



inBalance

Mental Health Association of Central Australia Inc
Quarterly Newsletter • December 2003 - February 2004

Merry Christmas
and a Happy New Year
to All



Christmas Party
Come and enjoy the fun!

MHACA invites you to their Christmas Party for consumers and carers.

When: Friday, 12 Dec. 2003
Time: 12 noon - 3.00 pm
Place: MHACA, 11 Sturt Tce

We will be providing a celebration lunch and then having fun with activities. We look forward to seeing you!

"He who does not hope to win has already lost." *Jose Joaquin Olmedo*

The MHACA office will only be closed on Public Holidays and open 29 Dec. - 2 Jan from 8.30am to 3.00pm

Mental Health Week: Raising Awareness in the Community

This year's National Mental Health Week held 5th-11th October provided a diverse range of creative activities for people to become more aware of mental health issues in the community.

Monday 6th October: Community Forum on Depression (facilitated by Lifeline)

Officially opened by the Honorable Fran Kilgarriff the main guest speaker for the forum was Melbourne-based psychologist, Dr Nicole Hight of Beyond-Blue, the National Depression Initiative. Dr Hight's presentation covered topics such as the effects and stigma of depression, ways of coping and some of the latest research available. A consumer, Sarah Chunys, then spoke about the realities of living with a mental illness and the recovery process, as well as the importance of consumer advocates in society. Sarah and Nicole also spoke about Ybblue, Beyond-Blue's latest 'youth awareness and warning signs' campaign

which targets young people aged between 17-25 years.

In response to last year's evaluation a segment was also included on anxiety disorders and a brief interview was conducted with an audience member who suffers from Post-Traumatic



Claudia (MHACA), Phyllis (Lifeline), Nicole (Beyond Blue), Sarah (consumer), Phil (School counsellor)

Stress Disorder as a result of being in the Vietnam War.

The evening concluded with a panel taking questions from the floor. Some of the most prevalent issues were available services,

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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@octa4.net.au

Staff

Manager: Claudia Manu-Preston
Bookkeeper: Lorene Schindler
Reception/bookkeeping trainee: Kathryn Buzzacott
Services Branch Manager: Megan Rackley
Pathways Program Officer: Lai Khum Law
Life Promotions Coordinator: Dianne Linton
Life Promotions Officer: Raymond Campbell

Committee

Chairperson: Steve Fisher
Deputy Chairperson: Jan Campbell
Secretary: Margaret Wait
Treasurer: Paul Hills
Public Officer: Maya Cifali
Org. Rep: Patti Farley ARAAFMI
Org. Rep: Christine Pilbrow, Salvation Army
Consumer Rep: Sarah Chunys
Consumer Rep: Leo Welin

Committee meetings

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

Correspondence with Editor

Contact Rita Riedel c/- 8952 3311

Contributions are Welcome

Contributions to **inBalance** are welcome. Whether it is a meeting date for the mental health calendar, a review of a mental health book or program, information about mental health issues or a consumer or carer perspective on an issue, we look forward to receiving your information. The deadline for the next issue is 17 March 2004. Circulation is approx. 175 individuals and groups.

Disclaimer

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

Manager's Update

HELLO and welcome to the second edition of our quarterly newsletter **inBalance**. You may notice when reading through the newsletter that we have included additional articles that will become regular features - these include the committee update, consumer's story, sector development news, agency profile and a self-help article.

Some of these features are provided to inspire and inform you about the roles and activities of local mental health workers/ service providers, while the latest sector news will keep you up-to-date with the policy framework and the philosophical context for reform. Consumer contributions are also a valued feature of **inBalance**, which provides a directly accessible way for consumer's voices to be heard. Our newsletter is a work in progress and we are excited about providing you with a range of interesting and informative articles.

Mental Health Week 2003

Mental Health Week 2003 has come and gone with a bang and everyone involved worked hard to provide a range of stimulating activities in the community. I would sincerely like to thank the Steering Committee for all their work, and particularly Sarah Chunys for her contributions to making Mental Health Week a success (see feature story page 1).

Mental Health Awareness Training

The pilot training project for Mental Health Awareness Train-



Claudia Manu-Preston: Manager

ing, funded through the Community Benefit Fund, has been completed. The program offered a broad range of information in a half-day workshop tailored to meet individual agencies' needs. The two services that took part in the training were Centralian College and the Alice Springs Women's Shelter.

The evaluation of the program indicated over 50% of the participants based their perceptions of mental illness on incorrect information about mental illness; 85% of the participants found the training program to be relevant to their needs and professional development; and 75% of participants felt their questions were clearly answered. Responses to 'the most useful thing I learned' included, "How to deal with people with a mental illness", "Broadened my way of thinking," "Voices exercise was great."

If you are interested in Mental Health Awareness Training please contact MHACA.

As the year comes to a close we finally start to wind down for a well-earned break. I would like to wish you all a very Merry Christmas and Happy New Year. I hope you enjoy this special time, keep safe and enjoy the holiday break.

Kind Regards,
Claudia

Committee Update

MHACA AGM

The AGM was held on Wednesday 24 September at MHACA. There was a good turnout and the meeting was a huge success. This was largely due to the people who are passionate about the further development of MHACA and contribute by participating in the service.

Committee Members

Thank you to the previous Management Committee for their ongoing commitment and hard work. Good luck to the Trish Hickey, Maureen O Grady, Jenny Hartung, Peter Price and Wayne Hills who stepped down from the committee. We wish you well in your future endeavours. Congratulations to the new committee members Steve Fisher, Margaret Wait, Maya Cifali, Sarah Chunys and Leo Welin.

Training Workshop

The committee recently completed its first governance training workshop which addressed: roles and responsibilities; decision making processes; governance models; and mapping interagency relationships. The workshop was valuable for members to help clarify and reaffirm their management role. The committee talked about reporting systems - exploring ways of making access to information user-friendly - and what processes can be used to provide information to stakeholders. It was decided the committee would organise focus groups to undertake committee work.

Future Developments

Committee members are looking forward to future challenges and developments of the service. The success of MHACA depends upon the support the organisation receives from members, staff and, in turn, its elected volunteer committee. Future major projects include an independent evaluation of the previous strategic plan, and overseeing the formulation of the new strategic plan. When the new Strategic Plan is complete we then plan to develop a website.

For anyone wanting to see details of MHACA's activities for the year, please come in and browse our Annual report, or give us a call and we can organise a copy to be sent out.

Steve Fisher: Chair-person



As a new member of the Committee I am already

enjoying being part of an ambitious organisation made up of skilful and dedicated people.

I have been working in various non-government organisations for quite a number of years and in many different roles. I have been a volunteer, a project worker, a literacy tutor, a residential warden, a board member and even a Chief Executive. I first came into contact with the MHACA as a volunteer. I started coming along to support the Men's Group and became more and more interested in the services of MHACA and the way in which consumers, staff and committee members could work together to get the best outcomes from them.

A friend of mine set up an organisation called Basic Needs, which works with people suffering from a mental illness in various developing countries, especially India - I would like to write some more about the work of Basic Needs in a future edition of inbalance.

Although I have been coming in and out of the Association quite a lot in recent months there are many people I've not yet met and I look forward to doing this over the coming weeks.

Choices

People whose lives are affected by mental health issues may have fewer life choices and less opportunities. The Pathways Program provides:

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

What Can You Do?

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

Feedback From Consumers

"This program has helped me attend a computer course."

"I tried for three months to get a work placement – there was lots of talk. With the Pathways Program I was out doing voluntary work within a couple of hours."

For further info call:

Megan Rackley or Lai Khum Law at MHACA on 8952 3311 between 8.30am – 4.30pm Monday – Friday.

The Pathways Program

Recovery-based Rehabilitation Program

Pathways Coordinator: Megan Rackley; Pathways Officer: Lai Khum Law



It has been a busy few months for the rehabilitation program. We now have 24 clients with two new self-referrals. The big news is that six of our clients are working at Coles Supermarket fronting shelves. They are doing a great job and getting some extra spending money each week. Well done to you all.

Women's Group and Men's Group

The Women's Group is held every Friday between 1-2pm and everyone is welcome. It is activity-based and the women decide what they are doing or where they are going each week. Recent activities include cookery (they made a delicious curry), bowling and a video afternoon. Give Lai-Khum a call on a Thursday to find out what is on.

◆ Next Women's Group is Friday 19 December at MHACA

The Men's Group continues to be run fortnightly. It is a therapy-based group and is run in partnership with Relationships Australia, facilitated by either Ken or Justin. The men enjoy a light lunch while they talk, so if you are free on a Wednesday between 1- 2 pm why not come along.

◆ Next Men's Group is Wednesday 24 December at MHACA

Housing Project

The Housing project is well underway. The steering committee has had two meetings and application forms are available through CAMHS or from MHACA. The housing project aims to provide permanent quality homes for people who can demonstrate a commitment to recovery and are currently in inappropriate accommodation or homeless. So if this is you don't be shy and get in your application in as they really are lovely units.

Thank you to all our community sponsors, in particular Murray Neck Homeworld who donated furniture and whitegoods, Green Corp who are providing the labour for the landscaping, Alice Springs Nursery and Iparpa Nurserys who are donating the plants, Southern Cross who are supplying the irrigation equipment and CSR Readimix who assisted with path and paving materials. So next time you're out shopping remember to support these businesses.

That's about our lot. We wish you all a very Merry Christmas and a Happy New Year.

Megan Rackley
Pathways Program Coordinator

Life Promotion Program

Staying Strong Physically, Emotionally, Spiritually and Culturally

Life Promotions Coordinator: Dianne Linton; Life Promotions Officer: Raymond Campbell

Update ● Update ● Update

Activity for the LPP team has been reasonably quiet but in our line of work this is not a bad thing - being quiet means we have not been responding to suicides or attempted suicides.

Training

Our focus these past three months has been obtaining training to develop our skills in different areas of personal and professional growth, training which will assist us in our program delivery.

Raymond has been busy preparing and delivering an ASIST workshop with other trainers in Alice Springs. The workshop was held at St. Mary's with 18 participants attending. Please contact Raymond or Dianne at MHACA if you are interested in doing a workshop or would like more information on workshops - we can deliver workshops on suicide prevention, intervention and post-vention.

Congratulations to Raymond for successfully completing the 'Westerman Aboriginal Symptom Checklist for Indigenous Youth' training. This means Raymond is now officially trained in a process to assess Indigenous young people at risk. Please call Raymond for more information or if you would like him to assist with assessment.

"Ninti Pulka" Project

We are in the process of inter-

viewing for the Project Officer position for this project for the second time. There have been many requests for information and the vacancy closed on the 21 November 2003. For more info contact Dianne on 8952 3311.

Christmas Party

Our Christmas party for Consumers and Carers is on Friday 12th December from 12pm to 3pm at MHACA. Please contact Dianne if you are interested in coming.

Raymond and I would like to wish everyone a very Merry Christmas and happy and safe New Year.

Dianne Linton

Life Promotion's Coordinator

Holiday Support

The festive season is a happy time of year, though this is not true for everyone. Below is a list of services available over the holiday period if you or someone you know need support.

- Mental Health Services - 8951 7710 or 8951 7777 after hours
- Congress SEWB - 8953 8988
- Asyass Refuge - 8953 4200
- Reconnect (Gap Youth Centre) 89536344
- Tangentyere Youth Services - 8951 4222 or 8952 2999
- Police - 8951 8888
- Lifeline - 131114
- Crisis Line - 1800 019 116
- Kids Helpline - 1800 551 800
- LPP - 8952 3311

Mission Statement

Promote the physical, spiritual, emotional and socio-cultural wellbeing of individuals, families and communities through community owned and developed initiatives as a means to reduce suicide and self-harm.

Purpose

To establish, coordinate and consolidate a comprehensive life promotion service and community network as an essential infrastructure to prevent and reduce suicide and its adverse consequences on individuals, families and communities.

The Life Promotion program provides an integrated approach to suicide prevention, intervention and post-vention through collaborative partnerships and community education.

Goals

- Health promotion
- Harm prevention strategies
- Early intervention and prevention
- Management and treatment of suicidal behaviour
- Community development, education and training
- Sharing of information
- Post-vention strategies

For further info call:

Dianne Linton or Raymond Campbell at MHACA on 8952 3311 | between 8.30am – 4.30pm Monday – Friday.



Champ in Alice Plaza with friends

(cont. from page 1)

getting help, carer issues and how to determine if and when to intervene with someone who might be experiencing depression. A free BBQ was provided afterwards by the Rotary Club of Sturt giving participants the opportunity to chat informally with each other as well as service providers.

**Tuesday 7th October:
Meet Champ in Alice Plaza**

Champ, the official mascot for Mental Health Week (from the Mental Health Council of Australia), made a community appearance in Alice Plaza where he met lots of children and



Remote Forum at Santa Teresa

handed out stickers, badges, postcards and posters promoting mental health. Champ was very popular with kids and parents alike, with most people receptive

and thankful for the free gifts and wanting to know more about the theme for the week which focused on children and adolescents. There was free face painting for the kids as well as Champ's mental health banner for young people to sign.

**Wednesday 8th October:
Champ meets Yamba on
Imparja**

MHACA Manager, Claudia Manu-Preston, appeared with Champ on Imparja's Yamba show to promote Mental Health Week. She spoke of this year's focus being on children and young people, and introduced Champ as a special guest who had come all the way from MHCA in Canberra. Claudia highlighted that good mental health underpins all aspects of a person's life and let children know that if for some reason they are feeling sad or confused or scared that it's important for them to talk to someone they trust, either their mum or dad, older sister or brother, or perhaps a teacher. Champ enjoyed meeting Yamba.

**Thurs. 9th October:
Remote Forum,
Santa Teresa**

Facilitated by Waltja a Remote Forum was organised at Santa Teresa which provided an opportunity for networking and discussion on mental health. The family event also included

a community BBQ. Everyone was welcome and the children played games, took part in a lollie-scumble and received balloons and Champ badges.

**Friday, 10th October:
World Mental Health Day**

A feature on World Mental Health Day was run in local paper *The Advocate* incorporating articles from Anglicare, Waltja, Relationships Australia, the Health and Community Services Complaints Commission and the



Renee (Presenter), Claudia (MHACA), Champ and Yamba on Yamba's Playtime

Department of Health and Community Services.

The Mental Health Unit of the Alice Springs Hospital organised an open day/BBQ from noon til 2.00pm for consumers, carers and staff. Champ, together with Sarah Chunys, Young Australian of the Year and representative from the Mental Health Week Steering Committee, visited the Children's Ward which was enjoyed by everyone.

**Sunday 12th October:
Fun Run/Walk**

To conclude the week a Fun Run was organised at Telegraph Station with a lot of support from the Alice Springs Running and

Walking Club. Approximately thirty people participated and had the option of walking or running either 3km or 6km. Following this a BBQ was held courtesy of Shorty's followed by a lucky-draw with prizes for everyone. Sharon Kerber from NT Carers concluded the event by thanking everyone for their involvement - a particular thank you goes to the Alice Springs Running and Walking Club.

Throughout the Week: Mental Health Awareness in Schools

Throughout Mental Health Week a small team (Pam Walker from CAAODS, Tony Fitzpatrick from Community Mental Health Services (CMHS) and Sarah Chunys representing MHACA and Ybblue) visited a range of schools to talk to young people about mental health issues.

On 6th October the team visited grades 7, 8, 9 and 10 from Anzac Hill High School. They talked at the school assembly about some of the strategies and resources young people can draw on if they need support, eg Ybblue website, Kids Helpline, school nurse and school counselor as well as peer support. They also talked about drug issues and the role of both CAAODS and the

Bradshaw Primary children signing banner



CMHS. The team then conducted a short quiz asking questions such as, What is the most commonly-used drug?, What is the most common form of mental illness? and How many Australians do you think suffer from depression?

A similar format was held on 8th October when the team met grades, 7, 8, 9 and 10 at Alice Springs High School. The talks at ASHS were quite successful, largely due to the school's keen interest and request that each year level be individually spoken to for 30-40mins. The team then visited Centralian College where they spoke to year 11 students who gave them an enthusiastic and positive response.

On 10th October Champ and Sarah visited Bradshaw Primary School. Sarah talked to the grade 1, 2 and 3 students and spoke about Champ - what his name stands for (CHildren Are our Main Priority), where he comes from and what was special about World Mental Health Day.

Postcard Competition in High Schools

Facilitated by Anglicare a postcard competition was held in Alice Springs high schools requesting designs for postcards to help promote Mental Health Week in 2004. Students were asked to design a postcard which represented the theme of 'emotional and social wellbeing of all children and young people'. Three



Winning postcard design by Schaeleigh Coombes, "Lost your direction - Make a connection"

Alice Springs High School students made a clean sweep - the winner was Schaeleigh Coombes, with second and third places going to Hao-Yu and Amy Blom.

The students' art teacher, Sophie Johnston, said the competition made the students think about the community they are living in; it encouraged them to think about how they would target their own age group through colours, messages and images.

A Big Thank You

MHACA would like to thank everyone who participated in Mental Health Week and made it possible, particularly members of the organising Steering Group:

- Sarah Chunys - Young Territorian of the Year
- Kath Brewer - Waltja
- Tony Fitzpatrick - Mental Health Service
- Janine Stewart - DAS
- Judy Trent - Anglicare
- Sharon Kerber - NT Carers
- Phyllis Nicoll - Lifeline
- Amanda Gorry - CAAODS

"A wise man will make more opportunities than he finds."

Francis Bacon

NTCAG Update

THE LAST MEETING was held in Alice Springs on Wednesday 8th October, 2003.

This was the last meeting for Dr Subhash Chandra who has acted as chair for the past five years. The group organised a presentation to thank Subhash for his hard work and the extensive contributions he has made to NTCAG's development and success.

Two main issues were discussed:

Top End Mental Health Services (TEMHS) Project

The reports of the review of the Northern Territory Department of Health and Community Services (2003) and the Mental Health Service System Development Strategy Project (2003) highlighted that there has been an increase in demand on mental health services in the NT. This situation has put pressure on limited staff and other resources that are already stretched to capacity.

The Top End Mental Health Service Project has been established

to conduct a detailed examination of the staffing and operations of in-patient and community-based mental health services. The project will also explore alternative models of care which enable people to be provided with varying levels of support to prevent admissions and provide more intensive follow-up post-discharge.

A Project Steering Committee has been formed to provide input and advice to the Project.

The membership comprises departmental officers, non-government organisation representatives and other key stakeholders.

The purpose of the project is to:

- analyse aspects of mental health services in in-patient and community settings, including staffing, costs, resources and operational issues;
- identify strategies that will build on existing achievements and increase the quality and range of mental health care and support options, including sub-acute services;

- progress proposals for reconfiguring team structures in the Top End Mental Health Service; and

- develop an Implementation Plan for service and infrastructure development priorities.

In the near future there will be a group set up for the Central region to discuss and address the same issues as the Top End project.

NTCAG and Mental Health Coalition

NTCAG and the Mental Health Coalition will be involved in a workshop in February 2004 to talk about what the roles of each group are and how both groups can better work together. Models will be discussed concerning nominating a representative to sit on the Mental Health Council of Australia.

Have Your Say!

If you have any issues that you would like raised contact Claudia on 08 89523311. Next meeting date is in February in Darwin, the date still to be confirmed.

Mental Health Association of Central Australia Representatives:

MHACA has selected two representatives, one who will be the main rep, Sarah Chunys, and the other as a proxy, Leo Welin. MHACA is seeking nominations from consumers to be included on a NTCAG/Advocacy Register for future representation for the Association. If you need more information or are interested contact please Claudia.

Consumer Story:

A Mothers Love

I AM A MOTHER - I have two children who have brought me complete joy. I am 38 years of age and work fulltime in a professional carer field. I enjoy being around people, listening to music, and reading verses that inspire me - my favourite saying is 'God grant me the serenity to accept the things I cannot change, courage to change the things I can, and the wisdom to make the difference.'

I have lived in Alice Springs for 10 years. I have been a solo parent for a long time and have recently started a new relationship. The specialists say I have schizophrenia, although when I'm introduced it's not by way of, 'Hello, my name is Mary and I'm a schizophrenic.' I am much more than my mental illness.

I will call myself Mary, though this is not my real name. I choose to remain anonymous because of how other people might judge and treat me and my children if they know I have a mental illness. When I was asked to tell my story I was apprehensive, but thought that if my story helps someone else, especially other mothers, then I would share my story.

My first episode manifested itself with delusions (I'm using psyche talk now) of persecutions related to myself and my children. The voices in my head were telling me that my children had been murdered and were lying in rubbish bags. I really believed that this was true and was panicked and afraid. No parent should be put through this sort of agony. I wanted to end my life. I remember trying to hang myself, but I was unable to as there was no place in my hospital room where the sheet could be fastened. So I tried to drink some concoction that was in a bottle. Unbeknown to me, this was shampoo and did not have the desired effect, although for the following months my hair was in the best

condition it had been in for years... I can laugh now at how absurd those thoughts were, however I am still haunted by how I felt at the time.

As a mother, my condition has not stopped me from loving my children, nor has it stopped me from showing my love for them by providing hugs and kisses, a warm bed, food on the table and everything that comes with being a good parent.

There have been challenges associated with my illness that we as a family have, and will continue to face. I am sure that many other families have dysfunctional elements too, but which might not be as easily recognisable, or may not carry the same label as mine.

More than anything I know that at those times when I was becoming unwell or 'not well' that I needed help and support to care for my children, which has consisted of mentors for my children and a strong network of family and friends who I am able to rely upon. I love my children and would not willingly hurt them, but also recognise at times I have indirectly affected them. There have been times in my children's lives when my mood or situation has affected how I have related to them or coped with the everyday things in life; though I am thankful that these have been few and far between.

When they were younger they did receive mixed messages, and in hindsight it would have been good to have someone talk to them about what Mum was going through, and that it wasn't them or their fault. I think this awareness would have really helped them trust what they were feeling and cope with working things out. When I am not well I am not always able to see clearly

so I rely upon my family and friends to be honest with me. Now that they are older my children are more aware and confident in also recognising the signs.

Because of my condition and the stigma of 'mental illness' I have been plagued by losing my children to well-meaning people and government agencies. At times I have felt undermined by the subtle ways in which people want to disempower me, and had to justify my mothering techniques and the decisions I have made even when I've been well.

I have lived with my illness for twelve years.

What is different now,

is that as I've gotten older and wiser, I have gained insight into recognising the warning signs and remedies for these. I have not been in a crisis situation for close to seven years and have had minimal service support. I have a new partner and I am feeling really loved and happy in this new relationship. I am hopeful and have faith in the good things each new day brings. I have found people who believe in me and love me, helping me to trust again. I am thankful for the many gifts that I do possess.

I have continued to receive love from my children with or without a mental illness. My children are beautiful, well adjusted, considerate, compassionate human beings. They are doing well at school and have good friends. They have problems too, just like all kids, and that's with being brought up by me with my condition. Just because I have a mental illness doesn't mean I'm not a good mother. What was hard was not having more support, not always knowing how to deal with it.

The road hasn't always been easy, but I know I have been a good mum, even with having a mental illness. I am still here, and so are my children. Life can be good. I know that my illness does not define me.

I am much more than my mental illness ... my illness does not define me.

National Mental Health Plan 2003-2008: A Guide for the Future

UNDER the National Mental Health Strategy the Commonwealth Government in July 2003 released the National Mental Health Plan (NMHP) 2003-2008 aimed at building upon strategies put in place throughout the past decade. The Plan for the coming five years is guided by four priority themes:

- Promoting mental health and preventing mental health problems and mental illness
- Increasing service responsiveness
- Strengthening quality
- Fostering research, innovation and sustainability

The NMHP 2003-2008 encourages partnerships with other sectors, such as housing, education, welfare and employment, to assist with recovery of those experiencing mental health problems and mental illness.

Building on Previous Plans

The NMHP 2003-2008 builds on the work of two previous plans. In 1992 Australian Health Ministers agreed to a National Mental Health Policy, implemented under the first five-year National Mental Health Plan, which represented the government's first attempt to coordinate mental health care reform through national activities. This Plan increased the emphasis on community-based care, decreased reliance on stand-alone psychiatric hospitals and 'mainstreamed' acute beds into general hospitals. A second National Mental Health Plan was endorsed at the end of 1997 which built on the first Plan by adding a focus on mental health promotion and mental illness prevention, and addressing how the public mental health sector could best dovetail with other sectors.

Evaluations of these plans suggest the mental health system has strengthened its capacity to respond to the needs of people with mental illness by moving towards the provision of mental health care within the mainstream health system and through community care. The nature of the workforce providing mental health care has changed substantially: the role of primary care, which includes general practice, is acknowledged as a critical area complementing the specialist mental health workforce.

Raised Expectations

The first ten years of reform have seen an impressive start in terms of policy, but there is much still to be achieved in terms of implementation. Community expectations are now higher regarding access to quality mental health care, and have moved beyond the basic hopes held at the time of the adoption of the National Mental Health Policy 1992. Australians now expect a timely, respectful, individualised and holistic approach to their mental health care, coordinated

within the mainstream health system and delivered in accord with cultural and developmental needs. There is much yet to be done in terms of funding, researching, planning, delivering and reporting on mental health care to realise this expectation.

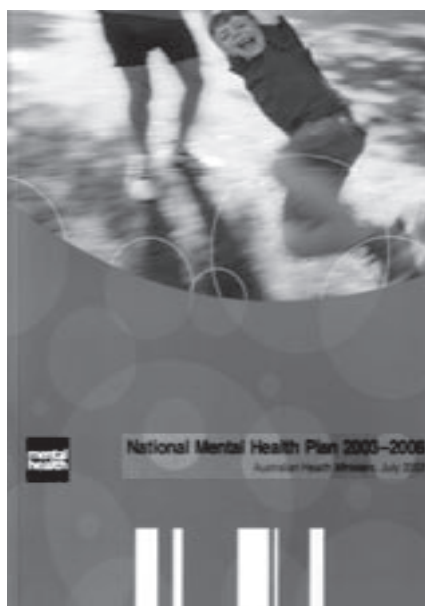
The Next Five Years

The NMHP 2003-2008 builds on the achievements of the first two Plans and provides a framework to address gaps identified in both, with the aim to take the National Mental Health Strategy forward with re-stated and new direction. It can be viewed as an ongoing agenda for

service and community development that sets priorities for the next five years, representing a partnership between the key stakeholders in mental health.

The following principles underpin the reform process and are fundamental to realising the aims of the Strategy:

- all people in need of mental health care should have access to timely and effective services, irrespective of where they live
- the rights of consumers, and their families and carers, must shape reform
- mental health care should be responsive to the continuing and differing needs of consumers, families and carers, and communities
- the quality and safety of mental health care must be ensured
- a recovery orientation should drive service delivery
- investment in the workforce is essential



- innovation must be strongly encouraged and supported
- sustainability of effective interventions must be ensured
- resources for mental health must recognise the impacts of mental health problems and mental illness
- mental health reforms must occur in concert with other developments in the broader health sector
- Mental health reforms require a whole-of-government approach

Some of the 34 identified outcomes addressing the four priority themes include:

- increase in the extent to which mental health and social and emotional wellbeing is promoted within communities
- improved access to acute care
- increased access to recovery and rehabilitation programs
- improved access to services for Aboriginal and Torres Strait Islander people
- equitable access to housing, employment services, disability services, social services, education and justice
- increased levels of full and meaningful consumer, family and carer participation in policy and in service planning, delivery and evaluation at all levels with evidence of improvement in quality
- improved attitudes, values, knowledge and skills of the mental health workforce

Powerful Document

As a formal framework guiding mental health reform in Australia the National Mental Health Plan 2003-2008 is a powerful document outlining clear directions, anticipated outcomes and detailed steps for improving the mental health of all Australians. The current Plan is useful not just for service providers, carers and consumers but also for the general public, raising the profile of mental health and wellbeing throughout the community.

To obtain a copy of the NMHP 2003-2008 contact the Mental Health Branch, Dept of Health and Ageing on 1800 066 247, fax 1800 634 400 or download it from the Dept's Mental Health and Suicide Prevention Branch website: www.mentalhealth.gov.au.



gov.au.

ARAFMI

Association of Relatives and Friends
of the Mentally Ill

Carer's Morning Tea 1st Tuesday of each month

at Royal Flying Doctors Cafe,
Stuart Tce, Alice Springs

Contact Olga Radke (08) 8955 0158
Fax: (08) 8942 2711 Email:
ntarafmi@octa4.net.au

NT Carers Meeting

3rd Thursday of every month 5.30-7.30pm

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

**For more info contact Sharon Kerber
on (08) 8953 1669, PO Box 4929
Alice Springs 0871**

"Begin to free yourself at once by doing all that is possible with the means you have, and as you proceed in this spirit the way will open for you to do more." *Robert Collier*

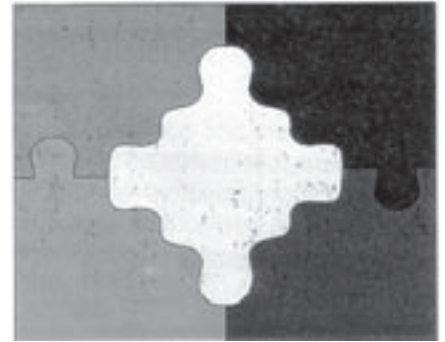
SACOSS Newsletter online

If you would like to be put on the mailing list to receive a copy of the SA Council for Social Service newsletter via email contact Gise Pain on (08) 8226 4111 or email gise@sacoss.org.au

Agency Profile:

Community Mental Health Team

Central Australian Mental Health Service, Department of Health and Community Services



Brent Mansell is the recently appointed new Team Leader for the Community Mental Health Team. He comes to the position with over thirty years experience as a Registered Mental Health Nurse working with people with a serious mental illness, and in recent years he has worked in remote indigenous communities in the mid-north of Western Australia. In this informal interview he speaks to Rita Riedel, editor of inBalance, to provide an overview of the Community Mental Health Team, and what it means to work with people with a mental illness.

'Who' is the Community Mental Health Team?

BM: We have a team of twelve staff: myself, a registered Mental Health Nurse, as Team Leader; five case-managers - three other Mental Health Nurses, one Psychologist and one Social Worker; an Aboriginal Mental Health Worker; two Child and Youth Psychologist positions currently being filled; a Clinical Director (doctor); a Psychiatric Registrar; and the Manager of the Mental Health Service.

What kind of service do you provide?

BM: Our primary role is to case-manage people who have an acute mental illness. About 90 percent of our clients come to us from the emergency department of the Alice Springs hospital, either people who walk in or are brought there by the police or ambulance. Our service operates 24/7, so weekdays there is always someone on call day and night, and on weekends we have two people on call. When we attend emergency calls from the hospital we triage a person, which means we assess their mental state, and they are assigned to one of our staff who case-manages the client, both in hospital and once they are discharged.

While we also assist people in distress - people who need support for reasons other than mental illness - our main task is to work with people who are seriously mentally ill, people who are unable to function on their own.

How do you assess someone as 'mentally ill'?

BM: Mental illness is defined by the law and we work under the rules and regulations of the Northern Territory's Mental Health Act. While each state and territory has a slightly different definition someone is assessed as having a mental illness when they have a condition which seriously impairs their mental functioning, when they are acutely unwell, which includes psychosis, schizophrenia and depression.

To assess someone we use what is called a Mental State Examination (MSE), a routine procedure in which we examine a person's patterns of speech and

thinking, mood and behaviour, ability to see and hear things, cognitive skills and the extent to which they might be at risk of harming themselves or others. We do a check of all these things to evaluate whether or not someone is in serious need of our help.

What is your role as Team Leader?

BM: To lead and coordinate the functioning of the Mental Health Team. I provide clinical supervision to our multi-disciplinary staff-team, and engage in clinical case-reviews of clients. I provide feedback and support for staff regarding their work, devise management plans for and with clients, and attend ward meetings for in-patients which initially includes assessing their mental condition.

What does case-managing a client involve?

BM: The main role of the team is to provide ongoing support to clients in a variety of settings always considering the least restrictive setting possible. This means establishing a meaningful relationship with each client. Our main task is to develop a plan with our clients for recovery and rehabilitation - looking at their lifestyle and how they can best live with their illness, as well as complying with medication.

Our aim is to help people become mentally stable, which we do by looking at their illness, both psychologically and educationally. We engage in cognitive behaviour therapy, helping clients to live with their illness - how to function on a day-to-day basis with as much independence as possible, how to lessen the effect of their condition. Educationally we teach them about their illness, helping them to recognise the early warning signs as well as how their mental illness impacts on their lives. We aim to normalise their experience as best we can.

Do people recover from serious mental illness?

BM: Yes, recovery does occur, and to assist this we continue to monitor people and are always available for support. That is why teaching people as much as

possible about their condition - and how to watch for warning signs - is important.

What inspired you to work in this area?

BM: Throughout my life I became aware of how traumatic mental illness can be to family life and relationships - my grandma had schizophrenia and so does one of my sons; I wanted to help and support people in similar situations. I am aware of how vulnerable people are, both clients and the people who have to live with mental illness in their family.

What are some of the personal challenges of working in the mental health field?

BM: I would say meeting the expectations of the client, and also the expectations of the community, because there is still a big stigma around mental illness, a lack of acceptance in the community and a fear surrounding mental illness.

It is only in recent years we have begun to expose the truth of mental illness in society. Prior to this we have not wanted to openly acknowledge or explore mental illness - throughout history it was common for people to be seen as 'crazy' and either be locked up or, in earlier years, be burnt at the stake. There seems to be a taboo surrounding mental illness which is deeply embedded in people, a taboo fuelled by ignorance and fear. Dealing with mental illness confronts people - makes them realise their own vulnerability - which can be threatening.

Treating mental illness is a controversial area - each person has a unique case history and responds differently to medication, and thus treatment requires ongoing assessment and negotiation. Because mental illness is rarely 'cured' it often seems we have to keep validating our work - 'success' is often misjudged and misunderstood, and at times it is challenging to remember we are doing the best we can.

How do you monitor a person's recovery?

BM: We look at how well they are managing their illness and the degree to which they can function independently. As part of this process we are mindful not to make decisions on their behalf (apart from some medical-related matters); we consult with clients regarding the development of their recovery plan and also about any changes to treatment and medication, where necessary advocating on their behalf to doctors.

While people with a serious mental illness need our support it is important they learn to be assertive. We validate clients as much as possible and ensure they are agreeable to decisions influencing their lives; we encourage two-way communication at all times.

How do you approach working with clients?

BM: I promote a 'personal' approach to working with people, both in myself and other staff, because it is

this human aspect of relating to people which is the most authentic and, I believe, effective. I don't believe in formulaic text-book type relationships, but in genuinely being there for a person.

While giving people medication is a central part of a client's recovery program I think what truly helps a person is an acceptance of their pain and struggles - attending to them with compassion and care. To work successfully with people I believe requires a high degree of empathy and understanding, an ability to listen to people as well as provide relevant professional support. Real human contact is often more fruitful than administering medication, though the latter certainly helps to stabilise a person's condition; it is usually kindness and compassion which initially reassures a person and settles them down, and as they

work towards recovery it is the one-on-one relationship we develop with them that gives them the encouragement and support they need.

While a person may have experienced a whole range of past problems, I acknowledge these, but my focus is to work with each person in the present - to look at where they are at now and how we can go from here. I recognise it is not my job to 'fix' people, but to support clients by giving them the tools and strategies they need to attend to their own problems, to assist and respect people rather than seek to dominate or control them in some way. I check to see how their medication is working, and how they are making lifestyle changes, and work with them and guide them where needed.

What are some of the personal rewards of your work?

BM: While working in this field can be exhausting and stressful I am rewarded each time I see improvement in a client, no matter how big or small. I sometimes make recommendations to my clients and some time later they come up and thank me for my support, and I am glad I have been in a position to help.

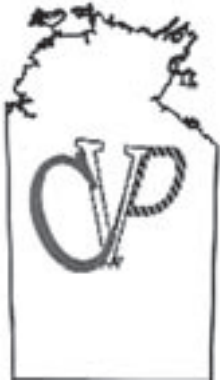
Working with people with a mental illness is a journey of discovery as well as recovery. In this field I don't believe we have the answer or cure when we start, but need to learn from each other. An integral part of successfully working with clients is developing a relationship with them, gaining their trust while giving guidance and support.

There have been steady improvements in recent years in medical treatments for people with a mental illness, and I look forward to ongoing improvements in this area. In the meantime, mental health professionals and clients continue to learn from each other, a journey which is as challenging as it is rewarding.

For further information you can contact Brent Mansell or other staff of the Community Mental Health Team on 8951 7710 or 8951 7777 after hours.



There seems to be a taboo surrounding mental illness which is deeply embedded in people, a taboo fuelled by ignorance and fear.



Community Visitor Program

**Mental Health and Related Services Act
(NT) 1998**

The NT Mental Health and Related Services Act 1998 provides for a complaint system called the Community Visitor Program (CVP).

CVP is an external and independent mechanism which tries to resolve any complaints, concerns or problems that people may have with mental health treatment and care. Anyone, individuals or organisations, can talk to us as long they are a consumer, patient, carer, representative of, or have an interest in, a consumer or patient.

A Community Visitor, a representative of the CVP, offers a wide range of skills but generally attempts to resolve any complaints through conciliation and mediation. The aim of the program is to work cooperatively and collaboratively with facilities, agencies, workers, advocacy groups, community organisations, carers, representatives and other agencies to ensure the best resolution of any complaints.

The CVP also provides for Community Visitor Panels to inspect approved Treatment Facilities and Agencies at least once every six months. Community Visitor Panels are required to enquire into the adequacy of facilities, services, treatment, opportunities, standards, information and complaints procedures. Community Visitor Panels

are made up of 3 members: a medical member, a legal member and a member who represents the interests of consumer organisations.

CVP Coordinator, Simon Wiese, visited Alice Springs in November to meet with stakeholders and arrange the appointment of a new Community Visitor and Community Visitor Panel Members for Alice Springs. It is hoped the new members appointments will be finalised by early December and the first Panel inspection at the Alice Springs Hospital conducted by the middle of December.

If you want to make a complaint, or would like further information about the Community Visitors or Panels, how they work or what they can do:

Visit CVP at: Level 7, 9-11
Cavenagh Street, Darwin

Write to us at:

LMB 22 GPO, Darwin NT 0801.

Phone us on: 8999 1444

Freecall: 1800 021 919

TTY: 8999 1466

Fax: 8981 3812

Hours: 8.00am – 4.30pm

Website: www.cvp.nt.gov.au

Email cvpprogram.adc@nt.gov.au

Women's Group

Are you looking for:

- exciting actions
- relaxing afternoons
- interesting people to talk to
- laughter, fun
- and

**Come and join in our
Women's Group
weekly activities.**

When: Every Friday

Time: 1.30pm

**Venue: MHACA
11 Stuart Tce
Alice Springs**

**For more information
contact Megan
at MHACA
on 8952 3311**

"Tenderness and kindness are not signs of weakness and despair, but manifestations of strength and resolution." *Kahlil Gibran*

Contributions

If you would like to include any articles or news in the next edition of *inBalance* please email or send us your information before 20 February 2004



A Resource Kit for Consumers of Mental Health Services and Family Carers

In 1998 the Australian government produced *The Kit: A Guide to the Advocacy We Choose To Do* as part of the Community Development Project funded under the 1992 National Mental Health Strategy.

The Kit is as relevant today as it was when it was first released and is an excellent resource for empowering consumers and carers through advocacy. It features a range of clear and simple 'how to' steps under the following general sections:

- advocacy and the individual
- getting organised
- some specific activities
- advocacy and organisations
- getting strategic

Some of the individual topics include:

- looking after yourself
- conflict resolution/mediation
- identifying and overcoming barriers
- gaining support from service providers
- submission writing
- starting up a group
- working with the media

The Kit is available from MHCA on (02) 6285 3100. If you would like to check out a copy please come and visit the MHACA library.

What is Advocacy? (excerpt from *The Kit*)

Traditional meaning

Advocacy means different things to different people. Its plain English meaning is that advocacy is supporting another person's cause. This idea of people representing others has gathered strength in the last twenty years, particularly in disability areas. It has been thought that sometimes people benefit from having others speak out on their behalf.

Consumers of mental health services and carers associated with mental health services have strong cause to participate in decisions about the services and to ensure that their views about a range of related issues are expressed and heard. Sometimes, perhaps when a consumer or carer is particularly vulnerable, it is useful to have someone to speak on behalf of the person.

Mental health advocacy

Where advocacy in mental health differs substantially from the traditional definition of advocacy is that consumers and carers are not generally disabled in a way that requires someone to represent them. Rather, they are capable of representing themselves. This growing assertion by consumers and carers that they are capable of advocating for themselves has given rise to growing activity by individuals and the development of a number of mutual support organisations to add strength to their 'voice'. The mental health system is gradually responding by providing increasing opportunities for consumers and carers to effectively participate.

Advocacy in mental health is not so much about people representing other people, but about people representing themselves. It is also about consumers representing consumers and carers representing carers. The aim of advocacy is to bring about beneficial outcomes in a way that enables each consumer and carer or group to retain as much control as possible over how it is carried out. The resultant expectation of consumer and carer advocacy is individual and group empowerment.

The activities of advocacy incorporate such things as improvement in justice and equity for the individual and/or the peer group, focus on systems and social change (systems advocacy), community development, community education and health professional's learning.

Advocacy in mental health is often considered to be associated with actions to redress the injustices dealt to people living with a mental illness that result from powerlessness and inequity. This can happen at a very personal level, for instance by people seeking to increase decision making of their own treatment, through to groups of people engaged in major service restructure.

Advocacy is also about seeking to influence the social and political structures that promote and sustain injustice and inequality. The case is put by some that people associated with mental health systems are similar to a range of other disenfranchised groups and that collective radical reform is necessary for positive change to occur.

Are you interested in Advocacy Training?

If you would like advocacy training for you or your organisation please phone Kathryn at MHACA on 8952 3311 to register your interest.



The Art of Self-Assertion: Learning to Advocate on Your Own Behalf

(excerpt from The Kit: A Resource for Consumers of Mental Health Services and Family Carers)

ASSERTIVENESS is viewed as the open, direct and appropriate expression of thoughts and feelings, with due regard to the rights of others. Being assertive means understanding your rights and sticking up for them without being aggressive.

Have you ever:

- Hesitated to question a mistake on a restaurant bill because you were afraid of making a scene?
- Backed out of telling a shopkeeper that he short-changed you because there were a lot of people in the shop waiting to be served?
- Said 'yes' when you wanted to say 'no'?

Do You Have Trouble Being Assertive? - You're Not Alone

A term which is well known, especially to consumers, is compliance. Complying with requests is a normal part of daily social life. But there are some times when a willingness to comply can exceed what is reasonable.

Most of us have been rewarded, first as children and later as adults, for compliant, obedient, or 'good' behaviour. Perhaps this is why so many people find it difficult to assert themselves. Or perhaps non-assertion is related to the anxiety that accompanies 'making a scene' or feeling disliked by others. Every human being has three basic rights:

- The right to refuse
- The right to request
- The right to right a wrong

Self-assertion involves standing up for these rights by speaking out on your own behalf. Self-assertiveness is not just about getting things your own way.

A basic distinction can be made between self-assertiveness and aggressive behaviour. Assertiveness is a direct, honest expression of feelings and desires. It is not exclusively self-serving, since pent-up anger can be destructive to relationships. People who are

non-assertive are usually patient to a fault. In contrast, aggression does not take into account the feelings or rights of others. Aggression is an attempt to get one's own way, no matter what.

Comparison of Non-assertive, Aggressive and Assertive behaviour

Non-assertive behaviour

Initiator:

Self-denying, inhibited, hurt and anxious; lets others make choices; goals not achieved

Other person:

Feels sympathy, guilt or contempt for initiator; achieves goals at initiator's expense

Aggressive behaviour

Initiator:

Achieve's goals at others' expense; expresses feelings, but hurts others; chooses on behalf of others or puts them down

Other person:

Feels hurt, defensive, humiliated, or taken advantage of; does not meet own needs

Assertive behaviour

Initiator:

Self-enhancing; acts in own best interest; expresses feelings; respects rights of others; goals usually achieved; self-respect maintained

Other person:

Needs are respected and feelings expressed; may achieve goal; self-worth maintained

How to Become More Assertive – Self-assertion techniques

Everybody can learn to become more assertive by practising each assertive action until it can be repeated even under stress. For example, imagine the following scene: you're waiting to be served at the

local take-away café where you're buying lunch and people who arrive after you are being served before you; you're due back at work soon and won't have time to eat what you're trying to buy, you're getting a little upset and perhaps a bit angry.

To improve your assertiveness, you can begin by rehearsing the dialogue, posture and gestures you can use to confront the shop attendant another time. Working in front of a mirror can be very helpful or, even better, role-play the scene with a friend. Have the friend take the part of a really aggressive shop attendant as well as a cooperative and pleasant one.

Rehearsal and role-playing can also be used in any situation where you expect there may be some confrontation, for example, when you're discussing an oven that won't work with your landlord, or when you're discussing some unacceptable treatment you received in hospital from a nurse or doctor.

Another important principle in becoming more assertive is 'overlearning'. When you rehearse or role-play assertive behaviour, it is essential to keep practising until your responses become natural and almost automatic, otherwise you will probably become flustered in the actual situation.

Another technique which can be very useful is the 'broken record'. A useful way to stop assertion becoming aggression is to simply restate your request as many times and in as many ways as necessary. In the box below is an illustration of how the 'broken record' can be used:

The Manager Can't See You Now

- Individual:** I would like to see the manager about the abuse that I received from two of his staff.
- Assistant:** I'm sorry but without an appointment you can't see the manager.
- Individual:** I have just been abused by two staff members and I would like to speak to the manager now as the matter is extremely serious.
- Assistant:** There is an appointment available Friday morning next week if you would like to see the manager then.
- Individual:** I understand that I don't have an appointment, however, as the matter is very serious I would like to see him now.
- Assistant:** The manager is a very busy man and can't just see people when they want him to.
- Individual:** I'm sure that the manager is busy, however, as the matter is very serious I would like to see him now.

The individual asking to see the manager hasn't become aggressive with the assistant, hasn't quit, nor passively gone away. Quite often, simple persistence is all that is necessary for simple self-assertion.

Sometimes people may behave plainly rude or aggressive. Generally people strongly feel the urge to retaliate in a similar fashion. But, if this happens, the outcome is unlikely to be favourable for them and all that occurs is an escalation of angry emotions.

Responding assertively in these situations is a real challenge. An assertive way to respond verbally to aggressive people is:

1. If you are wrong, admit it
2. Acknowledge the person's feelings
3. Assert yourself about the other person's aggression
4. Quickly end the conversation

An Illustration of How to use these Steps

You have just come out of an important meeting when a member of your advocacy group comes up to you and says angrily, "You absolute idiot, what a stupid thing you said in there, why don't you use your brain. You've probably stuffed everything up for all of us."

An assertive response, using the four steps outlined above is: "I'm sorry if I said the wrong thing. I didn't do it intentionally. It's obvious you're upset, but I don't like you calling me names or yelling at me. I can understand your point without that."

Learning self-assertion skills may be difficult at first. However, with practice and use, they become easier and eventually can be mastered.

Summary

In summary, self-assertion is not necessarily confidence or self-assurance. It is a way of combating anxieties associated with living in an often impersonal and competitive world. Self-assertion is empowering in that it maintains the right to refuse, the right to request and the right to correct a wrong.



"I was asking myself why I was having these obstacles in my life ...then I became aware that these obstacles were my life, and I began to enjoy them."

*John Canary, author of
"Breaking Through Limitations"*

**Bipolar Disorder:
Improving Patient
Outcomes**

● 5-7 February 2004 ●

Sydney

International Society for
Bipolar Disorders
Fax: (03) 9682 0288
bipolar 2004@icms.com.au

**National Accommodation
and Community Support
Conference**

My Life - Who Is In Charge

● 31 Mar - 1 April 2004 ●

Melbourne

People with disabilities -
more than spectators in their
own homes

Phone NACS on (03) 9362 0800
or email nacs@nacs.org.au

**18th World Conference
on Health Promotion and
Health Education**

● 26-30 April 2004 ●

Melbourne

Health 2004, (03) 9417 0888
www.health2004.com.au

**3rd World Conference
on the Promotion of
Mental Health Preven-
tion of Mental and
Behavioural Disorders**

● 15-17 Sept 2004 ●

Auckland

Mental Health Foundation NZ
Ph: 64 9300 7010
www.mentalhealth.org.nz



Indigenous Psychological Services: IPS Training

BASED in East Victoria Park, Western Australia, IPS has developed unique training packages specific to Indigenous people. These training packages have been developed from the ground up in conjunction with Indigenous practitioners and community. In contrast to many other training packages delivered to the Indigenous community, IPS training packages have not been based on existing mainstream packages; instead IPS training is relevant to the Indigenous community whilst also being informative and beneficial to non-Indigenous practitioners who work with Indigenous clients. Training packages offered by IPS are:

- Psychological Assessment of Indigenous Clients
- Working with Suicidal and Depressed Indigenous Clients
- Developing Effective Community Programs
- Therapeutic Interventions with Indigenous Clients
- Working with Indigenous People
- Choosing the Right Therapeutic Cultural Consultant
- Cultural Awareness Training
- Working with Conflict in Indigenous Communities
- Mediation in Indigenous Communities
- Alternatives to Aggression for Children and Youth
- Child Behaviour Management for Indigenous Parents
- Stress Management Training
- Leadership Training

IPS has established an enviable reputation as an organisation that provides high quality training that benefits both Indigenous and non-Indigenous workers. Importantly, IPS also provides training to Indigenous communities which are often left out of the education training sphere, but are often the people left to respond to crisis after hours and on weekends. IPS provides training to professionals all over Australia and is holding a:

3-day workshop in Darwin on

**Working with Suicidal and Depressed Indigenous Clients
and Psychological Assessment of Indigenous Clients
(two workshops in one!)**

20-22 July 2004

For further information or to enrol in these workshops contact IPS on (08) 9362 2036 or visit: www.indigenouspsychservices.com.au.

If you or your organisation would like to have a training run by IPS in Alice Springs please contact the MHACA office. If we can generate enough interest IPS will be happy to conduct local training.

MHACA Resource Library ...

Come in and
borrow or simply
browse ...

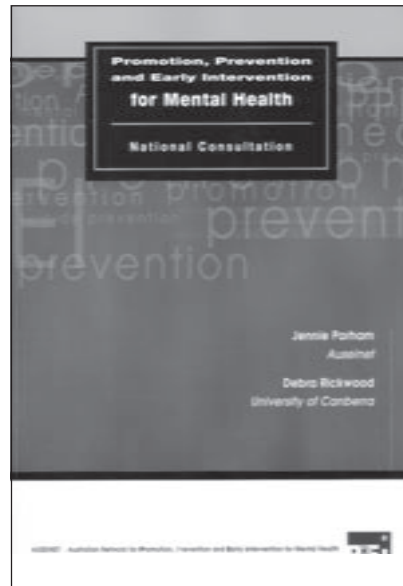
Hot off the Press!



Information for Carers of People with a Mental Illness in the Northern Territory

NYARAFMI has a wonderful booklet available entitled **Information for Carers of People with a Mental Illness in the Northern Territory**. The booklet was produced in response to requests from families, carers and friends of people with a mental illness for simple information explaining services available for treatment and care of people with a mental illness in the Northern Territory.

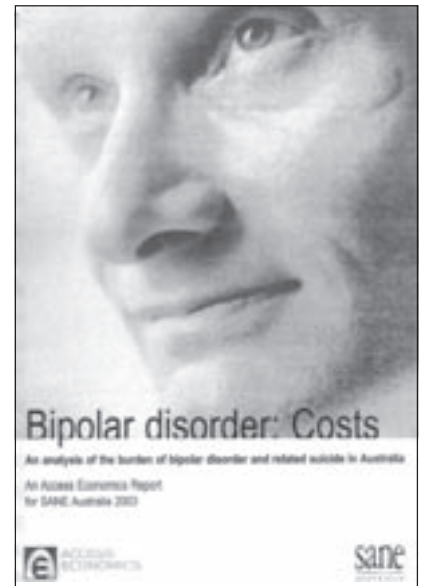
For a free copy contact the
MHACA office.



Promotion, Prevention and Early Intervention for Mental Health: National Consultation

This report provides feedback on the National Action Plan for PPEI 2000 and its accompanying Monograph as well as PPEI activity within the states and territories. Its value is that it highlights the key implementation issues that need to be addressed in translating the policy into practice. It also highlights the level of support for the policy directions and demonstrates commitment and enthusiasm for implementation.

For further information contact
Auseinet on (08) 8404 2999

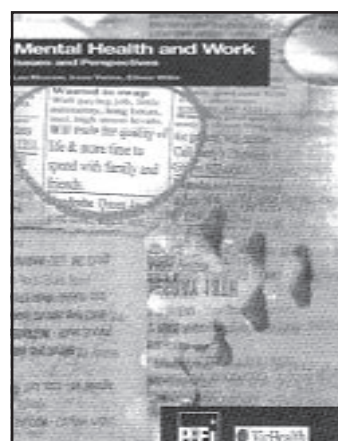


Bipolar Disorder: Costs An analysis of the burden of bipolar disorder and related suicide in Australia.

An ACCESS Economics Report
for SANE Australia 2003

This comprehensive report provides indepth information on the nature and impact of bipolar disorder in society, and the direct and indirect costs associated with this illness. The report highlights an urgent need to improve the current level of under-treatment for people with bipolar disorder through recommended cost-effective interventions.

For further information contact
Sane Australia on 1800 688 382



Mental Health and Work: Issues and Perspectives

Commissioned by Auseinet and developed in collaboration with the Victorian Health Promotion Foundation this publication seeks to address the significant issue of mental health and work from a variety of perspectives.

For further information contact
Auseinet (Flinders Medical Centre,
South Australia) on (08) 8404 2999



Mental Health Diary



Date and Time	Meeting Description	Location	Contact
Every Friday 1.30pm	Women's Group	MHACA office	Megan 89523311
Wed. 24 Dec. 1.00pm	Men's Group	MHACA office	Megan 89523311
Wed. 7 Jan. 1.00pm	Men's Group	MHACA office	Megan 89523311
Thurs. 8 Jan. 1.00pm	Consumer Business Lunch	MHACA office	Claudia 89523311
Mon. 12 Jan. 12.30pm	Committee Meeting	MHACA office	Claudia 89523311
Wed. 21 Jan. 1.00pm	Men's Group	MHACA office	Megan 89523311
Wed. 4 Feb. 1.00pm	Men's Group	MHACA office	Megan 89523311
Thurs. 5 Feb. 1.00pm	Consumer Business Lunch	MHACA office	Claudia 89523311
Mon. 9 Feb. 12.30pm	Committee Meeting	MHACA office	Claudia 89523311
Wed. 18 Feb. 1.00pm	Men's Group	MHACA office	Megan 89523311

"The greatest glory in living lies not in never falling, but in rising every time we fall." *Nelson Mandela*

About 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 who have a mental disability
- Offer psychosocial rehabilitation and continuity of care that is recovery-oriented
- Assist community understanding of mental health issues
- Reduce the stigma attached to mental illness
- Restore human dignity and social, emotional and spiritual wellbeing in all people

Services Offered

MHACA offers three main services:

Pathways Program:

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

Life Promotion Program:

This program aims to support the central Australian community in Alice Springs and remote areas to prevent suicide. The LPP team have a range of resources to help agencies, individuals and groups learn more about life promotion and suicide prevention.

Advocacy and Participation:

- We host a monthly Consumer Forum and Afternoon Tea where consumers can meet and discuss important issues in mental health.
- We have a small library of information, including Advocacy Kits which can be loaned for free.
- For carers we can put you in touch with a local support network.
- You can become a member of the Association and receive our bimonthly newsletter.
- You may wish to nominate for our voluntary Committee, or you can mail your issue to us for the Committee or Consumer Forum to consider.

For further information please contact the MHACA office on 8952 3311

MHACA Membership

If you would like to become a member of the Mental Health Association of Central Australia and receive a copy of our quarterly newsletter **inBalance**, please send us your details:

Name: _____

Organisation/Dept (if applicable): _____

Address: _____ Code: _____

Phone: _____ Fax: _____ Email: _____