



inBalance

Mental Health Association of Central Australia Inc
quarterly newsletter

October - December 2005

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A Time to Rest, Unwind, Relax and

DO YOU fancy a BBQ and swim, a games morning or a stretch of yoga? Or perhaps a creative cooking session, visit to the library or movie? There's something for everyone over the Christmas-New Year break, so check out our Christmas Calendar liftout in the centre of the newsletter. And everyone is welcome to MHACA's Open Day on 23 December to celebrate Christmas (see box to the right). Give us a call – we look forward to seeing you!

*"Merry Christmas
and a Happy New Year
to All"*

MHACA Christmas Party

Open day for all consumers and
carers to celebrate Christmas

Friday 23 December

10.00am - 3.00pm

RSVP by 19 December 2005
Phone 8952 3311

A happy bunch of campers all set for their trip to Ormiston Gorge - see page 34 for highlights



**MHACA office will be closed public
holidays and open 28 Dec. to 6 Jan.
from 9.00am - 3.00pm**

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@iinet.net.au

Staff

Manager: Claudia Manu-Preston
Administrator: Rita Riedel
Rehabilitation Coordinator: Megan Rackley
Rehabilitation Officers: Melissa Glasscock and Joanne Ruby
Life Promotion Coordinator: Laurencia Grant
Life Promotion Officer: Christine Sevallos
Outreach Coordinator: Gavin Foley
Outreach Officer: Jenine Lee
Prevention & Recovery Coord: Rangi Ponga
Prevention & Recovery Officers: Gina McAuley and Jerry Fitzsimmons
Bookkeeper: Karen Wilton

Committee

Chairperson: Steve Fisher
Deputy Chair: Vacant
Secretary: Jill Deer
Treasurer: Mark Keyworth
Public Officer: Maya Cifali
Organisational Rep: Vacant
Organisational Rep: Helen Steer, Salvos
Consumer Rep: Leo Welin
Consumer Rep: Leonie Wehr
General member: Mardijah Simpson

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

Correspondence with Editor

Contact Rita Riedel 8952 3311

Contributions are Welcome

Contributions to *inBalance* are always 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 February 2006**. Circulation is approximately 200 individuals and groups.

Disclaimer

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

manager's update

HELLO and welcome to the 8th edition of our quarterly newsletter *inBalance*. This time of year seems to come round again a lot quicker as one gets older! However, this has been an exceptionally busy year for MHACA, in particular because of our additional new programs. For an overview of what we have been up to "the year at a glance" on page 18-19 highlights our growth and achievements over the past year as they relate to MHACA's goals.

Supportive environment

While reading through our recent annual report and this newsletter I was struck by how many events and activities have been happening at MHACA. Our intention is not to create quantity at the expense of quality – nor to create a space where clients become overly-dependent on our services. Our aim is to provide a supportive environment to which consumers have access in order to gain skills and confidence to help drive their own recovery and, in turn, together facilitate pathways out of the mental health system.

MHACA's support programs are tailored towards recognising that each individual has different levels of needs and disability, which may be episodic. As identified in my update in our recent annual report, I believe the motto "you can do it, we can help" captures the essence of MHACA's work, as it engenders both hope and mutual obligation.

AGM

MHACA's AGM on 28 September was a successful night with over thirty people attending. Thank you to all our members and interested people who came along to support the Association, and a particular thank you to those who volunteered to be on our management committee (see Steve's welcome to new committee members on page 5). Thank you also to members of Flute Salad who provided some melodic light entertainment at the beginning of the evening.



Claudia Manu-Preston, Manager

Advocacy work

Some of the most recent advocacy forums and issues staff have been involved in, have included the launch of the *Not for Service* report (see article on page 15-16) and the Disability Support Pension (DSP) reforms. Many consumers have been very concerned about what the DSP will mean for them, and in turn MHACA organised a workshop with Centrelink staff to discuss what the proposed changes to the DSP would entail. I will provide a further update about the reforms early next year.

CAMHS accreditation

I would like to congratulate the Central Australian Mental Health Service on their recent successful accreditation. Well done to Fran and her team, and in particular CAMHS' new Quality Manager, Sherrilee Portlock.

TheMHS conference

In late August I attended the 15th annual TheMHS conference "Dancing to the Beat of a Different Drum: Mental Health, Social Inclusion, Citizenship" in Adelaide.

While I had previously heard mixed feedback about the conference – from "same old regurgitated information" to "fantastic cutting edge information" – after attending, I would recommend the conference. There was a wide range of information and a great positive atmosphere that I found inspiring.

I found the main benefit was being able to obtain information about what is happening in Australia and NZ to be able to compare as well as help to build on our practices. It was also useful to explore different frameworks and to hear the views from a strong consumer representation. In 2006 MHACA will

be sponsoring a consumer position to attend, so if you would like to know more please contact MHACA.

New home

One of the projects I have been busy with in recent months is trying to secure new offices for MHACA. Due to our program expansion we have run out of room and are trying to find office space close to CAMHS that has a homely environment. I am hopeful that in my next update I will be informing you of our new address!

Feedback and evaluation

As mentioned in previous editions we always value feedback on our services. We have therefore organised an independent facilitated consumer consultation regarding our services for late February 2006. Lunch and payment of out-of-pocket expenses will be provided, so please stay tuned. Consultation questions will be handed out prior to the workshop to allow people time to consider the questions. MHACA's annual priorities will be guided by the results of this consultation.

Feedback on our services can be provided through: 1) talking or writing to MHACA staff; 2) leaving a message in our kitchen suggestion box; 3) following the consumer complaint process (flyers in information stand); 4) coming to a Consumer Lunch or Men's or Women's Group; or 5) raising issues through the management committee.

Claudia catching up with Irene Nangala, Waltja chairperson, and Kate Lawrence, Waltja Training Support Worker. Both attended a special morning tea to thank Waltja for donating camping gear for MHACA's overnight camping trip for consumers - see page 34 for all the action!



Claudia and Deputy Mayor, David Koch, present another happy prize-winner with a spot prize at this year's Mental Health Week Fun Run on Sunday, 9 October 2005

I would also like to remind consumers, carers and service providers that Helen Glover - a Consumer Advocate Trainer - will be coming to Alice Springs in February to host a workshop on self-driven recovery. If anyone is interested please contact MHACA.

Matthew Deer

Staff and consumers were saddened at the recent passing of a friendly and familiar face at MHACA, Matthew Deer. Matthew always brought with him much warmth and comradeship and was a valued member of the Men's Group. His funeral was attended by many family and friends, and was a gentle reminder to never take our loved ones for granted.

Thank you to staff

In closing I would like to thank my staff for their ongoing dedication and commitment to their work. It has been an exciting and productive year and I am looking forward to the year ahead.

I will be away for a month celebrating Christmas in New Zealand, and hope you all enjoy this special time of year. And, if you are able, come and join in some of our activities over the break (please see centre calendar liftout).

Wishing you all a safe and happy festive season.

Kind Regards, *Claudia*

Want to know more about CACCAG?

There are various ways in which people interested in the area of mental health can make a contribution to help improve mental health service delivery in Central Australia. The Central Australia Client & Carer Advisory Group offers you an opportunity to provide feedback to both MHACA and CAMHS on the quality and type of services provided.



For more info please contact Claudia on 8952 3311 or Fran on 8951 7710

A penny for your thoughts from the editor

EVERY now and then we come across something inspirational – a movie or painting, a photo or story – that moves us, that changes how we think and feel. I recently came across *Dadirri*, a piece of writing by Miriam Rose Ungunmerr, an Aboriginal artist, writer and educator born and raised in the Territory.

Dadirri (reprinted on page 27) moved me because it talks about the inner peace of quiet awareness – the art of stillness and listening to one another. *Dadirri* speaks of the ability to wait, and not worry – to honour the seasons in our lives, and the spirit in each other.

As the year slowly comes to an end and Christmas approaches once again, I am reminded of the importance of slowing down and taking rest, to allow ourselves to simply “be” – without rushing or pushing, or needing to fill our lives with busyness. It is a quality many indigenous people possess naturally, an ability to honour and be in harmony with nature. To be still, and wait, and truly listen – to our quiet voice that says “it is okay to rest”; to those around us who we often don’t “hear” because we are so busy listening to the hurried busy thoughts in our minds.

Whether it is with consumers, carers or our colleagues, our partners

or our children, listening means truly being present for someone - valuing and respecting another’s thoughts or ideas, particularly if they are different from our own. In Mental Health First Aid participants are given a handout called “Listening” (see page 32), helping people to understand the art of quality listening. Like *Dadirri*, it inspires us to slow down and be more fully present with each other.

As I read through some of the personal stories recently released in the controversial *Not for Service* report on the state of the mental health system in Australia over the last 12 years (see story page 15) I felt stressed as well as saddened at the lack of quality care being provided to people in distress – people often in crisis life-threatening situations – people not supported ... not listened to.

Why were these people not taken seriously? How were they allowed to slip through our system?

As I re-read *Dadirri* I can’t help but think that our problem lies in our inability to listen: politicians to mental health service providers, stressed workers to stressed clients, government departments to community groups, colleagues to each other, burnt-out professionals to consumers and carers.

If we stop and listen instead of driving our own agenda, perhaps we



Rita Riedel, Editor/Administrator

can truly make a difference where it is needed. Good listening, in the very true meaning of these words, is what will literally save someone’s life. It is what the ASIST – Applied Suicide Intervention Skills Training – model teaches at the core of its 2-day training program: ask meaningful questions, then listen to the answer. Then in turn, offer the support that is needed.

For me, *Dadirri* refers to a deep spiritual quality, one I think many of us in the western world have lost touch with. It is about reconnecting with the spirit of life deep inside us, one that encompasses such qualities as true caring, respect, kindness, compassion, honesty and love.

Whether you are working through Christmas or able to enjoy a well-deserved holiday, may you make time to honour the spirit of *Dadirri* - to slow down and unwind, to listen to the spirit within ... yourself and those around you.

With warm wishes for a safe, peaceful and joyful festive season.

Rita

Contributions Welcome!

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

by 17 Feb 2006

Contributions are
welcome any time

“Be the change you want to see
in the world.” Gandhi

Participants at the November ASIST workshop with Laurencia (presenting) and Rita (attending)



Mardijah Simpson . . . Committee Member

Hi Everyone,

I came to Alice Springs to work as an aged-care advocate nine years ago. Since then I have been involved with various community services including Waltja and Tangentyere Council's Detour Project. I have also served on the Women's Refuge and ASYASS management committees. Prior to living in the centre I worked with The Refugee Council of Australia and South Community Aid in Redfern, Sydney.

Eleven years ago one of my family became mentally ill and since then all my family has had to learn the harsh lesson of how inadequate many areas of mental health service provision are. We have come to realise how the funding of Australian Mental Health Services is well below similar countries such as New Zealand. It has highlighted how crucial independent community-based services are in advocating for the rights of people with mental illness and their families.

It is my experience that independent organisations such as MHACA are in a position to challenge stereotypes, help break down prejudice, seek adequate resources, run pilot projects, encourage initiatives and challenge systems failure, actions which can result in positive outcomes for disadvantaged sections of the community.

It is my hope that I can contribute as a MHACA committee member, to support the staff and help bring about positive change.

Mardijah



"What the hell - you might be right, you might be wrong ... but just don't avoid." *Katharine Hepburn*

committee update ...

First meeting of new committee

Following elections at the September AGM, MHACA's new Committee met for the first time on 24 October 2005. It is a great pleasure to welcome Mardijah Simpson and Leonie Wehr to the Committee, both of whom bring great skills and knowledge to the governance of the organisation. MHACA is fortunate among local organisations to be able to draw on committed individuals who give up their free time to support the organisation. I also wish to thank Christine Pilbrow for her excellent service to the organisation as ARAFMI's representative on our Committee. Christine has a new position and so decided to leave us. Her measured contributions and good common sense will be much missed. We wish you well in your new work Christine.



Steve Fisher: Chair

Not-for-Service report

Although I was unable to attend the launch of this report as I was working away the Committee has considered the report of the Mental Health Council of Australia entitled '*Not for Service: Experiences of Injustice and Despair in Mental Health Care in Australia*' – and found it to be a sobering experience (see story page 15). The report is important as it represents the collected views and experiences of many people affected by mental illness. We have decided to devote more time to the subject as we wish the organisation to take a clear stance on the report's findings. I will let you know the outcome of these discussions in a future update.

Training ourselves

Everyone who works for the governance of organisations needs to refresh their knowledge from time-to-time, and MHACA's Committee is no exception. Members recently met on 28 November to undergo governance training which I facilitated. The aim of the session was to cover key issues in governance - including the roles and responsibilities of committee members, the 'invisible line' between management and governance, managing risk, organisational performance and compliance with legislation. Claudia also participated to describe and discuss the programs of MHACA for both old and new committee members.

Matthew Deer

I wish to add my condolences to those offered to the family of Matthew Deer and especially to Jill, the Secretary of MHACA. The tributes to Matthew made at his funeral service reflected those values to which our organisation aspires. They included an honest assessment of the personal cost of mental illness, together with a real appreciation of Matthew's life and his personality beyond the struggles that he had suffered for the last ten years (please see also page 22).

My best wishes for the festive season to everyone associated with MHACA.

I hope you manage to spend time with those people who are important to you.

Steve

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 Officers
- Explore your choices and personal goals
- Design your own Individual Plan

For further info call:

Megan Rackley, Melissa Glasscock, or Jo Ruby at MHACA on 8952 3311 between 8.30am – 4.30pm Monday to Friday

Pathways Program

Recovery-based Rehabilitation Program

Coordinator: Megan Rackley ● Rehab Officers: Melissa Glasscock, Jo Ruby

update

The Rehab Program has been involved in some exciting activities over the past few months. Several events were organised throughout Mental Health Week in early October, and a number of staff enjoyed a healthy morning out at our annual Fun Walk-Jog-Run held on Sunday 9 October to launch the week – see story page 17. The overnight camp to Ormiston

Gorge organised for consumers was a huge success (for full story see page 34) and the next camp is already in the planning stages. The Rehab and Outreach teams collaborated in the planning of this event with the intrepid Jo, Gavin and Melissa attending. Melissa has continued her enthusiastic delivery of Mental Health First Aid training - please refer to her article on the next page.

Groups and gatherings

The Women's Group has been jointly run by Jo and Melissa with recent activities including trips to the cinema, going to lunch and 10-pin bowling. Jo has taken on the facilitation of the Consumer Lunch which is held every month and has been well attended - see her update on the next page.

Both the Rehab and Outreach programs jointly run the monthly consumer outing and a group of 12 people recently enjoyed a luncheon at the Memorial Club as well as some skilful games of 8-ball. Call Jo or Melissa if you want to know more about these groups or outings. They are all listed on the monthly calendar of events which is available from MHACA.

We also enjoyed a Melbourne Cup luncheon at MHACA which the Rehab team organised. Gina from the Prevention & Recovery team swept the pool for first place with Hubert's horse taking prize for last place!

Training

Staff recently attended Strengths-Based training with Wayne McCashen which they found useful and will soon attend Choice Theory training with Judy Hatswell. We have also been familiarising staff with the Camberwell Assessment of Need and will soon be offering this tool to consumers in all the program areas. Staff have also been involved in giving talks on mental health and MHACA's role to students at Anzac High School, the CADPHC and to Congress health workers at CARDHS.

In 2006 we will again be facilitating training workshops on the Boston Model, and on Self-Driven Recovery to be delivered by Helen Glover. Please contact me if you are interested.

Christmas calendar

Christmas can be a challenging time for some people and MHACA has organised a special Christmas Calendar of activities over the December/January festive period. Please refer to the special left-out calendar in the centre of this newsletter.

That's about our lot!

All the staff from the Rehab team wish you all a Merry Christmas and Happy New Year.

Megan Rackley
Coordinator





Megan and Jo at October's Consumer Lunch - aimed at helping people prepare feedback for the CAMHS evaluation and accreditation process

Consumer lunches: a more informal approach

Since the last newsletter the "Consumer Business Lunch" has changed its name to "Consumer Lunch", a less formal title at the request of consumers.

In the past few months the Consumer Lunch group has been busy. September was an opportunity for consumers to discuss what topics they would like to receive information and training on in the new year, and so far these include self-advocacy and interview skills.

October was also full steam ahead as the group focused on discussing and preparing feedback on the Central Australia Mental Health Services as part of their accreditation process. CAMHS Acting Manager, Fran Pagdin, came along to talk about the evaluation process involved in attaining accreditation.

The special guest at November's Consumer Lunch was Janine Stewart from Disability Advocacy Service who came to talk to consumers on developing skills in self advocacy. The main theme of her talk was identifying strengths and the capacity to maintain choices.

Fine food and good company follow every consumer meeting ...Who could ask for more!! So please check your calendars for the 2006 Consumer Lunches or phone Jo at MHACA on 8952 3311

"A little planning goes a long way!" Jo, Melissa and Gavin meet with interested consumers to plan their eagerly-awaited camping trip to Ormiston Gorge



I'm pleased to report we've had a lot of interest and participation in the course from different groups and individuals in the community. A few of these include: DASA, Employment Access, Salvation Army, ASYASS, St. John's Ambulance, CARHDS and MHACA staff. I'd like to thank Paul Hills (Remote Services), Michael Cody (ADSCA), Kalika Murti (Beyond Breathing Space) and Laurencia Grant (MHACA) for their support and professionalism in delivering this course.

There are many reasons why people benefit from training in Mental Health First Aid. Mental health problems are a common part of our society - the most common being depression, anxiety and psychotic disorders. Thus there is a high probability throughout the course of any person's life that they may either develop a mental illness or come into contact with someone who does.

In addition to this, there is often a stigma associated with mental illness, which can lead to people being ashamed about seeking help or seeking the wrong type of help. Also, professional help is not always on hand, therefore the actions of a helper can play a vital role in determining how quickly a person experiencing a problem receives help and/or recovers.

Participants of Mental Health First Aid will learn how to recognise signs and symptoms, where and how to get help and what sort of help has been shown by research to be useful.

If you have any enquiries about arranging a Mental Health First Aid course for next year please contact Melissa Glasscock on 8952 3311

Vision

To promote the social and emotional wellbeing of individuals, families and communities through community owned and developed initiatives as a means to help reduce suicide and self-harm.

Current initiatives

- Bereaved by Suicide Support Group
- Interagency Response to Suicide
- Suicide intervention and awareness training
- Sharing research, resources and information
- Barkly Region Life Promotion Program support
- Community development in Santa Teresa

For further info call:

Laurencia Grant or Christine Sevallos at MHACA on 8952 3311 between 8.30am – 4.30pm Monday - Friday

Life Promotion Program

Addressing Suicide and Self-Harm in Central Australia

Coordinator: Laurencia Grant • Life Promotion Officer: Christine Sevallos

update

New mosaic memorial honours world suicide prevention day

On 9 September a special memorial was unveiled in honour of World Suicide Prevention Day. The memorial - a mosaic paver - was created by women from the Alice Springs 'Bereaved through Suicide Support Group' to help raise awareness of the

problem of suicide in Central Australia. The artwork has been installed in the Todd River footpath where it intersects near Anzac Hill Oval behind the Senior Citizens building. The mosaic shows a spiral – a symbol of eternal life – with yellow flowers for daily remembrance, the colour blue for sadness and calmness, the colour purple for spirituality and also for women, and green for life, growth, renewal, health and healing and harmony (see page 23 for more details). MHACA wish to thank all those who contributed to this memorable event.

Darwin bereavement support

Lindsay Morley (from the Alice Springs Bereaved by Suicide Support Group) and I were recently invited to Darwin to meet with a group of people who were interested in starting a support group for families bereaved through suicide.

Those attending clearly wanted the opportunity to heal through a shared understanding of the experience of suicide. A screening of a DVD by the Adelaide Bereaved Through Suicide Support Group, *Messages of Hope*, provided further validation of the value of this form of support. The Top End Mental Health Service aim to support a non-government organisation to facilitate an ongoing group based in Darwin. The Life Promotion Program has copies of the Adelaide DVD available to borrow.

Life Promotion, Bush Mob and Yarrenyty-Arltere Learning Centre

Christine and I were recently invited to travel to Palm Valley and Hermansberg with a group of Western Arrente women associated with families from the Larapinta Valley Town Camp. A program operating through Tangentyere Council and Bush Mob provides these women with the opportunity to go bush, eat well, sleep well, have some fun and address some of the problems that are part of their lives.

We were invited to facilitate a talk about the losses that these women have experienced in their lives and to look at ways of coping that didn't involve drugs, inhalents or alcohol. Stories of brothers in prison, petrol sniffing, children not in their care and health problems were told in a safe space, lounging on swags beneath the trees and the stars. There was also mandala colouring-in, softball and feet-soaking in amongst talking, eating and cups of tea. The next day we hiked in the ancient landscape of Palm Valley, and Western Arrente stories were shared in English and language. It was a relaxing and rewarding time for all.

Santa Teresa meeting

A meeting was held in Santa Teresa in October initiated by the Health Clinic to gain an understanding of the various services being provided to the Ltyentye Arpurte Community related to mental health. Clinic staff and community members wish to have a more coordinated approach to the delivery of these services and a better understanding of the objectives of programs that are operating there.

The Life Promotion Program is aiming to work alongside the Ltyentye Arpurte Community to develop a way of talking about suicide and attempted suicides and to find out what might assist this community to help people they are worried about.





Laurencia addressing onlookers at the unveiling ceremony of the mosaic memorial in honour of World Suicide Prevention day

A close-up of the mosaic

Croc Festival 2005

Life Promotion held a stall on behalf of MHACA at Croc Fest 2005 held in October out at Blatherskite Park. Young people from all over Central Australia wandered over to the stall to let us know how they were feeling by circling either a happy face, sad face or anxious face. Fortunately for us, the great majority were extremely happy because the Croc Fest was on and there was a range of fun things for them to do. Other activities included the climbing wall, circus-skills workshops, sports, dancing, drumming, art activities, good food and entertainment.

Laurencia Grant, Coordinator

For more information on any of the LPP activities please contact LPP staff on 8952 3311.

Laurencia and Christine camping out with Linda, Alison, Charlene, Audrey and Sally at Palm Valley

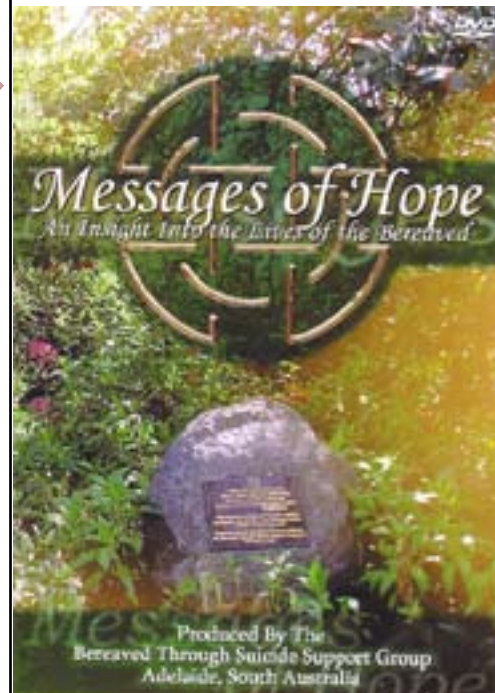


Life Promotion Program

Alice Springs Bereaved by Suicide Support Group

Meets 1st + 3rd Wednesday each month from 5.30 -7.30pm at Salvation Army Hall
The last meeting for 2005 is 7 December.

For more information call
Laurencia or Christine on 8952 3311



Group Welcomes All Workers and People Bereaved by Suicide

On Wednesday 2 November Life Promotion staff held an information evening to promote the Alice Springs Bereaved by Suicide Support Group. The group is open to anyone seeking support or understanding, or perhaps simply just a place to come and share.

A special screening was held of the DVD "Messages of Hope", a 20-minute documentary produced by the Adelaide Bereaved Through Suicide Support Group providing insight to the lives of those left behind after a loved one has suicided. LPP has several copies of the DVD available. Please call staff on 8952 3311 if you wish to loan or purchase a copy.

Objectives

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

Activities

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

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

Individual outcomes

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

For further info call:

Gavin Foley or Jenine Lee at
MHACA on 8952 3311 between
8.30am – 4.30pm Monday to Friday

Outreach Program

Promoting Independent Living in the Community

Coordinator: Gavin Foley ● Outreach Program Officer: Jenine Lee

update

The Outreach Program has been busy this quarter, with the number of people accessing the service steadily growing. This can also be seen in the growing numbers of people attending the regular groups and outings. Staff are able to provide transport to those who wish to attend groups but are unable to get there, and we welcome anyone who would like to come long.

Training

Both Jenine and I have been attending regular training and have been involved in the promotion of mental health awareness in the wider community. We have been involved in training on Disability Standards, Senior First Aid, computer training and training on the Boston Recovery model. There was also training on the effects of psychotherapeutic medication with Dr Marcus Tabbart (CAMHS) and on the Camberwell Assessment Tool.

Community activities

Staff have also been attending conferences and seminars and supporting community education. Events have included the Beyond Blue forum held on 1 September, Mental Health Week activities in early October, supporting consumers to provide feedback regarding the CAMHS accreditation process throughout October, and attending the launch of the Mental Council of Australia's *Not-for-Service* report on 14 November 2005.

Men's Group

The Men's Group is on every Tuesday from 12.30 – 2.30pm (except in the first week of each month where it is on Wednesday). At present the Outreach Program covers the costs associated with the activity chosen by the group, though it has been suggested it would be a good thing if in the future all those attending made a contribution. The Men's Group has enjoyed going 10-pin bowling at the Dust Bowl and playing 8-ball at the Oasis, venues where both staff and premises are pleasant. There was also a BBQ held at Simpsons Gap - also accompanied by what seemed like a million flies! but a good time was still had by all. Future suggested activities include go-karting, visiting a waterhole and golf driving (hitting the ball as far as you can).

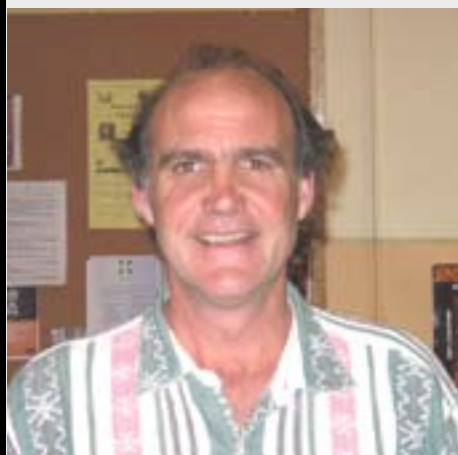
The Group is being well attended and, as always, we welcome anyone interested in coming along. When asked what people like about the activities and time spent at the Men's Group some of the members had the following to say:

- "I enjoy getting out, bowling and winning." *Mano*
- "I like 8-ball, the chips and winning." *Brett*
- "It's good to get out and meet new friends and have something to do." *Shawn*
- "I like getting out and having something to do. I like the Oasis as they are pleasant and do nice chips. I also enjoy the company of the group." *Glen*

There has also been an enjoyable camping trip jointly run with the Rehab team, a relaxing BBQ at the Telegraph Station and a great lunch at the Memorial Club combined with a bit of pool playing.

If you are interested and have any questions please don't hesitate to contact Jenine or myself. And remember, we are offering a number of activities over the Christmas period (see centre Calendar liftout) and hope to see you there.

Gavin Foley, Coordinator



yoga and mental health

Jenine has been busy researching and organising a Yoga Group after speaking with consumers and Kalika from Beyond Breathing Space about the nature and benefits of yoga.

Yoga is approx. a 5000-year-old science of physical, emotional, mental and spiritual health, hence there has been a lot of research and application of yoga for those experiencing a mental illness. As Kalika says, "Yoga serves to provide practical strategies that work on all aspects of the body and assist with a general improvement in wellbeing."

The initial Yoga Group will be for women. At present there are six people who would like to attend, but if there is anyone else interested please contact Jenine. It is planned that this group will commence in February 2006, with final dates and times still to be finalised.

It is also envisaged that either an Open Group or Men's Yoga Group could also be started up. We will be sending out flyers in the near future to keep you posted, so stay tuned.

If you are interested in doing Yoga give Jenine a call on 8952 3311.



Clayton, Margaret and Fran cooking up a storm at a weekly Drop-in/Cooking session

Drop-in/Cooking Group

The Drop-in/Cooking Group is held each Thursday from 10:30am -12:30pm at the Salvos Hall (next door to MHACA). At present the Group provides an opportunity for socialising, playing sport (currently table tennis), developing cooking skills and doing art. Attendance has been growing rapidly - the more the merrier it seems! So if you want to join we gladly welcome you - give us a call or simply drop in.

The table tennis table has been running hot ... great playing every one! Some keen participants have even suggested we consider joining the Alice Springs Table Tennis Association comps held in the evening, which could be done on a team or singles basis. Let us know if you are interested ... and come along and have a hit!

To date Jenine has been busy behind the scenes helping to organise a tasty array of culinary delights. There has been a lot of positive feedback regarding the dishes and some of the favourites include pizza, fry-ups, BBQs, stir-fries and burgers. Guest cook Fran Pagdin has also popped in to help prepare some of her favourite recipes, which have included cornish pasties and a delicious Cockaleekie Pie. Thank you Fran. Some of the people who have attended have had the following to say:

"I really like it because I enjoy this one day a week cooking lesson as it means I learn how to cook my own meals." Reva

"I like the social aspect of the group, the good interaction, and I find its therapeutic". Richard

Hubert, Leo and Brett doing some sharp-shooting at the Memorial Club



Fran's Recipe for Cockaleekie Pie

1 pack scone mix
1 bunch leeks
250gm bacon pieces
1 litre milk
2 tbl spn cornflower
Salt, pepper and seasoning

Clean leeks and cut into slices. Mix leeks, bacon and milk in saucepan and bring to the boil, then simmer until leeks are soft (about 10 minutes). Add seasoning to taste and place into casserole dish. Make up scone mix in a bowl and lay scones over top of casserole. Cook in hot oven (250 degree C) until scone mixture is cooked (until scones are brown on top). Serves 4

Subacute care

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

Support offering ...

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

What happens?

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

For further info call:

Rangi Ponga, Gina McAuley or Jerry Fitzsimmons at MHACA on 8952 3311 between 8.30am – 4.30pm Monday to Friday

Prevention & Recovery Program

“A Safe Way Forward”

Coordinator: Rangi Ponga ● P&R Officers: Gina McAuley and Jerry Fitzsimmons

update

Program launch day

The subacute Prevention and Recovery Program was officially launched on Monday, 3 October by FACS Minister, Delia Lawrie, facilitated by MHACA's Chair,

Steve Fisher. Over 50 consumers, carers and allied mental health services representatives attended the event which well exceeded the expectations of the day.

Congratulations and thank you to the Alice Springs Community for your high attendance and support shown at the launch. This signified the importance of the program and the existing relationships between MHACA, CAMHS, Congress, ARAFMI and the wider population of Alice Springs who contribute to mental health support services. CAMHS Acting Manager, Fran Pagdin, provided an inspiring speech which emphasized the definition and relationships of collaboration through the importance of “Mutual trust, equality, shared relationships, accountability and the exchanging of old habits for new ones ...” (Thiele, Chinn & Jacobs). See story page 14.

I concur with Fran that these elements have certainly marked the way forward, and communication now takes on a new phase as staff continue to be recruited and trained in the expectations and responsibilities of prevention and recovery work in a collaborative manner.

For MHACA and CAMHS to bring together the elements of non-clinical supports and clinical treatment may appear blurred for some consumers, carer's and the general community. We hope in time this will be resolved as consumers become accustomed to the partnership and better understand the respective roles of each contributing service. The program is a collective model of integrated care and aims to ensure a responsive continuum in early intervention and recovery.

Original new logo

Congratulations and thank you to Ricky and Robyn Oak for their traditional art-story painting which they provided in response to the request for a logo. This enlivening design features on the Prevention & Recovery pamphlet and reflects the steps taken and required in the journey of self-recovery which consumers face when bringing their own value systems and western healing together. Everyone benefits from this art as the original will be part of the program wherever it travels. Prints of the painting were provided as gifts to officiating guests and community services at the launch.

New staffing

Welcome to Gina McAuley and Jerry Fitzsimmons as new members of the casual pool team for the P&R program. Although based at MHACA, their support work begins at CAMHS and Ward One as part of integrated care. Both staff bring a diverse range of life experiences and work skills that will be of benefit to the community and non-clinical mental health services. As support officers they will provide a wide range of Individual Care Package supports for consumers and their families.

Recruitment continues to be a necessity as the program evolves. Most respectfully the search is for staffing of Indigenous Support Officers to work alongside the Remote and Community teams. This will offer the opportunity to gain experience working directly between CAMHS, Congress and other Indigenous services with consumers who experience problems adapting to the hospital environment and their illness. If you are interested in applying please contact me at MHACA for a discussion.





FACS Minister, Delia Lawrie, MHACA Chair, Steve Fisher and artist, Robyn Oak, celebrating the unveiling of the new Prevention & Recovery painting-logo at the program launch

Steering committee

The committee continues to meet to critique policy and procedures in the program's development. Its recommendations help ensure the voice of consumers and the community is adhered to in practice. The committee is looking at appropriate ways for supports to be provided without duplicating the service delivery of non-government sectors. The validation of the non-govt sector is crucial to ensure consumers and family are provided optimum supports in conjunction with MHACA and CAMHS.

Evaluation and research

Debra Rickwood (based at Canberra University) has developed the research method to be used in the evaluation of this pilot program. Consumers will be offered an opportunity to contribute to the research. The Camberwell Assessment Tool is being used to collate information at the time of referral and when discharged off the program. The research is voluntary, anonymous and confidential.

A safe and merry Christmas and a happy new year...

The Prevention & Recovery Team wish you well over the Xmas and New Year period.

Rangiwhiua Ponga, Coordinator

Artists Robyn and Rick Oak with their traditional artwork commissioned for the Program



New Casual Prevention and Recovery Officers



Gina McAuley

Hi, My name is Gina McAuley. Born and raised in New Zealand I moved to Australia in 1989. Prior to moving here I worked as a residential social worker; the clients were young women with a range of issues including mental health. In Sydney I continued working in the residential-care field. Since my arrival in Alice I have mainly worked in the area of mental health, working with people in their homes or hospital.

I am excited and proud to be part of the new subacute program where I am looking forward to increasing my skills and meeting lots of new people.



Jerry Fitzsimmons

Hi, My name is Jerry Fitzsimmons. I have a background working for welfare organisations in NT and SA, both government and non-government. Prior to moving to Alice Springs my work as a Senior Practitioner in Community Corrections enabled me to spend a significant period of time working in the Anangu Pitjantjatjara Lands. I see the new subacute program as a wonderful opportunity to enhance the collaborative efforts of dedicated stakeholders and interagencies.

good collaboration the key to Successful Partnership : Celebrating our New Program

AT THE launch of the new Subacute Prevention and Recovery Program at MHACA on Monday, 1 October 2005, CAMHS Acting Manager, Fran Pagdin, spoke of the importance of good collaboration to help strengthen working relationships and, in turn, effective services for consumers.

Thank you for inviting me to speak briefly with you at this launch of the new Subacute Care Program. The program has been in the planning for some time and has required a high level

responsibility for the activity for which the collaboration has been established - that is, equal partners moving forward together. Chin and Jacobs in the 1990s said several things about collaboration:

- 1) it is a process – one that requires mutual trust and equal relationship;
- 2) it requires participants to exchange old habits for new ways of functioning which assist self empowerment and the empowerment of others;
- 3) it involves consensus decision-making;
- 4) it involves shared responsibility and accountability; and
- 5) it values difference.



Mardijah, Clayton, Laurencia and Steve enjoy a hearty lunch and laugh at the launch

other. I believe this has resulted in the development of a subacute program that is stronger and more sustainable than it otherwise might have been.

The aims of the program are primarily to provide a subacute system of care and support within the community in order to improve service delivery to the consumer and to achieve the best possible mental health outcomes for the client.

However, if we can do this whilst continuing to strengthen the relationship between MHACA and CAMHS then so much the better, because a strengthened relationship will also have positive impact on client outcomes. ✕

Fran Pagdin



Rangi Ponga and Fran Pagdin signing the official documents at the launch

of collaboration between MHACA and CAMHS.

Collaboration is generally perceived as being worthwhile. However, it is also apparent that it means different things to different people in different contexts.

The social elements of language, provides for the varying interpretations of words. Thiele, back in 1989, defined collaboration as, "... the sharing of talent, expertise and workload to maintain progress toward the goal of a completed project."

However, collaboration is more than the simple sharing of talent, expertise and workload and valuing a common goal. Rather it is the bringing together of professionals in a relationship that reflects equal status, ownership and

It is my view after being part of this collaborative endeavour over the past months that each of these elements described by Thiele, and Chinn and Jacobs have been evident. This of course has also brought frustrations and challenges that have enabled each of the parties to learn more about each



Full house at MHACA to celebrate the launch of our new program

Not for Service:

“Experiences of Injustice and Despair in Mental Health Care in Australia”

“Not For Service” is the most significant report on mental health care in Australia for over a decade. In 1992 all Australian Governments initiated the National Mental Health Strategy to correct decades of neglect and assure the rights of people with mental illness. In 1993, the HREOC National Inquiry into the Human Rights of People with Mental Illness (‘Burdekin Report’) exposed the devastating personal consequences of grossly inadequate mental health and welfare services. Despite 12 years of national effort, this report captures the persisting, distressing and daily experiences of inadequate mental health and community care. It details personal stories of people with mental illness, and their families and carers, and also includes the strong views of professionals who provide mental health services in Australia.

executive summary (extract)

The great majority of written and verbal submissions focused on deficits in key aspects of mental health care services. While a wider range of community and other welfare, housing and custodial services were the subject of individual or group submissions, the fundamental issue of inadequate access to quality health services for persons with mental illness dominated the discourse.

The contrast between experiences of care when presenting with a physical illness as compared to presenting with a mental illness was profound. A lack of respect for persons with mental illness or their families was commonly reported. The combination of this lack of respect, poor resources and inadequate facilities appeared to underpin the numerous reports of reduced safety within mental health care services. Pleas for the provision of basic care with dignity were almost universal.

Consumers and their family and carers prioritised a number of aspects of health care and related services – and these are generally consistent with other independent notions of delivering quality health care services. These included:

1) access to professional care, particularly in emergency and other acute care settings; 2) treatment with dignity and concern for the individual irrespective of location of care; 3) prioritisation of safe and high quality services; 4) an emphasis on clinical care, rather than ‘containment’ of those with mental disorders; 5) earliest possible access to professional care in acute and non-acute circumstances; 6) response to individual needs, including recognition of the complexity of co-morbid substance abuse, personality dysfunction or socio-economic deprivation; 7) coordination of health, welfare and related community support services; 8) access to programs and support to live independently and work; 9) respect for the legitimate interests of family and carers in accessing care and participating in ongoing treatment decisions; 10) support for those who provide direct clinical services; 11) provision of appropriate community housing options; 12) access to appropriate medical as well as psychological services.

the contrast between experiences of care when presenting with a physical illness as compared to presenting with a mental illness was profound



future direction

It is now essential for all governments, state, territory and national to work together and commit to a process of genuine and adequately resourced reform. In simple terms this will involve:

- ◆ a recognition by all Australian governments that mental health reform is a national priority;
- ◆ real leadership at the most senior political and bureaucratic levels to drive change through a whole-of-government response;
- ◆ real and sustained increases in the overall funding for mental health care services over the next five years to align mental health and disability burden with funding (while most OECD nations spend between 10-14% of the overall health budget on mental health, in Australia we spend less than 7%);
- ◆ an emphasis on accountability at all levels on a nationally consistent basis to ensure funding is delivered and the impacts and outcomes of the investment are available to the Australian community on a timely basis; and
- ◆ urgent and resolute action to address the looming crisis in the mental health care workforce.

(cont. next page)

Not for Service:

stories of injustice and despair ...

The following are just a small sample of the stories and themes of injustice and despair that were revealed during the community consultations and in written submissions. Further stories can be found throughout this report.

preventable deaths?

[O]ne night [my son] started hallucinating. He was on a trip with a friend in NSW... The hospital called me to let me know what had happened and I was assured he would be OK. The hospital needed to get his patient history from our normal hospital in Echuca [Victoria] but there was a delay in getting this information. The Psychiatric Consultant who examined [my son] phoned me and told me he was going to be discharged as he was only homesick. I pleaded with him not to discharge him as he was really sick and needed help...[My son] was discharged the next morning and on the drive on the way home with his friend he killed his friend because he was still sick and hallucinating. He was sent to jail and had his glasses and hearing aid removed and not returned. He was supposed to be sent to a hospital with a psychiatric ward but instead he was sent to Silver Water jail... That is where he stayed for 2 months...

[He was then] moved to Long Bay Jail where he was supposed to undergo a psychiatric assessment prior to his court hearing. On the day of the assessment the doctor never turned up ...and neither did the solicitor who was acting on his behalf. As such the hearing never took place and as a result he became very suicidal... I informed and pleaded with the authorities to make them aware he was sick and suicidal. They informed me he would be put in a cell with another inmate who could watch him but in fact he was placed in a single cell on Friday...and hung himself on the Friday night. I would like to know why he was failed by three government departments? How did this happen? **(Carer, Mother, Victoria, Footscray Forum #8)**

when is a crisis a crisis?

In the past I have been told by CAT [Crisis Assessment and Treatment] team members whilst in crisis "You know more about your diagnosis than we do, Call us back if you can't get it under control". In those days control usually meant I would SM [self mutilate] so badly I would have to sew or patch myself up. How far does a person have to go to say I need help and I need it now? **(Consumer, Victoria, Submission #112)**

a failing community care system?

The system is chronically under-funded and under-resourced. There is a chronic shortage of psychiatric beds. Community Clinics are overworked and under-resourced. Supported accommodation options for mental health clients are severely lacking. The Psychiatric Emergency Service is viewed as a joke by clinicians and clients alike and functions as little more than a telephone advisory service. **(Clinician, Western Australia, Submission #4)**



prisons – the new institutions for people with mental illness?

The prison system is not the place to provide care for those with a mental illness. My work and the work of others has shown that many people who end up in jail do so as a result of not being able to access a mental health service. In many cases you will find it is deemed to always be the fault of the individual if something happens. We need to know why the services are never ever held accountable for failing to provide care? **(Consumer Advocate, Victoria, Footscray Forum #9)**

where is the follow-up care?

After exhibiting psychotic behaviour my son spent 21 days (detained) in Glenside Hospital in March 2002. He was counselled and medicated then turned out into the community with some medication but no follow up care. Shortly afterwards he stopped his medication, reverted to his anti-social, aggressive and irrational behaviour, a state he has been in unchecked for two years. **(Carer, Mother, South Australia, Submission #11)**

what next for the NT? The NT Mental Health Coalition has endorsed the report and recommended that the NT government commit to the recommendations outlined in the report. In February the Prime Minister will be discussing mental health and this report at the Australian Governments (COAG) Meeting. In the next edition of *inBalance* we will provide a further update that will include what the report means to us in Central Australia and the NT, an analysis of the report - as some of the data provided for the NT overview was incorrect - and any new developments.

Copies of the report can be found at www.mhca.org.au or you can borrow a copy from MHACA.

Mental Health Week ...

... a real heart starter

An important part of our work at MHACA is promoting mental health to the Alice Springs community. Mental Health Week and World Mental Health Day are a major part of this.

The theme for this year's world mental health week was *be active for your mental health*. This theme reflected the importance of viewing health as a whole body concern. Good mental health helps us to more fully enjoy and appreciate the people and environment around us - we respond better to the stresses and challenges of daily life, we are more creative and make the most of opportunities when our mental health is strong. There is no health without mental health and this was promoted to the wider community throughout the week.

The Rehab team helped organise our annual family Fun Walk-Jog-Run in conjunction with the Running and Walking Club on 9 October - very much in keeping with the theme! The event was well attended with over 120 people



Claudia, Deputy Mayor David Koch and Melissa enjoyed handing out the spot prizes as much as the winners did receiving them!



Nothing like a rejuvenating walk bright and early on a Sunday to get your heart beating! Some of the 120 people who attended this year's Fun Walk-Jog-Run as part of Mental Health Week

Homeworld, Dymocks, Hourglass Jewellers, Beaute on the Mall, Little Rascal Boutique, Jolly Swagman Coffee Shop, and others. Please support those who support us.

Early in the week CAMHS organised a Mental Health Expo which had a steady attendance throughout the day. MHACA's stall was manned by the Outreach Team who were also involved in the CAMHS promotional stall in Yeperenye later in the week. The week was also promoted in a 2-page feature in the Advocate. Thank you to everyone who made the week a success! ✕

Recognising our Strengths to Help us Grow

In October Wayne McCashen from St Luke's in Bendigo presented a Strengths-Based Training workshop to over 20 people. One of the central characteristics of the strengths-based approach is its emphasis - as the name suggests - on strengths, and on the power that the recognition and appreciation of strengths have for change and growth. People are constantly interpreting and making sense of their experience, and when we (as individuals and workers) notice and appreciate others strengths we are able to assist them to learn and grow. The model is based on underlying beliefs that: • all people have strengths and capacities • people can change and grow from their strengths and capacities • people are the experts on their own situation • the problem is the problem, the person is not the problem • problems can blind people from appreciating their strengths and their capacity to find solutions. Wayne concluded the workshop by providing us with practical exercises in understanding that strengths include peoples' interpersonal, intellectual and physical skills, the resources in their environment and their aspirations, hopes dreams and interests. ✕

Jo Ruby

the year at a glance...

significant growth

OVER THE past 12 months MHACA has experienced significant growth within the service with the acquisition of the Outreach Program and the development of the Prevention and Recovery Support Program. These programs have helped MHACA to extend our range of services within the continuum of care as identified by Mrazek and Haggerty (1994).



It has long been a goal of MHACA to expand our services outside of Alice Springs, and this has been achieved this year by the Life Promotion Program establishing a part-time position in the Tennant Creek/Barkly region. We are still recruiting and hope to secure someone early in the new year.

Consolidating our programs has been our priority in the first half of 2005, a major job and one that cannot be considered as complete. The scope of this work has involved recruiting seven new workers and we have also been busy developing policies, procedures and MOU's for these service areas. This has placed some pressure on the staff who have worked hard to maintain their many other commitments and service areas.

consolidating our programs has been our priority in the first half of 2005, a major job and one that cannot be considered as complete

planning and promotion

MHACA ran two service-development workshops which provided orientation and planning time for all new and existing staff. The objective of the workshops was for existing and new staff to gain a better understanding about MHACA's history, objectives and frameworks to increase their knowledge to assist in providing better services for clients.

The year also saw the development of a targeted MHACA promotional plan as the level of mental health awareness underpins a community's ability to promote mental health, prevent mental illness and recognise and respond to mental health problems. The promotional plan included a community forum on marijuana and mental illness, special events such as Mental Health Week, community training, the ongoing development of our quarterly newsletter, *inBalance*, and planning for a MHACA poster and website.

The delivery of Mental Health First Aid Training by the Rehabilitation Program has built on previous years' work to help improve the awareness of mental health issues. This has been achieved by providing information and basic intervention skills training to enable those working with people with

a lived experience of a mental illness to work more effectively with consumers.

advocacy

Systems advocacy has continued to feature as a central role for MHACA. Our involvement and contribution to the Senate Inquiry, local advocacy networks and NT and national issues helps MHACA to speak up about mental health issues. Examples of this include our participation in the



Members, staff and committee taking a glance at MHACA's annual report at our 2005 AGM

Relapse Prevention discussion paper and consultations, Medication Payment reforms and Disability Support Pension reforms.

On the local scene, at meetings with consumers and carer's they have repeatedly asked for improved community-based options. They – and we – are challenged by their stories regarding difficulties accessing services and support. In response MHACA has focused on advocating for an extension in options to therapeutic care and has been working to clarify access to services.



The MHACA team enjoying a social staff luncheon in mid-September

strategic achievements

In line with our Strategic Plan our achievements include:

1 consumer-driven quality

- consumer support funding
- supporting CACAG
- funding for training
- ongoing funding for GP support program
- improved advocacy systems
- other's initiatives as identified by MHACA consumer group

2 mental health awareness

- development of a promotional plan with funding
- *inBalance*, MHACA poster and website
- community information forums – Marijuana, Mental Illness and Young People
- participation in Mental Health Week, Schizophrenia Week, World Suicide Prevention Day
- Mental Health First Aid Training

3 prevention and intervention

- acquisition of the Outreach Support Program
- development of the Prevention & Recovery Program
- provision of Mental Health First Aid Training
- agreement with Santa Teresa to work on a community development program focusing on suicide prevention
- extension of LPP to provide services in Tennant Creek
- provision of ASIST (Applied Suicide Intervention Skills Training)
- development in partnership with the Division of Primary Health Care of a local mental health interagency meeting
- development of the Bereavement Support Group
- Christmas Calendar of events
- purchase of one-bedroom flat

4 service development / sustainability

- service development and planning workshops
- promotional planning workshops
- employment of seven new staff
- ASIST Train the Trainer
- Suicide Assessment Training for Working with Indigenous Young People
- performance and challenge meetings
- financial management and budgeting training
- development of proposals for new accommodation requirements

5 research and innovation

- evaluation of the Prevention & Recovery Support Program by an independent consultant
- adoption of the CANS assessment tools
- development of a MHACA referral and system approach for client support

6 effective governance & management

- consumer committee members mentoring system
- governance training for all committee members
- review of constitution
- support implementation of strategic plan

key challenges ahead

- securing office premises,
- building capacity within our workforce,
- increasing access in remote areas,
- continuing to increase the range of service options available within the community

Our achievements contribute to better outcomes and influence our broader vision and strategic aim of helping to create greater social and emotional wellbeing for people living in Central Australia. ✘



Oh no, not *another* group photo! Gavin, Gina, Jo, Christine and Christine catching up on the patio



Thank you to Helena for helping out during busy times - now a familiar friendly face at MHACA



A special thank you at our AGM to resigning committee member Robin Cruickshank who has been involved with MHACA since it formed in 1992

Hats off to Laurencia and Nicky who joined in our annual Mental Health Week Fun Walk-Jog-Run



Robin and Fran share a hearty laugh at the P&R program launch

Always some action at MHACA

A lightening moment! Rangi had the camera handy during one of our recent electric storms



All in favour? Josie, Jill and Steve keeping score at our recent AGM



Almost there! Rangi with FACS Minister Delia Lawrie doing last minute preparations for the P&R program launch





Matty enjoying a creative moment at the Telegraph Station -
Matthew, may you rest in peace



Hey, you look all blurry! Laurencia testing out ADSCA's 'wobble goggles'
at the CAMHS open day during Mental Health Week



Not long to go now! Matty and Rebecca looking forward to the MHACA camping trip



Almost done! Hubert lining up
for another round of 8-ball



I hope we haven't forgotten anything? Melissa and Gavin planning for the camping trip

I think I got it covered! Mark and James enjoying a round of pool



One of the recent rare wonders of living in Alice Springs ... seeing the Todd in flow

Farewell to a Valued Friend

On Friday 4 November a Memorial Service was held at the Uniting Church for Matthew William Deer who died suddenly on Wednesday 26 October 2006. The service was attended by many - family, friends and support people Matthew became close to through his illness. A number of people travelled from interstate for the Service ... Matthew had endeared himself to many people in this life.

Although Matthew had only been with MHACA's Outreach program for a short time, his nature and character made him likeable and approachable by all consumers and staff. His presence at some of our regular groups, outings and camping trips was enjoyed by everyone. Matthew's abilities, compassion and consideration to others was always evident.

At the service several who gave a eulogy mentioned that throughout his life Matthew had always shown care and leadership to others.

This was something many who knew Matthew through the Outreach groups valued and could see as one of his strengths. All have said they will miss his presence.

Throughout this time Matthew had been enduring the effects and challenges of his illness and putting great effort in to his recovery. He was an inspiration to many.

Our thoughts and best wishes go to all those who were close to Matthew.

Matty, we will miss you.

Gavin Foley
Outreach Coordinator



Who was Matthew ?

MATTHEW was a cute freckled face little boy who was a joy to be around. He had a great sense of humour and enjoyed life. Matthew was a larrikin and a leader. Whatever Matthew said, Baden (his best friend) did. Matthew was a fighter for the underdog.

Matthew was a man at 10, or so he thought when he discovered one hair under his arm. His excitement quickly disappeared when Michael checked for hair under his other arm and then told him that he was only half a man.

Matthew was a baseballer who represented the Northern Territory in the Australian championships in Melbourne when he was 11. Matthew was not a scholar. He left school at 16.

Matthew was an easy going young man who loved his friends and would do anything for them. When he was 17 he lost his close friend John and travelled to America with John's family as a support to them.

Matthew was not perfect, in fact at times he could be a right pain in the butt!

Matthew was a plumber and gasfitter who studied at the Northern Territory University. Matthew, along with Robert, always got excellent results in their practical components but I don't think the same could be always said for their written work!

Matthew was a dearly loved son. Matthew was a younger brother of Michael, Cameron and myself. Matthew was a grandson, nephew, cousin and brother in law. Matthew was a proud uncle of Adrian who came along when he was 13. He was also a loved uncle of Roley and Megan.

Matthew was for a time a husband. Matthew was a man who loved life and all it had to offer.

Matthew was also a man that suffered a terrible mental illness, an illness that robbed him of having children, and any hope in his future.

Matthew became a person who depended on many people to support him through his illness. Family, friends, relatives, counsellors, nurses and doctors, but more than anyone Matthew needed his mum and dad. They gave up their own dreams for their son. They worked with as well as fought a system that did not always support them or Matthew, a system that at times forgets that their job is to listen to and support the families that carry the burden of this terrible illness along with their family member on a daily basis.

Matthew was and is my brother.

Jacky Deer

In Loving Memory ...

WORLD Suicide Prevention Day is an International day that aims to raise awareness about suicide, one of the world's largest public health problems. Members of the Alice Springs Bereaved by Suicide Support Group wanted to create a commemorative site that could be a focus for raising awareness of the problem of suicide in Central Australia. The group engaged the support of local artist, Nicky Schonkala, who worked with the women to design and create a mosaic paver. The mosaic memorial – installed by the Alice Springs Town Council on the Todd River path behind the Senior Citizens centre – was unveiled at a ceremony on Friday 9 September 2005.

The ceremony - organised by Laurencia Grant with the support of the ASBBSS group - included several guest speakers. Christine Palmer, a counsellor and local Eastern Arrente woman, spoke of the high numbers of deaths occurring among indigenous

men in remote communities. She said her family and other Aboriginal people are attending too many funerals for people who have died this way. They are left feeling angry and overcome by grief.

Alice Springs Town Council Deputy Mayor, Alderman David Koch, spoke of the high rates of suicide in Australia and that the NT had the highest incidence in the country - in Central Australia an average of one death every month occurs as a result of suicide. There are many more people who attempt suicide and more still who have thoughts of suicide. He also spoke of the efforts being made by local organisations, government and families to address the problem – and then officially unveiled the memorial.

Lindsay Morley, who lost her husband to suicide three years ago, has been involved with the Alice Springs Bereaved by Suicide Support Group since it was established in November 2004.

Lindsay explained this was not a group anyone imagines they



Family, friends and community members attending the ceremony

will ever join or one that people easily want to go to – but also spoke of the importance of being able to meet and talk with others who have had similar losses in order to understand and make some sense of what has happened.



Compassionate onlookers paying tribute to those we have lost to suicide

Dawn Staley has been important member of the Bereavement Support Group and her poem was read on her behalf. The poem was about the difficult time she has



In memory of the many lives lost to suicide and the families and friends left to grieve the loss

Unveiling Ceremony Friday 9 September 2005

experienced after her father died as a result of suicide and mental illness less than one year ago. Those in attendance were invited to place a yellow flower on the site in remembrance of all those who have died to suicide and all the people left to grieve this loss. ✕

“Give sorrow words the grief that does not speak, whispers the o’er-fraught heart and bids it break.” *Shakespeare*

Mosaic Design

The spiral is a symbol of eternal life and the central yellow flowers represent the zinnia, symbolising daily remembrance.

The colour blue (around the outside) represents sadness and is also a cool calming colour, and in Central Australia almost always present in the sky. The colour purple (spiral) reflects spirituality and is also significant for women. The colour green (of the circle) represents life, growth, renewal, health, harmony and healing.





HOPE Awards:

new short film competition to counter stigma of mental illness

A NEW competition for short documentary and drama films that convey positive messages for people with mental illness and their carers was launched in November. Prize money totals \$20,000.

The Hope Awards aim to help reduce the stigma associated with mental illness. For the one in five Australians directly affected by schizophrenia, bipolar disorder, depression or anxiety disorder, and their families, friends and carers, the challenge of managing symptoms is compounded by stigma on many fronts.

Patron of the awards, television presenter Andrew Denton, has lent his support to the competition and says it is a creative way to tackle inaccurate, stereotypical and insensitive images of people who experience mental illness. To be eligible to enter, films must contain a clear message of hope – through the more accurate, realistic and optimistic portrayals of people living with mental illness.

The event is sponsored by Eli Lilly Australia in association with Mental Health Council of Australia, Association of the Relatives and Friends of the Mentally Ill, Australian Mental Health Consumer Network, Mental Illness Fellowship of Australia, Multicultural Mental Health Australia National Aboriginal Community Controlled Health Organisation and SANE Australia.

The competition closes at 5.00pm on Friday, 10 March 2006 and prize money totalling \$20,000 will be shared among the winning films. ✕

For more info Contact Neil Wildman or Rachel Harris on (02) 9325 4444, email hopeawards@lilly.com or visit <http://www.mindbodylife.com.au/Partnerships/HopeAwards.cfm>

"I have learned more from my mistakes than from my successes." Sir Humphry Davy

update

NTCAG

At the last meeting on 3 December members met with the Minister to have their 2005-07 Plan endorsed. The Plan will now be circulated broadly to community organisations.

At the meeting NTCAG discussed the recently released "Not For Service" report and advised the Minister in terms of the Territory-specific information in the report - clearly there is a need for greater attention to be paid to the expressed needs of consumers and carers. As this is a priority for the NTCAG we hope to progress the reform agenda

through timely advice to the Department through the Minister.

Mental health issues for indigenous people of the Northern Territory have been greatly neglected and this is also an area of concern for the NTCAG.

The group has set as a target the development of community initiatives to support indigenous people with social and emotional problems in at least three communities. This will be addressed through the establishment of a community health council, with particular emphasis on promoting more supportive systems in remote communities.

To date one community has established a local community health

council and four other communities have expressed an interest. Traditional elders and elected council members will support the health council to develop culturally appropriate ways of offering support to community members and will develop initiative in cooperation with the departments responsible for health, education and local government.

It is the role of the NTCAG to advise the Minister on matters relating to mental health in the Territory. If you have any issues which you feel the NTCAG should be aware of please contact me on 08 895 1788 or email me on linda.keane@nt.gov.au. ✕

Linda Keane, Chair, NTCAG

art helped me make sense of my reality...

a story of recovery from schizophrenia

Hi, my name is Andrew.

Several years ago I experienced having schizophrenia, brought on by drug use. It lasted for four years from 1999-2003, and throughout this time it came and went in waves. Three times it came on really intense where I had to be hospitalised. It was a frightening time in my life. It was a time when I was also studying art, something I believe helped to save my life.

While often I had no control over my illness I continued to study art ... it was the one thing which gave me a sense of hope, though I did not realise this at the time. It was only later that I realised that my use of art, and my studying of art, and having people help and teach me through art, was teaching me how to deal with what I was going through.

For example, I would make some really chaotic art work – a reflection of my manic mind at the time - and a teacher would look at it and say, “It’s really chaotic ... why not isolate some of it ... work with this ... put some more feeling here,” and so on. So through this process I learnt how to organise and focus and put more care into the different aspects of my art, and in turn my mind. Through applying a range of different art movements (such as minimalism, surrealism and expressionism) I learnt about different facets of human nature. Through studying these and implementing these I learnt about how to deal with my mind – how to navigate out of the chaos inside me.

external focus ...

Art gave me an external focus, it was like throwing myself out in front of me. Not only could I look at it and learn from it and deal with it, but other people could too, and through this they could help me. Because it was now outside of me, others could also see and have input and teach me about what I was seeing. Quite often unbeknown to them, people were responding to things inside me, helping me without realising it.

Art helped me make sense of my reality ... I could be objective about what I was thinking. My ‘visible’ artwork allowed me to be conscious of the fact that my thoughts were a bit crazy.

When I looked at my art during this time I felt unsettled, and I knew that through learning more about art I could feel more empowered. Art helped give me a structure. I remember making a conscious decision about wanting to make art that was more cohesive - it was my mission.

creating balance ...

I knew I was looking at chaotic elements because of the frenetic nature of the schizophrenia in my mind - and I knew that through applying some focus I could create balance in my art. I would allow a certain amount of chaos but then I would work with it. For example, I would throw the ink down, but then I would maybe blow on it to direct it into something I appreciated as an art work. I could influence the chaos into a more balanced state. Very slowly, through this process, art helped to balance my mind.

While I saw a range of counsellors during this time I did not find many good

ones, and often it was confusing. I would just get to know one and then they would leave or I couldn’t connect with them as people. I wasn’t as capable of talking about what was happening to me or about accepting help.

Instead I threw myself into my art.



“Tawny frogmouth owl and the nurses conversation”



“Bush stone curlew healing” - both drawn during Andrew’s recovery

My teachers in art school were kind of like my doctors and counsellors. All of my lecturers knew I had schizophrenia.

(cont. next page)

through art you can put it “out there” ... you can mess with the form (the painting, the object) instead of keep on internalising it ... art has helped to focus and calm my mind

They didn't judge me ... these are people that deal with the hugest array of people, whether it's oppressed people or abused people. Through teaching art they are exposed to many people's inner natures because they see the paintings.

I studied a lot, whether sitting and reading in a library – learning about how different cultures used art or studying different mind and learning techniques – or through experimenting with art. I wanted to learn all I could about how art had been used throughout history.

power of belief ...

One of my lecturers said something which had a big influence on me. She said one day there might come a time where a belief I had may no longer mean anything to me, and that I would have to create a whole new belief. I realised I could change what I believed.

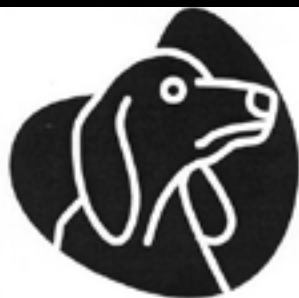
For me the schizophrenic state was a set of beliefs. I genuinely believed I could talk to an animal and they could talk back; I believed telepathy was real – that other people could read my mind ... you have to believe something is happening to you for it to be happening to you.

It was then that I consciously made a choice to change some of my beliefs about my illness. It was very much like in the movie “A Beautiful Mind” ... he believed he was working for the government though he wasn't; to get better he had to change his belief – create a new belief. But it wasn't an easy time for me. I did a lot of work to get out of there, I'm not sure if everyone would do this.

art and healing ...

Art is a physically tangible thing. You could learn about and express illness in other ways, like through sport or

share your inspiration



writing competition - How to live with the 'Black Dog'

Inspirational stories about how people live with the 'black dog' – depression – is the theme for this new writing competition being run by the Black Dog Institute.

We invite you to participate ...

The Black Dog Institute is hosting the competition to encourage sufferers, family members and friends to provide insights about their experiences and to describe the overriding influences in coping with mood disorders in enriching their lives.

Entries are to be in the form of a written article (of between 500 and 1500 words) and must address the topic of “How to live with the black dog” (depression). Prizes will be awarded for the three best entries:

◆ 1st place: \$2,000 ◆ 2nd place: \$1,000 ◆ 3rd place: \$500

Closing date for receipt of entries is 31 January 2006

An application form and further info can be obtained via www.blackdoginstitute.org.au or by phoning (02) 9382 4523.



something that really matters to you. But art worked for me.

As an occupational therapy art is very useful – it helps people to open up. It acts as a point of tension and release – people can create and release tension through their art rather than bottling it all up or perhaps even hurting themselves. Through art you can put it “out there” ... you can mess with the form (the painting, the object) instead of keep on internalising it ... art has helped to focus and calm my mind.

I'm not claiming to know the answer or that there is any one solution, but I know that art has really helped me with my illness. That's why I am interested in using art as art therapy, so that if people did want to they could have this option.

While I have recovered from my illness I still have to take care. I take things slowly step by step ... bit by bit I work to get my strength back up. Like a seed that's just been planted you have to look after yourself until your roots grow strong. ✕

Andrew may be running some art workshops in 2006. If you think you might be interested please give Rita a call at MHACA on 8952 3311

Dadirri: *Listening to One Another*

Dadirri. A special quality, a unique gift of the Aboriginal people, is inner deep listening and quiet still awareness. **Dadirri** recognises the deep spring that is inside us. It is something like what you call contemplation.

The contemplative way of **Dadirri** spreads over our whole life. It renews us and brings us peace. It makes us feel whole again. In our Aboriginal way we learnt to listen from our earliest times. We could not live good and useful lives unless we listened.

We are not threatened by silence. We are completely at home in it.

Our Aboriginal way has taught us to be still and **wait**. We do not try to hurry things up. We let them follow their natural course - like the seasons. We watch the moon in each of its phases. We wait for the rain to fill our rivers and water the thirsty earth. When twilight comes we prepare for the night. At dawn we rise with the sun. We watch the bush foods and wait for them to open before we gather them. We wait for our young people as they grow, stage by stage, through their initiation ceremonies. When a relation dies we wait for a long time with the sorrow. We own our grief and allow it to heal slowly. We wait for the right time for our ceremonies and meetings. The right people must be present. Careful preparations must be made. We don't mind waiting because we want things to be done with care. Sometimes many hours will be spent on painting the body before an important ceremony.

We don't worry. We know that in time and in the spirit of **Dadirri** (that deep listening and quiet stillness) the way will be made clear.

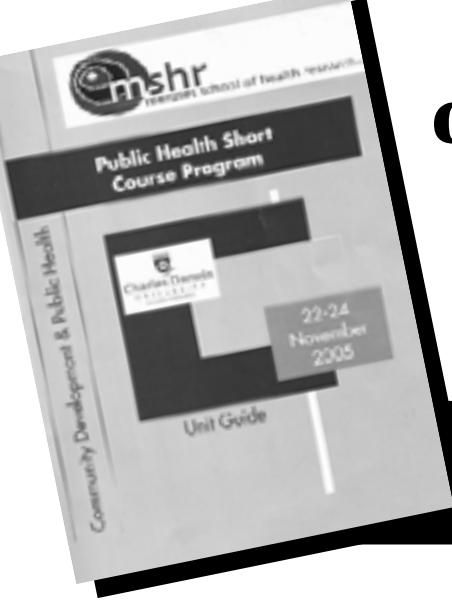
We are like the tree standing in the middle of a bushfire sweeping through the timber. The leaves are scorched and the tough bark is scarred and burnt, but inside the tree the sap is still flowing. And under the ground the roots are still strong. Like that tree we have endured the flames and we still have the power to be re-born.

Our people are used to the struggle and the long waiting. We still wait for the white people to understand us better. We ourselves have spent many years learning about the white man's ways; we have learnt to speak the white man's language; we have listened to what he had to say. This learning and listening should go both ways. We would like people in Australia to take time and listen to us. We are hoping people will come closer. We keep on longing for the things that we have always hoped for ... respect and understanding.

We know that our white brothers and sisters carry their own particular burdens. We believe that if they let us come to them, if they open up their minds and hearts to us, we may lighten their burdens. There is a struggle for us, but we have not lost our spirit of **Dadirri**.

There are deep springs within each of us. Within this deep spring, which is the very spirit, is a sound. The sound of Deep calling to Deep. The time for rebirth is now. If our culture is alive and strong and respected it will grow. It will not die and our spirit will not die. I believe the spirit of **Dadirri** that we have to offer will blossom and grow, not just within ourselves but in our whole nation.

Edited version adapted from the writings of Miriam Rose Ungunmerr



community development and public health in remote indigenous communities ...

A 3-day course in Community Development and Public Health was recently offered through the Menzies School of Health Research in Darwin from 22-24 November 2005. Life Promotion Coordinator Laurencia Grant attended.

I TOOK the opportunity to participate in this course as it has a special emphasis on working in remote indigenous communities. The Life Promotion Program has a strong emphasis on community development (as do many other programs operating in Central Australia). In particular, LPP has been invited by the Community Council and the Health clinic to work in Lyentye Arperle (Santa Teresa) Community.

So what exactly is community development?

The popular community development texts of Susan Kenny and Jim Ife discuss common principles:

1) The recognition of disadvantage and unequal power relations and a commitment to social justice through ongoing community work.

2) A commitment to working with people to bring about positive change through self-directed and sustainable solutions.

3) It involves community participation that not only addresses the issue at hand, but also fosters greater communication and improved relationships within a community.

It sounds great in principle, but as this course highlighted, the process of community development is never smooth sailing - it is time consuming, the focus often alters through unforeseen circumstances and most community develop-

ment programs are poorly evaluated and rarely self-critical.

In recent years, Governments have high-jacked the terminology to suit their own agendas and have reinvented the term as if it were a new concept. Community Capacity Building has been taken up by Commonwealth, State and Territory Governments as a means to create social cohesion:

“Insisting that projects are bottom-up is contradictory, since the states have the real power over short-term, pre-set outcomes and budgetary and planning control, although with little knowledge of complex, community interrelations and history.” (Kyne 2004)

Specific to the Territory

The course involved guest speakers discussing theories and actual community development projects developed in remote regions of the Territory.

Martin Mowbray from RMIT in Melbourne, challenged our thinking on the subject of Community Development. The following is a quote from

an influential paper Mowbray wrote in collaboration with Lois Bryson in 1981 called *Community: The Spray-on Solution*: “Minimisation of public expenditure is a fundamental plank in conservative economic policy which is served by the use of ‘community’ to denote certain programs that involve a transfer of responsibilities to the local (community) level – which in practise and just incidentally, usually means to women.”

... the process of community development is never smooth sailing - it is time consuming, the focus often alters through unforeseen circumstances and most community development programs are poorly evaluated and rarely self-critical.

Guest presenters

Guest presenters included Danielle Campbell who has recently been employed as a Community Development worker with the Central Land Council in Alice Springs. Danielle spoke critically about her experience working in Gapuwiyak in North-East Arnhem Land on the Child Growth Project.

Richard Chenhall talked of his evaluation of Indigenous Residential Alcohol and Drug treatment centres, and Komla Tsey’s work in health research is well recognised in Central Australia - he emphasised the need to harness and support the strengths within communities as opposed to outsiders imposing their good intentions on people whose “problems need fixing”.

Maria Scarlett and Julie Brimblecombe shared their experience as researchers focused on healthy eating in indigenous communities through their work on the Galiwin’ku healthy lifestyle project. They too highlighted the difficulties of applying a model of health promotion in a “context of unequal power relations and disadvantage.”

What does this mean for the Life Promotion program?

The Life Promotion program works within a community development framework to address the issue of suicide and suicide attempts in remote and urban Central Australian communities. In Central Australia the majority of completed suicides and most probably attempted suicides occur in remote indigenous communities.

While no one community has been identified as being in greater crisis

than another on this issue, there is some evidence to suggest that certain regions are reporting a greater incidence of suicide attempts and self-harming behaviour - such as petrol sniffing - than others.

The approach to work in one remote community over a 12-month period has been identified as a means to:

- a) learn about the issue of suicide in one community
- b) evaluate the work we do in a remote community
- c) make better use of limited resources and concentrate our efforts

?? Important questions

Based on the information gained from this course, the Life promotion program needs to ask a number of important questions relevant to remote work:

- a) What is the history of this community and how has this history impacted on present day mental health issues?
- b) What is the Life Promotion program hoping to achieve?
- c) Who else needs to be involved?
- d) Do the people who live and work in this community think that suicide and attempted suicide is an issue they want to talk about?
- e) Does the community need or want support to address this complex problem?
- f) What cultural issues need to be understood?
- g) Are there any current suicide prevention, intervention or bereavement support programs already in place?
- h) Does this community think that something can be done about this issue?
- i) If the community identify possible solutions, how much resourcing will they require and how much scope has the Life promotion Program to assist this community in the implementation of their solutions? ✕

**For more information contact
Laurencia Grant, Life Promotion
Program Coordinator,
on 8952 3311**



Centacare family services

8 Hartley Street Alice Springs Ph: (08) 8952 9730
Fax: (08) 8953 3008 Email: asp@centacare-nt.org.au

Counselling

Centacare, Alice Springs has one family counsellor who is experienced in working with individuals, couples and children. In particular issues such as parenting concerns, relationship issues, stress, anger, anxiety, depression and postnatal depression may be addressed as well as self-esteem and assertiveness. Counselling is structured to suit your own personal needs. Group classes are also offered each term and are currently focused around parenting, anxiety issues and self-esteem and assertiveness. Strong Women, Strong Relationships Group is run twice a year, parenting programs each term, as is the anxiety support group. Please call Helen for further information or referrals or Email hgrayner@centacare-nt.org.au

Aged Care Advocate

Chris our Aged Care Advocate works to encourage the rights of elderly residents in homes and hostels. Assistance with information, concerns and family members rights can be accessed. The advocate works with residents of Commonwealth funded nursing homes and people who have been assessed and waiting for placement. This service is also provided to people residing in their own home receiving a Community Aged Care package. Email cgrant@centacare-nt.org.au

Children's Contact Centre

The Children's Contact Centre is a neutral home-style environment, which provides a service for families who have separated and are experiencing conflict. We offer a change over service where children are transferred from one parent to the other. This service suits separated parents who prefer not to meet each other and enables children to continue a relationship with both parents without fear of incidence. We also offer supervised visits recommended through the family Court. Our services are friendly and non-judgemental. Small fees apply. Call Annette or Email akelly@centacare-nt.org.au

Breathing Space

Breathing space provides affordable and safe short term child care placements for children 0 – 12 years of age for families seeking support during difficulty or crisis. This may include Counselling appointments, medical, legal matters and special needs. Please contact Tracey or Email asp@centacare-nt.org.au

Family Preservation Program

This program works with FACS referred clients to assist and support families to care for their children. Contact Wendy or Email warmstrong@centacare-nt.org.au

TILA

TILA is one off support of up to \$1000 to assist eligible young people with their *Transition Into Independent Living*. Eligibility criteria need to be met and young persons need to be aged between 15 – 25 and have been in formal or informal care. Applications need to be through a referring agency, Please call Centacare for further information on this program.

Update

NT Mental Health Coalition

by Marilyn Starr, Project Officer



MHACA is a member of the NT Mental Health Coalition, which is the state peak body representing non-government NT organisations which provide services to people with mental health needs.

The Coalition also has a seat on the Mental Health Council of Australia (MHCA) – the national peak body – and operates as a sub-committee of NCOSS. Claudia Manu-Preston is the Coalition's representative on MHCA and she does a sterling job of taking our Northern Territory concerns to the federal forum.

Since the September issue of *inBalance*, the Coalition has:

1. Now got two seats on the Cowdy Ward Inpatient Task Force (Darwin) set up to steer the Top End Mental Health Service through changes to the ward to bring it in line with contemporary expectations.

2. Attended the Senate Select Committee's Hearing into the state of Australia's mental health sector in Darwin, to speak to the issues identified in our NT Submission to this Inquiry.

3. Not endorsed the Implementation Plan of the 3rd National Mental Health Plan as it stands, due to doubts about accountability issues, still being clarified.

4. Met with the new minister, Delia Lawrie, to introduce the Coalition and outline our sector concerns as well as our hopes. This initial meeting has set a firm and friendly basis for ongoing discussions.

5. Co-released, with the Human Rights and Equal Opportunity Commissioner, the *Not-For-Service* report on behalf of MHCA, both nationally and locally. Claudia launched it in Alice Springs and I launched it in Darwin.

6. Coordinated Mental Health Week 2005. The NT adopted the International theme, "Mental and Physical Health Across the Lifespan" and added the local theme: "With Arts in Mind".

A week full of activities included: a fun walk/run, public forum, talks to high school students, a consumer and carer dinner, and a stress less afternoon of picnic races to finish off with. The

week was a huge success and plans are already under way for next year.

A way forward ...

The DHCS has now formally approved further funding for the Coalition until June 2006, making ongoing planning much easier. The Department has also notified the Coalition that there is designated funding for its operation on an ongoing basis, but as yet the Coalition has not been officially notified of this.

The Coalition is finally beginning to achieve what the original member organisations foresaw as the Coalition's role – mental health awareness by the broader public as well as policy makers.

Since I've now been re-employed (at least until June) by the Coalition, I look forward to keeping in touch with readers of *inBalance* next year, and hope that the holiday season brings joy and rest to all those that need it. ✘

Employment Access

Shop 1, Leichtodd Plaza, 7 Leichardt Terrace Phone 89530911

Who are we?

We are: Roger Thompson (manager), Clare Fuller (manager), Kathleen Sheehan (Admin) and Tony McKenzie (Job Coordinator)

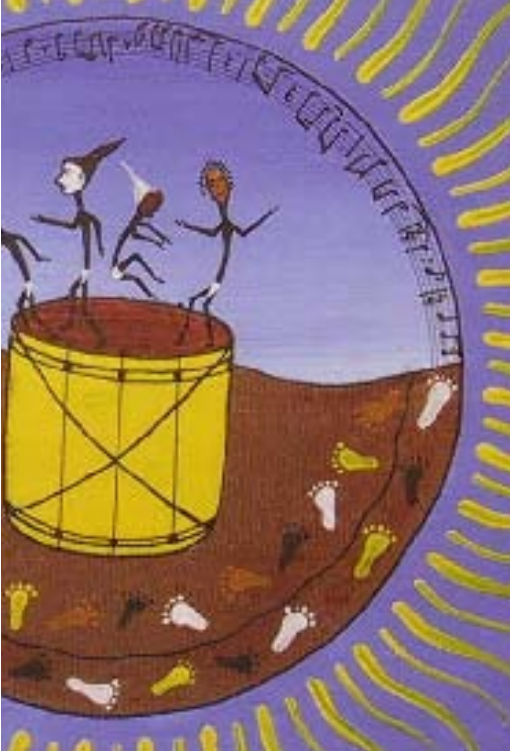
What do we do?

We help people with disabilities find and keep a job. We do this in a variety of ways ensuring that the client has input into the process. We assist with resumes, interviews, finding jobs, negotiating with employers and employees where needed and we support you both on and off the job for as long as is needed.

Who can use our service?

Check with us, your mental health worker or Centrelink and we can verify whether you are eligible for our service.





15th Annual THEMHS Conference

Dancing to the Beat of a Different Drum - Mental Health, Social Inclusion, Citizenship

31 August - 2 September 2005 Adelaide Convention Centre

The theme of the conference was framed to reflect the “drum” being the heartbeat of an inclusive society, where citizenship for people with mental illness are valued. “In this society our relationships are built on the recognition of the worth of each individual. We value the diversity of beliefs, values and attitudes that we each take on our journey. Our ability to grow and to appreciate those who we meet along the way comes from inclusion and is strengthened through shared experiences. Understanding the uniqueness of the people we encounter en route enables us to appreciate the complex, diverse and elegantly simple nature of the society we all share. Each person’s journey becomes a trail growing into a well worn pathway which can be shaped and expanded by the footsteps of others, moving in the same direction, leaving a collective impression in the sands of our social landscape.”

Manager Claudia Manu-Preston attended the conference. The following is an overview of some of the sessions which she found to be the most interesting and relevant to MHACA.

Wednesday 31 August:

where are we going? government policies and strategies for the future

Nathan Smyth: Assistant Secretary, Health Priorities & Suicide Prevention Branch & Arawhetu Peretini, Manager, Moari Mental Health Team, Mental Health Directorate

This session was a talk about future directions and policy initiatives for each country. Mr Smyth spoke broadly about the investment that the government had already made through additional funding to the mental health sector. He spoke about the national projects of Mindframe, Mindmatters, Ausinet, Beyond Blue and Mental Health Consumers Network, and the government’s role and outcomes achieved to date.

Mr Smyth displayed limited knowledge about mental health issues and spoke directly to his Powerpoint presentation made up of output measures and project information. The dismantle-

ment of the Mental Health Unit and renaming of Health Priorities and Suicide Prevention Branch demonstrated to me the government’s lack of commitment to mental health.

Mr Smyth was asked why Australia does not have a Mental Health Commission, and why the government continued to concentrate on projects when the coordination and delivery of services were in crisis. In response Mr Smyth spoke about the government’s frustration at the lack and quality of services the States and Territory were providing. He said mental health was no different to the range of issues other health areas were facing, and therefore a commission was a bandaid approach to challenges related to Australia’s constitution.

Lastly, Mr Smyth spoke about the reports due to be released by HEROC, MHCA and the Senate Inquiry and how these reports would assist the government in the upcoming reforms.

Thursday 1 September:

recovery ! from rhetoric to reality

Ron Coleman is a mental health trainer, author and consultant specialising in psychosis

prevention and resolution. He has designed training packages to enable voice hearers to gain ascendancy over the negative aspects of the voice hearing experience. His own route to recovery after spending 13 years in and out of the psychiatric system has given him many insights into the many difficult issues facing today’s mental health services. Ron has published several books including “Politics of the Madhouse” and “Recovery: An Alien Concept?” and co-authored “Working with Voices” and “Working to Recovery”.

Ron’s presentation was challenging and moving, as well as humorous and informative. He spoke about the importance to work from a strengths-based approach, and explained that many people with a mental illness succeed and live purposeful lives without the use of services – personal responsibility is part and parcel of recovery and is only the consumer’s role and responsibility. He also spoke about how services rarely build in an “exit pathway” for consumers, therefore reinforcing dependency.

Ron’s main message was to instil hope and to walk beside the consumer. I encourage all staff and consumers to listen to his presentation on CD.

consumer participation

This presentation explored the BBQ as a credible social inclusion activity. Consumers talked about the lack

consumers talked about the lack of support and funding because there is a perceived attitude that people only come for the food and not the companionship.

(cont. next page)

Congratulations to CAMHS

... on their successful accreditation through the ACHS. The Service was assessed against the National Mental Health Standards and six key areas of:

- Continuum of Care
- Leadership and Management
- Human Resource Management
- Information Management
- Safe Practice and Environment; and
- Improving Performance

Thank you to everyone who gave feedback.



CAMHS staff (L to R): Cecil Johnson, Daniel Mullholland, Phyllis Gorey, Jean Gregory, Bronwyn De Aldi, Sherrilee Portlock, John Gregory, Lance Sutcliffe, Jean Roberts, Jude Pringle, Tony Fitzpatrick, Chris Castle

of support and funding because there is a perceived attitude that people only come for the food and not the companionship. The presenters talked about the government's requirement to show an outcome for any activity, and that this was not always possible within the given timeframe because there may not be visible improvements within the first six months. Consumers felt that funding requirements focused on a one-dimensional outcome as opposed to building outcomes.

The presenters talked about how they had worked hard in Mental Health Week through art shows and writing competitions to show-case the sort of activities that worked in their region.

other sessions

The other sessions I attended were:

- Critical Analysis and review of Referrals of Fairfield Comm. Mental Health
- Measuring Consumer Needs in a Community Rehabilitation and Support Service, CANC
- Routine Outcome Measurement in Mental Health
- Men's and Women's Health: Walk, Talk and Gawk: Aboriginal Mental Health
- Larrikia Nationa Male Focus Group: What do you do when your mate is telling you about committing suicide ?
- Inailau-A-Tina Pacific Women Tell Their Stories

If you would like to know more please give me a call. ✕

Claudia

Listening ...

You are not listening to me when ...

You say you understand.

You have an answer to my problem before I've finished telling you my problem.

You cut me off before I've finished speaking.

You finish my sentences for me.

You are dying to tell me something.

You tell me about your experiences, making mine seem unimportant.

You refuse my thanks by saying you really haven't done anything.

You are listening to me when ...

You really try to understand me, even when I am not making much sense.

You grasp my point of view, even when it's against your own sincere convictions.

You allow me to make my own decisions, even though you think they might be wrong.

You don't take my problem from me, but allow me to deal with it in my own way.

You hold back the desire to give me good advice.

You do not offer me religious solace when you sense I am not ready for it.

You give me enough room to discover for myself what is really going on.

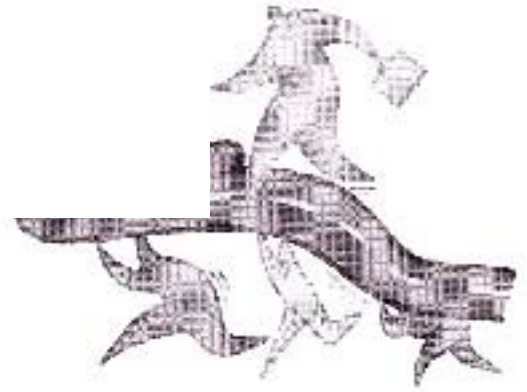
You accept my gratitude by telling me how good it makes you feel to know that you have been helpful.

Anon

Bumps in the Road...

Some of the challenges faced by MHACA

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



from the Manager ...

◆ A challenge is that the general community and other services perceive that as we provide mental health services that we should be providing all aspects of mental health care. However, we do not provide clinical care as we are a non-clinical provider, and cannot and do not wish to provide every aspect of psychosocial support. This would go against MHACA's organisational philosophy of community integration which requires a community development approach and working with other agencies.

We are often asked why we do not provide peer support programs. MHACA does this through informal peer support of clients at our regular group sessions and drop-in activities. We have also been lobbying for the GROW service to be provided in Alice Springs.

from the Rehab team ...

◆ Maintaining a consumer focus while attending to training and education roles is an ongoing challenge. In addition to providing support to clients, staff are also involved in undertaking research, providing training to the sector, undertaking training for professional development and participating in meetings. At times this means we cannot be as readily available to consumers.

◆ Obtaining feedback from consumers regarding the program is not always easy. We recognise that clients may not feel free to ask for what they want or to say what they really think. Towards this end we are organising an independent consultant to facilitate an evaluation workshop early in the new year.

from the LPP team ...

◆ Gaining a picture of the scope of suicide attempts is an ongoing concern for the Life Promotion team. Trying to define a suicide attempt is fraught with difficulties and collecting accurate data on suicide attempts is therefore not possible. However, if the program is to address this issue we need to have some understanding of regions with particularly high numbers of suicide attempts.

◆ The Bereaved Through Suicide Support Group currently has two people attending. In order to justify the continued facilitation of this group LPP requires new referrals. So those who have thought about coming need to be brave enough to step through the door, and GP's and counsellors need to remember this option of support is available.

from the Outreach team ...

◆ Not always, but often in the general community, humour and healthy attitudes vanish when an individual or group of people with a mental illness attend a venue or an outing - something most of us do (and take for granted) in order to relax, socialise, have a LAUGH with friends, to meet new people or just watch life pass by.

Why? Is it Hollywood films, or old stigmatised attitudes and values? Or have mental health workers just got it wrong when presenting this to the wider community?

It's mostly been my experience that those who do have a mental illness can find humour in most things - even in the person's reaction behind the counter or at the adjoining table. So why the sad or anxious face behind the counter or at the next table? Keep on enjoying and smiling, crack a joke ... the day is not going to end because someone has a mental illness. And you can only bring joy to their life ... and to your own.

Through further education and raising better awareness I believe this bump in the road can be over come.

from the P&R team ...

◆ The biggest current challenge for the Prevention and Recovery Program is recruiting staff for our casual pool of non-clinical subacute care workers.

There is an opportunity for those with high quality people skills to step forward to assist those needing intensive support before and after hospital admissions back in the community. In particular, we are looking for indigenous people to be on our team. If you feel you can contribute or have any enquiries please give us a call or pick up a job description. "You won't know until you try". ✕

Headin' out West!

... MHACA's o'night camping trip ...



We made it! Ah, this is the good life ...



Who needs fly-spray when ya got t-towels!



Those flies won't get the better of me!



Eva, Rebecca and Matty enjoyin' the great outdoors

Hmm, that sure smells good! Jo, Gavin and Matty fire up the BBQ



I'm telling ya, we better not forget that fly spray!

16-17 Sept 2005

AFTER SEVERAL weeks of planning, eight of us headed out to Ormiston Gorge on 16 September for an overnight camp. The trailer was packed to the hilt with swags, cooking equipment and enough food to feed an army! Rebecca, Gavin Richter, Melissa and Jo set out in the Sedan, followed by Gavin Foley and Matty in the 4WD. We were later joined by Eva and Clayton in Clayton's ute.

While there had been storms the previous day we were lucky enough to have clear skies and warm weather. And thanks to Waltja's donation of camping equipment - especially the swags! - we had every bit of the creature comforts.

After a pleasant drive through the luscious mountains of the Western McDonnell Ranges we arrived at our destination - where we were warmly greeted by a cheery chap (the caretaker of the Gorge) who showed us to our 'million-star' camp site. It was a treat to have it all to ourselves.

It didn't take us long to set up camp and we soon settled into a delicious lunch. Attempting to do battle with the flies proved to be amusing - with the introduction of t-towels on our heads as a fly deterrent! We then went for a walk around the Gorge which was just spectacular. There was a little bit of water there but no one opted for a swim ... though to our delight we did see a few youngsters enjoying a refreshing dip. But we weren't quite that brave!

We headed back to the camp site in the afternoon. As the weather was cool enough to start a fire pretty early in the evening some of the men (both Gavins and Clayton) went off to gather wood ... whilst the women prepared the evening meal! After a lot of chatting around the fire and a lovely dinner prepared by our 'surprise' chef Matty, we tucked in for the night.

After a dreamy sleep under the stars we were awakened quite early by chatting - those who went to bed early! Must have been pay back!! While a few managed to sleep through the chatter (Rebecca, Melissa and Matty) for the rest of us it was definitely time for a cuppa. But, oh gasp - as the early birders quickly discovered,





Anyone need a t-towel? Won't be long before those flies are up!



This is what it's all about ... the peace and beauty of the outback

we had run out of milk! So Jo and Rebecca headed off to Glen Helen ... back in time for all to enjoy milk in their coffee.

That morning we spent visiting Glen Helen and walking to the Gorge. We found a beautiful peaceful spot where we had the opportunity for some reflection time - and more photos!

As a group we decided to head out to Redbank Gorge and then onto Goss Bluff ... but Mary the Magna had other ideas. Fifteen minutes into the drive we had a blow out! Thanks to the skill of our driver (Melissa) we slowly veered to the side of the road, and thanks to our very skilled bush mechanics (Matty, Clayton and both Gavin's) our tyre was soon fixed. We then decided to change our plans and go to Ellery Creek Bighole for lunch. After another very filling lunch and visit to the water hole we were ready to head home.

The camping trip proved to be a great opportunity for everyone to relax in the most spectacular surrounding of the Western Macs. Talking openly and honestly about some of our experiences of life, work and travel, it was a time of sharing and accepting of others, with a strong group focus. It was an ideal stress-free environment - far away from the hustle and bustle of town ... no distractions, no appointments, just the opportunity to get to know each other on a more personal level.

The camping trip was relaxing, fun and a success all round, and we look forward to another trip in 2006. Favourite suggestions so far include Kings Canyon, Uluru and Kata Juta.

We hope to see you there!

Jo Ruby

Goodbye flies!! We're heading home now ...

Oh no we're not! ...That flat sure is a beauty!

Off in a jiffy! Fellow bush mechanics unite!!



I could have sworn I brought some fly spray!



Footy is grand, but so is the view ... Gavin takes a break to admire the Gorge



Coping with mental illness:

a carer's perspective

MY FIRST experience in supporting a family member with a mental illness began almost three score and ten years ago ...

As a child living on a farm as part of a large family, it was an idyllic life...well, almost! There was freedom, fun, our own entertainment, and seemingly endless chores, and our parents were devoted role-models. They were also endowed with an immense capacity to cope with life - and us - through thick and thin, war and peace.

In the 1940s, my sister, who was four years older than me, and in her teens, developed epilepsy. Her unpredictable seizures were severe and frightening. Her disability shattered us all. It saddened me that she could no longer attend school. Instead she did correspondence lessons and was assisted by older siblings. Her social life was limited because of her condition.

Even more devastating to our family was the fact that she developed a mental condition, which in those days was commonly known as "nervous disposition" or "nerves". The treatment for "nerves" was to take a boat cruise around Spencer Gulf on either the Moonta or Minnipa.

Feeling helpless

Recently my living siblings - now in their seventies and eighties - and I reflected on the impact our sister's disabilities had on each of us through out her life

(we took turns in supporting her).

Memories and emotions resurged as we recalled the past. We all reacted differently. We agreed however, that for 40 years the greatest frustration was not knowing what was best for her, or what to do, or how to help her. She passed away in her early sixties.

We were most grateful that our sister could experience quality time and live life more confidently for the last 20 years of her life. With great difficulty we found appropriate independent accommodation for her, in a senior village where she received 24-hour care.

Incidentally, the term "care" comes from the German word "kaross" meaning to grieve. There is, in varying degree, a sense of grieving in all caring - and guilt. We all grieved.

A family of my own

I now move on to the 1970s. I'm happily married with a beautiful husband and kids. We were, I think, a normal fun-loving sharing family. All was going well. We were, however, concerned about our teenage daughter's subtle mood swings and often inappropriate and, at times, bizarre behaviour.

An academically bright student and vivacious - she still is - but at that time emotionally and mentally unstable. While my husband had very good rapport with young people, in the case of our own daughter we were baffled. Gravely concerned for her welfare and

our inability to cope we sought advice from numerous professionals.

We were told - that we were too strict, that we were the cause of the problem. Or, "she'll grow out of it", or "let go". When we reported her as a missing person, we were advised that, because she was of legal age, there was little that could be done. It was a very scary and worrying time for us.

Trying to make sense of it all

For many months nothing made sense ... until we experienced a crisis. As a result our daughter was diagnosed with manic-depression (bi-polar).

On the one hand we were overwhelmed with relief at the news, knowing or thinking help was at hand. But we soon discovered that very little support was available for parents, and our daughter received band-aid care/support.

We were isolated more than ever before. So we read and read and read and re-read all the material we came across that would assist us in knowing more about mental illness and how to cope. Eventually our home became a mini-resource centre for other parents seeking help.

During these years of learning and upheaval, my husband became ill. We decided that from there on we would live life to the fullest and as normal as possible between his treatments.

Despite our daughter's illness we did this for 13 years until his death in 1990. I learnt so much from the holistic palliative care support received at home and in hospital and wondered why the same principles could not be applied in the area of mental health.

More grief

Some months prior to my husband's death I observed our son retreating more and more to his room. He was depressed, and understandably so.

After his father's death my son moved interstate as planned earlier.

On the one hand we were overwhelmed with relief at the news, knowing or thinking help was at hand. But we soon discovered that very little support was available for parents, and our daughter received band-aid care/support.

Mine is not an isolated carer's story. Over the years I have met hundreds of carers rowing in the same boat, facing their personal tsunamis.

The depression resurfaced dramatically. He became quite unwell, fluctuating between depression, paranoia, suicidal thoughts, attempted suicide and schizophrenia. He missed his dad.

With great resistance my son was admitted to hospital for psychiatric help. His GP at that time recommended that he return to live with me.

After 12 months he was reasonably well enough to return to the workforce. He has struggled on for 15 years, frequently changing jobs and now evading the help he desperately needs in order to remain stable. He has again moved interstate. I know he is unwell. I am helpless as I wait for perhaps another crisis call.

How do you cope?

Life is what happens when you least expect it. How do you cope? You soldier on, mate ...

After my husband's death I came to terms with my own grief, and soon adjusted to my new self-pronounced title: a freelancing widow on perpetual long-service leave.

There was no question of returning to my former teaching profession. Life was too unpredictable, as were the illnesses of my two children.

For 10 years I became involved in volunteering: my passions were palliative care and mental health. With another carer we began a Carer Support Group,

and at the drop of a hat I travelled.

These were trips with a difference - I experienced the mental health system in a number of different States. More often than not it was recommended that if one of my children required close monitoring, they should return home and stay with me - the reason being, "because our State is in a bad way, we do not have a support system".

My rescue or mercy trips included at least ten interstate ventures and two overseas. That was in the 1990s.

Five years ago I moved to Alice Springs, all in the name of care. I am eternally grateful for the amount of support and encouragement that is available for carers right here at our doorstep.

Mine is not an isolated carer's story. Over the years I have met hundreds of carers rowing in the same boat, facing their personal tsunamis.

As Dr Trevor Cook (a behavioural educationist and professor in the Faculty of Health Sciences, University of Sydney) recognises :

"Family carers do not usually take on this role by choice. We continue to hope that our relative with a mental illness will recover or improve. Carers become trapped - financially, mentally, physically, emotionally, socially, and spiritually over a very long time.

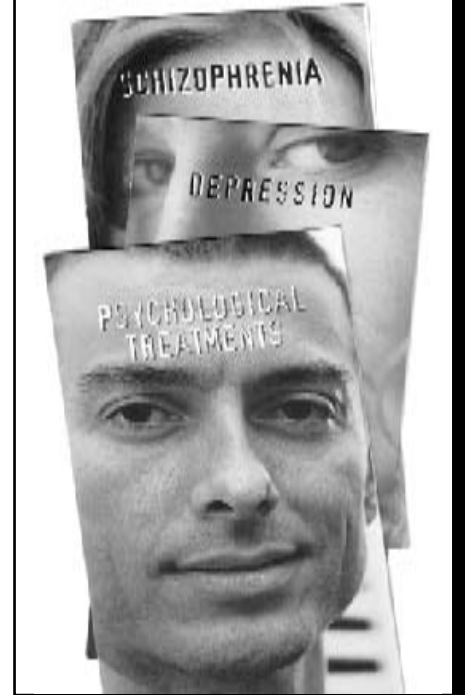
All family relationships are affected. Employment for carers is affected. The effects on carers health are certainly negative - caring is a stressful load. Carers can be stretched to the limit, often with little previous experience when dealing with the chaos for the person with a mental illness. And then they still face the question: What happens when I die?"

We live in hope for a brighter future - here in Alice Springs. ✘

(Name withheld out of respect for family)

 is a national charity working for a better life for Australians affected by mental illness and has a wide range of resources available. Call the SANE Helpline on:

1800 688 382



"Until you try you don't know what you can't do." *Henry James*

**NT Health Direct:
It's your call
1800 186 026**

A new telephone health advice and information line for Territorians has been established called NT Health Direct. It's free * and completely confidential, 24 hours a day, 7 days a week. Whatever the problem, registered nurses trained in telephone triage will provide immediate guidance on health concerns, where to go to receive treatment, how quickly, and what callers can do until they are able to receive face-to-face medical attention. This includes after-hours care and home visiting services, the nearest doctor, late-night pharmacy and other health services provided in the community.

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



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

for 24-hour 7 days a week
confidential telephone counselling



something on my mind

Resource for young
people with parents
who have a mental illness

A group of young people who developed a comic book on mental illness have had their innovation and creativity rewarded by winning the Youth Commitment Award in this year's NSW Department of Community Services Children's Week Awards in October. The group of eight to 14-year-olds, known as *the Legends*, won the award for creating a comic book resource for young people with parents who have a mental illness after a 10-week workshop with Streetwize communications.

Something on My Mind, explores mental illness and what is meant by terms such as dual diagnosis, bipolar, depression and schizophrenia. The comic also addresses the impact on young people of living with a parent who has a mental illness, and gives advice on coping strategies and information on support services and contacts.

***Something on My Mind* is available nationally through Streetwize Communications for \$1.50 per copy with discounts available for bulk orders. Phone (02) 9319 0220 or visit www.streetwize.com.au for more details.**

"Begin with the possible; begin with one step. There is always a limit, you cannot do more than you can do. If you try to do too much, you will do nothing." *P.D. Ouspensky*

Close the Gap on Bipolar Disorder

a self-help approach to overcoming depression

The *Close the Gap on Bipolar Disorder* tool kit is being designed specifically for tertiary-based general practitioners and counsellors in recognition of their daily interaction with a wide range of young adults at a time of their lives when their mental wellbeing is at greatest risk. The Kit comprises a selection of materials adapted for these professionals to help them identify the early signs of bipolar disorder and reduce the time it takes for young adults to obtain a referral for correct diagnosis.

The Kit is available at no cost and contains a summary of new Australian clinical guidelines on bipolar disorder, a CD of resources, a mood diary and mood disorder questionnaire for use with students, and resources for students.

For more details contact MHCA on (02) 62853 100 or email admin@mhca.org.au

The Best of Times, the Worst of Times - Our Family's Journey with Bipolar

by Penelope and Jessica Rowe

The book is written by a mother - who has bipolar - and daughter. The authors deal with issues of life and living with a mental illness in the family. Allen & Unwin, \$24.95

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 Stephen Menzie
Phone (08) 8953 1467
Email: alicearafmi@octa4.net.au

NT Carers Meeting

3rd Thursday of every month
5.30-7.30pm

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

For more info contact Sharon Kerber
8953 1669, PO Box 4929, Alice Springs

Australasian Society for Bipolar Disorders Conference 2006

**February 24 - 25 2006
Melbourne**

The Conference will include presentations on the following:

- Psychotherapy
- Neuroprotection/Neurobiology
- Early Onset and Recognition
 - Bipolar Depression
- Treatment of Bipolar Disorder
 - Neuroimaging
- Consumer and Carer Issues

Contact (03) 9682 0244
asbd2006@icms.com.au
<http://www.asbd2006.com>

Sport and Mental Health Conference

**from chemistry to
communities**

**6-7 March 2006
Melbourne**

Whilst depression and other forms of mental illness may affect sport-people, conversely, exercise and sport provides immense benefits in promoting mental wellbeing for individuals and communities. The conference will explore and examine both the emotional benefits of sport on the individual and society, as well as the psychological hazards often faced by individual participants, teams and the community.

Contact: Katy Symmons
(03) 8575 2214
email: katy.symmons@med.monash.edu.au
<http://www.med.monash.edu.au/generalpractice/conf/index>

Qld Suicide and Self-Harm Prevention Conference 2006

**sharing learnings from
practice and research**

**30 -31 March 2006
Brisbane**

Hosted by the Qld Govt this 2-day conference will provide delegates with current information and knowledge to effectively work towards the prevention of suicide and self-harm.

Contact: (07) 3404 3058
email: spconference@communities.qld.gov.au
http://www.communities.qld.gov.au/community/suicide_prevention/conference_details.html

16th National Health Promotion Conference

**health promotion
dreaming: shifting
the sands**

23-26 April 2006

Alice Springs

Streams include:

- Social determinants: innovation and application
- Health living: self management
 - Partnerships and alliances
- Regional narratives: sharing and telling stories from our place
- Community engagement and
 - Global health

Contact: (02) 6292 9000
Email ahpa@confco.com.au

2006 VICSERV Conference

**partnerships
towards recovery**

**26-28 April 2006
Melbourne**

An international conference to explore partnerships in community mental health in all their possibilities. Keynote speaker: Patricia Deegan. For service users, carers, families, friends, clinical services, community services, media, planning and funding bodies.

Contact: John Dunton
(03) 9482 7111
Email: conference2006@vicserv.org.au
<http://partnerships2006-rfv.vicserv.org.au/>

7th International Mental Health Conf.

**Schizophrenia and
Related Psychoses:
A Clinical Update**

**4-5 August 2006
Gold Coast**

This meeting will review the areas of aetiology of schizophrenia, the effect of early recognition, intervention and treatment on the course of these conditions, the role of substance abuse in causing schizophrenia and much more.

Contact: (07) 5577 3397
Web Site: <http://www.gcimh.com.au/conference>



Mental Health Diary ...

Date	Time	Description	Location	Contact	Phone
Every Tuesday	1.00-2.30pm	Men's Group	MHACA office	Gavin	8952 3311
Every 1st + 3rd Wed	5.30-7.30pm	Suicide Support Group	Salvation Army	Laurencia	8952 3311
Every Thursday	10.30am-12.30pm	Drop-in/Cooking Session	Salvation Army	Gavin	8952 3311
Every Thursday	1.30-3.00pm	Women's Group	MHACA office	Melissa	8952 3311
Every last Wed.	12.30-1.30pm	Consumer Lunch	MHACA office	Joanne	8952 3311
Every 2nd Monday	12.30-1.30pm	Committee Meeting	MHACA office	Claudia	8952 3311

"Take rest. A field that has rested gives a beautiful crop." Ovid

MHACA Membership

(please photocopy)

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

Membership fees (please tick):

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

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

Consumers Carers Indigenous Rural Remote

Name: _____

Organisation/Dept (if applicable): _____

Address: _____

_____ Code _____

Phone: _____

Mobile (if applicable): _____

Fax: _____

Email: _____

Date: _____

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

MHACA ... Building a Better Community

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

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

Pathways Rehabilitation Program -

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

Outreach Program -

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

Prevention and Recovery Program -

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

Life Promotion Program -

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

Advocacy and Participation -

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