



inBalance

Mental Health Association of Central Australia Inc
quarterly newsletter

13th
edition

January - March 2007

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Public Education a Key to Shining Light on Mental Health ...

INA remarkable memoir, "Broken Open," ABC broadcaster Craig Hamilton tells what it's like to go mad in public and survive to tell the tale (see page 31 for more of his story). Here Craig speaks out about the seriousness of the "Black Dog"—depression—and the urgent need for the Federal Government to make mental health care a priority.

The resignation of Western Australian Premier Geoff Gallop last year put the issue of mental health—and, in particular, depression—back on the national health agenda.

The dogs are no longer barking on the issue of mental health reform in Australia, they are literally starting to bite back ... and it's long overdue.

The issue has become so important that the federal government must initiate and support an education program for schools to better inform our next generations and provide a much needed boost to mental health resources and services.

That so many Australian's are now on public record demanding a positive

(cont. page 26)



Craig Hamilton makes a personal plea for society to shake off the stigma surrounding people with depression and to bring the subject into the clear light of day

Lifeline - 13 11 14



inBalance

is the quarterly newsletter of the Mental Health Association of Central Australia
PO Box 2326, Alice Springs NT 0871
ph: (08) 8952 3311 fax: (08) 8953 5577
email: mhaca@inet.net.au

staff

General Manager: Claudia Manu-Preston
Administrator: Vacant
Administration Assistant: Helena Lardy
Acting Services Manager: Rangi Ponga
Acting P&R Coordinator: Jerry Fitzsimmons
P&R Officer: Danielle Noble
P&R Casual: Leanne Jones
Pathways Officer: Tim MacDonald
Pathways Officer: Gina McAuley
Pathways Officer: Christine Boocock
LPP Coordinator: Laurencia Grant
LPP Officer: Kristy Schubert
LPP Officer (Tennant Creek): Coral Aston
Training and Promotions Officer: Rita Riedel
Bookkeeper: Karen Wilton

committee

Chairperson: Mardijah Simpson
Deputy Chair: Trish Van Dijk
Secretary: Jill Deer
Treasurer: Lindsay Morley
Public Officer: Maya Cifali
Org. Rep: Trish Fernley, ARAFMI
Org. Rep: Jenny Black, Salvos
Consumer Rep: Leo Welin
Consumer Rep: Vacant

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 your favourite committee member at least a week prior to each meeting.

correspondence with editor

rita.riedel@mhaca.org.au

disclaimer:

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

erratum

inBalance may feature photos of deceased persons. MHACA apologises unreservedly to the family, friends and co-workers of the deceased for any unintentional distress that may occur as a result.

general manager's update

HELLO and welcome to the 13th edition of our quarterly newsletter, *inBalance*. The new year at MHACA started with a range of activities for consumers as part of our Christmas-New Year Calendar. A good time was had by all, and a special thank you to the Salvation Army for the use of their mini-bus (see page 16 for a full update).

Projects

All program areas have been busy preparing for the year ahead. Senior staff have been working on their six-monthly service reports and all staff have been contributing to a major review of our Policies and Procedures Manual. Terms of reference have been developed for several projects for which we are currently seeking consultants. The projects include:

- Consumer Peer Support Project
- Update of the MHACA Policies & Procedures Manual
- Review & Update of Strategic Plan

Staffing and recruitment

The new year brings new changes and we say farewell to several staff. A special thank you to Melissa Glassock who has left us to complete her nursing studies in Darwin. Melissa has been a dedicated member of our team and, in particular, to the development of the Mental Health First Aid Training program. Farewell and thank you also to Scott Penn who was with us for six months as Administrator.



Claudia Manu-Preston, General Manager

On another note, welcome back to Rita Riedel as our new Training and Promotions Officer. Rita returns to us from Adelaide after completing her counselling studies and will assist in a range of training and promotional activities, including the delivery of the Mental Health First Aid course.

In the meantime, I have been focusing on recruiting for the Services Manager and Administrator positions.

Service development

In late January, MHACA and CAMHS' staff attended a Boston Model Psycho-Social Rehabilitation Training course, organised by MHACA. The training provided valuable knowledge and practical tools on the "how" of working effectively with people with a mental illness in a non-clinical setting (see page 15 for more details). We will be offering the next stage of training later this year.

As part of professional development and information sharing, we invited guest speakers from other organisations to attend our monthly staff meetings. Jill Meade from the NT Aids and Hepatitis Council attended in November and two representatives from the Australian Crime Commission attended in January.

New services

I am pleased to announce that the Pathways Program (combined rehabilitation and outreach programs)

has started a trial counselling service, available to all members of the public (see page 7 for more details). The demand for Mental Health First Aid Training has continued to grow and will now be scheduled on a regular monthly basis; we will keep you posted re dates.

COAG reforms

I have continued to participate in various meetings to advocate on behalf of MHACA for better mental health supports (see page 21 for an update on COAG as well as Marilyn's update on page 25). As part of the COAG reforms, MHACA will be working with other service providers to assess how the new funding can complement MHACA's current service mix to expand our role in specific regional areas.

Supported accommodation

MHACA has been successful in receiving funding for the purchase of a 2-bedroom flat. Thank you to Territory Housing for supporting the Association to provide long-term accommodation for people with mental health issues. We have also placed a new tenant in a vacant flat within our existing Housing Support program.

Our search to find suitable premises is still a priority, and I hope to have some good news in the next edition.

Continue to look after your mental health.

*Kind Regards,
Claudia*

MHACA is online!

Check us out at

www.mhaca.org.au



Participants on the ride to Simpsons Gap over the Christmas-New Year holidays



Santa makes a surprise visit at the MHACA Christmas dinner at the Memo Club

Wanted! Consumers and Carers

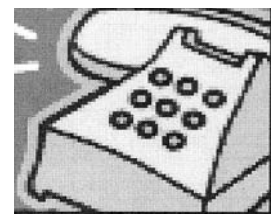
Are You Interested ??

Are you a consumer or carer and interested in being involved in some of MHACA's activities?

We are putting together a register of people who would like to take part in occasional workshops, focus groups, advocacy work or recruitment panels.

MHACA will negotiate payment for work provided.

If you have some free time and are interested in contributing and, at times, speaking out on how mental health issues affect you, please call Rangi on 8950 4602.



A penny for your thoughts ...

... from the editor

AS WE ENTER the third month of a new year, the gentle rhythms of the Christmas-New Year holiday season fade into the distant horizon behind me ... and I wonder, 'How can I hold onto the peacefulness I so look forward to at the end of each year?' I want to give myself permission to feel this regularly! (not just once a year).

It's more than just about being on summer holiday or having a break from routine. It's something about honouring our intrinsic cycle of rest. The whole world slows down at Christmas ... and what a wonderful relief! We recognise that if we keep pushing too hard we run the very real risk of falling over the edge, in more ways than one.

The Christmas season (literally celebrating the birth of a new divine life) reminds us of the importance of slowing down, resting and renewing our creative energies. This is especially warranted in Western culture which seems to place increasing emphasis on fast-paced living, outer appearances, productivity and 'outcomes' at the cost of our inner peace, wellbeing and the journey of life itself.

The business world tells us that in order to be happy we need to buy more, consume more ... have the latest and the greatest ... "your happiness guaranteed." And even in government and community sectors we are driven

to 'produce' and 'perform', asked to 'pull out all stops' in order to be deemed as worthy. But at what price? Does 'harder, faster, sleeker, greater' truly determine our happiness? How many of us are encouraged to feel good or cherished or worthy simply for being who we are?

In this edition's feature article (cover story and pp. 31-33), Craig Hamilton addresses some of these concerns as he emphasises, "Make no mistake about it, we all must become better educated about issues of mental health and not take good mental health for granted. In five years from now I'm sure we will all look back and say how slow we were as a community to better deal with this very common and very debilitating condition [depression]."

Craig speaks out about the seriousness of, not just mental illness, but also its associated stigma and the urgent need by government to recognise mental health as a priority, because "the statistics are already saying that by the year 2020, depression will be Australia's number one health problem."

How did we get here? What aspects of our mental health do we keep denying that keeps our problems growing? And, once we acknowledge the seriousness of mental illness, what long-term effective solutions will we put in place?

In *Broken Open*, a remarkable memoir of his gripping journey "back from the brink of hell", Craig shares how he successfully managed to overcome his depression and regain

Contributions Welcome!

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

by 31 May 2007

Contributions are welcome any time

a healthy lifestyle. He also makes a personal plea for society to shake off the stigma surrounding people with mental illness and "to bring the subject out into the light of day."

The cycles of change continue in my own life as the new year brings a new beginning. I'm excited to say that I've been employed as MHACA's new Training and Promotions Officer and will be returning to Alice in mid March. My main role will be to support MHACA in the delivery of a range of training and education programs to strengthen community understanding and awareness of mental health related issues. This will include Mental Health First Aid training as well as ongoing promotional activities. I look forward to touching base with you and seeing some familiar friendly faces.

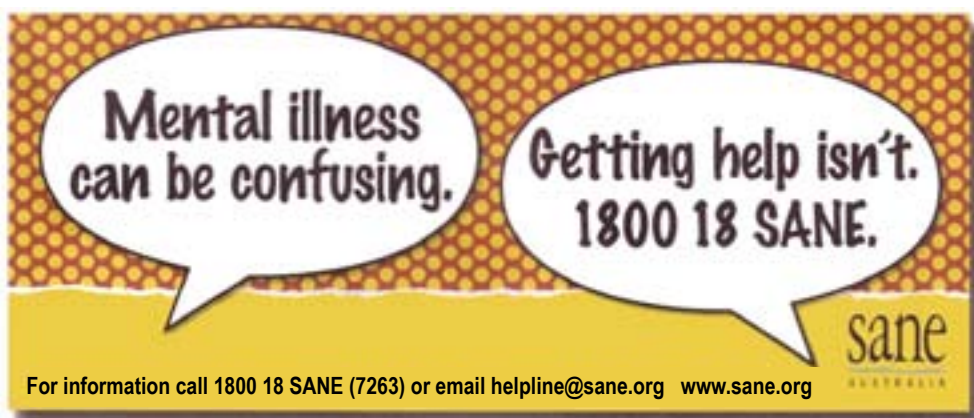
As the year continues to unfold, may you find time to read about Craig's inspiring personal journey, as well as make time to honour your own.

Until next time,

Rita



Rita Riedel, Editor / Training and Promotions Officer



For information call 1800 18 SANE (7263) or email helpline@sane.org www.sane.org

"When we blame, we give away our power." Greg Anderson

Lindsay Morley ...
New MHACA Treasurer

Hi, I am your new treasurer for this year. I was born in England and migrated to Australia in 1988 to experience a different life in a new and exciting country. I originally settled in Sydney and moved to Alice Springs in October 1989, and have made Alice Springs my home.

I am a qualified accountant and worked for many years with the Central Land Council and the Aboriginal and Torres Strait Islander Commission. I am now a public servant working in a Federal Government Department.

My connection with the Mental Health Association of Central Australia is a personally sad and difficult one for me. I am a member of the Bereaved by Suicide group as four years ago I lost my beloved husband to suicide caused by depression. I was and am very grateful for the support I received and still receive from members of the group which is supported by MHACA.

As a member of the Committee and as Treasurer I believe that I can help and support the organisation that has supported me and is continuing to do much needed work in the field of mental health, particularly in increasing public awareness of the different aspects of mental health issues and assisting those people affected by them.

My membership on the Committee has also given me the opportunity to meet a different group of committed and enthusiastic people serving on the Committee and within the organisation which is for me, an enriching experience.

Lindsay



committee update ...

New Year ...

Well, 2007 is well under way now. I have just returned refreshed by a summer down in NSW with my extended family. I had a happy time but am delighted to be back home in Alice Springs and ready to get involved in local activities and services again. A big thank you to all the MHACA staff, especially Claudia, who kept the service running, especially for the diverse Christmas Program. Also a thank you to all the management committee members who were in town and contributed in many ways. I was kept connected and well informed, via email, of issues needing the committee's attention while I was away.



Mardijah Simpson, Chair

Flowing ...

I really hope this year will be one in which MHACA can consolidate and develop its programs, filling all the staff positions so that there is a complete team with each member getting the support they need and new opportunities to expand their skills. I am very aware of the need for continuity, not just among the workers, but, more especially, to offer a caring and ongoing service to community members with their individual support needs.

The majority of the management committee have lived in Alice Springs for many years—they really feel they are part of this special place. Some of our workers are long-term residents, but we also have to call on the skills and training of people who move here from very different parts of Australia. MHACA really needs workers to settle down and feel acknowledged and satisfied in their work with us. The local saying, "If you see the River Todd flow three times then you will stay in Alice," can often prove true!

The river has run at least once this year—so I keep watching the plump white clouds scudding across the big blue sky and hope the river will run a couple more times soon!!

Speak up!

On a more serious note, I am sure everyone will be aware things are starting to build up for a Federal Election later in the year. Lots of speeches and lots of promises are coming from all sides. Now is a good time to make our politicians aware of issues and concerns we have, especially in the area of health—mental health in particular. Also, to point out areas of life such as housing, education, income support and employment that could be improved and be more appropriately accessible to those of us coping with mental health issues. For example: some changes in Centrelink eligibility have raised concern amongst disability advocates. Politicians need to be told the facts and the effect of policy decisions (often made far away in coastal cities).

I look forward to continuing to serve on the committee this year and contributing in whatever way I am able to MHACA.

Mardijah Simpson

Offering choices ...

The Pathways Program offers rehabilitation and outreach services which provide recovery-focused living-skills training and support. We assist people with mental health issues to set and achieve goals aimed at independent living and integration into the community.

Activities ...

- Personal goal setting with regular 3-monthly reviews
- Basic living skills: cooking, budgeting, shopping, personal care
- Access to vocational education, training and employment activities
- Become a volunteer
- Social and recreational activities
- Regular groups & outings
- Counselling services
- Access to resources and other support services
- Information on mental health issues and a variety of topics
- A cuppa and a place to chat with others who understand

For further info call:

Tim MacDonald on 8950 4604
Christine Boocock on 8950 4606
Gina McAuley on 8950 4607
8.30am – 4.30pm Monday to Friday



Pathways Program

Promoting Independent Living & Recovery-based Rehabilitation

Pathways Officers: Timothy MacDonald, Gina McAuley, Christine Boocock

update

New beginnings ...

Lots of things have been happening in the Pathways Program over the last three months. Melissa Glasscock has decided to complete her nursing studies in Darwin and left Alice in mid-February. Melissa has been with MHACA for the past two years and has contributed significantly to the successful development of our consumer programs, as well as the delivery of the Mental Health First Aid program. We are sad to see her go and wish her all the best for her future career.

We have also been re-evaluating our activities and overall program services. As a result of this, there are a number of new groups we are setting up, as well as strengthening the groups we already run.

Christmas - New Year activities

Over the Christmas - New Year period MHACA organised a number of activities and consumers participated in a range of daily events. Activities ranged from bike riding at Simpsons Gap to 10-pin bowling at the Dustbowl, touring around the historic sites of Alice Springs and a day-trip out to Ross River and Arltunga. It was very nice to have a large number of consumers turn-out for the different activities (see page 16 for a full update).

New Groups @ MHACA

Pathways started a Women's Coffee Morning in early February which will initially be held at MHACA. The idea of this group is to help build consumer's confidence to integrate back into the community. *For more information contact Christine Boocock on 8950 4606.*

The joint MHACA and Salvation Army Women's Group is on every Friday and everyone is welcome. *For more information contact Gina on 8950 4607.*

The combined Men's and Women's Group continues to be held once a month and we will be trying a few different things. The BBQ's will again be popular and will be combined with the Consumer Lunch Forum to allow consumers and carers to share their ideas and concerns. *For more information contact Tim on 8950 4611.*

Counselling

A new Counselling Program commenced in February and early reports regarding this service are positive. The program is open to all members of the public and people can be self-referred or referred from other agencies. Contact Tim on 8950 4611.

Reclink

Reclink is a Victorian organization who work with consumers who are disadvantaged in some way. They have recently been working towards getting established in Alice Springs to work with different organisations. MHACA is keen to be involved in this process, particularly where it offers benefits to our consumers. There will be more information passed on to consumers and other interested parties once events and times have been established.

Group BBQ

We had our second Combined Group Outing for the year on 2 February. It was a BBQ at MHACA and there were more than 15 people who enjoyed the get-together, our most well-attended BBQ to date. The food was flowing and there was good conversation had between staff and consumers.

Thank you to CAMHS staff for attending, including Aroha Miller and Tim Packer. It was a constructive time for all to get to know each other better.

From now on, the Combined Group Outing will also incorporate the Consumer Forum where will encourage consumers to share their views on how MHACA can better work with the needs of consumers through the rehabilitation process.

We will also be getting ideas about how to create a Consumer Forum which is more consumer-driven.



Checkin' out the Western Macs over the Christmas holidays

Support Services

As part of client support we have been accessing other support services around Alice Springs, including the Salvation Army, St Vinnies and the Red Cross where people can obtain food, clothing or supplies. We continue to utilize these organizations as needed.

A big thank you to these organisations for their ongoing support.

Are you lonely, anxious, depressed or struggling with relationship issues?

Would you like to learn strategies to help you cope with and address your difficulties?

New Pathways Team

The new Pathways team is Gina McAuley, Chrstine Boocock and Tim Macdonald. Please contact any of us if you would like more info on what we do.

Tim MacDonald, Pathways Officer/Counsellor

Consumers and staff enjoying a social BBQ get-together in early February



MHACA
is offering a
New Counselling
Service in 2007

- Maximum of 8 sessions
- Costs are minimal
- Confidentiality assured
- Individual counselling only
- Available to all adults in the community
- Can be self-referred or referred from other agencies
- Part-time Counsellor so places are limited

**Call Tim MacDonald
on 8950 4611**

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 supports available
- LPP staff work with others to deliver Applied Suicide Intervention Skills Training (ASIST), first-aid training for workers who come into contact with people at risk of suicide
- LPP keeps in touch with current suicide prevention research so that strategies are evidence based
- LPP facilitates a steering committee (of govt and NGO reps) to ensure transparency and gain ideas & 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 (AS)
Coral Aston on 8962 3380 (TC)
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; Coral Aston (TC)

update

New Barkly Life Promotion Program

Life Promotion is pleased to have a full team for the first time in almost three years. Coral is settling into her role in Tennant Creek and helped to facilitate two forums for the community on the topic of suicide prevention and life promotion. This was an opportunity to present the bigger picture of suicide prevention world wide, nation wide and at a local level in Central Australia including the Barkly Life promotion program (see p.12 for Coral's Barkly region update).

I'd like to thank Coral and Kristy for their efforts in getting up to speed with this complex and challenging program. All team members are now trained to deliver the ASIST training, an important component of the Life Promotion Program.

“We Know Our Strengths” Project

Waltja (leading agency) and the LPP team (supporting agency) have been funded from January 2007 to June 2009 to work in three remote communities to develop the “We Know Our Strengths” project. The communities are Ltyentye Apurte (Santa Teresa), Titjikala and Amundurrngu (Mt Liebig). The main objectives are to:

1. Develop culturally safe and appropriate resources that will contribute to the sharing of theirs and our understanding of suicide prevention
2. Support the development or continuation of activities that celebrate and strengthen the capacity of families within these communities and help protect people from suicide
3. Deliver and train others to deliver culturally appropriate education and training programs that increase skills and understanding of the issues of suicide and good mental health

For information contact Liz Archer on 8953 4488 or Laurencia Grant on 8950 4608.

Suicide Awareness for Night and Day Patrol Workers

In late January the LPP team met with some of the Tangentyere Council's Day and Night Patrol workers to talk about the difficult issue of suicide. Life Promotion has developed a training package that can be delivered in 2 to 4 hours, catering to the needs of Indigenous workers and their families. This package introduces the question whether we should talk about this issue, what leads people to think about suicide, how much of an issue it is in the NT and what workers can do to support others and themselves (see page 13 for a more detailed update).

Why ASIST?

Did you know that you are more likely to come across someone with thoughts of suicide than someone who's having a heart attack? Surveys suggest that, if you had a hundred people in a room, at least six of them would have had thoughts about taking their life in the last week. But this is in urban settings. In isolated rural areas—





Laurencia and Claudia at the Life Promotion forum in Tennant Creek in February

especially in Central Australia—the rates of suicidal behaviour are much higher. To make a difference to this situation, a lot of work needs to be done on a lot of different levels. And one of those levels is public education: a kind of ‘First Aid’ for suicidal behaviour, which is what ASIST is about. That’s why every Life Promotion worker is trained to be an ASIST Trainer.

While ASIST is standardised (it originally came from Canada) the information is well researched and developed. At the same time, LPP is going to keep pushing for more recognition of the very real need to adapt the language, imagery and modes of delivery for contexts like ours in Central Australia.

ASIST Trainers Needed

We are looking for additional ASIST trainers in the Central Australia region to assist the few trainers who are currently available. There are over 20 workers whose organisations have committed substantial funds to training their employees as ASIST trainers through the LivingWorks program. Karen Revel, the coordinator of the ASIST network in Alice Springs, is interested to know if any further support could be offered to these trainers so they can continue to be involved in the delivery of this course.

Karen would also like to hear from workers in Alice Springs, Tennant Creek or remote communities who believe they could deliver ASIST and their current employer is willing to commit the resources for them to qualify as a trainer.

Call Karen on (08) 8953 1250.

Participants at the Suicide Prevention & Life Promotion forum in Tennant Creek in February



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 LPP on a casual basis as cultural consultants, interpreters and artists.

For info phone Laurencia on 8950 4608.

ASIST Workshops

ASIST training can help us see and respond to signals of distress from people at risk of suicide. Learn suicide 'first aid' and know how to intervene effectively. Learn to recognise, assess and become more effective at helping people at risk.

Workshop dates:

- Tues. 6 & Wed. 7 March (AS)
- Wed. 18 & Thurs. 19 April (TC)
- Sat. 28 & Sun 29 April (AS)
- Wed 13 & Thurs. 14 June (AS)

Cost: \$150 volunteers & NGOs
 \$200 govt & business

For more info contact:
 Karen Reval at Lifeline
 ph. 8953 1250 fax 8953 3060
karen.lifelinent@bigpond.com

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
Jerry Fitzsimmons on 8950 4605
Danielle + Leanne on 8950 4604
8.30am – 4.30pm Monday to Friday

Prevention & Recovery Program: “A Safe Way Forward”



Acting Services Manager: Rangi Ponga ● Acting P&R Coord: Jerry Fitzsimmons,
P&R Officers: Danielle Noble, Leanne Jones

update

Welcome to the first edition of *inBalance* for 2007. With Xmas and New Year behind us MHACA resumes 'with some sense of normality' to provide added enthusiasm in its supports to those consumers who actively participate in our programs.

New year brings changes ...

A new year always brings changes in the Alice Springs region with people moving out or arriving to experience the cultural and climatic environment unique to the area. For the P&R program this has meant a few face changes as well.

I myself have stepped outside the day-to-day operations of the P&R Coordinator role to assist MHACA with wider events requiring attention by taking on the Acting Services Manager role. This has meant identifying someone to relieve my position so I can assist in other areas of management.

Recruitment and Retention

So, firstly, thanks to Jerry Fitzsimmons who is taking on some of the P&R Coordinator responsibilities for ten weeks, to ensure clients of the program receive quality service and to provide orientation and training for two new staff members. The experience will offer Jerry the opportunity to take staff out to meet you and other service staff who support the program. He will also continue to support clients on the program, together with the new CAMHS P&R Coordinator, Peter McNelly, to ensure ongoing quality care.

Bianca Kelley and Richard Smith are no longer with MHACA and we thank them both for their support to the service. Bianca's presence will also be missed in the wider community, through her own business ventures as well as being an active contributor in community initiatives. She is hoping to return each semester, so may continue to contribute to the program's consumer group.

Due to Richard's position becoming vacant I am interested to hear from any Indigenous men who may be interested in providing mental health casual supports to our Indigenous male client group. Don't be shy, come in and have a chat with me at the office when you can.

Steering Committee Review:

Reconfiguring of the committee will begin in earnest on 22 March. A few of the original committee members remain in place and we will look at the functional responsibilities of the team. It is envisaged that now, as the program has developed to the capacity of working with consumers and their needs, the role of the committee will change to that of a reference group as opposed to a Steering Committee.

The team requires the expertise of: both a male and female consumer representatives who can provide advice and experience to the group in relation to how they envisage the program can assist consumers. Nominations are appreciated from consumers who actively participate in MHACA and CAMHS service supports. Contact can be made to me to voice an interest in the committee.

Rangiwhiua Ponga, Acting Services Manager





New faces on the P&R team: Danielle, Peter, Leanne and Jerry

New Central Australian Mental Health Service, Prevention & Recovery Coordinator: Peter McNelly

Originally from England, Peter has extensive work experience as a Registered Nurse of some thirty plus years. This has been through working in England, New Zealand, South Australia and Victoria before moving to the Territory in December 2006, where, before taking on the coordinator's role, he relieved for Tony Fitzpatrick.

Peter has worked as a Clinician, Team Leader and manager in a variety of mental health settings, including the areas of alcohol and drugs, in-patient units and community services.

For the last five years Peter has worked in community services that have had close collaborative working arrangements with NGOs such as MHACA, to provide family inclusiveness and bio-psycho-social care to people with mental health difficulties. He hopes to continue this work practice within the P&R Program as a joint venture between MHACA and CAMHS. *Contact Peter on 8951 7710.*



New Casual Support Officer: Leanne Jones

My name is Leanne Jones. I travelled from a small country town, Winton, in Central West Queensland, home of Waltzing Matilda. I grew up on cattle properties between Winton and Boulia (Minmin Light Country).

I am currently pursuing a dream in Massaging (Cert IV) and recently started with MHACA as a casual Prevention & Recovery Support Officer.

Thank you to everyone at MHACA for sharing your own personal strengths, guidance and knowledge, your smiles and laughter have more than welcomed me, thank you. ✂



New Part-time Support Officer: Danielle Noble

My name is Danielle Noble and I was born in Kalgoorlie, WA but have lived and worked in many different parts of Australia. I have spent the last five years in Alice working as a tour guide and have fallen in love with the beauty of the landscape, the friendliness of the people and the laid-back lifestyle.

Previously I worked in Adelaide and rural Victoria in accommodation and day programs for people with intellectual and physical disabilities, and also mental illness.

Now I am working with the Prevention & Recovery Program and am looking forward to becoming part of the MHACA group and getting to know everyone a bit better. ✂

WANTED! Reference Group Members:

Male and female consumer representatives who can provide advice and experience to the group in relation to how they envisage the program can assist consumers.

Nominations are appreciated from consumers who actively participate in MHACA and CAMHS service supports.

Contact Rangī Ponga on 8950 4602.



Participants at the Life Promotion Program forum held in Tennant Creek in early February

LPP Officer, Coral Aston, presenting at the forum



Life Promotion Program

Barkly Update

The Life Promotion Program in Tennant Creek is in its fifth month of operation and has been working consistently toward raising awareness on the role of the Life Promotion Officer, the aim of LPP and providing opportunities for discussion on the issue of suicide and suicidal behaviour in the Barkly Region.

Meetings with the many relevant stakeholders have led to a consideration of the strategies that might help reduce the high rates of suicides and attempts. There is a strong resolve in the Barkly community that this can only be done through collaboration on this issue and acknowledgement and recognition that suicide is a whole of community problem. For this reason, having a Life Promotion Officer who can act as the point of contact and coordination role is a way forward for the Barkly region.

Training & Forums

Training has been identified as a priority for workers and community members in the Barkly and every effort is being made to deliver the ASIST (Applied Suicide Intervention Skills Training) and Suicide Awareness Training as well as supporting the provision of a Grief and Loss Workshop over the coming months in Tennant Creek.

Two Forums were held in February focusing on the bigger picture of Suicide Prevention and where the Life Promotion Program fits within this. Laurencia Grant, Life Promotion Program Coordinator, and Sarah O'Regan, NT Government Suicide Prevention Coordinator delivered a presentation at the Tennant Creek Hospital and the Training Centre. Those in attendance found the information interesting and helpful to their employment roles, with many highlighting a strong desire for more in depth training around suicide intervention.

Contact Coral Aston, LPP Officer, phone (08) 8962 3380



Messages of Hope

is a 20-minute DVD documentary produced by the Adelaide Bereaved Through Suicide Support Group providing insight to the lives of those left behind after a loved one has suicided. LPP has copies available for \$40. Call Laurencia on 8950 4608 or Kristy on 8950 4609.

Talking About Suicide with the *Day & Night Patrol*

IN LATE January the LPP team met with some of the Tangentyere Council's Day and Night Patrol workers to talk about the pressing issue of suicide. These workers are people with a lot of skills who are called upon when a situation is heading in the direction of anyone else's too-hard-basket, so it was a privilege to sit down with them to talk about this difficult issue. Kristy Schubert reports ...

Why would we talk about such a painful subject?

"We are losing a lot of people this way," said one of the workers. "So I reckon it's a good thing to talk about."

And it's true: we are losing a lot of people this way. In the Territory, suicidal behaviour accounts for one death, frequent injuries and hospitalisations, and countless volatile, distressing and confusing situations every month.

As LPP Coordinator, Laurencia Grant, highlighted, the rate of suicidal behaviour in this region is more than double anywhere else in the country. And while it's a sensitive thing to talk about anywhere, in any culture, it's particularly hard here.

With such a small and interconnected population most people are probably struggling with the grief of having lost someone close to them through suicide.

But, on top of this, it's a relatively new problem here. For most other cultures in the world—including Western culture—suicide is something that has always been with them, which means that we've had many centuries to try to find ways to explain it, and we still can't explain it very well.

But for Aboriginal people in Australia, this problem only started a few decades ago. For some Aboriginal populations, suicide only started to occur in the '80s and, for any Aboriginal population, the earliest records of it start in the '60s.

We've had many centuries to try and process this. But Aboriginal people have only had about 40 years, at most. Understandably, people are reeling.

Does not apply ...

While there are a lot of national strategies and websites and plans to address

the problem of suicide, I often feel like taking out a big rubber stamp that says, "Does Not Apply." As the Director of the Centre for Comparative Genocide Studies at Macquarie University, Prof. Colin Tatz, often says: "Aboriginal suicide is different."

"Most 'suicide prevention strategies' come from essentially an urban-based, urban-responsive, essentially non-Aboriginal, middle-class value."

The Life Promotion Program shares this frustration, so we wanted the information we brought to the Night and Day Patrols to be fitting for this context and responsive to its specific needs. We collected stories and information about how different groups of Aboriginal people around Australia have been trying to tackle this complicated problem.

The information came from places like Yarrabah in North Queensland, Yirrkala in the Top End and Port Augusta in South Australia. We also learned a lot from the work of Prof. Tatz and Prof. Ernest Hunter and his team, all of whom have sat down with people from communities all over the country to try and talk about why this has become such a problem and how it might be addressed.

Sharing information

I see part of the Life Promotion role as one that facilitates the sharing of this kind of information. Most people don't have the time to research what's going on in the rest of the country around this issue, but it's our job to know, and to explain it to others.

It's helpful to put words, images and explanations to difficult problems—like drawing yourself a map so that you can find your way around, even when you

(cont. next page)

Back: Coral Aston with D&NP workers Roslyn Forrester, Raelene Williams and Teresa (Shorty) Dodd. Front: Kristy Schubert and Laurencia Grant





Mental Health Resource Materials

MindMatters is a mental health promotion resource for use in secondary schools. It is designed to be used as part of a comprehensive 'whole school' approach to the promotion of good mental health. The MindMatters materials include games and activities to focus learning about mental health issues and to develop skills in enhancing resilience to cope with challenges.

The Life Promotion Program has engaged project worker, Nicky Schonkala, to further develop and package the MindMatters activities specifically for MHACA, so they are readily available for staff to use with secondary school students, youth groups, people living in remote communities and consumers.

While based on the existing MindMatters materials, there have been some changes made to the language and images to make them:

- more relevant to central Australia
- not specific to use in schools (so MHACA can use the materials with people in non-school settings)
- more inclusive of Indigenous themes

After consultation with groups who have used the MindMatters resources and those responsible for the roll out of MindMatters in Northern Territory schools, it was decided that the materials developed for MHACA would focus on the 'Enhancing Resilience' activities.



Project Worker Nicky Schonkala

These are aimed at:

- building connections
- developing a sense of belonging
- getting to know each other
- finding things in common
- developing communication skills
- breaking down barriers
- reducing feelings of difference
- coping with stress and challenge
- seeking help

For more information contact the LPP team on 8950 4608 or 8950 4609.

(from previous page)

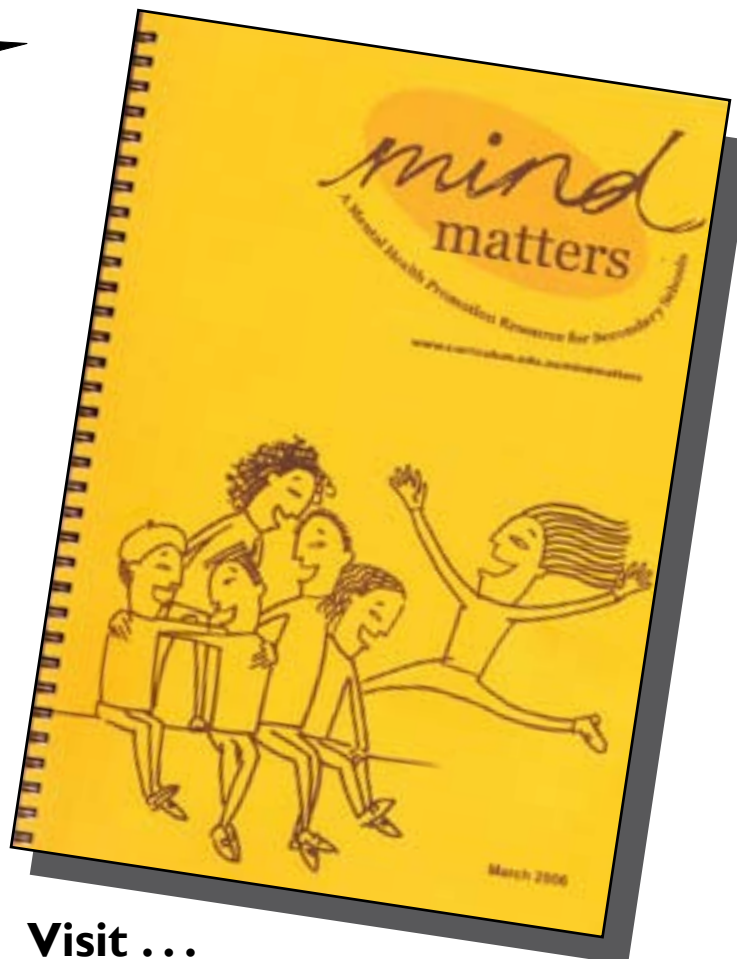
are lost in a big dust storm or a heavy, grey cloud. Each person's story and every attempt to understand holds a part of that map. By sharing these stories and understandings, we start to make that map visible.

It was good to have an opportunity to share other people's knowledge with the workers from Day and Night Patrol and, in turn, to be able to listen to and learn from their knowledge and skills. They are working hard to address this challenging problem on many different levels, which often involves handling the risk of some kind of physical threat by people who are often feeling very hurt and desperate and are often highly intoxicated.

Thank you to everyone who participated and for working hard to make a difference in the midst of it all. ✂

The LPP team will continue to refine this kind of work: facilitating discussions and gathering stories of people's skills and experiences so we can build a Central Australian specific knowledge-base. With this information we hope to create a context-specific training package that can be used to "draw a map" of this area.

If people are interested in us delivering this package or in sharing their skills, stories and understandings with us, please contact Kristy on 8950 4609.



Visit ...
<http://cms.curriculum.edu.au/mindmatters>

Boston Training

23-24 January 2007

IN LATE January, MHACA's General Manager, Pathways and Prevention & Recovery staff, and two members of the CAMHS Community Teams, attended a 2-day Boston Training workshop in order to build on their Recovery-Readiness and Goal-setting skills. Christine Boocock and Tim MacDonald report ...

The workshop was based on training developed by the Centre for Psychiatry and Rehabilitation at Boston University and was an abbreviated version of their model. A similar version was completed by colleagues in July 2006 and this was a great refresher course for new staff who have joined MHACA since then.

Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness.

The training focused on workers assessing consumer readiness in rehabilitation and setting goal plans. It also looked at a step-by-step process in helping clients to set goals that would assist in their recovery. We learnt about rehabilitation values such as person-orientation, functioning, involvement, individuality, environmental-specificity, self-determination, outcome-orientation, support and growth potential. These tools will assist us to know whether a client is rehab-ready.

Christine felt it was a good tool to use and, in fact, much of what was covered is already being integrated into the rehabilitation plans used by the different MHACA services.

"I found the information was easy to understand and the guidelines were really clear. This training also gave me a clear understanding in regards to the medical and non-medical aspects, and

that if a consumer has the support from both sides they are more likely to build up a better support network.

"It was good for CAMHS and MHACA staff to do the training together so we could see how important each service is to the overall recovery of a consumer. It was good to have emphasized that it could take from six months to two years for a consumer to have a goal in place."

Tim also found the training to be helpful. "It was encouraging to know that MHACA already engages in much of what research has shown works in the rehabilitation process, but also to get some new ideas and ways of assessing client readiness. It is always helpful to step back from the every day work and have a look at what we are doing well and what we could do better."

The intuitive mind is a sacred gift and the rational mind is a faithful servant. We have created a society that honors the servant and has forgotten the gift.

In conclusion, the training was beneficial for all staff members. We are now in a better position to understand where a client is on the road to recovery and the things we can do to assist them along that road. Clients all recover in different ways and within different time-frames.

Thank you to Nicky for coming to Alice Springs and we look forward to her coming back in November 2007. ✕



Presenter Nicky Bisogni at the Boston Training workshop

The 9 Boston Psychiatric Rehabilitation Principles

1. The primary focus of psychiatric rehabilitation is on improving the competencies of a person with psychiatric disabilities.
2. The benefits of psychiatric rehabilitation for the clients are behavioural improvements in their environments of need.
3. Psychiatric rehabilitation is eclectic in the use of a variety of techniques.
4. A central focus of psychiatric rehabilitation is on improving vocational outcomes for persons with psychiatric rehabilitation.
5. Hope is an essential ingredient of the rehabilitation process.
6. The deliberate increase in client dependency can lead to eventual increase in the client's independent functioning.
7. Active involvement of clients in their rehabilitation process is desirable (essential).
8. The two fundamental interventions of psychiatric rehabilitation are the development of client skills and the development of environmental support.
9. Long-term drug treatment is an often necessary but rarely sufficient part of rehabilitation intervention.

Ref: Anthony, Cohen & Farkas (1990). Psychiatric Rehabilitation, Center for Psychiatric Rehabilitation Boston University.

Christmas - New Year Calendar of Events

22 December 2006 to 5 January 2007

A range of activities were held throughout the Christmas-New Year holiday period and a good time was had by all who attended. The daily programs were open to both male and female consumers, and the Salvation Army coaster bus was made available for five of the scheduled activities and was a great asset to have. Jerry Fitzsimmons reports ...

Christmas dinner

The program commenced with the MHACA Christmas dinner at the Memorial Club on 22 December which was attended by around 25 people.

A touch of Christmas spirit was entered into when Santa made a fleeting visit to offer everyone presents, goodwill and cheer for the coming season. Before leaving Santa commented on the spirit of volunteerism and good work shown by his helper for the evening. A good evening was had by all.

Bike ride to Simpson's Gap

Nine people took part in the bike ride from Flynn's Grave on Larapinta Drive to Simpson's Gap on Wednesday 27 December. The

coaster bus was used to transport bikes, consumers and staff from MHACA to Flynn's Grave where everyone started the ride at 7.30am.

The 15km-ride took about 1.5 hours, with a brief rest at Simpsons Gap before commencing the return journey. Alice Bike Hire provided bikes and helmets (at a minimal cost to MHACA) for those who did not have their own. Following the return of the riders to Flynn's Grave consumers and staff returned to MHACA for a BBQ prepared by staff at the office. The weather was fairly cool and provided for a wonderful day all round.

Western Macs Trip

Our tour of the Western MacDonnells got underway at 9.00am

on Friday 29 December. Seven people took part on the trip out to Glen Helen Gorge with a few sightseeing and rest-stops along the way.

A small group took a closer look at the Ochre Pits and

the beautiful surroundings of the waterhole at Glen Helen. Following a hearty lunch and rest at Glen Helen it was time to regroup and head back to town. Once again it was a splendid day (and starting to warm up again for the weekend).



Jerry checking out the scenery at the old police station at Arltunga

Ross River Resort

Two MHACA vehicles took a small group of seven out to the Ross River Resort on Tuesday 2 January which also included a sightseeing trip to Arltunga after lunch.

As a result of changes in management there was no camel or horse riding available. However, access to the pool and spa was made available before lunch while others relaxed under the shade of the large trees in extreme (over 40°C) conditions. Lunch was served in the old homestead bar and dining area and the mention of a trip to Arltunga soon gained momentum.

At Arltunga the Visitors Centre provided an insight into the history of this first Central Australian town born out of a gold rush in 1886-87;



Santa makes a fleeting visit at the MHACA Christmas dinner

and from this the South Australian Government commissioned surveyor and explorer, David Lindsay, to survey the town of Stuart, now Alice Springs, which would supply the new Alrtunga goldfield. Information sheets are available on the tea room notice board.

Following a visit to the Old Police Station it was time to head home. Another interesting day for everyone.

Tour of Alice Springs

The group for the Tour of Alice Springs on Thursday 4 January was small (the temperature was again over 40°C) but went ahead as planned.

The first visit was to the RSL Club War Museum which provided an



Clayton and Tim checking out an old mine shaft at Arltunga

opportunity to appreciate the sense of bravery and mateship of the men and women who were a part of the Air, Naval and Land Forces who have served for Australia since World War I.

This was followed by a visit to Adelaide House Museum, built

in 1926 to become the first hospital in Central Australia. When the Rev. John Flynn visited the Alice Springs Telegraph Station and the adjoining

tiny township of Stuart in 1913, he proposed that the building of an outpost Bush Hospital was vital.

The Story of Adelaide House written by Graeme Bucknall is available for reading and a copy is on the noticeboard in the tearoom.

A short video narrated by the pioneer women outlined the historical significance of the building and a walk around the various rooms with displays and photographs captures the imagination of this significant heritage building.

From here we travelled on to a visit at the Mbantua Gallery and Museum which exhibits not only the beautiful arts and crafts of Indigenous Central Australians but also houses a wonderful display of Indigenous artefacts and culturally significant displays providing information not readily available. An informative self-guided tour

was available with a short video based on stories from the men and women from Utopia, Central Australia. Our tour concluded at 12.30pm - just in time for lunch!



A well-earned rest stop on the ride to Simpsons Gap

Pool at the Oasis

Our final activity was held at the Oasis Sports Bar on Friday 5 January. Ten people came together to enjoy a light lunch and had a great opportunity to casually sit around and chat about the Christmas and New Year festivities. Some took advantage of management's offer to use the pool while others enjoyed a game of 8-ball, playing against other patrons in the Sports Bar.

It was a genuinely good-spirited day with everyone getting together to play doubles games and socialise with others. The outing concluded around 2.30pm with those consumers requiring a lift being transported home.

Thank you to everyone who helped make these activities possible.

Jerry



Another enjoyable day out at Glen Helen Gorge



Celebrating Christmas at the Memorial Club on 22 December 2006



Laurencia with Scott's home-made birthday cake



Santa makes a surprise visit at the MHACA Christmas dinner



Claudia and Wayne



Gavin at Christmas dinner

Always some action at MHACA

...and there's something for everyone



Hubert with a gift from Santa





The office-decorating fairies have been at it again!
Happy Birthday Scott



Staff and consumers enjoy another BBQ on the patio



Gina, Melissa, Tim and Christine from the Pathways team



Jerry and Ted at a BBQ get-together

Clayton checking out the prison at Arltunga



Some of the Men's Group enjoying a fortnightly get-together



Sarah and Jerry sharing a laugh at Glen Helen



My Story ...

This is some of my story...

I am Ted Usense. I grew up in Sudan, Africa. I had a limited education, but a loving family and home.

I initially learnt Arabic Calligraphy when I was in my early twenties. I made cards and other small things that allowed me to save money.

I always wanted to leave Sudan from a young age. I also played in a music group called "Blue Stars," and the money

I made from playing guitar in this group allowed me to travel to Continental Europe. I was never formally taught music, but from a young age I learned to play by listening to songs and playing the notes as I heard them.

I settled in Germany and it was there that I got involved more in the community and a place of faith which would give me great security through the rest of my life. I worked and learnt the language in Germany for a number of years before returning to Sudan.

I also lived in Egypt for a number of years and had different occupations. Life was difficult for me in Egypt and it soon became more difficult as I was unfortunate enough to be injured by a bomb blast in Cairo. I left Egypt soon after.

At this point in time, Sudan was a country with many problems and I was subsequently placed in a refuge camp. I applied to a number of countries for asylum but it took a long time before Australian immigration officials came to interview me to see if I could be a refuge. They accepted me and this was such a wonderful feeling.

I have been in Australia for over six years now and have really loved this country and the people I have met. Over my life I have learnt about mateship, respect for others and myself. I have also found the value of having a strong faith in helping me get through many difficult situations.

Ted

Central Australian Aboriginal Congress



Social Emotional Wellbeing

Don't be alone come to our place

- It helps to talk to someone who cares.
- We provide culturally appropriate counselling and supports for Aboriginal people.
- We offer to help people who are feeling emotional pain.
- We can help to find ways to stop the pain and the hurt before it gets worse.

When you have lost someone and the pain will not go away -

- Give us a ring

When there are drug and alcohol problems

- Give us a ring

When you feel angry or sad and alone -

- Give us a ring

When you feel too much pressure and stress

- Give us a ring

When there's violence in your life -

- Give us a ring

Many people need healing ...

- Physically, mentally, spiritually ... For too long many of us have been hurting.
- We might feel a bit ashamed or a bit scared to get help.
- It's time to make a change.
- Our community needs healing. We need to each other together ... our way.

You are not alone

Contact SEWB, 25 Gap Rd, Alice Springs

8951 4457

Live and Act in a Spirit Of Love

The place to begin to improve the world is in your own heart, head and hands. To get along with others, love them without forcing your love upon them.

Imposing your beliefs on people will not bring you peace. Have concern for others, respect their rights and freedoms, and let them be themselves.

Do this and you will enjoy peace. Having consideration for others is the basis of a good life. Most people are not against you, they are merely for themselves.

Let differing ideas clash, but not those of the heart. Peace comes to you when you live and act in a spirit of love.

COAG

Mental Health Update

NT Update -

In July 2006, the Council of Australian Governments (COAG) endorsed the National Action Plan (NAP) on Mental Health (2006-2011) which is the national, collaborative framework for improving care and services for people with mental illness.

The NT Dept of Health & Community Services has convened a Mental Health Reference Group to give feedback on the implementation of the NAP and inform on gaps and responsiveness of the mental health system for people with mental illness, their families and carers.

The NT COAG Mental Health Reference Group has met twice and are presently working on ratifying the terms of reference of the group and working parties. The group is made up of C'wealth, NT Government and non-government representation.

As part of the aims of NAP is to improve the system of care coordination for people with mental illness and complex needs, an NT COAG Mental Health Care Coordination Working Group has been established. The Care Coordination model includes a clinical provider and a community coordinator who work closely together to support the consumer to better manage their lives by having clear information on who is providing care, how to access 24-hour support, and who can help link them into the services they need.

MHACA is a member of both groups and continues its advocacy work to increase and improve community-based programs, develop a youth mental health strategy and develop an NT Mental Health workforce strategy.

New MHACA database

In late February Claudia and I visited our sister organisation in Darwin, Top End Association of Mental Health (TEAM Health). Thank you to Kirsty Carter, CEO, and her team for looking after us. The purpose of the visit was to look at a new joint database system for electronically storing information on client records as well as human resources, a necessary upgrade to accommodate changing trends.

Our present database storage system consists of both computer and manual records which is cumbersome and time consuming. Exploring the purchase of a new database marks the beginning of a new era for both MHACA and TEAM Health. Patricia Keep (Frontier Software) did not have to try hard to convince us on what will be an effective and labor saving venture, providing us with assessment tools, program activities and statistics at the touch of a button.

A decision is still to be made whether MHACA and TEAM Health will use a combined database or separate systems, one which will be influenced by our regional funding body. Either way, program staff are looking forward to the upgrade.

Rangiwhiua Ponga, Acting Services Manager



Melissa Heywood (Service Manager TEAM Health), Claudia Manu-Preston (General Manager MHACA), Kirsty Carter (CEO Team Health), Patricia Keep (Prof Service Manager, Frontier Software), Joanne Tidswell (Consultant to Frontier Software), Rangiwhiua Ponga (Acting Services Manager, MHACA) and Steve Mason (Administrator, TEAM Health)

C'wealth Update - Tenders advertised in early 2007

(See also NT Mental Health Coalition update on page 25)

Dept Families, Community Services & Indigenous Affairs

Personal Helpers & Mentors - The Personal Helper and Mentor Program assists people who have severe functional limitations to manage their daily activities and access a range of appropriate and integrated community, social support, accommodation, health, welfare and employment services when they need them. *Closing date: Friday 2 March.*

Dept Health and Ageing: Support for Day to Day Living in Community

provides \$46 million over five years to improve the quality of life for individuals with severe and persistent mental illness by providing an additional 7000 places in structured and socially-based day activity programs. *Tenders were advertised on 17 February.*

Visit: www.facsia.gov.au/mentalhealth or www.health.gov.au/coagmentalhealth or contact MHACA

\$700,000 for Youth Mental Health First Aid

ORYGEN Research Centre [late last year] has welcomed the announcement by the Australian Government of the awarding of \$700,000 through the National Suicide Prevention Strategy, to the Mental Health First Aid team. The funding is for the development and national roll out of the first youth specific Mental Health First Aid course.

The Youth Mental Health First Aid course will provide skills to people such as teachers and parents on how to provide initial help to a young person with an emerging mental health problem, or who may be experiencing a mental health crisis.

Mental health problems are the number one health issue facing young people in Australia today. One in four young people will experience a mental health problem, with 55% of the burden of disease amongst young people attributable to mental health and related substance use disorders.

“Mental health problems commonly develop during adolescence and early adulthood and young people don’t always know how to get appropriate help,” Betty Kitchener, Mental Health First Aid Program Director said today.

“As a result, young people may avoid or delay seeking help for a mental health problem. However, this can exacerbate existing problems, with significant consequences throughout that person’s life,” Ms Kitchener said.

“People such as parents and teachers play an important role in facilitating early help seeking. All adults who work with adolescents and young people should have these skills,” Ms Kitchener said.

The Youth Mental Health First Aid Course is expected to be developed by early next year, with training of Instructors to commence soon after.

Mental Health First Aid is a highly successful and well regarded program that to date, has provided skills and training to people across Australia, Scotland, England, Ireland, Hong Kong, Canada and Singapore.

For further info on Mental Health First Aid Program visit: <http://www.mhfa.com.au/> or contact Michelle Marven, Policy & Media Officer at ORYGEN Research Centre on 0401 825 772, www.orygen.org.au

About ORYGEN



ORYGEN is a unique organisation made up of a specialist youth mental health service, a research centre and a range of education, advocacy and health promotion activities. The overall goal of ORYGEN is to integrate knowledge gained from clinical practice and research activities to implement, and advocate for, high quality mental health services for young people.

What does Orygen do?

ORYGEN Clinical Program ...

provides mental health assessment and treatment to young people aged 15 to 24 years who live in the western and northwestern areas of Melbourne.



ORYGEN Research Centre ...

is a comprehensive youth mental health research centre with strong ties to researchers around Australia and overseas. ORC research, particularly on the early phases of psychotic illness, is recognised internationally and has influenced the delivery of services in many countries.

Awareness, Resources & Training ...

activities include education, dissemination and consultation services to allow clinical and research findings to benefit young people throughout Australia and beyond.

Information & Resources ...

are produced on a range of resources about youth mental health issues, including videos, booklets, information sheets and manuals. Many of the resources can be utilised in daily clinical practise or as a training tool for professional development. They are presented in a range of formats suitable for audiences ranging from mental health professionals to community members.

Browse product descriptions and place orders through the Resources Online Store or contact Maureen Joss on (03) 9342 3753,

www.orygen.org.au

Mental Health First Aid Training Update

by Melissa Glasscock

FOR THE past three months Sherrilee Portlock, Paul Hills and myself have been busy providing training for a number of different organizations around Alice. Some of these organizations have been CASA, Life Line, Justice Department and Salvation Army. I'd like to give a big thank you to Andrew Scholz and Michael Cody at ADSCA for providing their knowledge and expertise in working with Drug and Alcohol misuse.

Due to the growing demand for Mental Health First Aid training, courses will be held monthly. Sadly, I won't be able to take part in this as I'm moving up to Darwin to finish my nursing degree. However, I have really enjoyed this position and feel very fortunate to have worked with both Sherrilee and Paul.

I believe this is an invaluable course for health professionals and other people in the community to attend. In addition to this, I feel privileged to have had the opportunity to hear about other people's experiences with mental illness and hopefully have helped to reduce some of the stigma associated with this.

Why Mental Health First Aid?

There are many reasons why people need mental health first aid training:

Firstly, mental health problems are common, especially depression, anxiety and misuse of alcohol and other drugs. The National Survey of Mental Health and Wellbeing found that one in five Australian adults will suffer from some form of common mental health problems in any given year. Therefore,

it is highly likely throughout the course of any person's life they will either develop or come into contact with someone who does have a mental health problem

Secondly, people often feel embarrassed and reluctant to seek help due to the stigma attached to mental health problems. One of the aims of Mental Health First Aid training is to reduce this stigma via educating the community and providing them with a greater awareness about mental illness, how to recognize signs and symptoms, how to provide initial help and how to go about and seeking professional help when necessary.

Finally, professional help is not always available. Under such circumstances a helper's actions in a crisis situation could be vital in providing help essential for recovery.

For further enquires please contact MHACA on 8950 4600 or Sherrilee Portlock on 8951 7710.



MHFA trainers Sherrilee Portlock and Melissa Glasscock

5 basic steps

Mental Health First Aid training teaches participants five basic steps. These steps are useful with mental health problems such as depression, anxiety, psychosis and substance use disorder:

1. Assess risk of suicide or harm
2. Listen non-judgmentally
3. Give reassurance and information
4. Encourage person to get appropriate professional help
5. Encourage self-help strategies



Participants from CASA, Lifeline, Justice Dept and Salvation Army at MHFA training



The Invitation

By Oriah Mountain Dreamer

It doesn't interest me what you do for a living. I want to know what you ache for, and if you dare to dream of your heart's longing.

It doesn't interest me how old you are. I want to know if you will risk looking like a fool for love, for your dream, for the adventure of being alive.

It doesn't interest me what planets are squaring your moon. I want to know if you have touched the centre of your own sorrow, if you have been opened by life's betrayals, or have become shrivelled and closed from fear of further pain. I want to know if you can sit with pain, mine or your own, without moving to hide it or fade it or fix it.

I want to know if you can be with joy, mine or your own, if you can dance with wildness and let the ecstasy fill you to the tips of your fingers and toes without cautioning us to be careful, to be realistic, to remember the limitations of being human.

It doesn't interest me if the story you are telling me is true. I want to know if you can disappoint another to be true to yourself; if you can bear the accusations of betrayal and not betray your own soul; if you can be faithless and therefore trustworthy.

I want to know if you can see beauty, even when it's not pretty, every day, and if you can source your own life from its presence.

I want to know if you can live with failure, yours and mine, and still stand on the edge of the lake and shout to the silver of the moon, "Yes!"

It doesn't interest me to know where you live or how much money you have. I want to know if you can get up, after the night of grief and despair, weary and bruised to the bone, and do what needs to be done to feed the children.

It doesn't interest me who you know or how you came to be here. I want to know if you will stand in the centre of the fire with me and not shrink back. It doesn't interest me where or what or with whom you have studied. I want to know what sustains you, from the inside, when all else falls away.

I want to know if you can be alone with yourself and if you truly like the company you keep in the empty moments.

(from the book *The Invitation* published by HarperSanFrancisco, 1999)

Can You Be With Ordinarity?

Additional Verse ... by Marilyn Starr

It doesn't interest me what you have achieved in this life – what letters you have after your name, or how necessary you feel you are in your job. I want to know if you can live with ordinarity at times.

When the intense fire of romance has dwindled to glowing embers, or the razzamattazz of the fast lane has left you on the side of the road with two flat tyres – can you sit quietly in that place and soak it up. Have you yet learnt that all life ebbs and flows, and you will move on again? Have you yet learnt patience?

As well as the excellent times, I want to know if you can appreciate the ordinary times.



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.

National scene

In recent months the state NGO mental health peak bodies have been working together to form a national group to discuss common issues and present a united voice to the Federal Government via the Mental Health Council of Australia (MHCA). MHCA has now endorsed two proposals of the State Peaks Group:

- ◆ to support the formation of the State Peaks Group
- ◆ to establish a MHCA Working Party on Community Mental Health to develop the capacity, training needs, relationships with other sectors and recognition of the community mental health sector. Membership of this WP will include the State Peaks Group as well as other interested bodies.

The first meeting of the State Peaks Group is scheduled for 8 March, and the Working Group's is still TBA.

COAG funding

The recently formed COAG Mental Health Reference Group (NT), made up of a number of key stakeholders in mental health (including the NT MH Coalition) has made some recommendations to the NT COAG Mental Health Group re the roll-out of monies by the federal departments to satisfy the 5-year National Action Plan (NAP) put in place in July 2006.

Two federal departments and the NT Government are responsible for the implementation of these initiatives in the Northern Territory. They are:

Dept of Families, Community Services and Indigenous Affairs

www.facsia.gov.au/mentalhealth

There are three areas of community involvement:

- ◆ Community-based programs, total budget \$45.2 mill, aimed at assisting families and carers who support people with a mental illness. This area is still in the programme development stage, but before 30 June it is expected that there will be a grants process available.
- ◆ Personal Helpers and Mentors, total budget \$284.8 mill, aimed at creating opportunities for recovery for people with severe functional problems by connecting them better to their communities. *Applications for funding are open now.*
- ◆ Respite care, total budget \$224.7 mill, aimed at providing for a range of flexible respite options which can be tailored to the individual's needs. This is expected to be implemented in April 2007.

Dept of Health and Ageing

www.health.gov.au/coagmentalhealth

- ◆ Suicide prevention, total budget \$23.5mill, successful organisations already engaged in process.
- ◆ Report on links between illicit drug use and mental illness, due to be released early this year.
- ◆ Better access to clinical and allied mental health professionals by increasing number of Medicare Benefits Schedule Items allowing clients to get rebates if using these services.

- ◆ New funding for mental health nurses, commencing in July 2007.
- ◆ Improving capacity of workers in Indigenous communities via training, research, scholarships, new positions, adjusting existing training to become more culturally appropriate.
- ◆ Early intervention services for children, especially at-risk groups
- ◆ Provision of 641 additional education places and scholarships in the mental health field, at uni's throughout Australia.
- ◆ Increasing the mental health component of nursing and other health professional under graduate training

The NT Government has pledged to contribute the following in achieving the aims of the National Action Plan:

- ◆ Promotion, prevention and early intervention, \$1 million
- ◆ Integrating and improving the care system, \$13 million
- ◆ Participation in the community and employment, including accommodation \$ 0.5 million

Substantial progress in all three of these areas has already been made to date.

Cheers, Marilyn Starr

T: (08) 8948-2665 M: 0409 480 644

E: mental.health@ntccoss.org.au

W: www.ntccoss.org.au



cont. from page 1

response from the government on this issue gives an indication of how widespread depression is in the community. In one interview in the immediate aftermath of Dr Gallop's decision to resign, I heard the situation described as a tragedy for him and WA. I could not disagree more with this description.

Dr Gallop recognized the seriousness of his illness and chose to put his family and his health first. His public announcement that he was suffering from depression may yet be the biggest single factor which causes a radical policy change at the very top of our government.

It's tough to get that balance right in a world that is constantly demanding more and more from people, but to ignore our health indefinitely and pretend that we are all 10-foot tall and bullet proof is a recipe for disaster.

For someone who has also experienced the depths of clinical depression personally, I can empathize with exactly what Geoff Gallop was experiencing. However, the situation could have been far worse if Dr Gallop had simply ignored the symptoms, soldiered on and allowed the depression to worsen. Then the situation could have become tragic.

With the death of Rugby League great Steve Rogers in late 2005 (whose battle with depression was revealed by his son Matt) the country was shaken again with the news of Geoff Gallop's battle with "the Black Dog" that is depression.

In the not so distant past it would have been unheard of for anyone, let alone a public figure, to admit to suffering with depression.

It's almost the case of our political leaders being "unable to see the forest for the trees," as there are now a number of people from within their own ranks that have battled depressive illness at some stage, including Tasmania's Democrat, Nick Sherry.

Slowly but surely, as the stigma surrounding mental health issues disintegrates, more stories will emerge. This will be a steady but very necessary process that will see real change, in my view, and not before time.

Make no mistake about it, we all must become better educated about issues of mental health and not take good mental health for granted. In five years from now I'm sure we will all look back and say how slow we were as a community to better deal with this very common and very debilitating condition.

We had also better get used to dealing with mental health issues and put strategies in place to minimize the impact on individuals, families and

workplaces because the statistics are already saying that by the year 2020, depression will be Australia's number one health problem.

There is no doubt in my mind that in the area of mental health care we have a system in crisis and it needs an urgent and ongoing injection of funding and resources.

In the past two years I have travelled to many parts of Australia and spoken about my own experience with depression in 2000.

One thing I can assure you of, is that the condition is far more prevalent than many are prepared to admit. There still exists a stigma today which prevents many people accessing the help they need for what is a very treatable illness. It is only when

depression goes untreated for a long period of time that it becomes more difficult to shift.

My main message since going public in 2000 has been to offer hope for others. Depression is serious but it can be beaten. It can be managed but first it must be acknowledged.

The problem is on the rise and we are creating an environment for ourselves where depression can overwhelm us because life is so hectic and adrenaline-driven, where there is a lack of balance in our day-to-day lives.

It's tough to get that balance right in a world that is constantly demanding more and more from people, but to ignore our health indefinitely and pretend that we are all 10-foot tall and bullet proof is a recipe for disaster.

The things that have helped my recovery in the past five years have been a combination of medication, yoga, meditation, relaxation and exercise, coupled with a good diet and a greater awareness of how I'm actually feeling every day.

Depression is complex, there is no question about that. However, the quicker we acknowledge we may well be dealing with the plague of the 21st century, the better off we will all be.

The time for our political leaders to stick their collective heads in the sand on this issue has long past. It's time for action. Our communities deserve it.

Craig Hamilton

www.craig-hamilton.com



Craig (right) with Wayne Schwass and Arana Pearson in Darwin for Mental Health Week October 2006

KidsMatter

is a primary school mental health promotion, prevention and early intervention initiative developed in collaboration with the Australian Government Department of Health and Ageing, beyondblue: the national depression initiative, the Australian Psychological Society, the Australian Principals Associations Professional Development Council (APAPDC) and supported by the Australian Rotary Health Research Fund.

The KidsMatter initiative aims to:

- ◆ *Improve the mental health and well-being of primary school students*
- ◆ *Reduce mental health problems among students (eg., anxiety, depression and behavioral problems)*
- ◆ *Achieve greater support and assistance for students at risk or experiencing mental health problems.*

The KidsMatter Initiative is aiming to strengthen those factors that protect students from developing mental health problems. Some of these factors reside within the student (eg. being socially and emotionally competent), some occur within the school context (eg. having a school climate where students feel safe, that they belong, and have opportunities to experience success) and some reside within the family context (eg. having supportive and caring relationships with parent/s, family and community).

It is particularly important to strengthen these protective factors in students who are at risk or who are experiencing mental health problems.

Teaching of Social and Emotional Skills

Social and Emotional Learning (SEL) is a key protective factor for children's mental health and wellbeing, and KidsMatter schools are focusing on making sure that all students are taught these in a formal and systematic way.

Parents and caregivers can continue to support their children's social and emotional learning at home, as the family is central to children's mental health. Children who have warm and secure relationships with their families or carers are protected from a range of mental health issues including anxiety, depression and behavioural issues.

The following is a list of ideas...

10 Things You Can Do at Home

1. Focus on strengths -

When your child brings home a test, talk first about what he or she did well. Then talk about what can be improved. Praise specific strengths. Don't just criticise things that were done wrong.

2. Follow up with consequences for misbehaviour -

Sometimes parents say things in anger that don't curb the behaviour in the long run. You might say, "Because of what you did, no television for a month." Both you and your child know that after one or two days the TV will go back on. Decide on consequences that are fair, and then carry them out.

3. Ask children how they feel -

When you ask your child about his or her feelings, the message is that feelings matter and you care.

4. Find ways to stay calm when angry -

It's normal to get angry or irritated sometimes. Learn to recognise "trigger situations" and do something about them before you lose control. Take deep breaths for a few moments. Consider having a "quiet area" where people can go when they are upset. Or you can just stop talking and leave the room for a while. Sit down as a family and talk about what everyone can do to stay calm.

5. Avoid humiliating or mocking your child -

This can make children feel bad about themselves. It can lead to a lack of self-confidence and, in turn, problems with schoolwork, illness, and trouble getting along with friends. Unfair criticism and sarcasm also hurts the bond of trust between children and parents. Be mindful of how you speak to your children. Give them the room to make mistakes as they learn new skills.

6. Be willing to apologise -

Parents need to be able to apologise to their children if what they said was not what they meant. Calmly explain what you really wanted to say. By doing this you're being a good role model. You're showing how important it is to apologise after hurting someone. You're teaching that it's possible to work through problems with respect for the other person.

7. Give children choices and respect their wishes -

When children have a chance to make choices, they learn how to solve problems. If you make all their choices for them, they'll never learn this key skill. Giving children ways to express preferences and make decisions shows that their ideas and feelings matter.

8. Ask questions that help children solve problems on their own -

When parents hear their child has a problem, it's tempting to step in and take over. But this can harm a child's ability to find solutions on his or her own. A helpful approach is to ask good questions. Examples include, "What do you think you can do in this situation?" and "If you choose a particular solution, what will be the consequences of that choice?"

9. Read books and stories together -

Reading stories aloud is a way to share something enjoyable and learn together about other people. For example, stories can be a way to explore how people deal with common issues like making or losing friends or handling conflicts. Ask your child's teacher or a librarian to recommend stories on themes that interest you and your children.

10. Encourage sharing and helping -

There are many ways to do this. Together you and your child can prepare food in a homeless shelter or go on a fund-raising walk-a-thon. You can help out elderly neighbours or needy families. This teaches children that what they do can make a difference in the lives of others. ✕



sane
AUSTRALIA

is a national charity working for a better life for Australians

affected by mental illness and has a wide range of resources available. Call the SANE Helpline on:

1800 688 382



NT Health Direct:
It's your call

1800 186 026

*A new health advice and info line for Territorians has been established called NT Health Direct. It's free * and completely confidential, 24 hours, 7 days a week. Registered nurses trained in telephone triage will provide immediate guidance on health concerns, where to go to receive treatment and what callers can do until they can receive medical attention.*

**Charges apply for calls from mobile phones, consult your service provider.*

"Bitterness and an unforgiving spirit can be likened to you taking poison and expecting that someone else would die from the effect. Forgiveness is about setting the prisoner in your heart free, only to discover that all along, you had been the real prisoner."

Tope Popoola

Beating the

by Peter Lavelle

Back-to-School Blues

Reprinted from ABC website: Health Matters: The Pulse <http://www.abc.net.au/health/thepulse/s1842814.htm>

IT'S BACK to school time. Time for school aged kids to sharpen pencils, pull on the blazer, hoist the over-sized school bag over the shoulder and trudge unwillingly to the bus stop with not much to motivate them other than the prospect of mum's sandwiches and an apple at lunchtime. Still, most kids cope well – some even look forward to meeting their peers to settle the important questions the universe poses such as who's in, who's out, what's hot and what's not.

But about one child in ten finds going back to school a traumatic experience. Changes in routine—new teachers, new classes, new classmates—can cause anxiety and apprehension.

It can make them feel sick, fearful, angry and aggressive towards others. It can make them 'go silent'; withdrawing from family activities, and not wanting to eat. They may try to get out of going; hiding, purposely missing the bus, or developing a tummy ache or a headache that suddenly improves when they're allowed to stay at home. Some develop

genuine symptoms like vomiting and diarrhoea.

The greater the degree of change, the more likely the symptoms are, says Margot Trinder, educational psychologist, former teacher, and coordinator of the schoolkids' mental health initiative KidsMatter*.

The transition from primary to secondary school for example causes difficulties for many kids, she says. There's more routine and less decision making in the primary school environment compared to the secondary school where there are more classes, more teachers, more decisions to make—the change can be bewildering for some children.

All children experience some of these symptoms in the first few weeks. They usually settle down after four to six weeks, though it may take a whole term. Kids that adapt best are those who are independent, can problem solve well, and are not embarrassed to ask for help.

But if they don't, what can parents do?

Before the school day starts parents might draw up a list of things that are going to happen that day, so the child knows what to expect.

And at the end of the day both parent and child might discuss any problems that happened during the day and what to do about them.

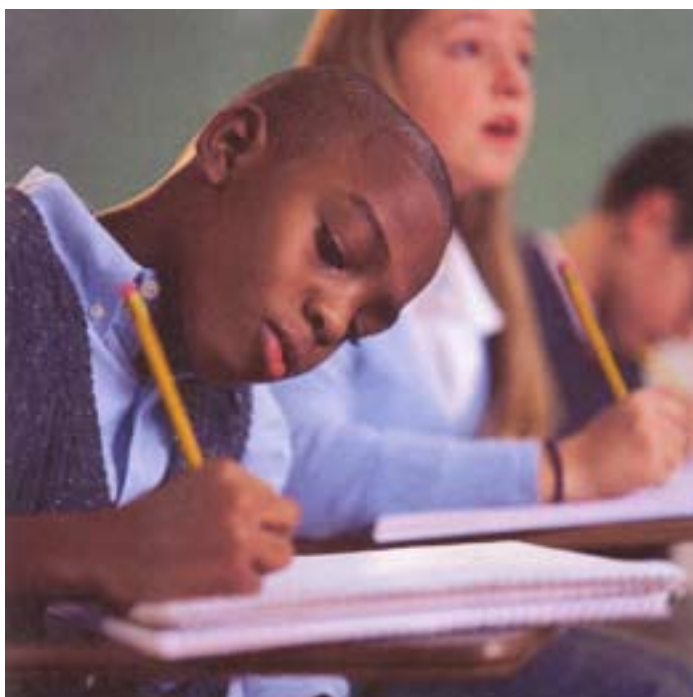
Parents shouldn't give in and allow the child to stay home—this reinforces the avoidance behaviour and only makes it more difficult for the child to go to school the next day.

Deeper problems?

However, if there's a long history of ongoing anxiety and things aren't improving, then the child may benefit from seeing a psychologist. The child may have mental health problems—anxiety or depression—that need to be addressed and treated. The child may benefit from psychotherapy, usually a modified form of cognitive behavioral therapy developed especially for kids.

Some schools have their own full-time or part-time psychologist that will treat the child. Or it may be appropriate for the parents or carers to take the child to their GP for a referral to a psychologist.

Parents can get a Medicare rebate for a portion of the psychologist's fee for up to 12 sessions if referred by a GP.



Settling in strategies

If the child is usually confident and has managed well in the past, they probably only need a little help to get through the transition. Parents should get together with the school—meet with a school counsellor, or teacher—and come up with strategies to help the child settle in.

***KidsMatter is a mental health prevention and early intervention initiative developed by the Australian Government Dept of Health and Ageing, beyondblue (the national depression initiative), the Australian Psychological Society and others. For more info see page 27.**

Bindi Inc



Bindi Inc. is a not-for-profit, cross cultural service which has been offering supported employment, adult training, support services and education to people with disabilities in the Alice Springs region for over twenty years. The organisation focuses on developing the potential of individual adults with intellectual and developmental disabilities.

- At Bindi Inc. we fully support human rights for all clients in accordance with human rights legislation and our own policies and procedures. We are committed to valuing difference, and having tolerance and respect in the workplace. Our policies and procedures reflect this philosophy.
- Our entry policy is non-discriminatory. We work on a “first in first served” basis. Application forms need to be completed by applicants prior to an offer of service. Placement is dependent upon vacancies, and there is a one month probationary period to ensure that clients have adequate time to settle in and receive appropriate support.
- Wage rates are determined by the Australian Industrial Commission. Conditions of employment include superannuation, long service leave, sick and holiday pay, public holiday pay, and leave loading.
- All employment/program outcomes (which may include gaining open employment) are individual needs based. Individual employment/program plans are developed in meetings with the client, their representatives and Bindi staff within three months of commencing work or a program. These plans are reviewed regularly. All clients receive relevant ongoing training via regular training sessions.
- Bindi totally supports the principals of Quality Assurance in the Federal Government’s Quality Assurance initiative. In addition to this we have our own Quality Assurance policy. We also adhere to Continuous Improvements and Strategies to ensure ongoing quality service delivery.
- We are committed to valuing input from our clients. There is a committee specifically for workers to bring issues to Bindi in a formal capacity, and an Occupational Health and Safety Committee which has client members. Our Grievance Policy ensures fair and best practices are adhered to. All clients have access to this policy in an appropriate format.
- If a client wishes to leave Bindi, there is an exit procedure. Any wages owing to the client is paid out and their place is held for a period of three months.

**Contact Bindi on 8952 7277
47 Elder St, Alice Springs NT 0870**



A Positive School Community

Schools Working With Community

The Working with Community: The Yule Brook College Experience resource has been developed “for schools eager to commence or further develop the process of engaging with their local Aboriginal community”.

The package consists of a DVD and booklet outlining the steps that Yule Brook College, a middle school in suburban Perth, took to develop an Aboriginal Community Agreement with their local Aboriginal community. The school has sustained the Agreement over the past 5 years, despite changes to the school’s leadership team.

The resource is an excellent model for all schools. The booklet outlines the process that Yule Brook College followed in engaging with their local Aboriginal community, and highlights data showing the improvements in attendance and graduation. The second half of the booklet offers suggestions for other schools to consider in following a similar process. The strategies and ideas included are applicable in primary and secondary school settings.

Copies of the resource are available for \$10 through the Dare to Lead project. An order form can be downloaded from www.daretolead.edu.au

Extracts from “Broken Open”

by Craig Hamilton

(with Neil Jameson)

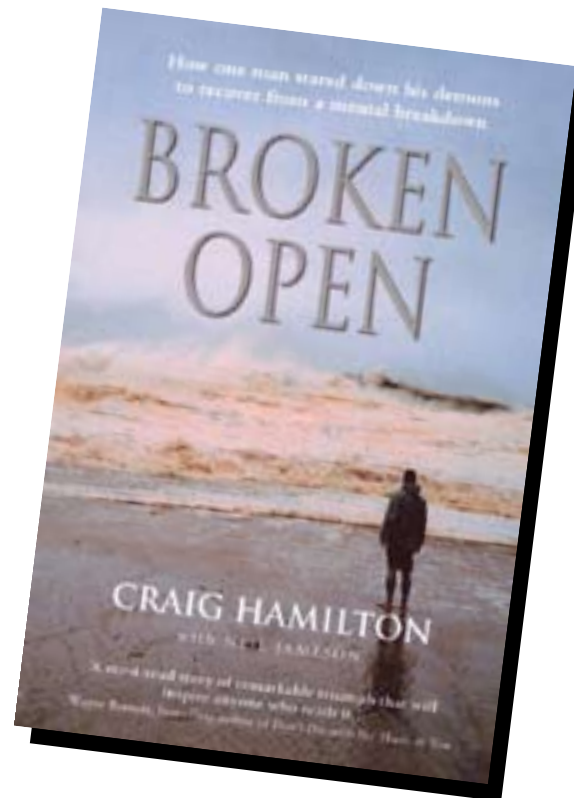
Foreword

Craig Hamilton has one key message in writing his story. It is for Australian men and it is important: Don't let your pride or stubbornness prevent you reaching out for help when you need it. I know Craig went through his own anguish with mental illness and if it can affect him it can affect anybody. I hold him in high esteem as I believe him to be very credible and someone who has a real passion for what he does, particularly calling rugby league on the ABC.

Like many Australians today, Craig changed his life so he could manage his illness. Through medication and a healthy lifestyle of yoga, meditation and laughter he is now living a healthy life. His story is a must-read. His triumph is truly remarkable and will inspire anyone lucky enough to read it.

Sadly, many people suffering mental illness do not have the strength or support to change their lives. Like Craig I have watched players and have friends and family who have suffered from mental illness. I know through these experiences that mental illness exists and is not in someone's imagination as we are often told. By telling his story I know Craig will help others who have suffered, but more importantly he makes us all much more aware of the presence of mental illness, and in particular depression and bipolar disorder.

Sincerely, Wayne Bennett
Director Coaching, Brisbane Broncos



ABC Radio'. Whatever my professional career delivers—past and future—this is as good as it gets. Three days until the opening ceremony. My bag is packed and on this flawless afternoon we're walking together as a family from car park to ticket gate and ... and something is not quite right.

Un sighted, a major piece of space junk that has been orbiting our lives for a long time is about to crash out of a clear blue sky and transform this perfect scene. At the core of my being, a chain of detonations is firing up, gathering intensity on its way to the big bang.

But, right now, it takes the shape of hyper stimulation, a symptom that might be explained away by the wonder and excitement of this long anticipated day. In reality, and undiagnosed at this point, I'm in the manic phase of bipolar disorder, riding the face of a tsunami-size mania and set to wipe out in awesome and truly awful style.

Forty-eight hours earlier my mood had become elevated to the point where I had lost my grip on reality. At the time, I didn't know. They tell me you never do. Now, if this tale is not weird enough already, then try this: in my mind I had become Jesus Christ reincarnate. This is delusion on the grandest scale. The Jesus notion hadn't struck me like a lightning bolt but, rather, taken shape as a result of the escalating mania

In this remarkable memoir, *Broken Open*, ABC broadcaster Craig Hamilton tells what it's like to go mad in public and survive to tell the tale. Craig explores how his breakdown and diagnosis of bipolar disorder affected his family, work colleagues and friends. In doing so he lifts the covers on the taboo subject of depression and shows how he stared down his demons to resurrect his life and career.

Broken Open is a gripping read about one man's journey back from the brink of hell. But it is much more than that. It is also a personal plea for society to shake off the stigma surrounding people with depression and to bring the subject out into the clear light of day.

Prologue

Tuesday, 12 September 2000

"Today I felt pass over me a breath of wind from the wings of madness."

Charles Baudelaire

It's a five-minute drive from our home in suburban Newcastle to Broadmeadow railway station. In the budding brightness of this spring day my wife, Louise, is at the wheel and I am next to her in the passenger seat. The kids – Joshua, nine; Amy, seven; and Laura, three – are in the back, excited about delivering their dad into the global tide of professionals and bit players converging on the harbour city to power up the biggest show on the planet – the Sydney Olympic Games.

Hello world. This is Australia calling. From the lanyard around my neck hangs a media accreditation tag – my permit for passage anywhere and everywhere at the Olympics. Beneath the passport-size snap are printed the words: 'Craig Hamilton, Broadcaster,

throwing off grandiose delusions. And they don't come any more grandiose.

All the events of my life to that point had been readying me for this occasion, or so I thought. In the two days before arriving at the railway station my Olympics planning had changed. I had a new assignment. It was perfectly clear: I was going to change the world. My gospel for the global audience was disarm, feed the hungry and love one another.

A wise man once said that insanity is a perfectly rational adjustment to an insane world. My message was rational, noble and universal. The only flaw was that the messenger was, by any definition, insane.

The plan was that I would arrive at the [Olympic] Games as Christ. With the exception of a few enlightened souls, nobody would know that the Messiah had returned.

The plan was that I would arrive at the Games as Christ. With the exception of a few enlightened souls, nobody would know that the Messiah had returned. I would do my broadcast job for the ABC and, during the course of the fifteen days of the Olympics, it would become apparent to the movers and shakers gathered in Sydney that Christ was among them and they would afford Him the opportunity to speak at the closing ceremony. To add lustre and credibility to the occasion, I would be sharing the stage with Nelson Mandela. The message would be heard by the planet.

On the station we bump into Kathy Stewart, wife of my long-time mate Chris Williams. Kathy runs the rail kiosk, is pleased to see us and, as we exchange hugs, she tells us that Chris will be dropping by shortly. Kathy and Chris have been very close to us. I was emcee at their wedding and they were honoured guests at our ceremony. Chris and I had been cricketing club mates for ten years and had opened the bowling

together. It will be great to see him, I say.

The pressure in the volcano is rising. Don't misjudge this. I am not feeling bad. On the contrary, I am feeling 10-foot tall, bulletproof and experiencing a high I'd imagine you could attain only on the strongest drugs.

I want to see Chris so I let the first train come and go without me. I'm in control here, or so I believe. Louise thinks otherwise. Unease chafes at her caring heart. Call it women's intuition or put it down to her twenty years as a nurse, she senses a rupture in the fault line, but she can't put her finger on it. Family duty calls and she and the kids have to go.

On the point of their departure

I sit down on a bench and start giggling to myself. The kids ask me what I'm laughing at and I tell them it doesn't matter. I can't tell my kids that I have been seized by the realisation that life is a big joke and the sooner everybody wakes up to that fact the better humankind will be. Everything, especially ourselves, is taken too seriously. This insight has set me giggling. I am in on The Big Joke.

I miss the darts of disquiet in my wife's concerned eyes as she stoops to kiss me, gathers up the kids and departs. Alone on the bench, I continue to reflect on the absurdity of The Big Joke, laughing out loud.

It must be apparent to the half-dozen or so travellers waiting for the next train that my shackles are broken. I place my head in my hands and my mood starts morphing from hilarity into a cosmic scramble of visions from history. The noise of a passing train, the sound of footsteps—any external influence becomes the stimulus for another jumping vision as my internal

teleplay flashes through the ages and pages of history. It is like watching a movie, my mind is way behind the plot, but I don't want it to end. I need to see what comes next.

'Are you okay?' It is Kathy's voice and her warm arm across my shoulders. No response.

'Look, Chris is here. He's come to see you.' 'Hamo!' I recognise Chris's voice. Again, no response as I keep my eyes covered with my hands.

'Hamo, how ya going, mate?' Without a word, I stand and walk away down the length of the platform. Chris, bewildered, follows. 'Hamo, what's going on?'

I turn to eyeball him. 'Fuck off!'

'Hamo, it's me.'

'Fuck off!'

On any other day and with any other bloke, I would cop a smack in the mouth. But Chris Williams is a caring, compassionate individual. He knows now that the gears are stripped. My welfare is his priority. He tries to reason with me. I respond with louder, more violent abuse. 'Listen,' I say in exasperation, 'you're dead, I'm dead, we're all dead, everybody is dead. I'm now in some other space, so just fuck off!'

'What are you talking about, Hamo?' he says evenly. 'We're fine, I'm fine, you're fine, you're going to the Olympics —'

'Stop talking shit and just fuck off.'



Kathy witnesses the entire exchange and phones Louise with the advice that she better return, pronto. My wife parks the car again and ushers the kids into Kathy's care inside the kiosk. She is fearful of what they might witness on the platform. Louise screws up her nerve and, under the wretched gaze of strangers, steps out into that corridor to confront God-knows-what. She sees two men. One is her husband and the father of her children and he is ranting at the top of his voice, yelling illogical, foul-mouthed abuse at one of his dearest friends who is doing his level best to placate him.

I am hostile, enraged, out of control. Years in general nursing and especially in drug and alcohol rehabilitation have given Louise some experience of psychosis. She recognises the symptoms. 'He's psychotic,' she says, 'call Mental Health.'

The Mental Health Crisis Team wants to know the details. They are: we have a man in his late thirties, storming up and down the platform, yelling and screaming abuse, out of control, he is psychotic.

The combination of 'railway station' and 'out of control' are enough. Mental Health advises that the police must be called. At this point, let's get one thing clear: I had no intention of jumping under a train or doing anybody harm. But no one else knew that.

The police paddy wagon backs up into the loading ramp. I am still stalking the platform like a wild thing, yelling and abusing anyone who comes near. As the police approach, Chris steps aside. The officers—maybe six of them—string themselves along the platform edge to prevent the possibility of me jumping in front of a train. This loose line of blue then loops in behind me, gently herding me in the direction of the paddy wagon.

When I see two officers standing either side of the open door it occurs to me they are going to put me in their van. 'I'm not going in there.' All indignation and confusion. 'I'm not a criminal ... I'm going to the Olympics.'

The phalanx of blue moves closer. Instantly, the survival instinct kicks in. Fight or flight. Frantically, I examine the options. Access back to the platform is blocked by an arc of blue uniforms. There is nowhere to run. I must fight. I am a wild, thrashing, kicking, bucking animal scrapping for its very life. I flail, twist, heave and roll on the ground, scuffing shoes, ruining attire. I weigh no more than 85 kilograms, but it takes the combined effort of all the officers to restrain me, pin my arms behind my back, snap the handcuffs into place and heave me into the wagon.

Abruptly, I realise I am free of their grip. But there is no time to react. The metal door swings shut. With dreadful finality, the bolt slams into place. ✕



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



Self-Harm:

An information booklet for young people who self harm & those who care for them

- What is self harming?
- Why do people self harm?
- Why do people keep doing it?
- How can I stop?
- Why is it so hard to talk about?
- Where to go for help

Available from Logan-Beaudesert Mental Health Service on (07) 3290 0500

Eternal High

A Teenager's Experience with Depression & Suicide that will Change Your Life

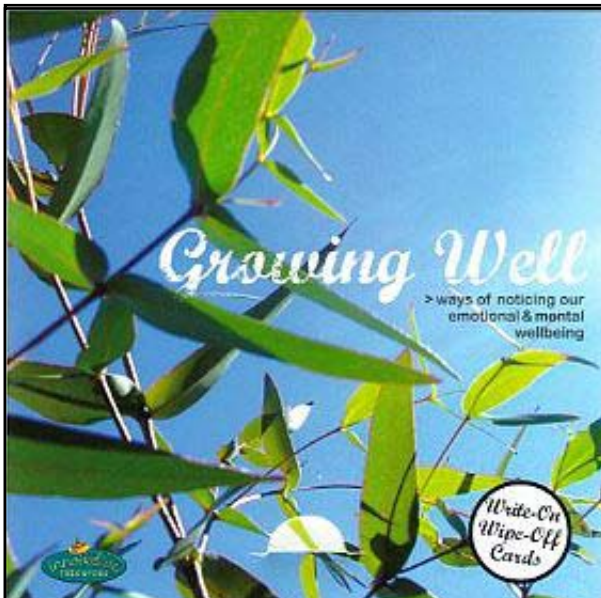


This award-winning 30-minute DVD was produced by Bryce Mackie who captured his true-life battle with depression and suicide. It includes a short film, made while unaware he was clinically depressed, followed by a speech to his school after receiving treatment (detailing his experience with depression, suicidal thoughts, anxiety, self-injury, self-medicating, effect on relationships, and treatment).

This is an excellent resource & tool enabling anyone including teenagers, parents and teachers to discuss depression and suicide openly and thus erasing the stigma that still exists today.

The film has won 20 national film festival awards, is on MetroBeat Student Voices television, the Voice America Health channel and is being considered for the Oprah Winfrey show. The film is an educational tool removing the stigma of mental illness enabling viewers to discuss these sensitive subjects openly. This DVD is suited for high school and college curriculums, social workers, psychologists, suicide prevention organizations, counselors, etc.

Eternal High is available through Aquarius Health Care Media for \$150. Email tm@aquariusproductions.com or visit: <http://aquariusproductions.com/Cart/products.php?pid=A-TISETHD|EternalHigh>



Growing Well: Ways of noticing our emotional and mental wellbeing

The Growing Well kit is for mental health professionals, clients, students, and anyone interested in monitoring their own mental wellbeing. It is made up of 50 cards (with a booklet) and 5 scaling pads. This practical and highly innovative resource is built around 50 key statements that research has shown are important indicators of mental health and balance. Growing Well can help us to: ● map our pathways through depression, trauma, loss, bereavement, eating disorders or through everyday health challenges such as stress, self-doubt and low self-esteem; ● encourage a focus on strengths rather than deficits; ● build emotional balance, mental clarity and reflective conversations.

The kit is available for \$75 from St Lukes Innovative Resources, ph (03) 5442 0500, info@innovativeresources.org, www.innovativeresources.org

7th Annual Grampians Annual
Mental Health Conference

Recovery: A Call to Action

27-28 March 2007
Ballarat, Victoria

Speakers include:

- Frank Burbach, Consultant Psychologist, England
- Roger Stanbridge, Consultant Family Therapist, England
- Prof. David Kavanagh, School of Medicine Uni. of Qld
- Dr Geoff Waghorne, Snr Scientist, Qld Centre for Mental Health Research
- Ms Dianne Friend, Dep. Director, Centre Psychosocial Rehabilitation
- Mr Malcolm Morgan, Services Director, Richmond Fellowship
- Dr Debra Rickwood, Prof, Head Psychology, Div. of Health, Design & Science University of Canberra.

Contact: Julie Constable
ph : (03) 5329 4444
or email julie.constable@centacareballarat.org.au

Enhancing our Com(mon)unity: Social Inclusion, Mental Health and Recovery

30 April - 2 May 2007
Rotorua, NZ

The conference will bring together:

- A clinical perspective
- A social and community perspective
- A personal perspective
- Funding, planning and management to contribute to our understanding of the critical relationships needed in enabling better lives for people living with mental illness.

The conference will focus on being well in the community, building partnership between mental health management, clinical services and successful lives in the community.

Contact: Standards Plus
Phone: +64-9-262 5374
www.imaginebetter.co.nz/eoc2007_registration.shtml



Australian Health
Promotion Assn
17th National
Conference

Grass Roots to Global Action: Health Promotion in Challenging Environments

1-4 May 2007
Adelaide

This conference aims to provide an opportunity for delegates to consider the complexity and challenges of improving population health while also increasing equity. It will appeal to professionals and practitioners from a range of disciplines and work experiences.

The conference will also incorporate the annual Indigenous Health Promotion Network Forum on 1st May.

For more info contact:
SAPMEA Conventions
Phone: (08) 8274 6042
www.sapmea.asn.au/conventions/ahpa2007/index

Mental Health Carers NT

(formerly ARAFMI)

Carer's Morning Tea
1st Tuesday of each month

10.30am - 12.00pm

at Mental Health Carers NT Office,
Salvos Upstairs, Stuart Tce, Alice Springs
Contact Trish Fernley Phone (08) 8953 1467
Email: alicearafmi@octa4.net.au

Carers NT Meeting (jointly run with ARAFMI)

3rd Thursday of every month
5.30-7.30pm

At Carers NT 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 Carers NT on
8953 1669, PO Box 4929, Alice Springs



Mental Health Diary ...

Date	Time	Description	Location	Contact	Phone
Every 2nd Friday	12.00-3.00pm	Men's Group	MHACA office	Tim	8950 4604
Every Friday	9.00-11.30am	Women's Group	MHACA office	Gina	8950 4607
Every Wednesday	10.30am-12.30pm	Women's Coffee Morning	MHACA office	Christine	8950 4606
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

"Act as if what you do makes a difference. It does." *William James*

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 Support Program:

offers rehabilitation and outreach services which provide recovery-focused living-skills training and support. We assist people with mental health issues to set and achieve goals aimed at independent living and integration into the community.

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.