



inBalance

Mental Health Association of Central Australia Inc
Quarterly Newsletter • June - August 2004

Look Out for our New Sign!

We have new signs for our premises, and a big thank you goes to one of our consumers, Clayton, for helping us install them.



Clayton proudly showing off one of our new signs



New Life Promotions staff Geoff Miller and Laurencia Grant

Welcome to our New Staff

The last few months have seen several staff changes. We farewelled Dianne Linton and Raymond Campbell from the Life Promotions Program, and Richard Ware from the Ninti Pulka Project, and we wish them well all the very best in their future endeavours.

In turn we welcomed Laurencia Grant and Geoff Miller as new members of the Life Promotions team, and we also welcomed Katie Allen as the new Ninti Pulka Project Officer.

I'd like to personally thank Kevin Austin who acted as the relief worker for the Life Promotions Program in the interim and assisted in the absence of permanent workers. During this time MHACA has re-evaluated the role of the program, and we are currently re-establishing the LPP steering committee role and undertaking strategic planning for this program.

For further information on the Life Promotions Program and Ninti Pulka Project see our updates on page 5 and page 9.

"I've missed over 9000 shots in my career. I've lost almost 300 games. 26 times I've been trusted to take the game-winning shot ... and missed. I've failed over and over and over again in my life. And that is why I succeed." *Michael Jordan*

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: Laurencia Grant
Life Promotions Officer: Geoff Miller

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 21 August 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 fourth edition of our quarterly newsletter *inBalance*. I hope you enjoy the variety of articles we have for you in this edition.

Every time I write my update it seems so frantically hectic and I wonder where the time has gone. A friend pointed this out as 'crisis management'!

The same friend suggested I work smarter not harder. Very useful observations and advice, however throughout our strategic planning process it became clear that we don't have enough people to do the work (as with most non-government organisations).

We are still trying to talk to the government about this and secure more money to employ more workers. All the staff have been busy planning for the future, attending steering meetings, doing end-of-financial year jobs and negotiating funding agreements while doing the general service delivery work.

Mental Health Priorities

MHACA was very pleased and applauded the government's commitment to increase capacity in the mental health field with a \$7.2 million injection of funds.

However, the Association has been disappointed and frustrated that this money seems to be spent mainly on government-provided services. We understand that



Claudia Manu-Preston: Manager

government services have lacked the resources to provide benchmark services, however this should not be at the expense of community based, non-clinical services. MHACA has been a long-time advocate of support programs outside of the clinical setting, including more support for rehab, consumer support programs, drop in centres, support groups, supported accommodation options and mental health awareness training. We are ever hopeful that our voice will be heard and assure consumers and carers that we will continue to lobbying for these services.

Website

We have finally secured a website address - www.mhaca.com.au. The website has basic information and is under construction. Please let us know what sort of information you would like us to have on our website.

Mental Health Promotion

MHACA staff have actively been involved in different events to increase our profile. The Rotary

cont. on page 7

Committee Profile:

Christine Pilbrow: Organisational Rep

I first came to Alice Springs in 1999 with my husband and two children. I instantly fell in love with the place and I feel very lucky to have had the opportunity to mix with Aboriginal people and learn about their culture.

After doing some voluntary work with The Salvation Army I obtained a part time position with their Family Support Services. In mid 2001 I took up an opportunity to re-establish The Salvation Army Red Shield Hostel which catered for clients with a dual diagnosis, as well as people who were homeless. I worked as the Hostel Manager for nearly two years.

I first became involved with the Mental Health Association of Central Australia while I was the Manager of the Hostel. I'm continuing my involvement with MHACA in my new role as a Carer Support Worker with NT ARAFMI (Alice Springs).

I want to work towards helping to reduce the stigma of Mental Illness in our community. I have a real interest in the needs of people who have a Mental Illness in their families, and I look forward to a long involvement with MHACA.

"To be a leader, you have to make people want to follow you. Nobody wants to follow someone who doesn't know where they are going."

Joe Namath

Committee Update

Our Strategic Planning process ...

In the last *inBalance* I talked about our new Strategic Plan and how we planned to develop it. Almost four months on it is good to report that we have consulted with a wide range of people who have a stake in the work of MHACA and we are close to producing the final version. The quality of ideas, comments and questions raised in planning workshops was excellent and I would like to thank everyone who played a part, including consumers, carers, local agencies, Committee members and staff.



Steve Fisher: Chair

Almost there ...

Sometimes, achieving an inclusive process by which you reach the right outcome can be almost as important as the outcome itself. Great credit goes to Claudia for all her work in helping to make this happen. Thanks also to Burdon Torzillo for their support, including the review of the last plan which helped us understand the past before we try to leap into the future. The Committee meets again on 2nd August to consider comments on the final draft currently being circulated. We are very open to your comments.

Looking at the performance of MHACA

The strategic planning process is one way in which the performance of the Association is under scrutiny. This is a good thing for everyone as it makes us think about how we can better achieve our objectives. In recent months, the Committee has given attention to improvements we would like to see. Two examples are policy development and advocating for the right mix of services for people affected by mental illness (as described below).

The right mix of services

Following the announcement of a budget increase for mental health services in the Territory I wrote to Minister Toyne to acknowledge this change for the better. However, the Association feels very strongly that the balance of funding between crisis-focused services on the one hand and prevention, promotion and rehabilitation on the other, could be much better. Without proper attention to supporting people in recovering from mental illness to lead independent lives, there will remain an imbalance in services. In particular, I asked the Minister to consider offering modest additional support for MHACA's rehabilitation program, so we can build on the outcomes that have been achieved to date.

Appropriate policies

The Management Committee has been reviewing the policies that determine the way in which the Association goes about its business. A sub-committee has been established for this purpose and the results of their work are available in the form of revised policies on, for example, issues such as financial management and committee attendance. In the near future, we plan to address the crucial matters of staff performance management and achieving an effective consumer-driven approach to the full range of the Association's work.

New staff

To conclude, I would like to welcome Lorencia and Geoff, two new staff of the Life Promotions Program. On behalf of the Committee I wish them well as key members of our Association.

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

Coordinator: Megan Rackley; Pathways Officer: Lai Khum Law



It's been a very busy time in rehab over the past few months. Referrals have come in thick and fast with the program now fully subscribed. Names taken will now be placed on a waiting list pending an opening. At peak we were managing 32 people but after some discharges and people leaving town we now have

26 clients. Employment continues to be a focus with clients working in a variety of settings around town. Recent employment opportunities for those interested include paper deliveries with Alice Springs News and for early riser's advertisement insertion with the Advocate.

Women's Group and Men's Group

Lai Khum has been busy with the Women's Group which is held every Friday at 1.30pm. Recent activities include a BBQ at Desert Park and ten-pin bowling. Contact Lai Khum on a Friday morning to find out the days activity.

◆ Next Women's Group is Friday 6 August at 1.30pm at MHACA

The Men's Group remains under review and we encourage men to offer ideas as to how they would like to see the group develop.

We are waiting to hear back from housing regarding our recent application for additional units for our Housing and Support Program. We are hopeful of being granted at least one new unit.

Are any clients interested in writing a small piece for the next newsletter on their rehab experience? It can be anonymous if preferred. Contact Megan on 8952 3311 if you are interested.

Also don't forget, if you would like to give us any feedback there is an anonymous feedback box in the kitchen at MHACA.

That's about our lot,
Megan



Lai Khum and Megan

Life Promotion Program

Staying Strong Physically, Emotionally, Spiritually and Culturally

Coordinator: Laurencia Grant; Life Promotions Officer: Geoff Miller; Ninti Pulka Officer: Katie Allen

The New Faces behind the Life Promotion Program



I'd like to introduce myself and my co-worker Geoff Miller. My name is Laurencia Grant and I recently joined MHACA as the Life Promotion Program Coordinator, while Geoff recently started in the Life Promotion Program Officer position ...

A brave move we're led to believe! The more agency workers we meet and talk to, the more we realise just what an enormous challenge we face in a program of this nature.

We both acknowledge the great contribution of the previous Life Promotion workers, Dianne Linton and Raymond Campbell, and would like to thank them for clearing a path for us to find our way in the field of suicide prevention and post intervention work. We would also like to thank Kevin Austin who has provided valuable assistance and advice on the Life Promotion Program over the last two months.

I moved to Alice Springs two months ago having taken leave from work in Melbourne to travel around the country, stopping in the Territory and later resigning from my role down south. Along with many city folk, I had dreamt of the possibility of living and working in this part of Australia.

I think this was to do with a desire to understand Australia's history and culture in a way that I could never experience in Melbourne. It started when I took a position as a Physical Education and Australian History Teacher at Newborough High School in Victoria's Latrobe Valley. It was 1988 and the Indigenous voice was strongly opposed to the bicentenary celebrations of Australia's colonisation.

So I started to learn from local Indigenous people and tried to impart a way of thinking about our history that told a truer story than the one I'd heard growing up in a safe Liberal seat in the suburbs.

I later worked in outdoor education at summer camps with kids with disabilities in the USA which led to recreation project positions. These projects included work with Holocaust survivors

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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:

Laurencia Grant or Geoff Miller
at MHACA on 8952 3311
between 8.30am – 4.30pm
Monday – Friday.



Our brand new sign!



Steve, Kathryn, Lai Kum, Megan and Kevin at our Strategic Planning day

"Just don't give up trying to do what you really want to do. Where there's love and inspiration, I don't think you can go wrong." *Ella Fitzgerald*



Committee members at a planning meeting



Leo and Leonie



Claudia, Sarah and Douglas at the 'What's on your Mind?' community forum

Amber at Mental Health Training



Manager's Update *(cont. from pg 2)*

Forum held on the 28th of April which was attended by approximately seventy people was a successful event. Raymond Campbell talked about the Life Promotion Program and answered questions relating to suicide issues with other panel members.

Week. The theme for this year is 'The Relationship between Mental Health and Physical Health.' The dates for this year are 10-16 October. If you are interested in being involved or have some ideas on what sort of events you'd like please let us know. Sarah Chunys has been



On a recent visit to the Kintore Community

employed to start organising the week while she is home from university.

Last but by no means least, we have just had a Working Bee on Wednesday 28th July. We put up the tennis and pool tables, re-organised the library and generally had a good clean up of the verandahs so we can use this area. A BBQ was organised for all the volunteers and a big thank you to everyone who helped.

Until next time,
Kind Regards, *Claudia*

I recently presented at the Making a Difference Conference and chaired a session by Dr Tracy Westamen who presented an information and a workshop on Aboriginal Mental Health Service and suicide prevention. This was a great opportunity to talk to support workers in the field of disabilities about the services we provide. All these activities aim to promote the Association and put mental health issues on the wider community agenda.

MHACA will be organising some events for Mental Health



Getting ready to go to Kintore

Life Promotions Program *(cont. from pg 5)*

in a large Jewish Hostel and Nursing Home and later with Chinese and Arabic-speaking grandmothers in the inner city suburbs. Other roles have included social support programs for older people with dementia and older war veterans, and telephone support for women around health and wellbeing.

My most recent position was in community development, supporting the needs of people living in new housing estates in Melbourne's outer Western regions where services are scarce and where residents didn't feel their issues were being heard.

Geoff Miller brings to the Program a wealth of experience working with at risk young people both in Adelaide and Alice Springs. Geoff is a local man from Alice Springs with family connections to Anmatjere people and Arrente people. He has been involved in sport at a high level for about 20 years, having played Australian Rules football, Rugby League and Basketball, continuing to play with the Rovers and skills coaching the juniors.

Previous work experience has included working with and supporting young people in detention centres in Adelaide as part of the Metropolitan Aboriginal Youth Team. During this time, Geoff assisted writer David Denborough with research for his book about the prison system with particular reference to Indigenous people.

Since moving back to Alice Springs, Geoff has worked for the Night Patrol service with Tangentyere Council and as Acting Manager with the Ingkerreke Resource Centre assisting outstations with essential services. He also worked at Ross Park School as the Aboriginal Resource Officer and as Foster Placement Manager with Central Australian Aboriginal Child Care Agency.

The Life Promotion Program aims "to promote the physical, spiritual, emotional and socio-cultural well-being of individuals, families and communities through community owned and developed initiatives as a means to reduce suicide and self-harm".

This proposal and the added challenge of Central Australia will take a bit of time for me to get my head around, however I am up for the test. Alongside Geoff's local knowledge, skills and understanding of Indigenous culture and practices, I am confident we can continue some of the great work of our predecessors as well as refocusing and identifying a new approach that will suit the needs of different communities and that will be sustainable.

We also have a new Ninti Pulka Project Officer on board, Katie Allen, and you can read more about Katie and the project on page 9. Thank you to Richard Ware for all his work in the early phases of the project.

Geoff and I can be contacted at MHACA on 8952 3311.



" Hold On "

I think of the years
To see the changes
I've seen in my life
And all the hard times
To have thought
Time after time
To wish I had never been born
And all my dreams of the life
I wish I had been given
Only to think
Somehow I've endured
The trail of torment
And, as I'm still here I wonder
What's it all been for
But there's no whys
and wherefores than to say
It seems my existence
Has been nothin' but a lie
But I hold on only to see
This B grade movie through
With no hope of finding
Why I'm here for
Or that it gets better
But because there's
No easy way out
And maybe one day, some day
I may find some reasoning
behind it.

Leo Welin

"As you grow older, you'll find the only things you regret are the things you didn't do." *Zachary Scott*

'Ninti Pulka' Project - 'All Really Clever'

What is Ninti Pulka ?

A joint-project between between Waltja and MHACA the goal of the Ninti Pulka Project is to help remote communities develop support and prevention programs around suicide, particularly programs for young people who have been identified as being at risk from self-harm.

Meaning 'All Really Clever' the aims of the project are to:

- Increase the capacity of remote communities to address suicide and self-harm issues amongst young people
- Encourage and support young people in increasing their 'living skills', including problem solving, assertiveness, decision-making and related issues

The Ninti Pulka Project specifically focuses on the Western Desert region, in particular the Kintore, Mt Liebig and Papunya communities.

New Project Officer

The Ninti Pulka Project welcomes onboard its new Project Officer, Katie Allen, who commenced work with the project in May.

Katie has worked closely with a range of Aboriginal communities over the past ten years and brings with her a wide range of experience, as well as a strong passion for her work. For the past four years Katie has worked as a Field Officer at Waltja facilitating health and nutrition programs in the Western Desert region, running activities which focus on caring for young children.

While the programs target youngsters, she has worked closely with whole family groups, including grandparents, as well as looked at the ongoing social issues which impact on the health and wellbeing of the communities. An important part of her work has been looking at the role of culture in Aboriginal communities, particularly in the Western Desert where language, ceremony and food-knowledge is strong.

Prior to this Katie worked as the Coordinator at the Kintore Women's Centre for six years, where she worked with children and young women as well as old

people. She has developed strong working relationships with different Aboriginal communities, a strength she brings with her to the Ninti Pulka Project.

Having worked closely with different communities Katie has a deeper understanding of some of the social and health issues, as well as good links with service providers both within and outside communities. Another strength is her willingness to be with and communicate with Aboriginal people. As Katie says, "I love working out bush, especially with Aboriginal people and their families. I enjoy being with them – hearing their stories, and learning from them."



Working with children at Mt Liebig



New Project Officer: Katie Allen

Providing Support

The main focus of Ninti Pulka is to provide awareness for people around issues of suicide, offering suicide prevention and support services.

Because there is a lot of fear and stigma associated with suicide, people often don't know how to deal with it, especially those who have lost someone close to them.

The project aims to help communities deal more openly with issues, offering information on warning signs, how to help someone who is thinking of hurting themselves, and how communities can come together to support those close to people who have attempted suicide.

Katie will be working closely with communities in the Western Desert region over the coming six months. As part of her work she will be running Suicide Asist and Suicide Aware workshops, and also work closely with the Suicide Response Task Group (a key group of representatives from local service providers which aims to provide ongoing support around issues of self-harm and suicide).

For further information on the Ninti Pulka contact Katie c/- Waltja on 8953 448.

Consumer Story ...

by Amber Meredith

When she first arrived in Alice Springs Amber at times found it difficult to get by. Not knowing anyone in town didn't help and she was too depressed to make friends. She says the best thing about MHACA was having somewhere to go and being able to make friends through the Women's Group.

Born in Launceston, Rachel "Amber" Meredith has spent the last 11 months in Alice Springs. During her short stay in Alice she has been involved in advocating for people with mental illness. The former high school teacher came to Alice for a break, a holiday and to spend time with family here; during this time she worked part time at Charles Darwin University.

Amber is a woman of many talents and creative flair. She has worked as a semi-professional actor, has taught drama, is a writer and in her spare time enjoys reading, acting and swimming. She has been involved with MHACA both as a consumer, taking advantage of the Women's Group times as well as having input as an advocate at our Mental Health Awareness Training sessions. She has spoken to the Salvation Army, presented a speech for Remote Area Nurses and was first to be interviewed for MHACA's consumer video we are working on.

Amber has experienced mild depression since age 15. However, she was still able to live a normal life and carry on with school, work commitments and relationships. By the end of 2002 she became unwell to the point where she couldn't function anymore. Doctors saw her as exhibiting symptoms between bi-polar disorder and depression. "I agree I wasn't experiencing mania or psychosis," she says, "so I couldn't really be diagnosed as bi-polar. Yet, people with a straight out depression had a less complicated and turbulent time than I did. I was really emotionally unstable (when I was unwell) to the extent that I couldn't live my life properly." She also found accessing services and getting help difficult

because of the complexity of her illness. "I think it's difficult in psychology when someone doesn't neatly fit into a box. I was really off my head and it wasn't easy."

Amber says, the turning point in her life came after a suicide attempt, where she came close to losing her life. "I had to go to ICU. There was a risk I might die and I thought well, I'm either going to die or get better", she recalls. She realised that it was a close call and was shocked that things had become so life-threatening.

After her time in hospital she made a conscious effort to get better. She started seeing a psychologist at Community Mental Health twice a week. She realised she needed to start taking responsibility for her physical health if she were to recover. She also made sure she made herself get out and socialise. As a sensitive and emotional person Amber also realised she would have to remove herself from stressful situations of conflict. She did this, focused on staying calm and regained the spiritual aspects of her life, such as prayer and meditation. "I was always forcing myself to do that little bit more," she says.

Now, Amber says she is cleared of depression and is trying to prevent it from reoccurring. "You know when you're getting sick again. I learnt what works for me. I'm determined this isn't going to happen again." Amber speaks for everyone who knows about the devastating effects a mental illness can have on the people around you. "It just doesn't affect one person. It affects everyone who's involved with you."

She thinks too many people are slipping through the system because their illness isn't considered bad enough. "There is not enough help to



prevent people from reaching crisis point."

Amber's recovery was partly due to therapy and partly to do with staying on the same anti-depressant and reducing it as she started feeling better. She says there are the people who have biochemical problems and then there's the "stress heads." Amber believes she was the latter. Psychological support helped her a lot since her cause was an emotional one. Amber has become a lot better at managing her emotions and challenging her thoughts through the help of Cognitive Behaviour Therapy.

In Amber's life, her tabby cat Kafka, or "Kaffy" as she calls him, has been just as important as the people in her life. "Animals don't talk back to you!" It's not surprising then that when asked what is the best thing about Alice, she says that it would have to be the birdlife. "It's absolutely beautiful. I'll definitely miss this part of Alice when I return to Hobart."

"Have patience with all things but first with yourself. Never confuse your mistakes with your value as a human being. You're a valuable, creative, worthwhile person simply because you exist. And no amount of triumphs or tribulations can ever change that. Unconditional self acceptance is the core of a peaceful mind." St. Francis de Sales

NTCAG Update ...

NT Community Advisory Group on Mental Health

The last meeting was on 5 June in Alice Springs and was attended by Leo Welin and Claudia. Members discussed how consumers and carer voices are connected to NTCAG and how important this was. It was generally agreed that this is through the:

- Personal experiences of each member
- Personal discussion with consumer /carer networks
- Formal connections to consumer/carer organisations mechanisms, eg Consumer Business Lunch.

Organisation reps provided reports, and everyone was impressed by the presentations and care taken by members to present what each organisation had been doing.

Guest Speaker News

Vicki Stanton, Manager of the Central Australian Mental Health Service, provided a report on CAMHS. Vicki advised that staffing is currently at 46.5 full-time workers. Newly funded positions in the last 12 months include nine new positions. The service is committed to partnership activities with a wide range of service providers including MHACA. The major challenges for 2004/2005 are:

- The implementation of recommendations to be developed within the CAMHS project, including sub-acute care options, life promotion activities, consumer participation.
- Accreditation survey to be undertaken in Oct-Nov 2005
- Workforce development.
- Substance Abuse Project implementation.

Leo's Food for Thought

I have always aspired to being a Mental Health advocate, to voice the concerns that I share with other consumers. I welcome and appreciate any input given, by fellow consumers to help guide me in this role.

● In your words – what is NTCAG?

NTCAG is a voice for consumers/carers to the NT Health Minister on issues concerning policy making and their voice being heard on changes that need to be made.

● What did you think of your first meeting?

At the first meeting I found it hard to find my footing, although by the time I attended the second one, a lot of it fell into place. I feel with future NTCAG meetings I will be able to contribute more with each experience.

● What do you think is important about being a representative ?

As the proxy rep I want to give an unbiased view by taking into account that consumers and carers can have different views and experiences. It is my responsibility to try to be aware of this when I speak on their behalf.

HAVE YOUR SAY!

The next meeting is on 4 September.

If you have any issues you would like raised with NTCAG, contact Claudia or Leo on 89523311.

NT Mental Health Coalition Recognised as a Peak Body

AFTER TWO YEARS OF LOBBYING the NT Mental Health Coalition has received formal recognition from the NT Minister for Family and Community Services as being the NGO peak body for mental health in the NT. This is a significant achievement as it will enable the NT NGO Sector to have a voice on the board the Mental Health Council of Australia, the national peak body for mental health.

Currently the NT Mental Health Coalition is made up of NGOs whose primary role is mental health. Discussions have also occurred with Aboriginal Social and Emotional Well Being Programs for representation from this Sector on the Coalition. However, the long term vision of the NT Mental Health Coalition is to expand the activities and membership of the NT Mental Health Coalition to a wider group of NGOs as well as individuals, consumers and carers who have an interest in mental health. However such a vision is dependent on sufficient resources being available.

The NT Mental Health Coalition is currently in discussions with Government about receiving some resources to support the work of the Coalition. At present the Coalition receives limited resource support through NTCOSS and has a formal protocol agreement with NTCOSS, an agreement which enables the Coalition to receive incorporation status while maintaining independence in setting their policy directions.

The future is looking hopeful for the Coalition with the likelihood of receiving funds in the coming year to undertake a specific project on mental health community awareness raising and to undertake activities around mental health week.

Contact: Jane Alley, NTCOSS, Ph 89482665 Fx 89484590 PO Box 1128 Nightcliff NT 0814



Lifeline Central Australia:

The living edge of care in our community



Lifeline has been operating in Alice Springs since June 2003 when it opened its 42nd telephone counselling centre in Australia.

Betty Pearce, one of the custodians of the Arrente people who are the traditional owners of the Alice Springs area, giving Lifeline a warm Aboriginal welcome.

Lifeline provides valuable 24-hour telephone counselling services and community education programs for all people of the Northern Territory, and particularly seeks to strengthen links with local Aboriginal communities.

Lifeline seeks to overcome barriers that exclude people from receiving or giving care because of who they are, where they live

or when they need help. It is committed to providing services that strengthen the capacity of communities and individuals to make life-affirming choices which alleviate distress and promote well-being.

As a result we have become a well-respected community leader in Suicide Intervention and Prevention through our counselling and education services.

Lifeline Central Australia is committed to providing accessible pathways to care, helping to restore peace of mind, spirit and relationships, especially for young people of the Territory.

Lifeline's joint initiative with the Gap Youth Centre in Alice Springs is the first step in a programme aimed at providing access to help for indigenous young people, their families and friends via the use of the internet and telephone.

We are also hoping to take our Suicide Aware program around Alice Springs, Tennant Creek and Yulara, train Aboriginal trainers in our Basic Lifeline Course and seek funding to run services in the three main Central Australian languages.

For further information contact Lifeline on 8953 1250.

Alice Springs Director, Phyllis Nicoll (front 2nd from left) on a recent visit to Papua New Guinea



**Lifeline never sleeps ...
any time, any day
call 13 11 14**

for 24-hour 7 days a week
confidential telephone counselling

SHAPES Program

Suicide Help: Acceptance, Personal Encouragement and Support

The greatest single factor in preventing suicide is the knowledge that at least one person cares.

The SHAPES Program provides:

- A listening ear
- Caring and non-judgmental support
- Guidance and assistance in making connections with appropriate help in the community

What is SHAPES?

The support person is a trained telephone counsellor who will make contact with a suicidal person regularly to support and encourage them during their suicidal crisis.

Benefits of the Program

When a person is suicidal they often find it difficult to tell their story over and over again. Our 24-hour telephone counselling service is always available but due to shift rotation the suicidal client has to share their problem with each counsellor their phone. When they have a special Telephone Counsellor this means the suicidal person links in with a person who knows their existing situation and they don't have to re-tell their story.

How Can This Be Arranged

By phoning the Lifeline Crisis telephone number 131114 and talking to the telephone counsellor. The counsellor takes the details and the coordinator then makes the final decision regard-

ing the suitability of the SHAPES Program for a suicide client.

How is the Suicidal Person Contacted by Lifeline?

Once the decision has been made by the coordinator a support person will phone the client and make the first connection. During the first call, plans will be made as to when the next call will be made. The support person has the home telephone number of the suicidal client and will make the contact.

If the suicidal person wishes to speak to their support person before the next call, they may call the counselling centre and the support person will be asked to contact the person. This is not always possible, as support persons are volunteers who work and have other responsibilities. The telephone counsellor will invite the suicidal person to talk to them if the support person is not available.

Is There a Charge for this Service?

No. The contact to the suicidal person by the support person and the availability of the 24-hour counselling service is completely free of charge.

**For further information contact
Phyllis at Lifeline on**

08 8953 1250

The MoodGYM Training Program

Delivering cognitive behaviour therapy for preventing depression

MoodGYM is an innovative, interactive web program designed to prevent and decrease depressive symptoms. It was designed for young people but is helpful for people of all ages.

MoodGYM consists of five modules, an interactive game, anxiety and depression assessments, downloadable relaxation audio, a workbook and feedback assessment.

It teaches the principles of cognitive behaviour therapy, which has been found to be helpful for people with depression. Using flashed diagrams and online exercises MoodGYM demonstrates the relationship between thoughts and emotions - users are taught to come to grips with their own feelings and the 'warp' thoughts that might accompany them. MoodGYM also works through dealing with stress, handling separation and relationship break-ups, as well as relaxation and meditation techniques.

This site is free and active at:

<http://moodGYM.anu.edu.au>

New Clinician and User Manuals will soon be available for purchase. To ensure your copies and register interest please email
Chloe.Groves@anu.edu.au

"To be yourself in a world that is constantly trying to make you something else is the greatest accomplishment." *Ralph Waldo Emerson*

“Simply to Be Let In” ...

Inclusion as a basis for recovery

This article was printed in the April issue of *Auseinetter* and is reprinted here with their permission.

Larry Davidson, David A. Stayner, Connie Nickou, Thomas H. Styron, Michael Rowe & Matthew L. Chinman - Dept of Psychiatry of Yale University School of Medicine

*This is the best that can happen -
what Heaven perhaps will grant us:
not to be wondered at or
required to succeed
but simply to be let in
as part of an undeniable Reality,
like stones of the road, like trees.*

J.L. Borges 1923/1972

THIS ARTICLE takes its inspiration from a poem by Borges, in which the author makes a plea to simply be ‘let in’ without being wondered at or required to succeed.

Although not addressing mental illness directly, this poem is relevant to the issue of recovery in a number of ways. Specifically, this poem speaks to the experiences and desires of individuals with mental illnesses, both in our tragically regrettable past as well as - we can hope - looking toward a more promising future.

First, it is well documented by Foucault (1965) and others (Johnson, 1990; Scull, 1981) how people with mental illnesses, from the Middle Ages to the beginning of the 19th century, were treated as sideshow freaks during their confinement in jails, poor houses, and alms houses through the early days of the asylum. Ordinarily, we like to believe that these dark days in the history of psychiatry, along with the equally dark days of the 150 years of institutionalization that followed, came to an end with the downsizing and closure of large state hospitals. Despite the best intentions of deinstitutionalisation, however, we would suggest that people with severe mental illnesses, from the 1950s to the present day, have instead entered into a period in which they are, again in Borges’ terms, ‘required to succeed’ in order to have their dreams for dignified lives in the community fulfilled.

By this, we mean that we have required people to be in remission from the symptoms of their illness before they have been allowed access to normative adult activities such as living independently, completing their education or being gainfully employed, or having mutual, caring relationships. Deinstitutionalisation has yet to succeed in ‘letting people in’, insofar as many people with mental illnesses continue to live out the majority of their lives within the artificial settings of community-based programs.

Most community-based programs certainly offer a fate better than lying in soiled clothes in a bed of hay and being stared at through bars by wide-eyed children as if one was an exotic animal in the zoo. A life restricted to what may be considered the psychiatric ‘ghetto’ of community-based programs, however, was neither the dream of the crafters of the deinstitutionalisation legislation, nor, we would suggest, is it the dream of most people with mental illnesses.

In the vocational arena, for example, a review of outcome studies among individuals with mental retardation found that the average time people spend in prevocational activities such as assessments and sheltered workshops prior to beginning a job was 47 years (Bond, 1992). A staggering statistic in its own right, this number actually may prove overly optimistic for individuals with mental illnesses, as data consistently have shown that mental illness is associated with the lowest employment outcomes among various disabilities (Drake et al., in press; Marshak, Bostick & Turton, 1990).

It is no wonder then why, in their criticism of some community-based services such as prevocational training, peer advocates have come to the conclusion

that ‘pre’ actually means never. Experiences with these programs suggest that we expect people to have to stop being psychotic before they can get a job, to have to be more stable before they can return to school, and to have to manage their money better before being ready to live on their own.

Given that severe mental illnesses are long-term conditions, and given that there can be an infinite variety of such “have to’s” thrown in before people reach some elusive ideal of normality (an ideal that most people who do not have psychiatric disabilities also never reach; Davidson & Strauss, 1995; Deegan, 1992), most people with serious mental illnesses have yet to be able to participate in the natural and ongoing rhythms of community life - the dream of deinstitutionalisation.

Why have we failed to fulfil this dream? And what can we do about it now, almost a half-century later?

Is this the best that can happen?

As societal safety nets have worn and frayed, and as benefits and access to health care have constricted, people with serious mental illnesses have found themselves on the margins of an unwelcoming society. There was no ‘homecoming’ for those discharged after lengthy stays at state institutions (Reidy, 1998).

Since that time, there have been new generations of individuals who can live neither on a state hospital campus nor in the mainstream community in the normal manner once envisioned. Either such individuals avoid diagnosis and treatment, and remain abandoned and alone on the streets or in the jails, or they succumb to the weight of their disability and its stigma, and resign themselves to a shadow existence in the new backyards of social clubs, halfway houses, and sheltered workshops (Rowe, 1999).

No longer 'wondered at' for the price of a penny, people with serious mental illnesses can choose to be either ignored, passed by, or the object of others' fears and distrust.

It is no wonder, then, why one out of ten people with schizophrenia, for example, commits suicide (Drake, Gates & Cotton, 1986). The only other possibility, the only avenue of escape for the nine out of ten people who do not choose suicide, is to try to succeed. To have a normal life, to have their own apartment, to have a job, to have friends, to have their parents be proud of them, to have a car or to be allowed to have sex, they first have to eradicate the visible evidence of their disability. They have to be in remission, they have to have their illness under good control, they have to be symptom-free, they have to be cured.

Increasingly, peer advocates want to know why they are 'required to succeed' in overcoming what we tell them is a chronic medical illness just like diabetes before they can work, live independently, choose their own friends, or return to school. Adolescents with diabetes continue to go to school, continue to pick their own friends, continue to date, and to pester their parents for use of the car. If serious mental illnesses are also prolonged illnesses - like diabetes - and illnesses for which there is not yet a cure - like diabetes - then why do we expect anyone to overcome them? No one overcomes diabetes.

Not to be wondered at ...

In one of his children's stories, Ludwig Bemelmans, the creator of the popular Madeline series, has a grumpy elephant say to a young rabbit eager to befriend him: "In 75 years of lonesomeness, one would think one could get used to it. But one doesn't" (1960). This is the first important lesson that we have learned from individuals with psychiatric disabilities: the continuing value of friendship.

Social isolation and severe psychiatric disabilities seem to go hand in hand. Yet, over 2000 years of philosophical thought - from Plato to Levinas - suggests that human beings are essentially,

necessarily, social beings; that people are social by nature. If, as Heidegger for example suggests, our 'being-with' others is part of what makes us human, then this must equally be true of people with psychiatric disabilities. Though disabled, they remain as fundamentally human as anyone else and therefore as fundamentally social by nature (Sullivan, 1953). Like Bemelmans' elephant, they too should be unable to grow accustomed to being lonesome, no matter how isolated and for how long they have been so.

In fact, we have found considerable evidence in our analysis of first-person experiences of the social lives of people with psychiatric disabilities to suggest that - no matter how disabled or isolated they appear - they have become neither the 'empty shell' depicted in the clinical literature (Andreasen, 1984), nor apathetic about relationships, but consistently and poignantly express both being lonely and desiring love and companionship (Davidson & Haglund, 1998).

It was to address this desire for companionship, and to see whether or not people with psychiatric disabilities who were socially isolated and withdrawn truly did yearn for friendship, that we developed a supported socialization program modeled after the 'Compeer' program originally developed in New York (Skirboll, 1994; Skirboll & Pavelsky, 1974). Instead of requiring individuals to learn and master social skills, or to stake out their own interpersonal turf within the broader social world in order to establish relationships, we offered them a friend and a small monthly stipend to cover their social and recreational activities.

Even though being socially isolated and withdrawn - in addition to having a severe psychiatric disability - were prerequisites for being invited into the study, we found that 67% of those offered the opportunity to develop a friendship with a peer did so, and with minimal structure or support from project staff members.

For many of the participants, this was the first true friendship they had experienced since before the onset of their psychiatric disorder, often referring back to their adolescence for examples of similarly mutual and caring relationships. It is true that people with psychiatric disabilities encounter obstacles in their efforts to establish and maintain caring relationships with their peers, including, but not limited to, stigma, fears of rejection, formal thought disorder and other impairments, and side effects of medications and other treatments (for a more detailed review, see Davidson, Stayner & Haglund, 1998).

This study demonstrated, however, that despite these obstacles people should not, and do not, have to overcome anything in order to have a friend. For the majority of people, all that was required were opportunities to befriend someone, and some encouragement and support to take a risk. Despite many years of lonesomeness, friendships developed from there - naturally and as if people had just picked up from where they had left off before becoming ill - just as for the elephant and rabbit.

Or required to succeed

A 64-year-old woman, whom we will call Maxine, who had spent most of the last

beyondblue

the national depression initiative



Forty of Lifeline's 42 Centres have recently been trained by beyondblue to deliver "Depression Awareness" sessions for Lifeline volunteers and the general community. These sessions provide participants with an understanding of the signs and symptoms of depression, how to help, and what treatments work for depression. Contact your nearest Lifeline Centre if you would like to organise a training session for your local group.

40 years in and out of state institutions, was invited to be a part of this supported socialization study. As most participants did, Maxine readily agreed and was eager to take advantage of the opportunity to form a friendship outside of a mental health setting. Although she was put randomly into a 'control' condition in which participants did not receive a partner but only were given the \$28 per month stipend, she nonetheless informed the interviewer that she found the project to be a very enjoyable and worthwhile experience.

When asked by the interviewer what she had liked about the experience, Maxine replied with exasperation that she was 'so tired of taking, taking, taking all the time' from others during her many years of being profoundly disabled and institutionalized. Her every need had been met by others, and she never had anything to offer in return.

During her participation in the project, however, her \$28 monthly stipend and the lack of a partner to spend it with allowed Maxine to buy birthday cards for members of her family. And with a simplicity and persistence that was manifested in similar ways by several other participants who did not receive new friends, Maxine also was able to deepen existing relationships by feeling that she now had something to offer others. For her this occurred, for example, when she was able to attend a family Christmas party for the first time in many years because now she was able to bring small gifts for her grandnieces and grandnephews. She had stopped attending such parties because she had always received gifts from others but had been unable to reciprocate.

Being able to buy trinkets for children may seem trivial on the surface. It is no coincidence, however, that other participants derived the same gratification from these kinds of gestures made possible by their participation in the program.

In fact, the second important lesson we learned from this study came largely from our interviews with control condition participants, who suggested to us that there is at least one element that a relationship has to possess in order for it

to transform tin cans into gold bowls: it must be between two individuals who are on the same level and who have something of value to offer each other. This is in contrast to the majority of relationships participants had before the project, in which they, like Maxine, felt that they were 'taking, taking, taking' all the time from others and either not able or not allowed to give anything back.

Although the therapeutic boundaries established for clinical work were meant to protect clients from being exploited, they also appear to have the unintended consequence of imprisoning people within the sole status of recipient; in effect, denying them the opportunity to learn through the clinical relationship what it is that they have to offer others.

As we found in the experiences of friendships and 'giving back' (ie. making meaningful contributions), experiences of affirmation take on many forms in the lives of those with psychiatric disabilities, just as they do for everyone else. Many individuals speak directly about the importance of faith and religious practice in their lives, as the things that 'kept them going' when all else, and everyone else, had failed them. Others address this same dimension much less directly, however, and in the kind of concrete and seemingly trivial terms we have seen already in the examples of friendship and reciprocity. Life for all of us may, in fact, be experienced most poignantly precisely in these kind of concrete details, even though we often may overlook or take for granted their significance (Strauss, 1996).

Coming to believe again that one belongs among a community of one's peers usually involves a series of incremental steps. Although at times easy to overlook or perhaps even imperceptible, we suggest that such steps, nonetheless, are crucial to providing a basic foundation for the experience of hope; an experience that underlies the possibility of there being any improvement in the course of a person's illness (Davidson, 1992).

In order to take responsibility for the 'work of recovery' there has to be a sense of personhood outside of the disability, no matter how small or limited it may

be initially, to provide the person with a place from which to begin to address the illness itself (Deegan, 1993). Securing such a foothold beyond the disability requires the elements already described above: feeling like you are cared about by others as a worthwhile human being who has something to contribute.

We suggest that for these elements to provide a springboard for hope, people also have to have a sense that it will be worthwhile to take the risks of taking steps forward; and all steps forward, no matter how small, entail risks. Risk-taking requires either confidence or faith in oneself and if one has neither, then one must find an alternative foundation for a sense of hopefulness. This sense may be regained by people with prolonged psychiatric disabilities through such experiences as going out to the movies, tasting fresh raspberries and cream, or, as described by others, enjoying fried clams and 'bottomless' cups of iced tea on a hot summer day.

Conclusion

Despite the potential utility of the disability paradigm outlined, we recognize that we have yet to find a perfect analogy for serious mental illness. Serious mental illnesses differ both from diabetes and from other chronic conditions such as blindness or deafness in a number of important ways. Unlike diabetes, for example, many people with psychiatric disabilities improve over time, may regain or even enhance their functioning, and may no longer require the medications that helped them to achieve stability earlier in the course of their illness (Harding, Zubin & Strauss, 1987).

Also, unlike deafness or blindness, psychiatric disabilities may impair an individual's judgment and ability to function to such a degree that other individuals may have to step in and make decisions for the person on at least a temporary basis. These and other complexities set psychiatric disabilities apart from other prolonged conditions. We would suggest, however, that there are many lessons to be learned from the applica-

tion of a disability model to mental illness, and that a more adequate model has yet to be articulated.

The particular lessons with which we have been concerned in this article have to do with a few additional pathways to inclusion that can be afforded to people with psychiatric disabilities, and the importance of these pathways in providing a foundation for the improvements that may then be brought about through the person's more active participation in treatment and rehabilitation. These lessons instruct us that 'being let in' to the community often is experienced by people with psychiatric disabilities at the concrete level of not having to eat your hamburger alone and being able to buy birthday cards for relatives.

These examples should not be taken to suggest that recovery is a simple or straightforward affair. Rather, the mundane nature of these examples – actual examples drawn from the lives of participants in a supported socialisation program - is meant to illustrate that the process of restoring citizenship may be much more within our reach than we may have imagined.

At least the first few steps in this process appear to require subtle, yet important changes in the ways in which we envision the role of the person with the disability. The processes of moving from recipient to peer, from charity case to contributing member of society, from hopeless to hopeful, can begin at the very basic level of mundane acts like sharing lunch with a friend, going out to a movie, or buying a present for a loved one.

Although such 'micro-decisions' (Davidson, 1995) cannot be made by anyone else for the person with the disability - as it is in part the action of making the decision that is so crucial to its restorative power - we can do much better in affording people opportunities to make such decisions on a day-to-day basis.

We also can do more in providing the in vivo supports that may be required for these actions to be successful, as we have begun to do in the areas of housing, education, and work. Even if these supports do not bring about a cure, they

have begun to prove their effectiveness in increasing community tenure quality of life. We suggest also that they can be instrumental in increasing the motivation and internal resources for the efforts entailed in participating actively in one's own process of recovery (Deegan, 1993).

These lessons suggest we need to explore additional ways for people with mental illnesses to experience being "let in" to their communities of choice even while they remain disabled. In addition to conventional clinical and rehabilitative tasks, this will require community development work and the cultivation of 'mediating structures' that cut metaphoric curbs into the social sidewalks of the mainstream community.

In the end, however, a disability paradigm also promises to challenge at a more basic level our view of mental illness and its treatment. If we no longer either wonder at or require people to succeed in order to be valued members of the community, how will we come to view them differently? When mental illnesses are no longer allowed to pose such formidable barriers to inclusion, how will the lives of individuals with psychiatric disabilities change?

We end with these unanswered questions. They bring us to the edge of our current understanding, beyond which we are left to imagine a world in which the lingering dichotomy between those with mental illnesses and those without is eradicated, and with it any residual notions of 'normalcy.'

Should this aspiration seem out of place in a discussion of mental illness, consider again the example of blindness. There was a time in the general culture, not so long ago, when blindness usually involved profound disability, unemployment, poverty, and marginalization. A common perception of what it meant to be blind was captured in images of disheveled, malnourished people wearing dark glasses, selling pencils in front of the post office. These days, it is more appropriate to consider examples of blindness to be Ray Charles, Stevie Wonder, or Jose Feliciano. Of these people we might say that they just happen to be blind, in addition to being brilliant

musicians, songwriters, and singers.

We suggest that our current level of understanding of psychiatric disability is similar to the earlier understanding of blindness, confused as it was with the added impact of disenfranchisement and alienation. We have yet to envision a day in which mental illnesses - once divorced from poverty, oppression, and marginalisation - will be considered something that 'just happens' to people in addition to being other things like musicians, writers, or friends (Davidson, Haglund et al., in press). Role models like Mike Wallace, Art Buchwald, William Styron, Alma Powell, and Tipper Gore are only just beginning to appear in the public eye.

How will we conceptualize and treat mental illnesses when they provide as common a perception as the homeless person asking for cigarettes on the street corner? At this point, we can only imagine.

GETTING SUPPORT

The following organisations provide information and support to help people deal with depression, especially those who live in rural and remote areas (*specifically aimed at young people):

beyondblue -
www.beyondblue.org.au
Ybblue* - www.ybblue.com.au
Reach Out!* -
www.reachout.com.au
MoodGYM* -
moodgym.anu.edu.au
SANE - www.sane.org
BluePages -
bluepages.anu.edu.au
depressionNet -
www.depressionnet.com.au

"Painful as it may be, a significant emotional event can be the catalyst for choosing a direction that serves us - and those around us - more effectively. Look for the learning."

Eric Allenbaugh



14th Annual THEMHS conference: Harvesting Hope: Across the Lifespan

1-3 Sept 2004, Gold Coast

This years theme reflects key mental health messages that recovery is about developing and sustaining hope and that maintaining good mental health is a central issue for all age groups. An international forum attracting over 1000 participants.

Ph: (02) 9810 8700, email info@themhs.org, www.themhs.org

ACROD Ageing and Disability Conference

24-26 August 2004

The Tasmanian Division of ACROD is proud to present this Inaugural Conference. Ageing and disability concerns include: people with life-long disabilities, people who acquire disabilities later in life, people for whom the ageing process becomes disability, and their families and carers.

Ph (03) 6234 1424, mail@conventionwise.com.au

Contributions to *inBalance*

If you would like to include any articles, news, stories or poems in the next edition of *inBalance* please email or send your information to us before 21 August 2004

Perspectives on Recovery Conference

2-3 August 2004, Brisbane

The conference is a joint enterprise between the Australian Mental Health Consumer Network and the New Zealand Consumer Network. If you would like to be kept informed of this exciting initiative contact the conference committee at:

secretariat@amhcn.com.au or on (07) 3844 3009

"View a negative experience in your life like you'd look at a photo negative. A single negative can create an unlimited number of positive prints." *Gerhard Gschwandtner*

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
8953 1669, PO Box 4929, Alice Springs



Auseinet Publications

Children of Parents with a Mental Illness (COPMI) Initiative

The COPMI initiative, managed by the Australian Infant, Child, Adolescent and Family Mental Health Association, in association with project Partners COMIC (Children of Mentally Ill Consumers), Auseinet and the University of Queensland, recently released the following materials:

- **Principles and Actions for Services and People Working with Children of Parents with a Mental Illness** - provides guidance for both organisations and individuals
- **The Best for Me and My Baby** - is a booklet developed with and for women with a mental health problem or mental illness - and their partners - who are thinking about having a baby, are new parents or are about to have a baby. It encourages health professionals and parents to work together to manage mental health during pregnancy and early parenthood and provides tips for parents and for supporting family and friends
- **Family Talk** - is a booklet written with and for families in which a parent has a mental illness or mental health problem and contains tips and information for parents, children and young people and others who care

For more info contact Auseinet on (08) 8404 2999 or email auseinet@flinders.edu.au website: www.auseinet.com

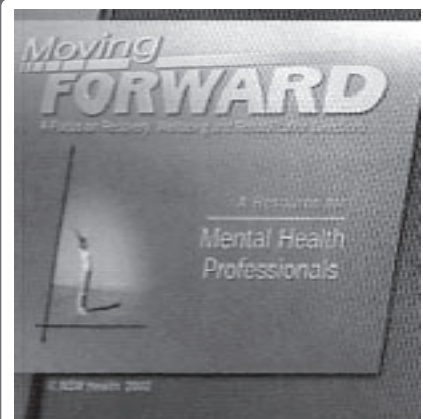
"It is essential to our well-being, and to our lives, that we play and enjoy life. Every single day do something that makes your heart sing."

Marcia Wieder

Staying Alive: Saying 'No' to Suicide

The SANE Guide to Staying Alive provides practical advice and hope to people with a mental illness whose lives are plagued by suicidal thoughts. People living with mental illness, particularly depression, are at much greater risk of suicide than the general population and are especially vulnerable in the year following discharge from hospital. The Guide has been written to help people recognise when they are at risk of suicidal feelings, what support they need, and to understand what they can do to get on with life again after an attempt. It also has a section for families and friends about helping someone who is suicidal.

The Guide is available from SANE on 1 800 688 382 or www.org.au



Moving Forward: A Resource for Mental Health Professionals

is a resource tool developed for mental health professionals (both government and non-govt). It covers key issues and interventions related to psychiatric rehabilitation and recovery offering professionals a 'place to start', and is divided into five comprehensive modules:

1. Overview: outlines key concepts, definitions, principles and service-related issues
2. Essential Elements: covers goal-setting, planning and assessment, interventions and outcomes
3. Strategies: on six key approaches: family interventions, cognitive and behavioural interventions, skill development, accommodation support, vocational planning and support, and case management
4. Groups with Special Needs: outlines interventions for a wide range of different consumers
5. References and Resources: includes a comprehensive reference list for each section with links to other web sites and resources

To order a copy (\$29.95 plus \$7.95 postage and handling) contact the Hunter Institute of Mental Health (02) 4924 6721, fax (02) 4924 6724, himh@hunter.health.nsw.gov.au or visit www.himh.org.au.



Mental Health Diary



| Date and Time | Meeting Description | Location | Contact |
|-----------------------|-------------------------|--------------|-------------------|
| Thurs. 5 Aug. 1.00pm | Consumer Business Lunch | MHACA office | Claudia 89523311 |
| Frid. 6 Aug. 1.30pm | Women's Group | MHACA office | Lai Khum 89523311 |
| Mon. 9 Aug. 12.30pm | Committee Meeting | MHACA office | Claudia 89523311 |
| Frid. 13 Aug. 1.30pm | Women's Group | MHACA office | Lai Khum 89523311 |
| Frid. 20 Aug. 1.30pm | Women's Group | MHACA office | Lai Khum 89523311 |
| Frid. 27 Aug. 1.30pm | Women's Group | MHACA office | Lai Khum 89523311 |
| Thurs. 2 Sept. 1.00pm | Consumer Business Lunch | MHACA office | Claudia 89523311 |
| Frid. 3 Sept. 1.30pm | Women's Group | MHACA office | Lai Khum 89523311 |
| Frid. 10 Sept. 1.30pm | Women's Group | MHACA office | Lai Khum 89523311 |
| Mon. 13 Sept. 12.30pm | Committee Meeting | MHACA office | Claudia 89523311 |

"One today is worth two tomorrows; never leave that till tomorrow which you can do today." *Benjamin Franklin*

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: _____