sub-committee of NTCOSS. The Coalition also holds a seat on the Mental Health Council of Australia (MHCA), the national peak body for mental health, and Claudia Manu-Preston is our representative at this forum. Claudia also represents the MHACA on the Coalition.

THE COALITION has been busy as usual with representation to governments about the needs of consumers and carers. I reported last issue that the COAG (Council of Australian Governments) had met in February and had decided on an Action Plan to address some of the problems with our mental health system in Australia. The Federal Government pledged \$1.9b to this end, and they charged the State/Territory governments to match this.

They also asked our national body, the Mental Health Council of Australia, of which Claudia is our rep, to put up recommendations on how best to spend this money. MHCA immediately began holding tele-conferences with all state peak bodies and other members to achieve this, with the aim of submitting it to Canberra in time for the next COAG meeting in June. The culmination of this was reported in "Time For Service: Solving Australia's Mental Health Crisis" (www.mhca.org.au) in which the Council also suggested that governments had done enough consulting, it was now time to do it.

At the same time, the NT Government was preparing to take its recommendations to the June COAG meeting too, to set up a task force to identify the Territory's needs. The Coalition was given the opportunity to make our needs heard at this task force too. So we are making inroads into policy and decision making at all levels of government, which, of course, is one of our major aims.

mental health week

We have also been busy planning Mental Health Week, 9-14 October 2006, and have now set the NT theme for this week as "Make a difference to a person with a mental illness—Say G'day." Planning is almost complete and we have two guest speakers lined up for Alice Springs:

◆ Wayne Schwass, former Sydney Swans player, will be in Alice Springs to talk about how he coped with depression while still playing football at the highest level. For his ABC interview check out: www.abc.net.au/7.30/content/2006/s1581705.htm.

◆ Arana Pearson, a professional musician from NZ who, while still coping with his own schizophrenia, runs workshops to help other consumers and MH workers deal with their voices, focusing on recovery. Find out more about him and his work at www.keepwell.info.

VICSERV conference

I was fortunate enough to attend the VICSERV conference "Partnerships toward recovery" at the end of April, where there was a great range of speakers and workshops on all sorts of mental health issues. Pat Deegan from Canada was the keynote speaker on Day 1 and she left a haunting message in my head when she said, on behalf of recovering mental health consumers, "We want what you've got."

Her message was to not just expect people with a mental illness to improve, but to obtain the same level of involvement in the community as those who don't have one [see page 30 for more on the conference].

In late June, Claudia came to Darwin to contribute to the Coalition's Planning Day. We all slogged it out and came up with some great directions and schemes for the next 12 months. It is so much more productive when we can all be face-to-face once a year for this day. And if you think it's all fun and games at these things, have a look at the photo and then you'll KNOW it!

NTCOSS is having its state conference in Alice Springs on 7-8 Sep. and I'll be there from the 5th onwards. I plan to catch up with as many people and organisations as I can, so I hope to see some of you and I'd love you to come up and say "G'day" to me too.

Until next issue, stay well and find one thing a day to be happy for.

Cheers, Marilyn

NT Mental Health Coalition
Project Officer, NTCOSS
(08) 8948-2665
mental.health@ntcross.org.au



People doing good work ... day by day

Hamilton Downs Youth Worker Workshop

LPP's Kristy Schubert reports ...

BEFORE the media, there were people: people doing good work, day by day. There still are. These people live in the midst of the complicated combination of circumstances we happen to call life in the Centre, and they go about doing the best work they can with the skills and resources they can muster. The Waltja Youth Worker Workshop that took place at Hamilton Downs in May (before the recent national media furore hit) was fun, informative, relaxed and impassioned all at once: it was an excellent reminder of this truth.



A guitar learning workshop struck a chord with participants

In one afternoon, Peter Lowson, from Tangentyere's Drum Atweme, taught a group some rhythms on tight-skinned drums, and these echoed off the glowing ranges. Meanwhile, hoops and poi and juggling balls looped through the air as Circosis taught some skills. On some grass nearby, people ducked and wove and dashed, learning how to run sports & rec activities. All around, fires crackled to stave off the chill, and people drank hot tea while chatting to each other and eating some very excellent bush-food muffins.

Then everyone gathered around, including a variety of well-loved dogs. We sat down together on tarps to listen to people speak about the work that they do. Among them were organisations like Bush Mob, Ngapartiji Ngapartiji, InCite Youth Arts, Reconnect's Deadly Mob and many more. Listening to them, it was clear that each group employs creative ways to engage people in learning new skills and invests time and care in those who utilise their services.

While we were listening, young kids played with youth workers who obviously knew them well. Ubik, from Mt Theo, held a three-year-old's hands as she balanced on a giant ball. A dog trotted past me. I smiled. So many small things make a difference.

From sitting together on the tarps, we moved to various places around the campsite—under trees and behind some rigged-up tarpaulins—to participate in various workshops. These included subjects like addressing petrol sniffing, managing difficult behaviours and our particular workshop, which



The comraderie at the afternoon workshop was hard to beat

addressed mental health. To present this workshop, Laurencia and I collaborated with Suellen Williams, Frank Ansell and Denisia Hockley ... from the Central Australian Mental Health Service.

We sat down with a group of maybe 12-15 people under a marquee and passed a parcel of mental health. The game was, perhaps, a cheeky way to include chocolate in our presentation. But it was also a good way to get different people talking: each person unwrapped a layer, which revealed some information about mental health, a chocolate (of course!) and a question designed to generate discussion about good ways to address issues like stress, coping, self-esteem, self-talk or bullying with groups of young people.

Sitting around that crackling fire with smoke billowing up around us, the people who participated started to share their experiences of helping youth to realise the ways they are already strong so that they could keep finding new ways to become even stronger. Their honesty, experience and willingness to participate made the workshop



valuable for everyone involved.

That night, we rugged up in scarves and beanies and ate dinner under the stars. Circosis taught me a few skills in fire twirling, and, as they spun around, the flames flashed and roared. People applauded. I got a small inkling of how significant it is to give a person a chance to have some fun or learn something new. Many people talked into the night. A movie played. Some slept. A kid from Mt Leibig showed me a lizard he'd managed to catch and kill (some of its guts were hanging out: it was very impressive). He was grinning like crazy.

Life is real. It goes on. Good people are doing good work and they are working hard at it. People talk to each other and make each other smile. While I know there are no easy answers, I still manage to feel encouraged by all this.

Thank you to Waltja for facilitating such an excellent workshop, and to all those from services and communities who are putting in the hard yards of life, day by day. ✕

The key to a better future

"The future is not some place we are going, but one we are creating. The paths are not to be found, but made. And the activity of making them changes both the maker and their destination." *John Schaar*

We've been taught to look forward to our future. Somehow, we believe, things will be better then. But the future is not available to be lived – we can only live NOW. So what are we doing to live best right now? What are we doing now that will bear fruit when we reach some future now?

"Let those who would enjoy a good future waste none of their present." *Roger Babson*



MI Fact Sheet Series

Understanding and Managing Mental Illness

Be Loyal to Wellness, by Sandy Jeffs

The following is a personal reflection by Sandy Jeffs on what is helpful to her when she is in a psychotic state (from 'Developing Carer Skills' by Sandy Jeffs —poet, writer, woman living with schizophrenia)

What do I expect my carers to do when I am unreachingly and unreachable?

My carer base has never been my family. It is a collection of friends, some being primary carers and another group of close friends who have a wide range of roles and accept a wide range of responsibilities for me.

Broken leg analogy—if I was lying in a driveway with a broken leg and was yelling, "Don't touch me, leave me alone," my friends would try to help. They wouldn't leave me. They would access the station, intervene by treating me themselves or calling for an ambulance. They would be clear in their own mind that treatment would be needed and, more than likely, most of the world would agree that action had to be taken. They do it for the person who used to play hockey or tennis or whatever.

My friends take action and initiate treatment for me because of the sane person they know, and, who mainly returns to them when well. Back your judgment, and even if you feel as though you are doing the worst possible thing for your loved one and fear their resentment and anger, do whatever you have to. **Be loyal to wellness.**

Don't be loyal to illness. This may mean calling a Crisis Assessment and Treatment Team and sometimes having the person you love committed as an involuntary patient.

Familiarise yourselves with the system and have plans and back up plans in place to deal with circumstances arising. Know your region. Have at hand relevant telephone numbers and names of any persons who may be able to support you.

My carers have to know my two responses: my sane response and my mad response. It is my sane response, the well me, that keeps my carers going and which gives them incentive. They are helping a sick sane me. It is important for my carers to have a belief in their own sanity and to have the confidence to distinguish between the two sides of me. Equally important is the notion that I need my wellness affirmed.

It is important for my carers to have support from wherever they can get it. It is important for my carers to protect themselves by trying to have lives, or a portion of their lives, that are separate from me.

What are the ongoing skills, the day to day skills needed to deal with me? I ask the impossible! I ask that my carers maintain an equanimity while I hurtle off on a rollercoaster journey, oscillating between varying degrees of wellness and illness. I know it is completely unreasonable and selfish to demand that they provide a stable background upon which to base my unstable life.

Do not enter into any delusional thoughts I might be harbouring. Always present a gentle but firm affirmation of reality.

While trying to normalise me, my carers accept that, sometimes, some of my responses are not normal and may cause unwanted difficulties. This means coming to grips with the limitations set by mental illness which are dreadful and difficult, and, possibly, impossible for any human being to do. As some people say, shit happens, and this is the rotten reality.

Learn to read the signs that something is not quite right. ✕



The Admin team sharing a laugh over a cuppa



Claudia with other members of the NT Mental Health Coalition in Darwin



Participants at the May ASIST training workshop

**Always
some
action
at
MHACA**



Maryann enjoying some tucker at the Women's Cooking Group



Clayton and Lulu enjoy a social catchup on the patio



Rangi pausing for thought at a staff meeting

Bottom right: Hubert enjoying the great outdoors on a visit to Trepkina Gorge



Always a lot to catch up on at our monthly staff meetings





The Life Promotions team enjoying some morning sunshine



"Hey, I thought I was meant to beat to the sound of my own drum!!"



Kristy and Sandford enjoying a laugh

**Outdoor
action
at
Hamilton
Downs
Youth
Worker
Workshop
May
2006**



Making the most of the sunshine ...



A little team spirit brings out the big kid in everyone



... and the shade



Working up a sweat ... is no sweat at all!



Auseinet

Online Recovery Toolkit

This online 'recovery toolkit' will assist jurisdictions, service providers, consumers and carers with the implementation of recovery-oriented services and activities.

The Toolkit contains:



Policies and strategies

Current national & international policy documents



Care Planning

A guide to care planning processes with links to examples



Publications

Covering a wide range of recovery topics (most free to access online)



Factsheets

Summary style information available on the Internet



Site Links

Organisations that provide recovery oriented activities, research & resources



Good Practice Examples

Australian initiatives that demonstrate good practice



Service Directories

Agencies that provide services for those affected by psychiatric disability



Online Discussion Forum

Promoting the sharing of ideas and information around recovery

www.auseinet.com/toolkit

(cont. from page 1)

Developed in 1997 as a pilot program (from the C'wealth Dept of Health and Ageing) out of a need to

promote and protect the social and emotional wellbeing of members of school communities, *MindMatters* has grown to encompass a much broader focus. The program now takes into account the links between young people and their families and communities, the wellbeing of school staff and the wellbeing of young people with mental health problems.

MindMatters National Coordinator, Tracy Zilm, WA Project Officer, Suzi Woods, and NT Project Officer, Christine Moran, were terrific facilitators, and catered well to the diverse backgrounds of participants. These included school counsellors, teachers, indigenous liaison officers, community nurses, youth workers, aboriginal health worker students and trainers, psychologists, carer support workers, and sport and recreation workers.

Ways to enhance resilience

Some of the ways to enhance resilience for young people are:

- ◆ Address the way cultural diversity is valued and respected within the school or in other places where young people hang out
- ◆ Allow for and accept difference among young people
- ◆ Effectively deal with bullying and harassment
- ◆ Give young people a voice and respect and value their opinions.
- ◆ Provide opportunities for young people to discover their range of skills and abilities
- ◆ Provide ways to deal with grief and loss

In addition to lots of useful information about resilience, suicide awareness and mental illness we watched others on DVD delivering *MindMatters* material in the Territory, and got a chance to try the activities ourselves:

- ◆ We played the Diversity Game, exploring how it might feel to be isolated and disconnected from your peers;
- ◆ We made outfits out of newspaper as a bit of fun to consider how we might protect ourselves from bullying and harassment, while also acknowledging the seriousness of the subject;
- ◆ We had to find a partner and work out four things that we had in common with one other, which is a surprisingly effective way to find out about another person and to share commonalities. Tracy shared that she had once done this exercise with a woman and they discovered that had both gone out with the same guy! (fortunately at different times).

The Life Promotion Program will be using *MindMatters* material to collaborate with schools and other organisations to address mental health and wellbeing for young people. For more info on *MindMatters* check out the website at: <http://online.curriculum.edu.au/mindmatters>

Laurencia Grant, LPP Coordinator



Men & Suicide National Forum



AT THE beginning of May, Suicide Prevention Australia, in partnership with Mensline and Crisis support Services, conducted the first ever Men and Suicide National Forum. The 2-day forum brought together a very diverse group of people – public administrators, community service organisations, researchers and academics.

The forum succeeded in developing a clear blueprint for change. This blueprint comes at a time when governments are actively looking for practical ways to address the problems associated with suicide in particular and mental health more generally.

Unlike much of the policy developed around mental health and suicide prevention in recent years,

the forum articulated a clearly defined, measurable goal: *that by 2030, suicide will no longer be a health risk for men, and that all Australians will know what actions to take, individually and collectively, to prevent suicide.*

The Sydney Statement [see below] set out a comprehensive action plan for governments, the corporate sector, the media and the community sector to address. The Statement and the other outcomes from the Forum will be forwarded to the National Advisory Council on Suicide Prevention, chaired by Prof. Ian Webster, before referral to the Minister for Health and Ageing, Hon Tony Abbott.

*John Mendoza, MHCA CEO
(From MHCA Newsletter, 29 May 2006)*

World Suicide Prevention Day

10 September 2006

“With Understanding, New Hope”

“With Understanding, New Hope” is the international theme for World Suicide Prevention Day in 2006.

The focus this year is on building on the significant knowledge and understandings we have from both research and practice, to foster practical strategies and activities that will save lives and reduce suicide.

World Suicide Prevention Day is about bringing together people to demonstrate a commitment to reducing the incidence of suicide in Australia, to raise awareness of this significant national challenge and to share information about ways to effectively take action as individuals and a community. This includes: communities, researchers, practitioners and politicians, clinicians and those in government, individuals with lived experience and those bereaved by suicide.

For more information on events and how you can be involved visit the website at www.suicidepreventionaust.org

If you would like to be a part of or contribute ideas for WSP Day in Alice Springs, please contact Laurencia on 8950 4608

Sydney Statement 2006 to End Men's Suicide – Now Available Online –

MALE suicide rates in Australia continue to rise, and are now among the highest in the world. In many rural and remote Indigenous communities, rates are extremely high. This situation is utterly unacceptable and preventable. Delegates attending the *Men and Suicide Forum* in May, organised by Suicide Prevention Australia (SPA), committed to a new strategy which fundamentally changes the way Australian society approaches men and suicide. Specifically it calls on the Council of Australian Governments (COAG) to commit to men's suicide prevention, including to:

- ◆ Ensure ongoing funding for programs provided under the National Suicide Prevention Strategy;
- ◆ Support the establishment of a strong information and promotional strategy to increase awareness and understanding of men and suicide, with particular regard to the roles that employers, sporting and social organisations can play;
- ◆ Endorse and fund the development of a National Men's Health, Wellbeing and Suicide Prevention strategy;
- ◆ Commit to reducing the soaring levels of suicide among Indigenous men by endorsing and supporting existing programs that are currently addressing suicide and the high levels of trauma experienced by Aboriginal men.
- ◆ Actively support an integrated outreach and referral model for government-funded health and welfare services; and
- ◆ Provide dedicated suicide prevention services that target the specific needs of men from CALD and rural and remote communities. These men are particularly vulnerable because of their geographic and social isolation.

**To view the Sydney Statement see: www.suicidepreventionaust.org
or www.menslineaus.org.au/cms/index.html**

Zombie Zombie Zombie ...

Got No Feeling



KNOW one thing - that there is a higher spirit that watches over you.

Remember, that when you go through hard times, seek help. Ward I prisoner, unable to get outside. Needles, medication and sleep. There are alternative therapies one can get into.

I led a life of wandering, moving around, not having a place to stay that I can call home. No family would help me out, not provide a place to stay. MM Kamara let me stay at her place. My sister wouldn't allow me to stay at her place.

People would say, "You're mad, mad for the rest of your life." I used to wait at home for my sister Rachel to come and pick me up, take me out bush for a picnic. Rachel never came. What a big disappointment.

I would live a life of 'anyhow'. I never looked after myself. I got introduced to the casino. I would get an adrenalin rush ... walk to town, be at the bank 9:30am and get all the money out. Catch a taxi, be at the casino by 10am. Spend the whole day there. Stay there until I "dropped"—no money left, no food in the fridge. I'd spend the time at Northside Foodland and bludge money—I'd tell people for tucker. NOT REALLY ... but to gamble again.

My house was a rubbish dump for about five years. I smoke two packets of 25 cigarettes a day. Everyone having a mental illness smokes – overboard. When I didn't have any smokes, I'd go to neighborhood and bludge cigarettes.

LIFE—by yourself, in isolation. Nobody wanted to know you. One accepts life like that. Biggest lesson I learnt was to be NON JUDGEMENTAL.

Having schizophrenia was only listening to internal voices. I wasn't a violent person—I did not harm myself.

2005 was my year of recovery. The voices left me. My life now is better ... happier, I don't suffer from stress. I love communication with people, especially kids and old people. No one takes notice of them. I am currently looking for a full-time job. I want to go back to Charles Darwin University to do Small Business Management—I have already done some modules. Also want to study horticulture and about youth, as they are the leaders of the future.

While I had schizophrenia I did training in Certificate IV in Workplace Training and Assessment, Family Wellbeing and Facilitator Research training, Small Business Management, Mental Health First Aid, and mentoring at the Tangetyere Job Shop. You can do anything, you can still learn.

In conclusion, one gets better ... just takes time. Seek help from people you trust. Don't hold onto emotional pain. You can write about your feelings, paint, and write poetry. EXPRESS YOURSELF - both the negative and positive, and experience life. Read books on what you are interested in. Music is good therapy. You never stop learning. No matter what age you are, there is HOPE.

Eva Briscoe

Take a load off your mind

WHEN explaining stress management to an audience, a lecturer raised a glass of water and asked, "How heavy is this glass of water?" Answers that were called out ranged from 20 to 500 grams.

The lecturer replied, "The absolute weight doesn't matter. It depends on how long you try to hold it.

"If I hold it for a minute, that's not a problem. If I hold it for an hour, I'll have an ache in my right arm. If I hold it for a day, you'll have to call an ambulance.

"In each case, it's the same weight, but the longer I hold it, the heavier it becomes."

He continued, "And that's the way it is with stress management. If we carry our burdens all the time, sooner or later, as the burden becomes increasingly heavy, we will not be able to carry on.

"As with the glass of water, you have to put your burden down for a while and rest before holding it again. When we are refreshed, we can carry on."

So before you go home tonight, put down your burdens from work. Don't carry them home—you can pick them up again tomorrow.

Whatever burdens you are carrying now, release them, if only for a moment. Relax ... pick them up later, after you've rested. Take care of yourself.



"I was always looking outside myself for strength and confidence, but it comes from within. It is there all the time." *Anna Freud*

Defining Mental Health as a Public Health Problem ...

A WELL-KNOWN U.S. psychiatrist is challenging the way mental health professionals diagnose and treat clients. William Glasser, MD, believes the biggest problem in the mental health system is that by focusing on disease and medication rather than wellbeing and mental health, practitioners help to maintain mental illness.

In his controversial free booklet, *Defining Mental Health as a Public Health Problem: A New Leadership Role for Helping Professionals*, Glasser claims that, because mental health is rarely recognised as an entity totally separate from mental illness, the medical model fails to recognise that the primary cause of mental unwellness is troubled relationships, because, "at the core of good mental health is the ability to have good relationships."

A board-certified psychiatrist, author of several counselling books on Choice Theory and founder of the William Glasser Institute, Glasser believes that, "not getting along as well with each other as we would like is the number one public mental health problem of the world".

He also believes that practitioners and psychiatrists give undue credence to the medical model and prescribing medication (funded by billion-dollar drug companies) rather than assist people to improve relationships through education and counselling.

As Glasser writes: "The drug companies will do everything they can to hold on to the billions they earn from the medical model—billions that could disappear if we were willing to change to the public health model. But it goes further than that. The medical model provides huge psychological

rewards in both power and prestige to those who diagnose mental illnesses and prescribe medication."

A failing of the medical model, he believes, is where it is incorrectly used to diagnose a mental illness, such as those described in the DSM (see adjoining article), where an "illness is diagnosed from symptoms alone and no supportive pathology is required."

Yet, as he recognises: "The problem with unhappiness is it sounds so prosaic. It doesn't have the power of illnesses or disorders to justify prescribing expensive brain drugs."

Glasser advocates for an extensive overhaul of the medical model, seeking to replace it with a public health model which would:

- 1) emphasise and teach mental health directly to clients with no reference to mental illness
- 2) focus on troubled relationships as the primary cause of mental unwellness
- 3) teach people how to replace external control psychology (being a victim, punishing and blaming others) with choice theory (relating to others from a place of personal empowerment)
- 4) counsel people on how to work through unhappy relationships and strengthen their mental health ahead of taking medication
- 5) educate practitioners on Choice Theory
- 6) encourage Choice Theory focus groups where people can work through their issues and gain ongoing support.

Glasser's claims and his description of how the public health model can work are described in detail in his booklet. It is free and available online at www.wglasser.com

Leading Psychiatry Manual Linked to Drug Money

MOST OF the experts who wrote the DSM Manual widely used to diagnose mental illness have had financial ties to drug makers, US researchers report. The researchers call for full disclosure of the relationships between companies and the medical experts on panels that craft future editions of the Diagnostic and Statistical Manual of Mental Disorders, known as the DSM.

"Transparency is especially important when there are multiple and continuous financial relationships between panel members and the pharmaceutical industry, because of the greater likelihood that the drug industry may be exerting an undue influence," the researchers write in a study to be published in the journal *Psychotherapy and Psychosomatics*.

The American Psychiatric Association, which publishes the DSM, says it will require financial disclosures for the next version, due out in 2011.

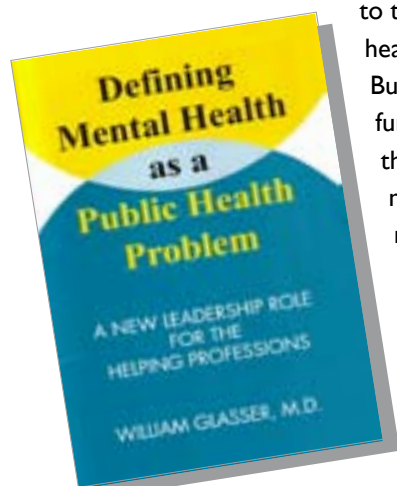
The study found that 56% of 170 psychiatric experts who worked on the latest 1994 edition had at least one financial link to a drug maker at some point from 1989 through 2004. The relationships included speaking or consulting fees, ownership of company stock, payment for gifts and travel and funding for research.

All the experts who developed sections defining mood disorders, schizophrenia and other psychotic disorders had such links, the study says. "The connections are especially strong in those diagnostic areas where drugs are the first line of treatment for mental disorders," the study says.

Critics say psychiatric drugs are overprescribed.

For more on this story see:
http://www.abc.net.au/science/news/health/HealthRepublish_1620772.htm

[from MHCA Newsletter, 15 May 2006]



The Brave Program

<http://www2.psy.uq.edu.au/webexp/kidscoping/>

THE AIM of this project is to investigate different ways of delivering a treatment program for adolescent and childhood anxiety. There are many children and families who can not attend therapy for many different reasons, and advances in computer technology have made it possible to use the Internet for psychological services. The BRAVE team are interested in investigating whether they can deliver treatment programs for anxiety by using the Internet, and are conducting two separate research studies: one for teenagers aged between 13 and 17 years, and one for children aged between 8 and 12 years.

Youth Program (age 13-17)

As part of this program, we are interested in investigating ways in which we can make treatment programs more effective for teenagers and their parents.

Families who participate in the research component of the program will receive either standard clinic therapy at The University of Queensland Psychology Clinic (for those in SE Qld) or internet therapy, which families can access from their home computer.

For our rural study participants can be from anywhere in Australia (as long as it is considered 'rural').

Both treatments are based on cognitive-behavioural therapy and involve 13 sessions for teenagers and 7 sessions for parents. Families participating in the research component of the program should be willing to participate in any of the therapy conditions.

Prior to treatment, parents and

teenagers will be asked to complete questionnaires that ask about emotions, thoughts and behaviours. Parents and teenagers will also undertake a telephone interview with a trained psychologist to determine eligibility for the program.

To see how effective treatment has been, families will be asked to complete questionnaires and a telephone interview again at the end of treatment, 6 months and 12 months later. This information allows us to determine whether improvements due to therapy are maintained over time.

Participation in the research component of this program is voluntary and refusal to allow your data to be used for research will not affect the quality of treatment you receive. Participation in the research is very valuable to us, as it allows us to assess how effective the treatment is and your feedback will help us to improve

AN Internet-based program has been developed to help teenagers and children overcome anxiety.

University of Queensland researchers from the Kids Coping

Team have developed the

BRAVE Program to teach young people the skills needed to reduce anxiety and cope with stressful situations. Two treatment programs have been developed, one for adolescents and another for children.

treatment programs for adolescent anxiety.

Child Study (Age 8-12)

This is very similar to the Youth Program but involves 12 Internet-based treatment sessions for children and 8 sessions for parents.

Due to the high number of enquiries, the Brave Team are currently unable to take on extra participants. However, if you would like more info please email them (see details at end).

Treatment

The BRAVE Program is a treatment program for childhood anxiety based on cognitive-behavioural principles. The program involves teenager and parent sessions to be completed on a weekly basis. Teenager and parent sessions are designed to teach the skills needed to



Renee Anderson, Caroline Donovan and Samantha Prosser from the Brave Youth Program

cope with fearful or worrying situations. Therapy techniques include relaxation training, identification of emotions and thoughts, positive self-talk, coping skills, problem solving and approaching feared situations.

These methods have been demonstrated to be successful in treating child anxiety and reported in published studies. Teenagers and parents will also complete booster sessions following the completion of treatment. Booster sessions are designed to revisit the skills learned throughout the program and to maintain positive changes achieved.

Families will complete the Internet-based treatment in the comfort of their own home using a specially designed Internet program. Sessions will be completed on a weekly basis at a time suitable to the family. To be eligible to take part in this program, families must have access to a computer (PC or MAC with Virtual PC) and the Internet from their home.

Is there a cost involved?

To cover treatment costs, families will be charged a minimal fee of \$100 for participation in the treatment program.

This one off fee includes all assessment interviews with a trained psychologist, all treatment sessions for young people, all treatment sessions for parents and booster sessions for both parents and young people. The fee will also be used to maintain the Internet program and website.

How do I apply?

If you are interested in taking part in this program, the first step is to contact a member of the BRAVE Team.

For the youth program contact

ph: (07) 3346 9516, or email:
brave4teenagers@psy.uq.edu.au

For the child program contact:

ph: (07) 3365 6753, or email:
brave@psy.uq.edu.au

BRAVE Team (a part of the Kids Coping Team), School of Psychology, University of Queensland, St Lucia 4072

The Hope Awards:

Winners announced at Award Ceremony 4 May



BOTH first prizes for the HOPE Awards' short-film competition have gone to films that portray the challenges of caring for a person with a mental illness. The winners of the new short film competition challenging stereotypical portrayals of mental illness were announced at an award ceremony in Sydney on 4 May 2006.

First prize for the **best drama** piece went to Juliet Lamont for her film 'Burst'. In the **documentary category**, first prize was awarded to 12-year-old Owen Elliott for 'Matthew Heath'.

The aim of the Hope Awards was to generate stories of hope; to help reduce the stigma associated with conditions such as schizophrenia, bipolar disorder, depression, or anxiety, and eating or personality disorders; and to be used to for community education. The competition, an initiative of Eli Lilly Australia and a first in Australia, produced a wide array of highly creative, inspiring, and thought provoking films in the form of short documentaries and dramas.

Juliet Lamont's winning film, 'Burst', is based on Lamont's own relationship with her estranged father who suffers from schizophrenia. The story follows a young mother who, desperate for somewhere to live, turns up at her father's house in inner-city Sydney with her young daughter. The film concentrates on the themes of acceptance, tolerance, and forgiveness. Second-place drama went to Anna Bennetts's film 'Unlock', a film that examines the way children and their families who are affected by mental illness can use their creativity to better understand and cope with their lives.

Owen Elliott's winning documentary, 'Matthew Heath', is about a 12-year-old boy called Matthew who cares for his father who has bipolar disorder. Matthew's relationship with his father is explored, along with his appreciation for his local support network and help from close family and friends.

The documentary runner-up prize went to the film 'Invincible Summer' by television reporter James Freemantle. Freemantle's documentary maps his own journey from a diagnosis of depression through treatment and recovery.

The judges chose the winners from a short-list of eight finalists, which had been selected by the Hope Awards Steering Committee, comprising of representatives from seven national mental health advocacy organisations: Association of the Relatives and Friends of the Mentally Ill; Australian Mental Health Consumer Network; The Mental Health Council of Australia; Mental Illness Fellowship of Australia; Multicultural Mental Health Australia; National Aboriginal Community Controlled Health Organisation; and SANE Australia.

[from MHCA Newsletter, 15 May 2006]

Partnerships toward recovery

26-28 April 2006

VICSERV & Richmond Fellowship mental health conference



Melissa Glasscock reports ...

ON THE 26 - 28 April VICSERV (the peak body for Psychiatric Disability Rehabilitation and Support Services in Victoria) and the Richmond Fellowship worked together to deliver the 2006 International Mental Health conference in Melbourne. The theme throughout the conference was Partnership Toward Recovery. It was a chance for individuals and organisations to hear the voices of people living with a mental illness and their stories of recovery. Their aim was to promote and encourage participation from consumers and organisations that work and live by the psychosocial rehabilitation model. Throughout the conference we were provided with first-hand experiences of recovery—what individuals and organisations have done to overcome obstacles and integrate back into the community. More than 120 workshops were presented over the three day period. Unfortunately, I couldn't attend all of them! However, these were three of the highlights ...

Keynote address

It was inspiring to see Patricia Deegan's keynote address on the first day. Patricia is a psychiatric survivor, having first being diagnosed with schizophrenia as a teenager. She received her doctorate in clinical psychology in 1984 and now is an activist in consumer/ survivor/ expatient movement and co-founder of the National Empowerment Centre. Pat has given keynote addresses, lectures and workshops across the USA,

Canada, Europe, Scandinavia, Australia, New Zealand and Israel.

Pat described her life after being diagnosed with schizophrenia by likening it to the growth of a tiny sea rose which grows in the chilly climates of northern America where she lives. She used the strength and courage of the sea rose as a metaphor for her journey of recovery (see excerpt from her speech on next page). Throughout her healing process Pat emphasised the importance of the spirit of hope.

The Politics of Asylum

Another guest speaker was Sandy Jeffs who presented a paper on "The Politics of Asylum." Sandy has lived with schizophrenia for 27 years and regularly speaks at schools, universities and other community groups. She is also a prize winning poet whose work explores mental illness, domestic violence and midweek ladies tennis.

Sandy talked about the deinstitutionalisation of asylums and questioned whether we, as a community, really care for the "mad", or are we just searching for a cheap quick fix to cure "madness". She describes today's model as "fast psychiatry", as it has a fixation on the brain and not the mind.

However, in no way did she propose that we should go back to large institutions. She suggests a model where we could perhaps provide refuges dotted around the cities and suburbs. These refuges could offer a variety of treatments and healing therapies in accommodating housing, with gardens and good food; in other words a place designed for people to heal.

See Sandy's poem "Asylum" on the next page.

What Do They Do?

The Richmond Fellowship of Victoria (RFV) Model Supporting Recovery

Another feature presentation was from the Richmond Fellowship at Denham House who gave a presentation on young people and their journey through rehabilitation.

Denham House is a transitional psychosocial rehabilitation service located in Melbourne. The program works with young people ranging from the ages of 16-25 years who have experienced serious mental illness and who may be at risk of homelessness, suicide or self-harm. Psychosocial rehabilitation involves working with the whole person, recognising their strengths and integrating hope into their daily activities.

The focus of the program is to empower and connect the young people with the community. This is done via learning new living skills, promoting emotional growth to deal with mental illness, exercise, working closely with family and carers and interacting with the community. The residents can stay up to a period of two years and then it is hoped they will be ready to progress onto the Outreach program, which provides ongoing housing support focusing on independence.

There was a major focus throughout the presentation of working with families, carers and significant others, as this plays an important part in the resident's recovery. In 2005 Denham house won the Best Practise in Mental Health for support given to carers. ✕

For copies of the conference papers visit: www.vicserv.org.au

Asylum

by Sandy Jeffs

Guest speaker at 2006 VICSERV conference

*In a meditative mood, I sit here
and reflect on a world, sequestered
from the driving, droning masses.
Here, far from the maddening crowd,
with lunatics of all kinds, I share moments
of longing to be far from here. I share moments
of great intensity, of great sorrow,
and of great otherness I can give to words.*

*Call it sanctuary, a refuge, or shelter,
call it what you will.
But here, I am God, the Devil, the Queen;
here we are imagined souls of grandeur
acting the parts beautifully, empathetically.
So that we mutter the incomprehensible,
yet know we are here in retreat for a while.*

*No other place offers this necessary respite
from the rationalized, dizzying world,
except perhaps Gray's country churchyard,
which provides a serene abode for the
dwellers of the "lowly beds" and "narrow cells".
Although some of us join these dead people,
mostly we ride the storms here in our asylum.*

*This is not to romanticise our retreat,
for many faults are here;
for many fears are realised in horrific detail.
Sometimes there is great suffering and no succour,
but here we have come to know of the fickleness
of life's character, and, for the time being,
we remain removed from the world,
here in our sanctum.*

*We demand our right to asylum,
for somewhere to be at those times
when turmoil and chaos destroy
our minds and those beyond.
Here we sail away with the wind in our hair,
and we are the Ship of Fools.
We embark on a journey to all asylums
through all ages, where we meet
with fools and jesters who show us the way.*

excerpt from
Pat Deegan's keynote address
at 2006 VICSERV conference

From her paper: **Recovery, Rehabilitation
and the Conspiracy of Hope**

THERE is always a lesson for me in the cycle of the seasons. I am always reminded that growth happens in a context, and that, in order for growing things to emerge, environments must change to accommodate that growth. One spring, after a long and icy winter, I wrote this:

It is springtime and hope is everywhere. It is springtime and it feels like all living things are trembling into being, still wet and new and fragile and determined to put down roots and grow.

I think of a sea rose I watched growing out at a beach near my home this past summer. It is a fragile and tender life, that sea flower. I love to see it. At dawn it moves in a slow upsway as it turns toward the morning star. That sea rose is a light seeker. It bends toward the light. It is a light-seeker whose roots reach way down into the darkness of the earth. In fact, it was in darkness that his new life began.

Way back in January and February, when the icy winds lashed across those dunes and the days were short and the light gave no warmth, even then, way down under the ground, this new life was waiting. Nobody could see it, nobody was there to witness it, and yet this promise of a sea flower waited. It waited in that icy darkness for the sands to begin to thaw. It waited for the rains to come and loosen the earth. And then, ever so slowly, it began to stir. Moving one grain of sand at a time, it began to grow.

It did not grow straight toward the light at first. No. First its growth sought a downward course, reaching, stretching, blindly groping through shifting sands to find a solid place. A place to be rooted. A good soil to cling to and to be nurtured by. A home soil that could sustain it, even in driving rains and tormenting winds.

And then, having rooted itself in this way, the sea rose began its journey toward the light. Poking through the darkness, that sea flower emerged tiny and lovely and insistent and courageous. On frail and trembling limbs, this small thing rose to a new life...

That sea rose teaches us a lot about hope. It teaches us that hope emerges out of darkness. It teaches us that hope can grow in nurturing environments that allow one to become rooted and secure. ✕

Visit: www.patdeegan.com

Association for the Relatives And Friends of the Mentally Ill



NT ARAFMI is a non-government mental health organisation which receives some funding from the Dept of Health and Community Services. NT ARAFMI is a member of the Mental Health Council of Australia representing the needs and concerns of families and others caring for people with mental illness. It is based on the principles of mutual self help and support to build the capacity of families and improve their quality of life.

You are not alone:

- ◆ One person in five will experience some form of mental illness during their lifetime.
- ◆ Many carers will undergo extreme stress.
- ◆ NT ARAFMI 'caring and sharing' groups are designed to help you cope with the caring role and become an effective caregiver.
- ◆ Be comforted by sharing experiences with those who, having coped in similar situations, really understand and are willing listeners.

Our aims are to:

- ◆ provide emotional support for carers & families of people who are mentally ill
- ◆ provide up-to-date information
- ◆ increase community awareness and understanding of mental disorders
- ◆ decrease stigma attached to mental disorders
- ◆ advocate on behalf of carers to health care professionals

Services provided:

- ◆ A carer support worker is available to talk to you either by phone or by visiting the office.
- ◆ A local NT ARAFMI group meets regularly and offers mutual support.

The Coolibah Tree has thick foliage and is known as the 'Flooded Box'. It gives shade and refreshment to the weary traveller

- ◆ A small but growing library of books, videos and DVD's relating to the major mental illnesses are available for loan.
- ◆ A series of booklets which provide basic information on various psychiatric disorders and pamphlets with information on local services are also available.
- ◆ Speakers are available to address community groups and health care professionals

NT ARAFMI can help you:

- ◆ cope with the realisation that someone you love has a mental illness
- ◆ increase your knowledge and understanding of the various mental illnesses
- ◆ seek appropriate professional help
- ◆ discover your rights under the Mental Health Act
- ◆ meet other carers

Phone 8953 1467 or 0431 473 891
or call into our office between 8.00am
to 12 midday Monday to Friday at
13 Stuart Terrace, Alice Springs (upstairs in
the Salvation Army Hall). Mutual support
group meetings are held regularly – please
phone for times and dates or email:
alicearafmi@octa4.net.au



For the Garden of Your Daily Living...

Plant three rows of peas:

1. Peace of mind
2. Peace of heart
3. Peace of soul

Plant four rows of squash:

1. Squash gossip
2. Squash indifference
3. Squash grumbling
4. Squash selfishness

Plant four rows of lettuce:

1. Lettuce be faithful
2. Lettuce be kind
3. Lettuce be patient
4. Lettuce really love one another

No garden is without turnips:

1. Turnip for meetings
2. Turnip for service
3. Turnip to help one another

To conclude our garden we
must have thyme:

1. Thyme for each other
2. Thyme for family
3. Thyme for friends

Water freely with patience,
and cultivate with love.

There is much fruit in your
garden because you reap
what you sow.

"Life can be understood only looking behind, but
can be lived only looking ahead." Soren Kierkegaard

22 June 2006, To the Honourable Clare Martin,

From the Central Australian Youth-Service Providers Information Network (CAYPIN) for the attention of the Honourable Ministers attending the Government Summit to address violence and abuse in indigenous communities

Dear Honourable Ministers,

Thank you for your attention.

Let us only summarise the things you have heard many times before, re-asserting them because they are the framework within which we would like to propose something new.

You have heard it said: listen to indigenous communities.

You have seen it written: law and order is needed, but it, alone, is not an adequate response: it cannot properly address the traumas that have been experienced in these regions, nor does it foster the capacities that can lead to robust livelihoods.

You surely cannot have missed the plea that has come from many sectors: to recognise already existing efforts and to acknowledge the many years of energy and care already invested by many, many people, from town camp kids to young mothers or working men or wise elders or community grandmothers as well as nurses, youth workers, social workers, drug and alcohol service providers, legal advisors, people in women's shelters and many, many more.

Perhaps you have even understood that, to address these traumas of abuse and violence, many efforts *already exist*, but their effectiveness is frustrated, since they constantly find themselves poured through seriously constricted bottlenecks of often misdirected funding, largely inappropriate institutionalised ideas of what constitutes an 'effective solution', and largely unrealistic time frames for change.

We need not ask again how to address these very serious matters. Numerous reports date back over the decades. Countless conference presentations, journal articles, university lecturers, paid government researches, letters to editors, open letters to parliaments, the voices of town camp leaders, community elders, strong community grandmothers, rallies, protests and people gathering over

office coffees, home cooked meals or camp fires have all affirmed the same things.

This government way of thinking narrows the development of potential solutions to difficult problems. It leaves the balance of power with government and not the community, and, thus, it limits the creativity and confidence of people in Indigenous communities to do something about their situation.

what we are offering is a concept of new education rather than new paternalism ... because ... we cannot call self-determination a failure until it has been given a serious trial

Solutions lie in the communities. Solutions come from the communities. Solutions develop self-determination. Support these communities. Support their solutions.'

If governments do not properly do this, it will not be due to deficiencies in the communities' articulations.

It may, however, be due to discrepancies in paradigms. It is inevitable that such discrepancies exist between the Federal Government and many of the communities they are paid to serve, but these discrepancies must be properly acknowledged if we want to proceed in any valuable way.

Many controlling and ultimately abusive acts derive from disrespecting the will and desire of those who simply stand on differing ground. And this lack of respect is not a result of the failure of our ability

to read what has been written, hear what has been said, or understand the implications.

It is, perhaps—to echo the Redfern Speech of 1992—a result of a failure of imagination.

Because it takes imagination to see the solutions that lie outside our everyday assumptions. It takes imagination to perceive the validity of systems that operate differently from our own. It takes imagination to see past our own agendas and recognise the potential in others. It takes imagination, and it takes a certain application—or enforcement—of the will, until it agrees to surrender some control.

Indigenous communities have been forced to be the ones to surrender this control for two-hundred-years

now: plus some. Perhaps it is time for governments to admit that real change will only come if they agree, respectfully, to do a bit of the same.

It is, perhaps, the most important thing they can do.

We will not say that funds are not important. We will not say that police are unimportant. We will not say that economic participation is unimportant.

We will continue to advocate for government investment in all of these areas and—let's be honest—probably more.

(cont. next page)



Participants at the Hamilton Downs Youthworker workshop May 2006



Mick Dodson: we cannot call self-determination a failure until it has been given a serious trial.

And when the Honourable Clare Martin was reported as saying that 'the heart of the failure'

We agree with Mr Abbott that the same efforts to address complicated situations in indigenous communities will produce the same results.

So, even in the face of all these needs—and these are critical needs—but, even in the cold, hard face of them, perhaps the most important investment this Federal Government could make is to invest in a new paradigm.

is telling small communities to manage their own affairs, perhaps she meant that it is unrealistic to expect anyone to manage a sinking ship without ever being offered even so practical a resource as a bucket.

From our collective experience, we seriously believe that the potential for community leadership is not lacking, but support for those who wish

from our collective experience, we seriously believe that the potential for community leadership is not lacking, but support for those who wish to overcome the obstacles is

Invest confidence: confidence in the ability of these communities to have an idea of what will and will not work for them. Invest respect: respect for the systems that they value as meaningful and strong. Invest hope: hope in the ability of these communities to see what they need in order to make their desired futures possible.

If the government wants to try something new, perhaps it can try what Aboriginal and Torres Strait Islander Social Justice Commissioner, Tom Calma, has suggested, and seriously invest in the (admittedly complex) process of providing these communities with real money for real training for real jobs.

Perhaps this government can break new ground, and try making a serious investment in the people who have the unique and multifaceted skill sets that are required to work effectively in cross-cultural situations.

Perhaps this government can set new standards, and try seriously investing in developing these skill sets in the broader population.

Perhaps what we are offering is a concept of New Education rather than New Paternalism. We do so because we agree with comments from Professor

to overcome the obstacles is.

And so we say: add *your* investment to *their* control, because, for far too long, the demand, without question, has been the other way around.

And if people are always being asked to invest their energy into someone else's control, they become enmeshed in a system that will churn out large portions of the population who suffer from chronic diseases, stress and distress, drug and alcohol addiction, violence, suicide, mental illness, imprisonment and death.²

We agree, again, with Mr Abbott: this does create a situation that no health system can ever adequately address. And so we say again: we need to invest at the level of belief in a person and their community. We need to invest in the belief that, given the necessary resources, a person will be able to take control of their own lives.

The requests being made for government investment into community control are not outside the realms of reason or possibility: safe and adequate housing; appropriate and accessible services for health and education; access to training and employment; access to forms of sport, art and

entertainment; and the right to determine how these are achieved.

In asking for such things, we are not asking for historical recompense.

We are, perhaps, asking for you to think about what you would want if the society you so value and enjoy had been systematically frustrated in its attempts to live by its favoured means of education, obstructed in the use of its language, thwarted in its attempts to gain accessible avenues to employment, foiled in its attempts to sustain existing lines of trade, blocked from utilising its favoured systems of healthcare, hindered in accessing healthy food, and that, *as a result*, the group of people you love and identify with experienced rates of death, disease and imprisonment that far outstripped those of any other group in the nation ... and imagine that this had been happening for about a century or two.

Begin with this investment of imagination. Proceed with humility and respect.

And the hand that has, for so long, imprisoned, placated and controlled might begin to release its grip ... stand back ... and look for the things it can applaud.

It is as simple and as difficult as that. And there is no other way.

Kristy Schubert, Life Promotion Officer:
MHACA, on behalf of CAYPIN

The Central Australian Youth-Service Providers Information Network involves a group of over 50 individuals from over 30 community & government services who link up via email & regular meetings. Services include: education, corrections, drug & alcohol services, youth services, sports & recreation, arts, community services, mental health, sexual health and social & emotional wellbeing. CAYPIN shares information so that it can identify gaps in existing service provision and assist each other in providing effective youth services across the Central Australian region.

¹ K.Kristiansen & M. Irving. 'The Coen Local Justice Group: A Community Response to Family Violence in Qld through the Local Justices Initiatives Program.' *Indigenous Law Bulletin*. 2001.

² Among other documents, see: World Health Organisation. *The Social Determinants of Health: The Solid Facts*, 2nd Edn. Ed. Richard Wilkinson and Michael Marmot. (Denmark, WHO; 2003)

Queensland Suicide & Self-Harm Prevention Conference 2006:

Sharing learnings from practice & research

Brisbane 30 – 31 March 2006

Liz Archer and Katie Allen report

THANKS to MHACA, Waltja was able to send two delegates (Liz and Katie) from our youth team to the Queensland Suicide and Self-Harm Prevention Conference 2006. MHACA paid for one of us to go given that no one from Life Promotions was able to attend. The conference was organised by the Qld Government as part of their suicide prevention strategy and attracted about 450 participants.

There was a broad range of topics to choose from and, even with two of us there, it was sometimes hard to know what to go to. Some presentations were full of statistics and numbers, some full of stories, some came from remote communities and some from towns, and there were presenters from New Zealand as well as Qld, NSW & Victoria.

Highlights included:

◆ **Professor Judy Atkinson** from Southern Cross University: Judy gave a keynote presentation “I can’t stay sober cos I’d Kill Myself: Indigenous Australian Peoples and the links between childhood trauma and suicide.” She also talked about work she had been doing with young people and families in some remote communities.

◆ **Nyrell Patel, Program Director & Therapist** with the Far North Queensland Consortium for Social and Emotional Health and Well Being. Nyrell gave a presentation on “Aboriginal

collective reality and self”, looking at Aboriginal world views, experience of transgenerational trauma and ways of communicating well cross culturally.

◆ **Professor Graham Martin, Director of Child and Adolescent Psychiatry**, University of Qld, who gave a keynote presentation on understanding self harm: This invited us to look more closely at what self harming behaviour is and what it means for the person doing it. Working from the client’s perspective helps us to understand their behaviour and feelings and hence to help them to find (hopefully) less destructive ways of coping.

◆ **Networking with others in the field.** Hearing how things are in Qld and seeing what sort of resources Qld is spending and in what ways to address suicide and self harm

Biggest insights included:

◆ Hearing about three “suicide prevention” networks and strategies that are really similar to our Central Australian model. Some have better resources and some, like United Synergies, are

also well connected to suicide bereavement groups. However, we can be genuinely proud of what we are already doing (with stretched resources) in our region.

◆ Hearing about a strategy with a research component

trialled in Aoteoroa, where they put in additional support for clinical workers via email and telephone “supervision” which has led to better support in turn for clients.

◆ Also a practical research project by Diego de Leo and others, where they increased client support, especially where patients were released from hospital (weekly counselling session plus additional telephone support). This greatly improved client wellbeing after discharge. In other words, its not just grizzling for more money from government: extra resources applied well do help heaps!

Recommendations are:

◆ Liz to follow up with several of the Indigenous presenters about their courses, availability and costs of training, including “distance learning.” Maybe Waltja could also support students/ participants from our region.

◆ Consider what we can do to improve our local suicide prevention network without necessarily trying for a partnership with a group like United Synergies.

A copy of the conference program and other literature we brought back is available at MHACA (Life Promotions) for anyone who is interested in checking it out. Liz will also be providing a report to the next LPP Steering Committee. Liz and Katie are also happy for people to call us on 8953 4488 if you want to discuss anything related to the conference or our work. ☒



Katie Allen and Liz Archer from Waltja

Bumps in the Road...

Some of the challenges faced by MHACA



LIKE ALL organisations there are activities which flow smoothly at MHACA and those which challenge us. We learn as much from what isn't working as from what does, by looking openly at the gaps and obstacles and being objective about what needs improving. In this section we identify some of the hurdles we experience in our day-to-day programs:

from the General Manager ...

◆ Over the past two months the Prevention & Recovery Program has not been receiving adequate referrals, though a high need for the program is still evident with the hospital's Mental Health ward continuing to operate at capacity.

The aim of this program has always been to provide intensive short-term support - in partnership with CAMHS - to reduce the likelihood of admission to the ward and to assist when people are leaving the ward. Without referrals, a valuable service is not being utilised and thus consumers, carers and the community are deprived of an innovative service.

This program can and will enhance recovery treatment planning, reduce prolonged admissions, or possibly prevent an admission, and will build capacity in both service's delivery while providing the consumer and their families with more support when needed most.

Due to the lack of referrals received, I have dedicated a lot of time to supporting the program to ensure we do everything possible to keep it operational.

MHACA has also struggled and been challenged by not having suitable office premises due to the expansion of our services. We have visited several sites and each has some advantages, but to date all have been lacking in either location or size. We continue to be on the look out!

from the LPP team ...

◆ The Life Promotion Program operates from a community development perspective. True and effective community development is challenging, time consuming and resource-intensive work. It's testing on workers who are after clear and measurable outcomes, and the original focus and direction can alter as new learning's and unforeseen changes occur. Communities are difficult to define: they are not static, people are more mobile than they once were, and they reflect difference and diversity, conflict, cohesion and isolation. So this challenge is a constant one for LPP workers. It involves listening and learning and trying ways of working, and reflecting and giving back to those who share and give their time and keeping everyone informed.

And, in this part of the country, and, on the topic of suicide prevention, that's a challenge!! But, hey we're getting there.

from the Rehab team ...

◆ A few symptoms of mental illness can be a lack of motivation, confused thought patterns and withdrawing from others, therefore applying for a job or maintaining structured employment can prove tough at times.

◆ The stigma associated with having a mental illness and a lack of education about mental illness can lead to fear and discrimination in the workplace.

◆ Keeping up referrals for the program remains a challenge.

from the Outreach team ...

◆ With many mental illnesses people suffer symptoms such as loss of enjoyment and interest in activities they usually enjoy, loss of confidence and low energy levels, all of which can at times make it challenging to promote a balanced lifestyle and activities such exercise, healthy diet and socialisation.

◆ Due to the stigma associated with mental illness, people are often reluctant to seek help from organisations such as MHACA or to discuss their problems with family, friends or work colleagues.

◆ There has been a lot on and it's been challenging finding the time to promote Mental Health First Aid and mental health wellness .

from the P&R team ...

◆ Please refer to the General Manager's update. In addition, there continues to be a need for our Casual Pool of Support Workers. This is a reminder: if you know someone who has the aptitude and empathy to be a good support worker, I encourage you to advise them of the subacute Prevention & Recovery Program. The program is presently looking for an Indigenous Female Support Worker, who can support clients and their families across all Indigenous sectors. Please ask them to contact Rangī on 8950 4602. ✕

Yoga for your Mental Health

YOGA is a 5000-year-old science of physical, emotional, mental and physical health. Hence there has been an enormous amount of research and application in using yoga when suffering from a mental illness. Yoga serves to provide practical strategies that work on all aspects of the body and assist with a general improvement in wellbeing.

postures

Asanas or postures are used to stimulate the physical body, which can often become lethargic. They assist the person to stay in touch with their physical body and therefore the physical world around them.

Asanas assist in redirecting the energy of the mind, often so busy in illnesses such as schizophrenia and OCD as well as depression, when the thinking becomes negative and on a downward spiral. The mind, when it is overworking, uses up a great deal of energy, and so the asanas help to redirect the energy back into the body.

Emotionally-specific asanas are designed to make some emotions more calm, such as anger, and some emotions more energetic, such as feelings of hopelessness and helplessness.

Mentally, asanas help the mind to become more flexible again as we get used to putting our body into different poses; the mind learns to accept new ways of being and let go of old mental habits.

Spiritually the asanas work to revitalise our 'get up and go' our desire to be an active part of the world.

breathing

Pranayama - our breathing - always changes when we suffer any form of illness. We tend to change the way we breathe and become shallow breathers when we suffer any long-term illness. This means the body's system is continually being compromised and we feel out of breath with life.

Beginning with gentle and easy practices that are not hard to learn, illnesses such as anxiety phobias and depression can be assisted by learning to return to

our full spontaneous rhythm, as well as learning specific practices that assist the body to let go of trauma.

Breathing practices can be very easy to learn and provide a gentle way to make changes in ones mental health.

relaxation

Relaxation is now recommended for a wide range of illnesses, for example anxiety and panic attacks, OCD and so on. Many people can do with being more relaxed and long-term illness is extremely tiring.

Relaxation in the classical yoga tradition allows the body and mind to rest. It also helps the mind to let go of old negative thought patterns and habits of thinking. It is an easy practice as it can be done by simply lying down or sitting up and listening to the appropriate practice on a CD or tape.

meditation

Meditation has a significant amount of skills to offer people suffering some form of mental illness. With the help of a teacher to guide you in using the correct practice, there are specific techniques that assist to calm the mind, to reduce reactions to symptoms and over a period of time may reduce the mental illness itself.

benefits for the family

All family members can significantly benefit from attending yoga classes or learning some yoga skills.

Living with someone with any form of long-term or permanent illness is extremely exhausting. *It is said that if one person practices yoga in the family the whole family benefits.*

Attending a yoga class can often provide a welcome respite for carers or family members and the bonuses are that people walk away feeling more energised and having learnt new skills on how to stay centred, even when there is extreme external stress.

Yoga can be taught alongside western medical treatment and specifically in consultation with your doctor.

yoga services in town

There is quite a large range of yoga styles, classes and resources available in Alice Springs. Like any other service you use, it is important to enjoy the yoga. Keep searching until you find the type of yoga that seems appropriate to you.

A range of classes is taught at Beyond Breathing Space, and yoga therapy is also available from a couple of people in town. For more details please call Kalika on 8952 3638. Kalika also works as a counsellor and combines her expertise in counselling and yoga to assist you to be as well as you can be.

Specific classes can be taught for people with specific needs. If you have a group of 6 or more people that would like to attend their own yoga class, this can be arranged. We are also happy to come out and teach at your work place and can focus on the specific needs of participants. ✕

Please contact Kalikamurti Suich at Beyond Breathing Space on 8952 3638. For more details on the 6-week Yoga for Women classes see page 11.





The Art & Practice of Establishing,

Developing and Maintaining Positive Therapeutic Relationships with Indigenous Clients

13 - 14 September 2006

(Venues to be advised)

Indigenous Psychological Services (IPS) will be presenting this thought provoking, practical and, at times, challenging 2-day workshop. It will include a combination of self-reflective activities and practice-based scenarios, sure to get participants thinking and acting in ways that will ultimately influence their practice and the relationships they establish with Indigenous mental health clients.

The training will include:

- ◆ Engagement – Foundations for Therapeutic Relationships within a Cultural Respect Framework
- ◆ Processes for Establishing and Maintaining relationships with Aboriginal clients
- ◆ Beliefs and Values – ‘Ours’ and ‘Theirs’ - Stereotypes and Expectations – Personal and Organisational examples and impacts on service delivery
- ◆ Making mistakes – Inevitable, Unavoidable, Recoverable
- ◆ Determining ‘who is the client?’ – culturally and clinically
- ◆ Community and family protocols – Avoiding the ‘one size fits all’ approach – what does therapy mean for Aboriginal people? Examples from the field
- ◆ The line can get ‘blurry’ – Cultural and Ethical dilemmas arising from model choices
- ◆ Self care – Why it’s essential to consider the worker’s wellbeing

Cost: \$ 750 or \$700 If registered before 22 August 2006

To register contact IPS via ph: (08) 9362 2036
or freecall 1800 098 550: email: ips@ips.iinet.net.au
or download the registration form at
www.indigenoupsychservices.com.au

2 workshops to assist with communication and the development of positive and sustainable relationships in the work environment – Presented by Psychologist and International Trainer Judy Hatswell

Communicating for Success

Strategies for Working with Challenging Clients

15-16 August 2006

COMMUNICATING FOR SUCCESS is the art of assisting people to focus on positive solutions for all situations, particularly those involving conflict and confrontation. This process teaches people the skills of how to be more effective in assisting others to move toward responsible and satisfying behaviours. Participants will enhance their ability to move the client from negative involvement with personal externally controlled difficulties towards internal understanding of their behaviour. This change of focus in the interview will lead to responsible behaviour as a basis for ongoing success for the client.

Cost: The usual cost for this workshop is \$585 per person, however as Kalika and Judy are keen to bring these skills to Alice Springs, we are trialling a group booking system. Minimum 3 people per organisation/group booking \$495. Single registration \$550.

Cycle of Blame - Circle of Strength

Creating Healthy Balanced Relationships

17 August 2006

A 1-day introductory workshop which explores the dynamics of power and control in relationships, and offers ways to stay in your ‘circle of strength’ when dealing with your own behaviour and others’ behaviour. Participants will:

- ◆ Develop an understanding of how to stay in personal balance in difficult situations
- ◆ Gain insight into conflict and the roles people play
- ◆ Find out which roles you avoid and discover your strengths
- ◆ Discover new options for handling difficult situations
- ◆ Learn strategies for working in a system environment (school, social service, NGO, government department or business).

Cost: Single registration \$250 Group bookings (3 and over) \$210 per person.

@ Wildgrapes, top floor 19 Hartley St
(next to Firkin and Hound) from 8.30am – 4.30pm
Details can be found at www.beyondbreathing-space.com. Ph Kalika on 8952 3638 or 0412 179957
or email kalikamurti@bigpond.com

“Act as if everything you think, say and do determines your entire life—because in reality, it does.” *Laurelle Adrian*

What Makes a Good Workplace?

IN 2001, the University of Sydney received support from the Business Council of Australia to undertake research to identify “excellent workplaces” across Australia.

The research report describes excellent workplaces as those that are:

“So extraordinary in their performance as to cause us to stop and remark on them. They are the leading workplaces, the exemplars of productivity.”

(Hull & Read, Working paper 88: University of Sydney, 2003, pg 2)

What is most interesting in the research findings is that many of the factors normally considered to be important in determining productivity, such as ‘the level of unionisation, adherence to the traditional forms of industrial relations, hours of work, equity policies, technology and location’ (Hull & Read, pg 7), were found NOT to be important in determining whether a workplace demonstrated excellence.

There were 15 “drivers of excellence” identified in the study, the most significant of which was: the quality of working relationships. Although pay and conditions rated in the 15, all the other factors were about people, relationships and wellbeing.

healthy workplaces: drivers of excellence

The quality of working relationships:

People relating to each other as friends, colleagues, and co-workers. Supporting each other, and helping to get the job done.

Workplace leadership:

How the immediate supervisor, team leader, manager or coordinator presented himself or herself. Their focus on leadership and energy, not management and administration.

Having a say: Participating in decisions that affect the day-to-day business of the workplace.

Clear values: The extent to which people could see and understand the overall purpose and individual behaviours expected in the place of work.

Being safe: High levels of personal safety, both physical and psychological, emotional stability and a feeling of being protected by the system.

The built environment: A high standard of accommodation and fit out, with regard to the particular industry type.

Recruitment: Getting the right people to work in the location, employees sharing the same values and approach to work as the rest of the group.

Pay and conditions: A place in which the level of income and the basic physical working conditions (hours, access, travel and the like) are met to a reasonable standard - at least to a level that the people who work there see as reasonable.

Getting Feedback: Always knowing what people think of each other, their contribution to the success of the place, and their individual performance over time.

Autonomy and uniqueness:

The capacity of the organisation to tolerate and encourage the sense of difference that excellent workplaces develop. A sense of being the best at what they do.

A sense of ownership and identity:

Being seen to be different and special through pride in the place of work, knowing the business and controlling the technology.

Learning: Being able to learn on the job, acquire skills and knowledge from everywhere, and develop a greater understanding of the whole workplace.

Passion: Energy and commitment to the workplace, high levels of volunteering, excitement and a sense of wellbeing, actually wanting to come to work.

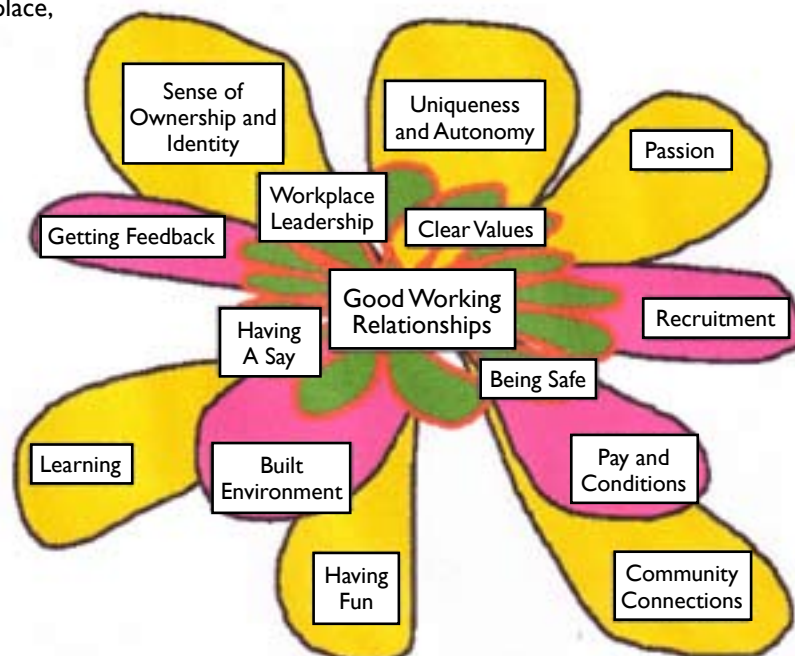
Having fun: A psychologically secure workplace in which people can relax with each other and enjoy social interaction.

Community connections: Being part of the local community, feeling as though the workplace is a valuable element of local affairs.

(Adapted from Hull & Read, Working paper 88: Uni of Sydney, 2003, pg 3-4)

Weighting the 15 drivers of excellence (see figure below), the researchers concluded, on the basis of evidence from those interviewed and the workplaces themselves, that ‘Good working relationships’ was the paramount driver. ✕

(Excerpt from *Community MindEd*, a Mental Health Promotion and Suicide Prevention Resource for VET Teachers of Community Services)



people profiles ...



Rangiwihua Irihapeti PONGA

Position: Prevention & Recovery Co-ordinator; 0.5 Relieving Service Manager

Qualifications: Dip Social Work (NZ); Post. Grad. Certificates in Community and Adolescent Mental Health (NZ); Cert. in Naturopathy (NZ)

Experience in mental health or related fields: ♦ 5 years Clinical Mental Health Social Work and Management in NZ as part of Indigenous Team attached to regional hospital ♦ Relieving Service Manager to 11 Indigenous staff in multidisciplinary teams comprised of: Forensics, Rehabilitation, Community, Acute Unit, Child & Adolescent, Alcohol & Drugs (local govt) ♦ 2 years as Social worker Children & Young Persons Service NZ (govt) ♦ 10 years as Care & Protection Coordinator to Children & Young Persons Services NZ (govt) ♦ 6 years with Indigenous/Traditional Healing Clinic and Alternative Therapies in tribal area of NZ

What I like about working at MHACA: I choose to work at MHACA as a personal challenge after working nearly 18 years in government services. This was to gain the experience of non-clinical environments, and regain a sense of reality within a com-

munity context of client / carer and service providers' perspectives. ♦ To accept the challenge for MHACA to help create a new program that can better support the wider community of Alice Springs ♦ MHACA's atmosphere is more realistic outside of a government environment to better meet expectations and aspirations of clients and staff from a psychosocial practice. ♦ The Manager provides an open commitment to MHACA clients and staff which is critical in developing strong alliances on behalf of the client's needs.

Why I like living in Alice Springs: To acknowledge the local Indigenous Custodians' rights and struggles to retain honor and dignity of their heritage arising out of the extremes in cultural diversity, beauty of the land and wildlife. The harshness of the environment tests one's boundaries and capacity to recognise the uniqueness of the land and people as not just a tourist spot. ... And hey!!! I got to see the Todd River flow four times in the first year I was here.

Favourite colour: Purple: it denotes the strength & wisdom of women as leaders in an ever-changing world.

Things I enjoy doing: Weaving, when (& if) I can finally get the feathers.

Qualities I like in people: Honor, respect and spirituality as opposed to religious ideology. Humor, wit and colored personalities.

Qualities I dislike in people: Hmmm

A favourite movie: Not anything in particular, maybe childhood memories of *Ben Hur*.

If I could go anywhere in the world on vacation: Hey, I've gotten as far as Alice Springs ... I don't know how long this holiday will last ... maybe Japan?



Helena Lardy

Position: Administrative Assistant

Qualifications: Throughout my working years, administration has been my main focus.

Experience in Mental Health: This is my first time working in the mental health sector.

What I like working at MHACA: The diversity in duties and the staff.

Why I like living in Alice Springs: It's different to Katherine - in landscape and in work opportunities.

Favourite colour: Mauve & black.

Things I enjoy doing: Reading, walking, photography.

Qualities I like in people: Humility and kindness.

Qualities I dislike in people: Greed and selfishness.

A favourite movie: *Sleepless in Seattle*.

If I could go anywhere in the world on vacation: Somewhere in the Carribean ...

One thing that would improve my life right now: Getting more active ... ✕

One thing that would improve my life right now: A healthy exercise program ... but I'm not sports minded. ✕

Timothy Macdonald

Position: Outreach Support Officer

Qualifications: BSc (Aviation);
Graduate Diploma in Business Admin;
Graduate Certificate Counselling;
Graduate Diploma in Counselling.

Experience in mental health or related fields:

I have spent a year working in a counselling centre in Adelaide. I have grown interested in mental health in the last few years, particularly realising that there are so many different thoughts and ideas regarding mental health and how to help people. My own interest grew out of time spent with friends who would sometimes offload problems and, for me, realising that I needed some education and help in knowing how to deal with them. Of course, while I feel much better equipped now, there is still lots that I don't know, and I am interested in gaining experience with as wide variety of clientele as possible.

What I like about working at MHACA:

I enjoy the relationships with staff, the variety in my job and the unusual/interesting conversations, perspectives and situations that I can end up being a part of.

Why I like living in Alice Springs:

I love the outdoors (but I really miss the beach!). I enjoy sport and the laid-back atmosphere.

Favourite colour: Definitely blue.

Things I enjoy doing: I love sport, mixing with other young people, and using my abilities and skills to help others and to have fun.

Qualities I like in people: I like people who are easy-going, humorous, adventurous, keen to make something of their lives and flexible (just like me)

Qualities I dislike in people: People who are so organized or structured that they are inflexible. People who have given up hope or have no desire to get out and experience life.



A favourite movie:

For some reason I quite like Tom Cruise as an actor. I like most of the *Mission Impossible* movies, and I like most comedies.

If I could go anywhere in the world on vacation:

I look forward to going to China one day and experiencing the uniqueness of that country and culture.

One thing that would improve my life right now:

Probably to go to a place where there is a beach and beautiful ocean seas and water. It would refresh me no end. ✕



Laurencia Grant

Position: LPP Coordinator

Qualifications: Bachelor of Applied Science (Physical Education); Diploma of Education; Graduate Certificate in Recreation and Ageing; Graduate Certificate in Loss and Grief Counseling; Graduate Certificate in Suicide Prevention Studies (current)

Experience in mental health or related fields:

Secondary Teaching PE ♦ Recreation officer: Older people with Dementia & Holocaust survivors in Jewish Hostel ♦ Camp Counselor USA: NY – young people with disabilities; Alaska: YMCA wilderness camp ♦ VIC. Local Govt: Recreation/ Aged Care/Social Policy/Community Development ♦ WIRE (Women's Information Referral Exchange) – telephone support work ♦ MHACA - Suicide Prevention/ Bereavement Support/ASIST training.

What I like about working at MHACA:

NGO is not steeped in bureaucracy and things can happen quicker. Focus is on promotion, prevention and early intervention – proactive rather than reactive. A broad scope of role allows for varied and imaginative strategies.

Why I like living in Alice Springs:

It's a complex mix of speed

freaks, greenies, lesbians, racists, town campers, camp dogs, conservatives, radicals, misfits, do-gooders, corruption, beauty, trauma and creativity.

Things I enjoy doing:

"A Little Bit Country" on 8CCC Sunday from 12.00 to 2.00pm, yoga and running around on a netball court.

Qualities I like in people:

A sense of the ridiculous.

Qualities I dislike in people:

Being rude and patronising to staff who work at The Lane.

A favourite movie:

A recent movie: *Capote*.

If I could go anywhere in the world on vacation:

Cycling tour through France.

One thing that would improve my life right now:

A *Basement Discs* store in Todd Mall. ✕



Center for Psychiatric Rehabilitation — Boston University <http://www.bu.edu/cpr/>

The Center for Psychiatric Rehabilitation, affiliated with [Sargent College of Health and Rehabilitation Sciences](#) and the [Rehabilitation Counseling Program](#) at [Boston University](#), is a research, training, and service organisation dedicated to improving the lives of persons who have psychiatric disabilities by improving the effectiveness of people, programs, and service systems. The Centre delivers advanced training in Psychiatric Vocational Rehabilitation – a model of service delivery which has come to be known as the Boston Model. It is the framework under which MHACA's service programs operate.

Books and publications www.bu.edu/cpr/products

Identifies a full list of books, curricula, workbooks, multimedia, articles and the *Psychiatric Rehabilitation Journal*.

Repository of Recovery Resources

www.bu.edu/cpr/recovery

A web-based repository of recovery information intended as a fluid, interactive, resource for mental health administrators and consumer/recipient affairs personnel to assist in creating recovery-oriented mental health systems.

Articles, documents, reports and books

Free, full-text downloads available, or when unable to provide free downloads due to copyright laws, a link to the publisher's website is provided

Policy and practices

Abstracts, links, and free, full-text downloads of state and other government mental health agency reports that can be reviewed and

used as examples to support the development of policies and practices that enhance recovery

Multimedia resources

Links to videotapes, audiotapes, webcasts, and online discussions

Website links

Related to mental illness and psychiatric disabilities, includes descriptions and links to: federal agencies, national organizations, state mental health agencies, state consumer-run organizations, technical assistance consumer/support centers, and additional recovery-related websites

Training and educational resources

Descriptions and links to training and educational materials and training, consultation, and technical assistance

I can feel guilty about the past, apprehensive about the future, but only in the present can I act. The ability to be in the present moment is a major component of mental wellness." Abraham Maslow

ARAFMI

Association of Relatives and Friends
of the Mentally Ill

Carer's Morning Tea
1st Tuesday of each month
10.30am - 12.00pm

at ARAFMI Office, Salvos Upstairs,
Stuart Tce, Alice Springs

Contact Trish Fernley Phone (08) 8953 1467
Email: alicearafmi@octa4.net.au

NT Carers Meeting

3rd Thursday of every month
5.30-7.30pm

At NT Carers we recognise that every carer and their situation is unique, and should be treated as such. We work together with each carer to offer a range of services that specifically cater to them and their situation. Support is offered through referral to the Carer Respite Centre (right next door) and other appropriate services, counselling, support groups, advocacy, information, education and training.

For more info contact Katrina Crispe
8953 1669, PO Box 4929, Alice Springs

2 workshops to assist with communication & the development of positive and sustainable relationships in the work environment

Communicating for Success

15-16 August 2006

The art of assisting people to focus on positive solutions for all situations, particularly those involving conflict and confrontation.

Cycle of Blame - Circle of Strength

17 August 2006

Explores the dynamics of power and control in relationships. Presented by Psychologist and International Trainer Judy Hatswell

Visit www.beyondbreathingspace.com, phone 8952 3638 or 0412 179957 or email kalikamurti@bigpond.com.

The Royal Australian and NZ College of Psychiatrists Triennial Conference

Creating Futures:

Influencing social determinants of mental health and wellbeing in rural, indigenous and island peoples

**4-7 September 2006
Cairns**

The conf. will focus on theoretical debates and evidence-based interventions with attention to 3 groups: residents of rural + remote communities, Indigenous populations + island nations experiencing social transition.

Contact: (03) 9509 7121
email: info@conorg.com.au
<http://www.conorg.com.au>

9th Australian Schizophrenia Conference

Turning the Corner in Schizophrenia? 150 years on ...

21-23 August 2006

Fremantle

Keynote speeches

- Outcomes in schizophrenia as well as on first episode psychosis and early intervention
- 3rd world outcomes in psychosis
 - Italian "state of the art" service delivery models
 - Cannabis use in psychosis
 - Genetics and neurocognition in schizophrenia

E: asc2006@debretts.com.au

ANZCMHN 32nd International Conf.

Mental Health at the Centre

2-6 October

Alice Springs

Organised by the Australian and NZ College of Mental Health Nurses the conference will consider issues of:

- holistic clinical care mental health promotion and illness prevention
- early intervention and recovery programs
- indigenous mental health
- remote and rural service

Conference Secretariat: ICMS.
Ph: (03) 9682 0244 Email: anzcmhn2006@icms.com.au
www.icms.com.au/anzcmhn2006



16th Annual TheMHS Conference

29 Aug - 1 Sept 2006

Townsville

The conference will celebrate the many ways people reach out to each other every day for mental health and wellbeing and the connections we make on the way.

Contact (02) 9810 8700
email info@themhs.org or
visit www.themhs.org

Suicide Prevention Australia

National Suicide Prevention Conference 2006

2-5 November 2006

Adelaide

The Conference will offer the a valuable opportunity for bringing diverse groups of people, including those with lived experience together, to address the issues that need to be discussed and debated, and to facilitate real collaboration in determining successful outcomes.

For more info contact SPA:
spainfo@bigpond.com
Visit: www.suicidepreventionaustralia.org/corp_conference2004.htm



Mental Health Diary ...

Date	Time	Description	Location	Contact	Phone
Every last Tuesday	12.30-1.30pm	Consumer Lunch	Salvation Army	Rangi	8950 4602
Every 2nd Wed.	5.30-7.30pm	Committee Meeting	Salvation Army	Claudia	8950 4601
Every Wed.	10.30am-12.30pm	Women's Cooking Group	Centacare	Melissa	8950 4603
Every Thursday	10.30am-12.30pm	Men's Cooking Group	Centacare	Timothy	8950 4604
Every 1st + 3rd Thurs.	1.30-3.00pm	Women's Group	MHACA office	Christine	8950 4607
Every Friday	12.30-2.30pm	Men's Group	MHACA office	Timothy	8950 4604

"It is better to believe than to disbelieve; in so doing you bring everything to the realm of possibility." *Albert Einstein*

MHACA Membership

(please photocopy)

To become a member of MHACA - and receive a copy of our quarterly newsletter *inBalance* and be kept informed about what's happening in the mental health sector - please send us your details:

Membership fees (please tick):

Individual	\$15	<input type="checkbox"/>
Concession	\$5	<input type="checkbox"/>
Organisation/Corporate	\$40	<input type="checkbox"/>

Do you, or your organisation, represent any of the following?

Consumers Carers Indigenous Rural Remote

Name: _____

Organisation/Dept (if applicable): _____

Address: _____

_____ Code _____

Phone: _____

Mobile (if applicable): _____

Fax: _____

Email: _____

Date: _____

Please complete and send with cheque or money order to MHACA, PO Box 2326, Alice Springs NT 0871

MHACA ... Building a Better Community

The Mental Health Association of Central Australia (MHACA) is a non-profit community-based organisation that endeavours to:

- provide non-clinical support to people with a mental disability
- offer psychosocial rehabilitation that is recovery-focused
- assist community understanding of mental health issues
- provide support and training in relation to suicide and self-harm
- reduce the stigma attached to mental illness and suicide

Pathways Rehabilitation Program -

helps people whose lives are affected by mental health issues achieve self-directed goals. We have assisted people to pursue a range of activities, including TAFE courses as well as volunteer and paid work.

Outreach Program -

assists people to live independently in the community through a recovery-focused independent living skills program. It includes a detailed client needs assessment, ongoing skills development and regular plan reviews.

Prevention and Recovery Program -

provides intensive support to consumers experiencing a relapse of a mental illness to reduce hospitalisation. It seeks to reduce the impact of an acute episode through the delivery of individualised care packages.

Life Promotion Program -

works with Central Australian communities to find solutions to problems of suicide and self-harm. The LPP team have a range of resources to help agencies, individuals and groups learn more about issues related to suicide.

Advocacy and Participation -

MHACA hosts a monthly consumer forum where consumers can meet and discuss issues in mental health, and offers network support to carers. Individuals can nominate for our voluntary committee, or can mail their issue to us for the committee or consumer forum to consider. MHACA advocates on behalf of consumers, carers and other stakeholders, and offers a range of services and support on issues related to mental health.