



# inBalance

Mental Health Association of Central Australia Inc  
quarterly newsletter

9th edition  
January - March 2006

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## What is Counselling?

### *Coping with change ...*

*COUNSELLING allows us to talk about what is happening in our life to someone who will listen. Counsellors don't tell you what to do, and they won't tell other people your story without your saying it's okay. Often we get a bit stuck trying to work out painful things by ourselves. We end up doing things we don't like doing, or being somewhere we don't want to be. What is happening is not what we planned. Talking about things often helps us get things back on track. It helps us make sense of things. It can make it possible for us to change things we don't like in our life.*

#### **telling our stories**

To cope we often tell stories about what is happening. These stories are a useful way of giving people an idea about what has happened and what we stand for. The stories help us to make decisions. At the time they are very helpful.

But life often moves very fast. We don't have time to deal with everything. Some stories get stretched to cover things we cannot do. Other things become left out, almost forgotten, stored

away. This can happen with a lot of the meaningless detail of life. But it can also happen in a crisis as a way to cope with things that are beyond our ability to deal with at the time.

#### **creating new pathways**

Memories of sad and painful experiences might be triggered by an emotion, smell or similarities with something new. We can feel these memories as an

*cont. page 34*



# inBalance

is the quarterly newsletter of the Mental Health Association of Central Australia  
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## staff

*General Manager:* Claudia Manu-Preston

*Administrator:* Rita Riedel

*Administration Assistant:* Helena Lardy

*Services Manager:* Vacant

*Rehab Training Officer:* Melissa Glasscock

*Rehab Officer:* Joanne Ruby

*LPP Coordinator:* Laurencia Grant

*LPP Officer:* Christine Sevallos

*LPP Officer:* Kristy Schubert

*Outreach Coordinator:* Melissa Glasscock

*Outreach Officer:* Tim MacDonald

*P&R Coordinator:* Rangi Ponga

*P&R Officer:* Gina McAuley

*P&R Officer:* Jerry Fitzsimmons

*Bookkeeper:* Karen Wilton

## committee

*Chairperson:* Karen Aucote

*Deputy Chair:* Mardijah Simpson

*Secretary:* Jill Deer

*Treasurer:* Mark Keyworth

*Public Officer:* Maya Cifali

*Org. Rep:* Stephen Menzie, ARAFMI

*Org. Rep:* Bert Zuidema, Salvos

*Consumer Rep:* Leo Welin

*Consumer Rep:* Juanita Sherwood

## committee meetings

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

## correspondence with editor

Contact Rita Riedel 8951 0211

## disclaimer

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

# general manager's update



Claudia Manu-Preston, Manager

HELLO and welcome to the 9th edition of our quarterly newsletter *inBalance*.

The first three months have flown by – Christmas seems a lifetime away! A range of activities was once again provided over the December – January holiday season (see page 6 for more details). MHACA continues to support this annual calendar of events as it is a time when many consumers can feel isolated. Despite the hot and humid weather, everyone made the most of what was on offer, especially the outing to Ellery Creek Big Hole! I'd like to thank Laurencia, Jo, Gina, and Jerry who all kept MHACA open and organised the range of events.

## fond farewells

In most of my updates I have farewelled and welcomed new staff – and this update is no different. I would like to farewell and thank Megan Rackley who resigned from MHACA in mid-January. Megan had been with the Association for five years and was instrumental in the development of our services. Her commitment, expertise and sense of humour will be greatly missed.

Also, farewell to Steve Fisher who did a truly fantastic job throughout the past three years in his role as MHACA chairperson. His strategic leadership and inclusive approach ensured a strong foundation from which the organisation has steadily grown.

Farewell also to Gavin Foley and Jenine Lee from the Outreach Team. Both helped lay good foundations for the program and I know consumers especially will miss their friendly caring presence.

Finally, thank you also to Stephen Menzie from ARAFMI who has provided support to the MHACA committee and the carers of Alice Springs.

## welcome to new staff

As a result of these changes, one of the first major jobs of 2006 was to employ new staff, which involved the extra work of advertising, shortlisting, interviewing, recruiting and orientating.

I am happy to announce we have four new staff members on board: welcome to Tim MacDonald as the new Outreach Support Officer, Kristy Schubert as the new Life Promotion Officer, Bianca Kelly as a new Prevention & Recovery Officer, and Helena Lardy as our new Administration Assistant.

## new offices

Late last year Rita and I invested a lot of time in finding suitable accommodation to house our increase in programs and staff. In late December we almost signed on the dotted line but, much to our surprise and disappointment, the owners reneged and our potential new home was put on the market to sell. We are now back to the drawing board.

In the interim, I am happy to announce that I have moved back to the main office. It is good to be back where the action is. Laurencia, the LPP team and Rita have temporarily relocated next door to the Salvos building. It is not ideal but will keep us going.

## meetings

In early March I attended a NT Mental Health Coalition meeting in Darwin to discuss the COAG recommendations and develop an action plan identifying the NT priorities – see page 15 for update on COAG developments. I also visited Teamhealth – our equivalent organisation in the Top End – and



Sarah pops in at MHACA before carrying the baton for the C'wealth Games Queen's Baton Relay - see page 16



Rangi, Christine and Helena make some notes at MHACA's Planning Day on 20 March 2006 - see page 17



Claudia and the team identifying priority areas for the year ahead at MHACA's planning day



Claudia and Christine Burke at MHACA's Xmas Dinner 2005. Committee, staff, consumers and guests celebrated a busy yet rewarding year - see page 20 for more photos

looked at there service mix and how they operate their programs. Thank you to Kirsty and the team for giving up your time, and MHACA looks forward to working together on joint projects.

I also caught up with NTCAG when they met in Alice Springs for their February meeting. I enjoyed sharing dinner with everyone and having interesting conversations.

## reports and planning

The senior staff and I were busy throughout February compiling our six-monthly Service Report. This outlines to our funding body what the service has achieved, and I always feel a huge sense of relief when this is completed.

The process of evaluation is built into MHACA's quality improvement system, and, on 20 March, a bi-annual staff Planning Day was held - see page 19. All staff were involved and brain-stormed and discussed the challenges and possible ways forward. These planning days are critical for everyone to reflect on their practices and to refocus on the coming year's priorities.

## special general meeting

Thank you to all the Association's members who attended our Special General Meeting on 24 March to include a grievance procedure for members within our updated constitution. It was probably one of the quickest meetings that most of us have attended - lasting only 15 minutes! Thank you to Maya Cifali, our Public Officer, and Helena for all their hard work in preparing for and organising the day.

## training

On 27-28 March I attended a Choice Theory and Lead Management workshop run by Judy Hatswell and found the concepts discussed very interesting and informative. In December several other staff attended another Choice Theory workshop on counselling - see page 25 for more details.

Improving one's knowledge and performance is essential to developing and growing. As identified at our planning day training will be a priority for this year, and this will include more opportunities to provide consumers with information, education and training. MHACA wants to continue to be a learning organisation - stay tuned for a full update on this training.

Up and coming events include:

- April: Consumer Consultation Workshop
- April/May: WRAP Training
- May: Schizophrenia Week
- June/July: Alice Springs Show
- Sept: THEMHS Conference

Till we catch up again, that's about it from me!

Kind Regards, *Claudia*

## TheMHS Conference - Consumers Wanted!

As part of its support program MHACA is funding a consumer to attend this years TheMHS conference in Townsville on 29 August to 1 September. If you would like to attend please tell us in writing why you want to go and how you would help other consumers. For info contact Claudia on 8952 3311.

# A penny for your thoughts ... ... from the editor

WELCOME to the first edition of *inBalance* for 2006. Putting the newsletter together is always an exciting time, a chance to see what has been happening at MHACA, in the community and nationally in the sector.

The beginning of a new year symbolises new beginnings, a chance to somehow start anew. Perhaps more than any other time of year we celebrate the opportunity for a fresh start. We welcome change.

Yet, while change can be refreshing and exciting (taking a holiday, learning a new hobby), it can also be challenging (applying for a job, going back to school). Often, change means stepping out of our comfort zone, and without encouragement or support this can feel scary or overwhelming.

As the cover article talks about, we don't have to struggle with change on our own. Talking about our stuff helps us. Sometimes we just need a good friend who will listen. Other

times we may need to talk to someone more experienced to get some advice or new ideas.

Getting counselling is a way we can help ourselves when we are unsure of what to do or how we can go about making changes. It is one way we can take care of our mental health.

As Claudia mentioned in her update, there have been ongoing changes at MHACA in the past year, especially with regard to staffing. I would particularly like to welcome on board Helena Lardy as MHACA's new Administration Assistant (please see her introduction below). Helena's role is to assist with the day-to-day administration of the Association and it is a real joy to have her warm friendly presence on the team.

With a new admin person on board my role will gradually change to focus more on helping program coordinators with project work as well as on MHACA promotions. In late March I attended a workshop for NGOs,



Rita Riedel, Editor/Administrator

"Marketing on a Shoestring", and came away totally inspired with new ideas. I look forward to implementing some of these over the coming months.

I hope you enjoy the newsletter. Until next time,

Rita

## Some light-hearted thoughts on life ...

... from the internet

- ◆ Accept that some days you're the pigeon, and some days you're the statue.
- ◆ Always keep your words soft and sweet, just in case you have to eat them.
- ◆ Drive carefully. It's not only cars that can be recalled by their maker.
- ◆ Nobody cares if you can't dance well. Just get up and dance.
- ◆ A truly happy person is one who can enjoy the scenery on a detour.



## 'New Face' for MHACA Office

Hi everyone,

I'm Helena, and I am now the 'new face' you see when you walk in the front door of MHACA. Rita has relocated to the Salvation Army next door, but we still see her from time to time!

Since September 2005 I have been assisting Rita in the office, and in February when MHACA advertised the position

of Administration Assistant I thought I would like to continue to work here, so I applied for the job. Even though I have not worked in mental health before, while doing casual work here I read pamphlets and books which made me more aware of mental illness and what we can do to help. I support MHACA's vision and positive outlook and I hope I can learn some more along the way.

My daughter Simone and I came to Alice Springs last April from Katherine, our home. At first Simone did not like the idea of moving so far away from our families, but now loves it here, so we are here to stay for a while. We have visited a lot of sights out and around Alice and thoroughly enjoy this diverse country.

So I thank Claudia, Rita, the committee and consumers for accepting me and making me a part of the MHACA team.

Helena

## 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](mailto:mhaca@iinet.net.au) or send to PO Box 2326, Alice Springs NT 0871

by 26 May 2006

Contributions are welcome any time

## Karen Aucote . . . New MHACA Chairperson

Hi Everyone,

I was born in Healesville, Victoria and am of Aboriginal decent. Like many children from dysfunctional families, I left school and home early.

In 1988 my husband (Jim) agreed to leave our home on the NSW North Coast and move with me to 'the centre' for two years so I could take up an offer of work in Kaltjiti Community on the Pitjantjatjara lands in SA. Eighteen years later, we are still here, with our four children and eight grandchildren also in Alice Springs.

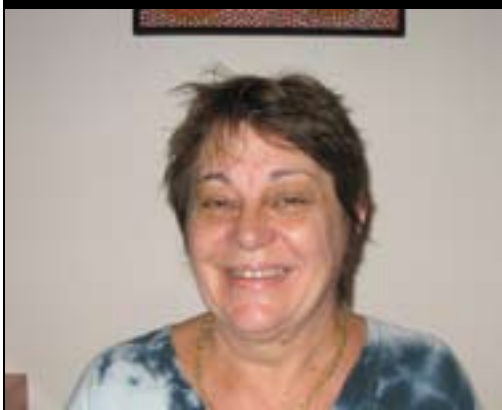
I have nearly 40 years administrative and financial management experience, including the last 18 years working with and for Aboriginal people in NGO and grant-funded organisations. My work across a diverse range of industries and locations in NSW, SA, NT and WA has provided me with a very good understanding of the commercial needs of business, the political aims of government and the complexity of working within a framework that seeks to accommodate cross cultural values and differing world views.

During my time on communities, involved in the day-to-day social circumstances and observing high levels of early childhood trauma, it became more and more apparent that the provision of appropriate social and emotional wellbeing services was needed if the majority of young Aboriginal people are to achieve and sustain a strong sense of personal identity and self-worth: something we all need if we are to reach our potential.

Regardless of gender, race, religious beliefs or social status, most of us would have experienced difficult times either personally or with someone close to us. I am proud to be associated with a team of dedicated people who work hard to improve the quality of life of others and, I must admit, humbled to have been appointed as Chairperson of MHACA.

I look forward to the coming year.

Karen



# committee update ...

## farewell to Steve

At our Committee meeting last December, our Chair, Steve Fisher, confirmed he was leaving us due to taking on a new job that would take him out of Alice Springs a fair bit (working for an international mental health organisation, Basic Need).

It was sad news for the MHACA committee and manager as we had to find a new President, as well as make do without a person who has been such a good leader and had so effectively advanced the aims of the Association. However, Steve reassured us by saying he would provide assistance and support when required. Thank you Steve, again and again, for your time, your patience and the supportive encouragement you have given the team.



Maya Cifali

## welcome to new committee members

Thus, by the end of December, the two senior positions of Chairperson and Deputy Chair (which was not filled at the last AGM) were vacant. We had to act quickly to ensure the Association would run full steam in January and not fall into disarray! It was decided that in the interim I - as Public Officer - would stand in as Acting Chairperson until a new Chair was found and crowned ... and so the committee went fishing! The catch was quite exciting: three highly qualified and dedicated women expressed interest in joining our ranks and offering their expertise. We have been very fortunate to attract Karen Aucote, Juanita Sherwood and Trish van Dijk as new members.

After some juggling we successfully achieved a full committee of management: Karen Aucote has filled the office of Chairperson, Mardijah Simpson that of Deputy Chair and Juanita Sherwood that of Consumer representative. Trish van Dijk has been kept "in reserve" and invited to join special focus groups.

At the same time, we have had a change of guard for our two organisational reps - ARAFMI and the Salvation Army - as Christine Pilbrow and Helen Steer also left us in December. Their substitutes have been heartily welcomed - Steve Menzie from ARAFMI and Bert Zuidema from the Salvation Army.

The MHACA committee at times feels like a football team! ... some play, some sit in reserve and others become substitutes. This year, the game has started with very strong players at all levels, and I sense it will be another prosperous year. Many thanks to our outgoing members, and a warm welcome to our new comers.

## "Not For Service" report

The recommendations of the controversial MHCA report, "Not for Service - Experiences of Injustice and despair in Mental Health Care in Australia" were discussed by a focus working group on 22 February - see story page 18.

Concern was expressed regarding the broad wording of the recommendations and, in a constructive effort, we decided to establish a taskforce to develop new strategies with meaningful outcomes specific to Central Australia. Cooperation between government (CAMHS) and non-government (MHACA) remains essential to sustaining and broadening the benefits of services to all clients.

Maya Cifali, Public Officer, as Acting Chairperson

## 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:

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

# Pathways Program

## Recovery-based Rehabilitation Program

Coordinator: Vacant • Rehab Officers: Melissa Glasscock, Jo Ruby

update

### Festive activities

Over the Christmas break the Rehab and Outreach teams were extremely busy organising our annual Christmas calendar of events. There was a wide variety of activities on offer which included library visits, creative cooking classes, swimming and a BBQ at Ellery Creek. However, our major event was our Christmas luncheon held on Friday 23 December 2005. The celebration started at about 12:30pm, and we had a bustle of people attending throughout the day. It sounds like everyone who attended was “thoroughly spoilt” – thanks to Joanne and Gina’s fine cuisine!

Christmas can be a time for some to feel lonely and forgotten, and events such as these promote the spirit of good will and caring. I hope our MHACA activities and celebrations helped create a feeling of Christmas joy.

### Women’s Group

The Women’s Group has started up again for 2006. Due to a planning day we had in December - attended by consumers, Rehab and Outreach staff - we planned a combination of activities for the year. Things to look forward to for 2006 include: movie outings, Ghan excursions, 10-pin bowling, luncheons and 8-ball.

The group is held on the first and third Thursday of each month from 1.30 to 3.00pm. If you would like to join in, please give us a call.

### Monthly outings

The Rehab and Outreach program jointly run the monthly consumer outing, and we are currently in the process of organising an outing to the Desert Park. All our up-coming events and activities are listed in our monthly Community Calendar which is available at MHACA.

### Farewell to Megan

I’d like to take this opportunity to say a big “Thank You” to Megan Rackley, MHACA’s Rehab Coordinator for the last five years. We have all really appreciated the commitment and leadership she has provided to the Association, especially to Joanne and myself in the past year. I personally feel very privileged to have worked with Megan in the Pathways program. Her wide knowledge-base on mental health and her positive approach towards all individuals with their recovery program has laid strong foundations for the Pathways Rehab program to continue to develop and grow. We will all miss her, and we wish Megan and her family all the best in their new venture in Bendigo.

If you would like any further information please contact us on 8952 3311.

Melissa Glasscock  
Rehab Training Officer

**National Schizophrenia  
Awareness Week**

🌀 **14-21 May 2006** 🌀



# Mental Health First Aid Training

TRAINING this year began at Bindi Inc. Fifteen staff members attended and all received certificates – congratulations! I'd like to thank Laurencia Grant (LPP Coordinator) and Stuart Naylor (Training and Assessment Coordinator at ADSCA) for their support and expertise in helping deliver the course. Training will continue in April, with a possible course being offered in Tennant Creek.



The Bindi staff team attending Mental Health First Aid Training in January 2006

## Learning about illness

There are many different types of mental health problems. Some common types are depression and anxiety, and some not so common are bipolar disorder and schizophrenia. Mental Health First Aid aims to provide participants with skills and knowledge about a range of mental health issues. It is hoped this information will help participants to manage a potential or developing mental health problem in him or herself or in a family member or in a friend or work colleague.

Like regular first aid training, the course does not train people to become professional "counsellors or therapists", nor to diagnosis health problems. However, it does provide participants with up-to-date information on depression, anxiety, psychosis and substance use disorders. Participants in the course will learn:

- how to recognize the symptoms of mental illnesses
- possible causes or risk factors and the evidence-based medical, psychological and alternative treatments available
- how to give appropriate initial help and support to a person suffering one of these mental illnesses
- how to take appropriate action if a crisis situation arises involving suicidal behavior, panic attack, stress reaction to trauma or threatening psychotic behavior



**For further information please call Melissa on 8952 3311**

A visit to the library was a novel experience over the summer break



## Consumer lunches ...

Following on from the theme of 2005, consumer lunches will continue to be an opportunity for consumers to evaluate and help improve services that support people with a mental illness. Some of the aims for the year ahead are to help people develop skills in self-advocacy, basic communication and awareness about mental illness. These skills will then support consumers to recognise where improvement is required and assist them to implement change.

Our first consumer meeting for 2006 was held on Tuesday 2 February. Some suggestions for the rest of 2006 include: doing a basic speech craft course, awareness training around Mental Illness (eg. Mental Health First Aid), Mental Illness Education Training and training from the *Self Advocacy Kit: a guide to the advocacy we choose to do*. We will be drawing from consumers' feedback and also service agencies (such as Disability Advocacy Service) to help guide us with planning future sessions.

For more details, check out our monthly community calendars or give me a call on 8952 331.

Look forward to seeing you there!

Jo Ruby

## 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 • LPP Officers: Christine Sevallos, Kristy Schubert

update

### Ltyentye Arpurte(Santa Teresa) Life Promotion Project

Life Promotion is visiting the Ltyentye Arpurte community every fortnight to begin to talk about the issue of suicide and suicidal behavior with people who live and work in this community. We are working from a community development framework that aims to engage local people in identifying solutions to issues that affect them.

Ltyentye Arpurte has been identified for a number of reasons. Four deaths by suicide have occurred here and in Amoonguna (a community with close family links to Ltyentye Arpurte) in the last two years. Many more attempts have occurred, some that do not get reported to the health clinic or to remote mental health. Also, it seems timely to be focusing on mental health in this community as there are other programs and services addressing this particular health issue.

This program's capacity is to begin to talk about the issue and identify some achievable strategies with the support and input of local people. LPP has a role to play in raising awareness of suicide and delivering training in suicide intervention skills. It can also engage local and town based services in the delivery of education, support and service provision for related issues and for people identified as at risk of suicide.

Life Promotion recognises that many other communities are impacted by the affects of suicide and suicidal behavior. Should the program prove to make a difference in this one community, then it will have a strong argument for further resourcing to other remote regions. For more information about the *Ltyentye Arpurte Life Promotion Project* (we are hoping for a better name soon), please contact Laurencia or Christine.

### ASIST Training

Life Promotion Officer, Christine Sevallos, attended an ASIST Train the Trainer course in Melbourne at the end of March/early April together with a number of other people from the NT. Indigenous trainers are valuable as we are looking at taking this training to remote communities. On 27-28 April, staff will be visiting Tennant Creek to help to deliver ASIST Training. Any workers from the Barkly Region who wish to book into this training need to contact Kristy Schubert on 8951 0213 or email [kschubertmhaca@iinet.net.au](mailto:kschubertmhaca@iinet.net.au).

### Barkly Region Life Promotion Program

LPP has been engaging with the Barkly Region to learn about the procedures that are currently in place regarding suicide and suicidal behavior. In mid-March, Acting Suicide Prevention Officer from DHCS in Darwin, Sarah O Regan, and I travelled to Tennant Creek to meet with the Barkly Mental Health Team, workers from the Stronger Families Program at Anyinginy, the Director of Nursing at the TC Hospital and the Manager and trainee Manager of BRADAAG, the Alcohol and Drug Service.

### Staff recruitment

LPP welcomes on board Kristy Schubert as our new part-time LPP Officer in Alice Springs - please see her profile on the next page. The LPP Officer position in Tennant Creek is now available on a full-time basis. If you know of someone who may be interested, please contact Laurencia on 8951 0213.





Laurencia with other NT reps and Julie McCrossan at the Canberra planning forum (from left Anna Davis, Julie, Gerard Waterford, Don Zoellner and Sarah O Regan)

### Talking about suicide prevention in Canberra

On 20-21 February, I attended the National Suicide Prevention Planning Forum in Canberra. Representatives from government depts, non-government organisations and consumer and carer groups from all the States and Territories were invited to the forum to review the previous National Suicide Prevention Strategy and to provide input into its future direction and funding priorities. For a full update see page 22.

### Reporting of attempted suicides

Life Promotion and CAMHS are currently in the process of developing a protocol for the collection of data on suicide attempts. If we have evidence-based data to show that there are a significant number of suicide attempts rather than anecdotal information, then it might prove persuasive enough to allocate some resourcing to the area.

Collecting this data has been identified will provide a means of better understanding the significance of the problem and will identify if there are any emerging patterns based on regions, age groups or gender.

#### New contact details:

**Due to the expansion of MHACA's programs the LPP team have temporarily re-located offices upstairs at the Salvos next door to MHACA.**

**Our new direct phone numbers are for Laurencia and Kristy: 8951 0213 and Christine: 8951 0212**

LPP meets up with Des Lyons and Stephen McCreedy from the Barkly Mental Health team



## new part-time Life Promotion Officer

Hi, my name is Kristy Schubert.

Before moving to Alice Springs, I was doing postgraduate research at Flinders University. This included studying the complex ways in which culture, history and memory affect people's ability to integrate their experiences into something that is both personally and socially meaningful. It is a great concern of mine that when the functions used to create personal and social meaning break down, people's social and emotional health break down, also. I moved to Central Australia to find a way to more directly address some of these issues.

It is a privilege to be working for Life Promotions, and I look forward to working with a program that focuses on community development and networking as means of addressing the complex problems of suicide and self-harm. ✕

## Alice Springs Bereaved by Suicide Support Group

The group is now held on the 3rd Wednesday of each month from 5.30 - 7.30pm at the Salvation Army (upstairs, enter from Stuart Terrace)

The group is in need of new participants to ensure that it continues and is open to suggestions according to people's needs.

**Please contact Laurencia  
on 8952 3311 for more  
information**

## Objectives

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

## Activities

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

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

## Individual outcomes

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

## For further info call:

Melissa Glasscock or Tim MacDonald  
at MHACA on 8952 3311 between  
8.30am – 4.30pm Monday to Friday

# Outreach Program

## Promoting Independent Living in the Community

Coordinator: Melissa Glasscock • Program Officer: Timothy MacDonald

update

The Outreach Program has undergone several changes in the past few months with old staff leaving and new staff coming on board. Thank you to Jenine Lee and Gavin Foley who both worked hard to strengthen and develop the program throughout 2005. The program has a strong client base, and this is testimony to their dedication and care. Both have moved on and we wish them well in their new endeavours. For the interim, I have stepped across from the Prevention and Recovery Program to work fulltime over the summer to help out until new staff arrive. Jerry Fitzgerald has also been helping out part-time with the Men's Group and Cooking Group, thanks Jerry.

We are pleased to announce that the Outreach Support Officer position has been filled by Tim McDonald who started in mid-March – please see Tim's profile opposite. Melissa Glasscock from Rehab will be Acting Coordinator from March til May until a new fulltime coordinator is appointed. The program has been busy with regular home-visits, groups and activities and has approximately 16 clients on the books.

### Men's Group

This has been a popular group with 6 - 8 people regularly attending. The group meets every Friday from 12.30 - 2.30pm and recent activities have involved going bowling and playing pool at the Oasis.

### Cooking Group

This is on every Thursday and continues to be a big hit with around 10 - 12 people coming along. We've tried a out a few new ideas. We play bingo while the chefs are busy making lunch, and it's been popular and a lot of fun for everyone. We've also bought small prizes for the bingo games with the donation money we collect and this has been a big hit, with people taking turns calling the numbers as well as playing.

To help build people's living skills – and to make it fair on everyone – we now have a good roster system happening: each week two people cook and then two people clean up while the others participate in group activities. Some of the group's favourites have included Sweet and Sour Pork with Wayne as the chief chef. Thanks Wayne, that was delicious! Other favourite dishes have included apple crumble and pizza – please check out some recipes on the next page.

For a few weeks, there has also been a special guest – Irma Ravin, a nutritionalist from Flynn Drive Community Health Centre. Irma has provided nutritional advice and suggested ideas for healthy cooking, and she will soon organise an outdoor cooking session. So if you want to come and learn how to cook a nutritious meal or just join in the good atmosphere come along on a Thursday to the Salvos Hall.

### Support services

As part of client support, we've been accessing other support services such as the Salvos, St Vinney's and Red Cross where people can obtain food, clothing or supplies. We utilise these organisations as needed – a big thank you to them for their support.

There is a range of activities planned each month and, later in the year, there will be a joint Rehab and Outreach camping trip, so stay tuned! If you would like any more information please give us a call at MHACA on 8952 3311.

Gina McAuley, Interim Outreach Support Officer





## New Outreach Support Officer

Hi, my name is Tim Macdonald. I have lived in Adelaide for the last few years before moving up to Alice Springs mid-March to start with the Outreach Program. I am originally from Perth and have had the opportunity to travel around much of Australia and Asia. I have a very varied background in study and work: I studied aviation and business before studying and working in counselling in the last two years. My counselling experience has been with varied illnesses such as depression, anxieties, paranoia and relationship issues. I am very interested in working with people and helping them acquire basic skills, particularly relationship skills. I am looking forward to increasing my skills in working with and understanding people better, particularly those who are marginalised by society. I also look forward to helping build the Outreach Program so it can make a real and lasting difference in the lives of the consumers here. Please pop in and say hello if I don't know you yet, and I look forward to working with the MHACA team. ✂

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## Drop-in/Cooking Group on every Thursday

10.30am - 12.30pm at the Salvos

## Men's Group on

every Friday

12.30 - 2.30pm

Everyone is welcome!

A job well done! Gina and senior chef for the day, Shaun, proudly display his pizza



A little spicy salami goes a long way! Lulu helping slice up for a tasty pizza

## some favourite recipes ...

### sweet & sour pork

a meal everyone loves - and so easy!

- 1 tablespoon oil
- 500 g diced trim Pork
- 1 capsicum, sliced
- 1 packet Ready Sauce for Sweet & Sour Pork
- 400 g can pineapple pieces

1. Heat oil in wok or frypan.
2. Stir fry pork pieces until cooked.
3. Add capsicum and stir fry for one minute.
4. Add Ready Sauce, then pineapple and heat through, it's that easy!

Serve with rice or noodles.

**Handy Tips:** Cut pork pieces to the same size so they all cook in the same time. You can add other suitable stir fry vegetables such as carrots, peas and beans.

### apple crumble

- 6 large granny smith apples - peeled, cored and sliced
- 1 cup brown sugar
- 1 cup coconut
- 1 cup self raising flour
- 50g softened butter (not melted)

1. Cook apples in a saucepan with a splash of water and simmer on stove until just cooked.
2. Place cooked apples into a large baking dish.
3. Mix sugar, coconut and self raising flour in a bowl and add butter - crumble butter with fingertips to form coarse crumbs.
5. Spoon mixture over apples.
6. Bake in oven for approx. 20 minutes (check after 15 to make sure top does not burn)
7. Serve with cream!

## 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

## A belated happy new year to you all ...

The program has reached its 5-month period since launch day October 2005. Many projects

are being undertaken in the first half of this year towards assessing the gaps and filling them with a more solid foundation ... “practice will make perfect”.



## Satisfaction surveys

The Prevention & Recovery program has reached an important stage of seeking critique of its services and, in turn, is distributing a *Satisfaction Survey Questionnaire*. Consumers, carers, staff and allied support services have the opportunity to assist in an honest appraisal of their perception of the program's practice and validity.

A questionnaire will be provided to all those who have participated in the program. If you experience difficulties in answering this an independent consultant will be available to support you. The results of these questionnaires will be reported to the Steering Committee and Debra Rickwood (independent research evaluator) and will help us assess whether the program is meeting its responsibilities.

## Accommodation - thank you

A key ingredient and criteria of the program is that all consumers have accommodation provided for them when referred to the program. This is to ensure a stable environment to allow consumers time to adjust without the complications of having to locate a resting place in the midst of recovering from a phase of temporary unwellness.



Peter and Bill from the Bill Braitling Flats ... happy in their work

Accommodation providers are critical and allied services have been completely supportive and effective when Individual Care Planning has been requested. I wish to express my gratitude to these services on behalf of the P&R program for showing willingness in their respective responsibility as allied service providers: those who have participated to date are Sid Ross Medical Hostel, Red Shield Hostel via Salvation Army and the Anglicare' Bill Braitling Transitional Housing Unit Program.

In this first phase of establishing accommodation relationships, I would like to introduce staff of the Anglicare Bill Braitling Units. I have appreciated the friendly congenial manner in which they have assisted the program and, from personal observation, they treat all their tenants with due respect regardless of their situations. I have been able to gain general knowledge of the Transitional Housing program and procedures incorporated alongside the Territory Housing Services.



## brave new steps . . .

There are many stages to recovery, and the first is taking the initial steps. Thank you too, Timothy, for allowing us to show you this challenging step taken on his first visit to the Reptile Centre in December. As you can see, there is some apprehension in that smile: "It was a little bit scary holding the snake. The others (reptiles) were alright." When we are facing new challenges, the first thing to do is accept it, which certainly was the case here.

Timothy attends MHACA's Cooking

Group and Men's Group as part of integration and socialisation which he first began through the P&R. He has an important message to pass on: "My health is alright. No one is telling me to smoke or use grog, so I'm doing well."

So don't be shy to say hello to Timothy when you see him around town or at group activities. Timothy also receives support from CAMHS Remote Team case-manager Brent Mansell, an advocate of the P&R program. Thanks Timothy.



## Recruitment

Staffing levels have fluctuated and the program continues to have an ongoing campaign of recruitment. As the positions are casual, this is proving difficult for applicants who hold good qualifications and are seeking secure full-time employment. If you know anyone interested in supporting prevention and recovery consumers and working alongside clinical professionals, please encourage them to approach MHACA and have a talk with me. Presently we have two new applicants who intend to be active support workers. I will introduce them in the next edition of *inBalance*.

## Steering Committee

There are presently two vacant positions for volunteers from the community to sit on the P&R Steering Committee. An Indigenous Cultural Consultant and an Accommodation Consultant are needed due to people having moved out of the region. If you are aware of advisers who may have the time and interest to support the program, please phone either Jean Gregory at CAMHS or myself at MHACA. *Congratulations Juanita for your recent appointment to the MHACA Committee.*

## Statistics: Step-Up / Step-Down

The initial trial period of supporting clients coming off Ward 1 (Step-Down) with transition into the community has proven to be effective for consumers and also helped the program identify gaps. Since late September, there has been a total of 17 referrals to the program; yet, while this appears to be a high number, it is in fact low as a ratio of consumers who have been admitted and discharged off the ward in this same period. Only nine of those referrals have been followed through with supports, for

various reasons: the program is voluntary, and, even though case managers may provide a referral, consumers have the right to decline participation, and, in other instances, consumers have left the region or returned back to community.

As the program advances into accepting referrals based upon Step-Up criteria, there will be a more intensive support program applied.

Step-Up assists consumers and family/carers to reduce the likelihood of an admission



**Thank you** to Christine Sevallos for her recent decision to become a Support Worker to our program. Christine originally started working with Laurencia in the Life Promotion Program and has decided to extend her skills into the P&R team. Already the intrinsic and innate value of an Indigenous Support Worker is showing its significance in supporting consumers and colleagues by being able to reach family and community networks which can help make life transitions in recovery so much easier for consumers.

If you are interested in offering yourself as an Indigenous Support Worker have a chat to Christine; you may feel more confident speaking with her before meeting us all.

by increased monitoring, supportive education, assessment and treatment while still in the community, identifying relapse before it reaches a critical stage.

*Rangiwhiua Ponga,  
Coordinator*



Independent research evaluator Debra Rickwood (with Rangi) who visited Alice Springs in early April to interview people on how the Prevention and Recovery program is proceeding

# Welcome back Vicki, farewell to Fran ...

On Wednesday 8 March (also International Women's Day), MHACA staff celebrated a morning tea with Vicki Stanton to welcome her back as CAMHS' Manager.

Vicki has been on leave for the past 12 months, and it was nice to catch up again as well as talk about some of the developments that have taken place in the past year. MHACA would also like to say farewell to Fran Pagdin who has been Acting Manager for CAMHS throughout 2005. Several staff attended a farewell afternoon tea for Fran at CAMHS on 1st March, and we wish her all the best for her position as Director of Nursing in Darwin. ☒



Back: Rang, Rita, Vicki, Melissa, Gina and Claudia. Front: Christine, Helena and Laurencia

"Tension is who you think you should be. Relaxation is who you are." Chinese Proverb

## new CAT team first point of call in an emergency

The Central Australia Mental Health Service has established a new Crisis Assessment Team which is the new service to contact in a mental health emergency.

CAT provides a **single point of contact** for clients needing to access the mental health service and for individuals seeking advice about mental health issues.

Based on assessment staff will either engage in brief interventions with the person at risk or recommend appropriate other action.

**The service is available  
7.30am to 10.30pm 365 days a year  
and can be contacted via  
the Alice Springs Hospital on 8951 7777  
or via CAMHS on 8951 7710**

## Important changes to Disability Support Pension **DSP**

You may be aware that from 1 July 2006 the Australian Government is making some important changes to the welfare system to assist people into paid work. These changes include encouraging and supporting people on DSP, who have the ability to work, to find a job.

There will be more services available to help people look for work. But if you can't find a job, or are unable to work, you will still receive income support.

### how the changes affect you:

- You were granted DSP 10 May 2005, when the changes were announced. This means you may be reassessed under the new rules. For most people this will occur two years after their DSP was granted.
- When you are reviewed your capacity to work will be assessed under the new rules to determine the right support services to help you.

### extra support:

- There are employment services which specialize in helping people with disabilities find a job that suits them.
- There will be special allowances and other services to help people with disabilities look for and keep a job.

### what you need to do:

- You do not have to do anything now.
- At your first interview after 1 July 2006, Centrelink will assess your eligibility under the new rules and discuss how these changes may affect you.

Contact 13 2717

# mental health

## & the Council of Australian Governments - COAG

*SINCE deinstitutionalization in mental health in the 1980s, closing or reducing the number of mental hospitals should have had positive outcomes. However, governments fudged their commitment to fund and care for patients discharged into the community. Public hospitals, housing authorities and even prisons were left to pick up the pieces while governments resorted to blaming each other for the growing crisis. An analysis of current spending on mental health is less than 10 per cent of total health outlays of the close to \$80 billion. Mental health policy, by its very nature, has tended to occupy the fringes of government thinking due to the fact that there are so few votes to be had in caring for mentally ill people.*

Early in February 2006, the COAG recognised that mental health is a major problem for the Australian community. COAG acknowledged that governments have made significant recent investments in the area but also noted that additional resources will be required from all governments to address the issues. COAG asked Senior Officials to prepare an action plan to be brought forward for its consideration as soon as possible and no later than June 2006 to include:

- a renewed focus on promotion, prevention and early detection and intervention - including reducing the impact on mental health of substance abuse, including illicit drugs (such as cannabis and amphetamine-type substances) and alcohol;
- getting the balance right between hospital care, community and primary care and the best type of accommodation for people who are unable to manage on their own;
- improving and integrating the care system to enable the right care to be accessed at the right time, including mental health services, primary care, general practice, private psychiatric services and emergency dept services;
- improving participation in the community and employment, including greater use of non-government organisations and improved community-based and cross-sectoral supports for people with mental illness and their families such as supported

accommodation, rehabilitation services and respite care; and

- addressing structural issues such as workforce changes including the roles of different professions;
- increasing the role of psychologists and other health professionals in primary care; and
- increasing the health workforce available to address mental health issues.

COAG has also agreed that the delivery of mental health services would be an integral element of the new National Health Call Centre Network.

On Friday 24 March, the Federal government announced the commitment to invest an extra \$1.5 billion in the provision of mental health services. Details of exactly how the money will be spent have yet to be spelled out. The NT Coalition have been engaging with their member groups to provide some advice to the Mental Health Council of Australia. DHCS are undertaking consultation.

It was noted in the *Canberra Times* that: "Last year's report from the Mental Health Council of Australia, *Not for Service*, was the catalyst for this Federal Govt initiative." The NT Mental Health Coalition was instrumental in providing support to the Council to undertake these consultations that formed the basis of the Report. This has demonstrated that small ripples in the pond can create major change.

**We will keep you posted with any new developments!!**

## calling all consumers:

### what do you think about MHACA ?

MHACA would like to consult with current and previous consumers about its services.

**A workshop is being held on 21 April @10.30 - 12pm @ the Town Council**

Participants will receive \$20 for their time & expenses. A light lunch will also be provided.

### consultation questions

1. What do you know about MHACA's services?
2. What have you found helpful about MHACA's services?
3. Has there been anything you have found unhelpful ?
4. What do you need from MHACA's services to assist you in recovering your mental health?
5. How do you think we could improve MHACA's services – would could we do differently ?
6. What else you would like to say about MHACA?

**For more info call Claudia on 8952 3311**

**If you need transport please ring Helena on 8952 3311**

# Sarah carries the torch



*CONGRATULATIONS to young mental health advocate Sarah Chunys who on Australia Day 2006 was awarded a Medal of the Order of Australia. The 22-year-old Sarah received her OAM award for promoting positive mental health for young people and raising awareness about mental health in the community.*

Yet Sarah is no newcomer to receiving awards. Following a personal battle with depression in her mid-teens, Sarah has undertaken mental health advocacy for national bodies such as the Australian Rotary Health Research Fund, SANE Australia, Mental Health Council of Australia and Australian Divisions of General Practice, and since 2003 she has been the national ambassador for Ybblue – the youth arm of BeyondBlue: the National Depression Initiative. Her advocacy work led to her winning the Young Northern Territorian of the Year Award in 2003, and the following year she met with Prime Minister John Howard in Canberra to receive the prestigious Young Australian of the Year Award in 2004.

A previous consumer of MHACA, Sarah has helped coordinate and facilitate Mental Health Week and continues to actively support MHACA whenever she returns to Alice Springs (she currently lives in Townsville where she studies a Degree in Psychology).

But when it comes to promoting mental health not only does Sarah walk her talk, she also knows how to run! This year, Sarah was nominated as one of 3,500 runners to take part in the C'wealth Games Queen's Baton Relay, and on 6 February she carried the baton to the top of Anzac Hill on its relay leg through Alice Springs.

It was a memorable moment for Sarah (especially in 40-degree heat!), and her mum and several MHACA staff also proudly watched on.

Well done Sarah. ✘



Top: Sarah with her mum after her hard-earned run up Anzac Hill

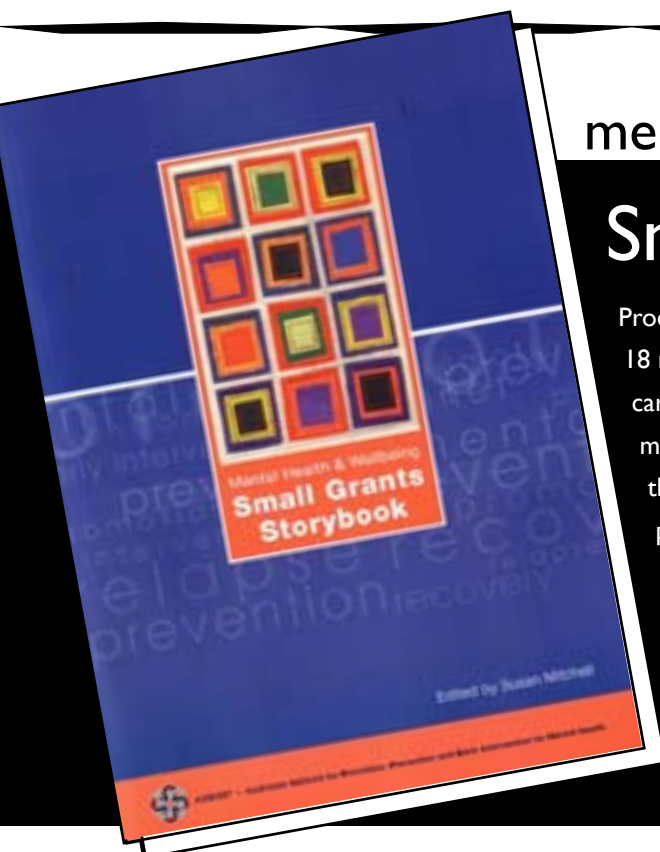
Above: Almost there! Sarah with the Queen's Baton in the 50-day count-down to the 2006 C'wealth Games

## mental health and wellbeing

# Small Grants Storybook

Produced by Auseinet the Storybook represents the culmination of 18 months work in providing small grants to the mental health consumer, carer and non-government sector to support initiatives that focus on better mental health and enhancing resilience. Outlining 11 projects it reflects the breadth and depth of activity occurring in the sector aimed at increasing positive mental health and/or reducing ill-health. Some of the projects include: a recovery program for young people with OCD (Vic), a music CD project (SA), volunteer training in mental health (Vic), a Wellness Recovery Action Plan - WRAP (NSW) and the formation of a recovery alliance (WA).

**For more info contact Auseinet on (08) 8201 7670,  
email [auseinet@flinders.edu.au](mailto:auseinet@flinders.edu.au) or visit [www.auseinet.com](http://www.auseinet.com)**



# MHACA Planning Day – identifying priority areas for the next 12 months



Laurencia adding some final ideas to the activities board



New staff Kristy and Tim taking it all in their stride



Claudia and Helena putting some order into organising!



Rangy, Christine and Helena taking note

*Each year MHACA holds several planning days to review what we've been doing, how effective is and how we can improve. With four new staff onboard – welcome to Tim (Outreach), Kristy (LPP), Bianca Kelly (P&R) and Helena (Admin) – we were ready for our next planning day which we held on Monday 20 March at the Alice Springs Resort.*

The day was a successful one and involved much sharing of ideas and critical analysis of how we can do things better. In addition to reviewing MHACA's services, it was also an opportunity to orientate new staff and to build on our collaborative skills as a team.

Following a brief history and overview of MHACA and the context in which our service operates (National Mental Health Strategy), all staff identified their key areas of activity for the purpose of keeping everyone up-to-date on what we all do. This was informative for new staff as well as old and served as a basis for reviewing and prioritizing our activities for the year ahead. Following this session, quite some time was spent reviewing the effectiveness and gaps in our services and how we can work to address these challenges.

## priority strategies

By late afternoon, we had identified a priority action plan which we will use as a blueprint to direct us in our work throughout the next six months. Some of the prioritised strategies include:

- To raise mental health awareness in the community through workshops/forums/events for both topics (eg. stress, anxiety, how to relax, support groups) and target groups (eg. young people);
- To develop training plans that identify core staff training and individual training aims;
- To develop better information systems/directories for both general public/client enquiries and staff orientation;
- To review and evaluate the running of groups (eg. Cooking Group, Men's Group) and assessment tools for client evaluation;
- To review and update policies and procedures;
- To make links with research institutes regarding researching, data collection, analysis and evaluation of services, and for them to link in with us;
- To formalise a consumer/carer feedback consultation; and
- To develop a volunteer policy.

Thank you to all staff for their creative ideas and constructive input. It was a relaxing as well as productive day, made more enjoyable by a change of office scenery and a tasty lunch at the Alice Springs Resort.

**MHACA welcomes feedback on its services at any time, so if you have anything you'd like to tell us please give us a call or come and visit us at the office. ☒**

# Not for Service:

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

## focus group meets to discuss outcomes for *Central Australia*

AT A meeting on 22 February, a focus group met to discuss the recommendations of the “Not For Service” report. Those attending included members of MHACA’s committee (Karen, Mark, May, Juanita), MHACA manager, Claudia Manu-Preston, CAMHS Acting Manager Fran Pagdin and other concerned mental health sector representatives – Steve Fisher (ex chair and CEO for international health organisation Basic Need), Trish van Dijk (a committee support person) and Christine Burke (consumer consultant and support person). The aim and purpose of the meeting was to consider the recommendations of the report and how their implementations may apply to the conditions in Central Australia, considering that the report and its recommendations had already been accepted and supported by the NT Mental Health Coalition.

### task force needed

There was general agreement that mental health care in the Territory had massive shortfalls and that the establishment of a task force may provide the framework in which such needs may be identified and met.

As a starting point, it was essential to consider that Central Australia has a unique position in Australia, because of its scarce population (less than 80,000) in an area of about 1,000,000km<sup>2</sup>, and its special cultural and economic conditions. It was therefore necessary to define what would be the role on MHACA in this Taskforce.

An effort was made to examine and identify what we have – strengths and opportunities – and what is missing. Questions asked that foreshadow the extent of work to be covered include:

- 1) What other groups are available to assist? 2) What are the other health services?
- 3) Are health and community services being integrated with mental health? 4) Who and where is our client group? 5) What do consumers want and how are they involved in the planning? 6) How does service delivery function in Alice Springs?
- 7) To what extent do we keep a Human Rights approach in mental health?

### points agreed to from the start

- A profile of mental health care in Central Australia ought to be developed as a community based model and a “centre of excellence” that can be offered to others.
- The Recovery model in remote areas and for indigenous clients must be linked with community development and education in general. It must be kept in mind (and in budget) that the Recovery Model works if it is well resourced.



by Maya Cifali

- Partnership between clinical (CAMHS) and non-clinical (MHACA) approach remains essential to achieve good results, but Recovery is achieved in and by the Community.

### areas of need

Areas of need and issues to be addressed by the Taskforce:

- Crisis assessment (eg. number of hospital beds, after hours service, etc)
- Mental health literacy – a MHL program to be developed in order to improve MHL among nursing staff, other services, as well as general public.
- Early detection and early intervention – still lacking!
- Development of human resources in mental health (not necessarily specialists but in the support system and early detection – a lack of skilled people who can differentiate mental health symptoms from anger or grog/drug induced behaviours);
- Transfer of skills - workforce training in support services;
- Promotion of “wellness” in the community – this is where it happens and where it starts;
- Integrated approach between General Health/Primary Health Care and mental health (bring both together rather than kept separate);

- Inclusion of mental health specialists in other community services;
- Community development in remote communities together with training of Aboriginal Mental Health Workers
- Prevention and early detection to start within the school environment from primary to high school
- Development of Primary Health Care to tie up with mental health
- Evaluation of outcomes to be linked with relevant and meaningful performance indicators based on qualitative results as well as quantitative;
- Move to have one National Mental Health Act, rather than a range of individual State/Territory Acts; various Acts in each state/territory – to be linked with NMHS;
- Consideration be given to Human Rights infringements.
- Ongoing outcomes evaluation (every six months);
- Integration of alcohol/drugs and mental health was not a consideration.

## **lack of correlation**

Unfortunately these initiatives were not correlated to the six recommendations in the report. It was pointed out that the recommendations were worded in general terms so that stakeholders could adapt them to their specific strategies within the framework of each heading.

It was pointed out that, in order to be effective and well coordinated, the Taskforce would need a “Secretariat”. This secretarial support would design the Central Australian profile to be delivered to government within three to six months.

It was decided that at its next meeting MHACA would:

- Endorse the letters presented to this meeting;
- Consider additional issues which might have been missed in relation to the recommendations; and
- Decide on the pattern to be followed for the establishment of a Taskforce for Central Australia. ✕



# a gift for words

Hi, my name is John Moffat,

I hope “Bypolarised” gives some insight into how I live with bipolar - manic depression, which I’ve lived with all my life. I find it hard speaking about myself, I sometimes fear being misunderstood. I find it easier to write poems ... which I love to do. It’s how I tell my story. One day I hope I can get my work published. I hope you like them.

*John*

## **Bypolarised**

It’s the paranoia,  
that my oral observation  
will be taken  
as degradation.  
But I only want to explain  
what I’ve seen  
and where I’ve been.  
It’s the confusion,  
that they may think me  
obscene.  
It’s non-stop thinking,  
a hundred miles an hour,  
so I look deep into ink  
and find some power.  
The depression is dark,  
like death.  
The mania reborn  
and taking first breath.

## **Shadows**

Shadows echo the difference  
Nothing there, just a reflection of something  
That was. That used to be.  
That’s something not new. That’s you.

## **Broken dreams**

Broken dreams  
from a lonely rusty bed.  
Broken thoughts  
from a confused empty head.  
No fantasy, about finding  
that bright warm room.  
No reality,  
a mother and the  
safety of her womb.  
Miracles ...  
to have died four times  
that’s the truth.  
To have lived five times  
has to be proof.  
Tears from a dead man  
you should not have seen  
But a boy that has lived  
and is happy to have been.



Sarah and Judith helping prepare MHACA's Christmas lunch 2005

Leo joining in the celebrations at the MHACA Christmas dinner 2005



Megan receiving her farewell gift after dinner



Steve bidding us a fond farewell



# Always some action at MHACA



Jerry getting into the Christmas lunch spirit



Rita having a jolly time



Maya having a jolly time too!



It was nice to be among caring friends at Christmas

Megan and Jo enjoying a laugh at MHACA's Xmas dinner



Christine and Jonathan Pilbrow joining in the celebrations





Committee and staff having a welcome-back chat with Vicki Stanton over morning tea

Fiona and Jenny catching-up at our Special General Meeting



Laurencia and Mary catching up in Tennant Creek



Clayton enjoying a regularly spot of watering



Rita and fellow NGO workers at a March marketing workshop



Christine stopping to admire the local church paintings on a fortnightly visit to Santa Teresa

MHACA members showing support at the SGM on 24 March 2006



Glenn and Shaun ready for some action at the Drop-In Group



# talking about Suicide prevention in canberra

*In 1999, the Australian Government Department of Health and Ageing developed a National Suicide Prevention Strategy (NSPS). In February 2006, representatives from government, non-government organisations and consumer and carer groups from all the States and Territories were invited to Canberra to review the previous NSPS and to provide input into its future direction and funding priorities. Laurencia Grant reports.*

The facilitator for the 2-day event was Julie McCrossin, announcer from Radio National's *Life Matters*. A top choice, Julie turned what could have been an extremely serious and bureaucratic two days into an important and interesting discussion of ideas and plenty of good humour. Julie ensured no time was wasted and that people who wished to speak stayed on track, got to the point and gave examples of a program that worked. Many of those who have been influential in our understanding of suicide in Australia were present, including Dr Ernest Hunter from the University of North Queensland, Dr Diego De Leo from the Australian Suicide Prevention Research Institute at Griffith University, Dr Ian Hickey, Professor Ian Webster and Dr Sheila Clarke from the University of South Australia.

## national focus

Australia is one of a number of countries that has considered the issue of suicide as one requiring the development of a national strategy. Finland, Norway and Sri Lanka were the first countries to develop national suicide prevention plans in the early 1990s. The USA, England, Ireland, Australia, Japan and Sweden have since developed national plans and other countries, including New Zealand, are currently developing their own suicide prevention strategies.

The key focus and outcomes of the National Suicide Prevention Strategy in Australia are: • to support national and local suicide prevention activities across the life span; and • the development and implementation of the a strategic framework for suicide prevention (known as the LIFE Framework).

## funded projects

Through the NSPS, the Australian Government has provided funding of around \$10 million annually for the development of national and community-based suicide prevention programs. Twenty-seven national projects have so far received 50 per cent of the funding and 157 local projects received the remaining 50 per cent of the funding. National projects have included:

- improving media reporting of mental health and suicide issues through the *Mindframe Resources*;
- integrating suicide prevention and mental health in secondary schools through *Mindmatters*;

## national suicide prevention planning forum - 20-21 feb 2006

- advancing good practice for suicide prevention within the community through *Auseinet* (the Australian Network for Promotion, Prevention and Early Intervention for Mental Health).

Local projects in the Northern Territory have included:

- funding to Relationships Australia to deliver workshops for men who were experiencing relationship difficulties;



- funding to Anglicare NT to deliver ASIST (Applied Suicide Intervention Skills Training) and provide a support network for trainers;
- Waltja's Ninti Pulka project aimed to strengthen the resilience of young people in remote communities; and
- Katherine Regional Aboriginal Health and Related Services aimed to provide an effective regional response to suicide and self harming behavior.

## What do we know about what is effective in preventing suicide?

*A presentation by Associate Professor Annette Beautrais, Canterbury Suicide Project, University of Otago, NZ*

There is little evidence-based information about programs that are successful in reducing or preventing suicidal behaviour. The following programs are identified strategies from countries where suicide prevention strategy plans are in place.

Suicide is a complex behaviour with multiple causes. There needs to be improved evaluation of existing

strategies and development of programs and activities that are based on what we do know about their effectiveness.

Of course, programs that prove to be effective in one place may not be effective in a different location. For example, the most common method used by people who die by suicide in the Northern Territory in Australia is hanging. Therefore, the national strategy to reduce the lethal toxins of car exhaust emissions will not reduce the number of deaths by suicide in the NT.

## worldwide strategies

Strategies to prevent suicide world wide can be classified under the following general areas:

- **School based suicide awareness and peer support programs** (these programs are controversial and the safety of young people is questionable)
- **Public awareness and mental health literacy** eg. Beyond Blue and Auseinet
- **Schools based skills promoting programs** eg. Mindmatters
- **Information and education for professional groups** (increased awareness among primary carers to better identify, treat and manage depression and suicidality)
- **Community Gatekeeper Programs** (eg. ASIST training)
- **Screening for mental illness and suicide risk**
- **Treatment and support for people with mental illness and people who attempt suicide**
- **Psychopharmacological treatments** (a limited number of treatments for specific mental illness has been shown to reduce suicidality)
- **Psychological Therapies** (some approaches such as cognitive behavioural therapy has been shown to reduce suicidal behaviour)
- **Follow up care after suicide attempts**

- **Restricting access to methods of suicide** eg. Gun control

- **Restricting access to alcohol** (decreased rates of suicide in Iceland and former USSR after strong anti-alcohol policy introduced)

- **Media coverage of suicide** (less sensationalist reporting)

## future NSPS priorities?

1. The available \$10 million is not a vast sum of money to address the complexities of suicide related issues. Those present at this forum felt that only those programs that cannot receive funding through any other Government Department should be able to tap into this source. Suicide Prevention needs to be the shared responsibility of a number of Government Departments. As Julie McCrossin said: "How can we get the Australian Government Departments to have intimate relationships with each other and all the State and Territory Governments? To talk to each other and have conversations about suicide prevention that are so stimulating that they just can't wait to tell all the non-Government organisations about it?"

2. The NSPS needs to adopt a more directive and targeted approach with clear actions, timeframes and responsibilities. It needs to identify a balance between strategies for high-risk groups and individuals and those that address broader whole of population approaches.

3. All local projects funded must include an evaluation component, must be based on available evidence and include realistic and manageable outcomes. This point led to discussions about the skills of evaluation, possible training for project workers and partnerships with researchers.

4. Those programs that have had proven success through the previous round of funding should receive further funding if this is

the only way for the program to continue.

5. An evaluation of all the previously funded programs needs to inform the next round of funding. Funding applicants need to know what has worked before and what didn't work and why.

6. People who have attempted suicide, family members of people who attempt suicide and people bereaved through suicide have much to offer in the way of input into strategies for suicide prevention. So far, their input has been limited.

7. Indigenous Suicide Prevention activities require long-term funding and should be based on the ability to build community capacity and develop locally-driven intervention and support strategies. Indigenous mental health workers need to be paid accordingly and not be on CDEP wages as is the case with many workers in the NT. The strength of indigenous men's groups needs further investigation.

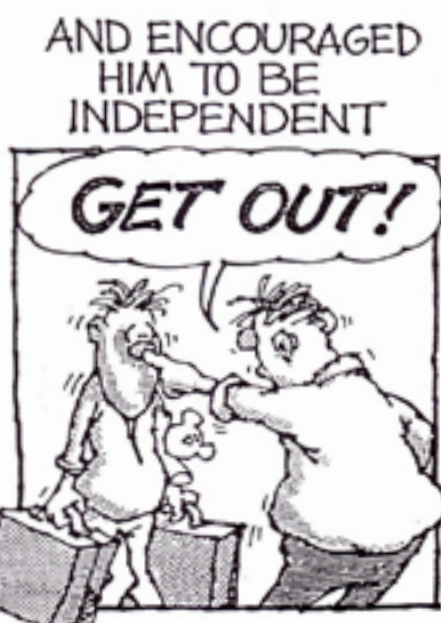
8. There is a need for a support network or information exchange for workers of programs operating around Australia in remote indigenous communities that are relevant to suicide and mental health issues to share knowledge and ideas. The issues require a different approach.

9. Information on deaths by suicide and attempted suicides should be more easily obtained and in a more timely fashion.

10. There are some high-risk groups (eg. gay and lesbian young people) that should be given greater attention.

11. Private companies can provide support and funding opportunities if they can clearly see a relationship that will be beneficial, eg. Superannuation Fund and Lifeline. ✘

# The powerful choice of words



An international speaker, best-selling author and award winning cartoonist, Andrew Matthews makes complex issues simple. He is the author of *Being Happy*, *Making Friends* and *Follow Your Heart*. Drawing lightning-fast cartoons as he speaks, Andrew's humorous and entertaining presentations provide audiences with the tools and inspiration to live happier lives.

# choice theory:

## don't give others your *mental health!*



*IN DECEMBER* last year, several staff attended a 2-day counselling workshop on the principles and practices of Choice Theory. It was an interesting and stimulating workshop presented by Judy Hatswell, an educational psychologist and training consultant from Sydney. Rita Riedel reports.

Choice Theory highlights that we are each 100 percent responsible for how we behave. No matter how others treat us, we always have a choice in how we respond.

In essence, this means no one can “make” us feel anything: neither angry or guilty or sad, or happy. People may inspire us or push our buttons, but our response is our choice. Nor can we make others feel or do anything. The only person we can change is our self.

This is a very empowering concept: we are always free in “how” we respond. Instead of blaming, punishing, rejecting or manipulating others – or allowing others to treat us this way (playing the victim) – we have a choice to reclaim our power and be responsible for ourselves.

Choice Theory also emphasizes that we are not responsible for how others choose to behave. The only person we can control is our self.

Dr Glasser, the founder of Choice Theory (see next page), believes that by taking ownership of our thoughts, feelings and actions we can more effectively deal with all challenging relationships, whether at school, home, work or in public.

Knowing that we can choose more effective ways of relating to others, we can create relationships based on empowerment, honesty and respect instead of feeling helpless, hard done by or out of control. As Judy highlighted in the workshop: “If you can’t change the world, change your response to it.” Or put another way, “Don’t give others your mental health!”

### meeting our basic needs

Choice Theory is based on the premise that all our behaviour is internally motivated to satisfy physical and/or psychological needs. It recognizes that that all humans have five basic needs, and, when these aren’t being met, we experience strain and pain in our relationships. Our five basic needs are:

- **survival** – to have shelter, food, health, security and safety;
- **love and belonging** – to know we are cared about; to give and receive love; to have friendship and involvement; and to have connectedness with others;
- **power** – to believe and know we are capable and successful; using our skills to achieve; applying our knowledge to improve the quality of our lives and others; having competence and influence; and having positive recognition from ourselves and others;
- **freedom** – being independent and making choices and having the right to experience the consequences of those choices; to be able to think and act without restriction or coercion; practicing helping others through our own generosity;

- **fun** – experiencing play, recreation and enjoyment; learning and laughter; laughing with people (not at them).

When one or more of our basic needs isn’t met, our conditioned response is often to try and control others to get our way, however subtle this may be. Alternately, we may act helpless and give our power away, believing we are not capable or responsible for ourselves.

Identifying what basic needs we aren’t meeting in our lives can help us to re-choose our response, which Glasser refers to as our Total Behaviour.

Choice Theory encourages people to stop thinking/behaving like a “victim, persecutor or rescuer” and, instead, to think/behave like a “collaborator, initiator and facilitator”: to be responsible.

### regaining control on the road

While I learned many things throughout the workshop, I enjoyed learning about this next concept the most, as Judy made it simple and playful, two things which always make learning easier.

Choice Theory identifies whatever we do in a given moment as Total Behaviour, which is made up of four components (or 4 “wheels”):

- our thinking (front wheel)
- our behaviour (front wheel)
- our feelings (back wheel)
- our physiology (back wheel)

Choice Theory recognises that the first two components (thinking and acting), →



we have direct control over (like the front wheels of a car), and the latter two (feelings and physiology) we have indirect control over (like the rear wheels of car).

For example, a friend you know doesn't invite you to their party. A conditioned response might be:

- Thinking – “There must be something wrong with me.”
- Behaviour – go to the fridge and eat a tub of icecream
- Feelings – down and depressed
- Physiology – de-energised, heavy, lethargic

Yet Choice Theory highlights that our thoughts and actions have an indirect influence on our feelings and physiology. Or put another way: we can indirectly affect our feelings and physiology by what we think and do.

If we re-visit the above example, knowing that the first option makes us feel down and depressed, a Choice Theory response might be:

- Thinking – “I'm disappointed I'm not invited, but my happiness doesn't depend on one party. I going to go out and create my own good time.”
- Behaviour – call up a good friend and arrange to go dancing
- Feelings – excited and uplifted
- Physiology – stimulated, energised

There is a conscious decision (choice) to do things differently. Because our thoughts and actions influence how we feel, if we are feeling 'lousy' and unwell (depressed, angry, anxious, resentful, tired, helpless etc) we can 're-steer' ourselves back on track by re-choosing our thoughts and behaviour.

## the choice to change

Just as you can only drive a car when the front wheels are on the ground (it's hard to steer when you're doing a wheely!), if you're not engaging your thinking or behaviour, you won't get far: you will be driven by your feelings and physiology (and most probably crash!).

To help make ourselves “feel” better we have a choice to change what we think and do.

I particularly find this part of Choice Theory helpful, because it breaks down what can potentially be an overwhelming concept into something that is easy to understand. It also gives us a practical tool for getting out of situations where we feel stuck.

I don't believe changing who we are (or how we relate to others) is as simple as  $A+B=C$ , as most of us carry unconscious pain from our past which requires courage, awareness, patience and perseverance to work through.

For example, giving up alcohol (or any addiction) is not as simple as just saying, “I will stop drinking now”; a decision like this will trigger many old emotional patterns and beliefs. Likewise, if we have become used to letting others treat us in a negative way (aggressive, rude, insulting, punishing, controlling), it will take a lot of practice to relearn – rechoose – new respectful ways of relating and communicating.

Yet, it is encouraging to know we don't have to do a PhD in psychology in order to make a positive change.

## ... and counselling

Throughout the rest of the workshop, we learned how to apply some of these fundamental concepts to counselling through a framework Glasser has developed called Reality Therapy.

We looked at several techniques for helping a person move out of their problem situation toward a solution, by focusing on what a person wants (their preferred choice) rather than what they don't want (their current problem).

A key question you can ask yourself in difficult situations is: “If I say or do this now, will it bring us closer together or will it take us further apart?” (The cartoon on page 24 clearly illustrates the harmful impact of abusive speech.) Each moment is a crossroads of choice.

Other key strategies include:

- Focus on the present and how you can do things differently (not on the past or what hasn't worked)
- Ask yourself how you would like (prefer) things to be and take a step in this direction – let your “quality world” motivate you towards creative solutions.
- Our problems are not the problem – it's how we let them affect us.

To write about the useful benefits of Choice Theory would require a book! ... so if you would like to learn more refer to the reader-friendly text by Glasser called *Choice Theory: A New Psychology of Personal Freedom*.

In closing, it seems fit to say: we don't have to let others drive us round the bend! Nor do we have to drive ourselves round the bend.

Despite our pain, we are not powerless but 100 per cent responsible for how we think and behave. Through awareness – learning about positive programs and models such as this one – we can test out new ideas which help us regain control over our life. ✘

For more info on Choice Theory workshops in Alice Springs contact Kalikamurti Suich on 8952 3638 or 0412 179 957. Also visit [www.wglasser.com/whatisct.htm](http://www.wglasser.com/whatisct.htm) or [www.judyhatswell.com](http://www.judyhatswell.com).

Choice Theory was developed by Dr William Glasser, a psychiatrist from the US and head of the William Glasser Institute in Los Angeles. Dr Glassner believes that, for there to be progress in human relationships and happiness, people must give up the punishing, relationship-destroying external control psychology (dominant in the world) and, in turn, has developed Choice Theory, a new, non-controlling psychology based on our personal freedom to choose.

our problems are not the problem –

it's how we let them affect us

update

# NT Mental Health Coalition

by Marilyn Starr, Project Officer



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

My role is to support Claudia and the other member organisations and keep the Coalition moving forward with its membership and advocacy. A large part of my role is addressing developments in the political field with regard to mental health issues around Australia and the Territory in particular.

Throughout last year there always seemed to be something that needed comment and attention eg. the *Not-For-Service* Report and the Senate Enquiry into Mental Health, and so far things have remained the same.

## national concerns

The State/Territory Leaders and the Prime Minister met in February in Canberra (the COAG meeting) to discuss matters of concern for each State and the nation, and one very important issue discussed was that of mental health. The heads of government have agreed that mental health is very important to the

financial and general wellbeing of Australia. They have decided to set up an action plan that is to be effective within months that will address the concerns that, we as consumers and carers, have been saying for ages need addressing. Some of these things are:

- better training of people who work in the field and more recruitment
- better access to primary health care and mental health services
- better accommodation options and more of them
- more community involvement in people's rehabilitation
- more attention paid to promotion, prevention and early detection and intervention of mental health issues

The Coalition is currently putting together a summary of what we think the NT needs in order to be able to address these shortcomings in the mental health

sector. This will be part of the submission that the Mental Health Council of Australia will put to the heads of government at their next meeting in June.

## local issues

Other work that has been done by the Coalition this year so far is the planning of Mental Health Week 2006. Believe it or not, it is nearly all completed, and I think it is looking quite exciting. There are still some details to confirm, but it looks like we will be providing some fantastic speakers and workshops to both the public and the mental health workforce in the Territory in October ... more about the speakers in the next issue, when I'll be at liberty to tell you the exciting news!

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

Cheers, Marilyn Starr

NT Mental Health Coalition  
Project Officer, NTCOSS  
(08) 8948-2665

[mental.health@ntcoss.org.au](mailto:mental.health@ntcoss.org.au)



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## 1/4 Quarterly Interagency Meetings

Held 2nd Wednesday each 3rd month  
starting in February

10 May ✕ 9 August ✕ 8 November

10.00am – 12.00pm

@ Senior Citizen's Rooms

# DASA

## drugs and alcohol services association

by Kath Broadbent,  
DASA Manager

*DASA (Drugs and Alcohol Services Association Alice Springs) is a community-based drug and alcohol service in Alice Springs which has been operating for over 20 years. It provides a range of different programs that are confidential, non-judgmental and open to anyone who has a problem with alcohol and/or other drugs. DASA works with a broad range of Indigenous and non-Indigenous people from Central Australia, from in town and out bush, and currently employs twenty-four staff. Most of DASA's programs are funded by the NT government, although it also receives non-recurrent funds from the Alcohol Education Rehabilitation Foundation and Commonwealth Government Health and Ageing.*

### sobering- up shelter

One of the most significant services DASA provides to the community is the Sobering-Up Shelter. This service provides a safe place for intoxicated people to stay until they sober up. It has 26 beds and is open Mondays to Saturdays throughout the year. If there are people who use the Shelter frequently, they will be followed up by the Indigenous Outreach Program. Outreach workers may refer individuals for further alcohol and other drug therapies, medical treatment, welfare support or accommodation.

DASA is also a Registered Training Organisation and delivers Drink Driver Education onsite on a monthly basis. It also offers training in Responsible Service of Alcohol to the hospitality industry. The Community Education Officer is responsible for organising these courses, and she also runs public seminars, displays and facilitates groups to raise awareness about alcohol and other drugs. She is presently working with the Alice Springs Correctional Facility in their pre-release program.

### free individual counselling

DASA also offers a free individual counselling service using motivational interviewing techniques for people experiencing alcohol and other drug problems. People are assisted to identify areas of concern and develop ways to address them by improving decision-making and utilising some goal setting. People may self-refer or be referred by other agencies and are assessed before they enter this program. The service is free and confidential.

**good food, rest, support, medical treatment & a safe environment helped to improve people's physical, intellectual and mental wellbeing**

### detox house

The Detox House is an 11-bed residential service for people who want to address their alcohol and/or other drug problems and need to do this in a residential facility.

It is officially a 10-day program, but longer stays can be negotiated with staff according to individual need. Referrals to this service can be made by a person themselves, family or community agencies. There is currently no cost other than a desire to make some changes to one's life to reduce the affects of alcohol/and or other drugs.

Approximately three years ago, DASA Detox opened its doors to offer some assistance to inhalant users from town and remote communities. Although we had limited resources and expertise, we did have support from services such as CAYLUS, families, remote mental health, services on remote communities and, later, NPY. Although resource-poor, approximately 30 individuals have accessed the program over the three years. The majority of clients have been from remote communities and have brought with them a family support person. Counselling, case-management sessions and other activities include both the client and family member/s.

Many inhalant users made good progress in a short period. Good food, rest, support, medical treatment and a safe environment helped to improve people's physical, intellectual and mental wellbeing. Given time, most began to interact with other Detox residents, and their self-esteem and communication skills improved. Some inhalant users have stayed a few weeks in Detox as their community was unsafe to go back to or because they needed extra time. One person stayed six weeks and several stayed a month. Some relapsed and



Some of DASA's many staff: Kath Broadbent, Ildiko Padanyi, Dot Robinson, Paul Finlay, Sam Adams, Naomi Asling and Mia the dog

came back for another try. Gradually, we built up links with remote communities, particularly Mutijulu and Imanpa.

## glimmer of hope

What seemed to be indicated by the work we were engaged in with these young people and their families was that there was a glimmer of hope for recovery. Although we had the will, we had few resources to develop the program into an effective residential service.

However, in 2005, we were successful in winning a tender to develop and implement an adult residential service for mandated and voluntary clients under the Volatile Substances Abuse (VSA) Program.

## volatile substances abuse (VSA) program

The VSA is an 8-week residential program based on group work and intensive case management which commenced on 20 March 2006. When participants join, they may bring a family support person with them.

The Recovery Program encompasses therapy and learning in a group settings, and areas to be covered include substance misuse, personal development, health, living skills, educational opportunities, culture, creative arts and recreation.

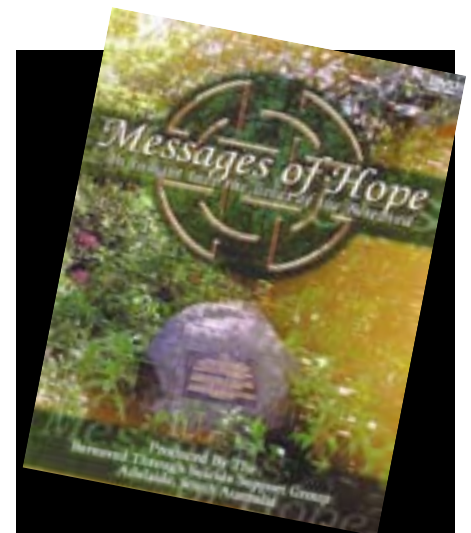
AVSA Coordinator has been appointed who will be responsible for

case-management and for coordination of the program. Extra Residential Workers are being engaged to enhance the quality of care given to all clients, and all staff are undergoing extra VSA training.

It had also become clear to us that the Detox House is too small to run an effective therapeutic program. Arrente House on the other hand stood vacant for sometime and would fulfill our needs for a residential facility: it is currently being refurbished, and works should be completed by September. We will then be able to accommodate five clients on the VSA program and five family support people. The 11 Detox clients will also be accommodated at Arrente House and will have access to group program.

The VSA program will initially run from the DASA Detox House, with a maximum of two admissions, with two family support persons. We have always been flexible with admissions, within reason. It will start small, to be developed carefully and monitored closely. ✕

**DASA is located at 4 Schwarz Crescent - phone 8952 8412**



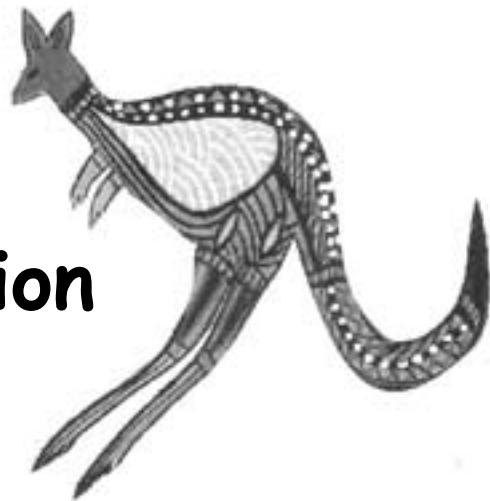
## Messages of Hope

is a 20-minute DVD documentary produced by the Adelaide Bereaved Through Suicide Support Group providing insight to the lives of those left behind after a loved one has suicided. LPP has copies available for \$40. Please Kristy on 8951 0213 or Christine on 89521 0212.



# Aboriginal Suicide

## Prevention Information



- ◆ Are you worried someone you know might be suicidal?
- ◆ Have they attempted suicide before?

It is very frightening to realize that someone you know may be feeling suicidal. If you are concerned about someone, this information will help you identify what to look out for, and what you can do to help.

### warning signs

It can be hard to tell if someone is feeling suicidal. Warning signs are not always obvious, but sometimes there are clues. Some of these might be:

### attempting suicide

- ◆ Talking or joking about death through drawing, stories, songs, etc.
- ◆ Saying goodbye to people, giving away their things, settling any old or ongoing issues
- ◆ Increasing alcohol and/or substance misuse
- ◆ Withdrawing from friends, family, the community
- ◆ Risky or self-destructive behaviour (putting themselves or others in danger)
- ◆ Talking of feeling hopeless, helpless or worthless
- ◆ Not taking care of themselves and their appearance
- ◆ Suddenly seeming better or at peace after being depressed for awhile
- ◆ Being moody, sad, or agro
- ◆ Losing interest in things they used to enjoy
- ◆ Just don't seem to be themselves

People who are thinking about suicide often feel very alone. They may feel that nobody can help them, or that they are beyond help. They may see suicide as an answer to their problems, and they may be unable to see any other way of dealing with their situation. They may believe it is their only way out.

Most people who are suicidal can get through the crisis with the help and support of family, friends, health professionals and the community.

The following tips will help you know what to do:

### tool kit

#### 1. Act now:

If you think someone is thinking about suicide, now is the time to get them help. Don't just think they'll get over it without some help. It can be very hard, and don't think that you can fix it without help from others. Getting that person help may be what saves their life.

#### 2. Have a yarn:

Spend time with the person, let them know you care, and that you're worried about them. Ask them how they are feeling and listen to their answer. Let them do most of the talking. Things can seem a lot better after they have spoken about their problem.

#### 3. Ask them if they are thinking about suicide:

This can be very hard but it shows that you care. It also shows them that they are not on their own. Talking about suicide will not put the idea into their head. In fact, it might make them feel that they can have a yarn about how they are feeling.

## 4. Keep them safe:

If a person is thinking about suicide it is important to know how much thought they have put into it. Ask about the following:

- ◆ Have they tried before?
- ◆ Have they thought about how they would do it?
- ◆ Can they get hold of what they need to do it (drugs, knives, etc)?
- ◆ Have they thought about when they would do it?
- ◆ Do they have anyone around to support them (family, friends, etc)?

If you are really worried, don't leave the person alone. If possible, remove any means of suicide available to the person. This includes weapons, medication, alcohol and other drugs, possibly even access to the car. Seek immediate help.

## 5. Have a yarn about what to do now:

Do not agree to keep it a secret. Talk about the other people who can help. The best way to help the person is to get other people involved who can provide the help and support they need.

## 6. Take action:

The person needs to seek help from a range of people in the community, such as:

- ◆ Family and friends
- ◆ An elder or other community member
- ◆ An Aboriginal or mainstream Health Worker  
Doctor
- ◆ Aboriginal or mainstream Mental Health Worker
- ◆ Counsellor, Psychologist, Social Worker
- ◆ Aboriginal Medical Service or other Health Centre

- ◆ Mental Health Services
- ◆ Emergency Services—Police and Ambulance
- ◆ Community Health Centre
- ◆ Support Groups
- ◆ Religious Ministers
- ◆ Lifeline and other telephone counselling services
- ◆ Kids Helpline
- ◆ School counsellors, youth group leaders, sports coaches

Offer to go with them to an appointment, or be with them while they tell someone else they trust (a friend, relative, etc)

## 7. Get them to make a promise:

Thoughts of suicide often come back and when they do, the person needs to tell someone. A promise can help make sure this happens. Encourage the person at risk to promise to call you, someone else (even Lifeline 13 11 14) before they harm themselves.

## 8. Look after yourself:

If you're helping someone who is feeling suicidal, make sure you take care of yourself as well. Remember that it is really stressful supporting someone who is suicidal, especially over a long period of time.

- ◆ Don't do it on your own. Find someone who you can share the load with and talk to—maybe friends, family, or a professional.
- ◆ Get other people involved who can help you support the person.
- ◆ Get in touch with support groups, either mainstream or Aboriginal. Ask at your local Aboriginal or mainstream Health Centre to find out what's available in your area.
- ◆ Take time out for yourself.

If you think someone is thinking about suicide, now is the time to get them help. Don't just think they'll get over it without some help ...  
Getting that person help may be what saves their life.

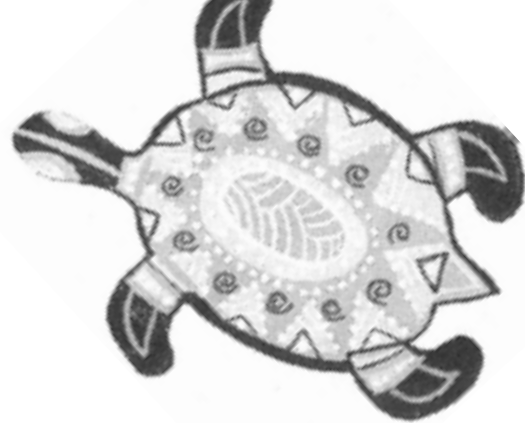
## 9. What not to do:

- ◆ Don't ignore the situation and hope it will go away—if you don't think you can cope with helping the person, find someone else who can
- ◆ Don't think you can fix things on your own
- ◆ Don't make promises you can't keep
- ◆ Don't make the person feel shame

## 10. Staying involved:

Thoughts about suicide do not go away unless the person experiences some sort of change in their situation. The ongoing involvement of family, friends and professionals is very important as it takes time for therapy and/or medication to take effect. To make sure the person gets the best help possible:

- ◆ Make sure the person has 24-hour access to some form of support. This may be you, other family members, friends, an elder, health professionals, or Lifeline 13 11 14.
- ◆ Check the person has a follow-up appointment and the name of the health professional who will be available to answer any questions.
- ◆ Go with the person to appointments if possible. This can make them feel more at ease, as well as make sure they attend sessions.
- ◆ If you are the person's carer, make sure all your questions and concerns are answered by the treatment. You may know the person better than they do, so your opinion and input is important.
- ◆ Sometimes a health professional may not be able to meet all the person's needs. They should then help them access other appropriate services. If you think that not enough is being done to help the suicidal person, then discuss this with the service or health professional or health service, contact the Health Care Complaints Commission on 1800 043 159.
- ◆ Discuss with the person what issues or situations might trigger further suicidal behaviour. Plan how to reduce this stress and ways they can try to cope.
- ◆ Keep being supportive, but not



overprotective—give the person responsibility for their own recovery.

Suicidal thoughts do not go away on their own. People need to see changes in their situation and they need help to make those changes happen. You are part of that help.

## Where to get help

- ◆ For immediate crisis intervention when life may be in danger, ring the Police or Ambulance on 000 or go to the local Hospital Emergency Department.
- ◆ Your local Mental Health Team (see Community Health Centres in your White Pages)
- ◆ Your local doctor, Aboriginal or mainstream Health Worker.
- ◆ **For crisis counselling:**
  - Lifeline 13 11 14  
(National 24-hour 7-day a week service)
  - Kids Helpline 1800 55 1800  
(National 24-hour 7-day a week service)

## For help finding other services call

**Lifeline's Just Ask 1300 13 11 14**

Remember, Just Ask is an information service, not a crisis or counselling service. The service operates Monday to Friday, 9am to 5pm (EST) or visit the web site [www.justask.org.au](http://www.justask.org.au)

This tool kit has been produced by  
Lifeline's Just Ask - rural mental health  
information service.

If you ring Lifeline and can't get through, it just means that all the counsellors are busy. Keep trying, because you will get through, and it shouldn't take that long to talk to someone.

# Bumps in the Road...

## Some of the challenges faced by MHACA

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

### from the General Manager ...

◆ Throughout the past few years, MHACA has been in a constant state of recruiting, orientating and training. This has had a big impact on our resources - taken us away from core work and impacted on staff morale. Laurencia and I attended a workshop on workforce development in early March, facilitated by NTCOSS, to get ideas about what would assist MHACA.

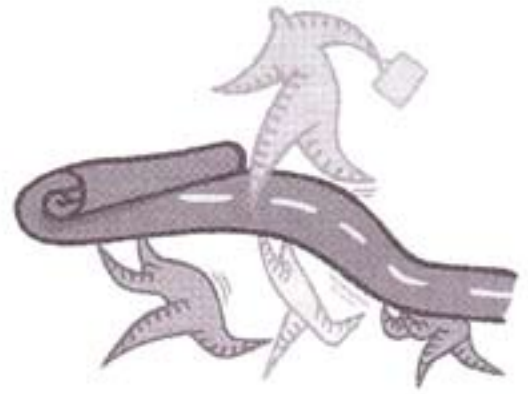
At the meeting there were approximately 20 services that said they had over 25% staff turnover in the past year. This tends to be the nature of the Alice Springs workforce, with its transient population. We were presented with data that the Territory and NGO's have a very high level of staff turnover.

MHACA is recognising that, due to prevailing workforce issues, we must work smarter. Recruiting for specialised positions that require qualifications continues to be difficult due to the global and national shortage of this workforce. We recognise that we will need to skill-up base-line workers and provide career pathways to attract semi-qualified staff.

At the end of the day, we need committed people to do the work as a starting point.

### from the Rehab team ...

- ◆ Our hands are tied in regard to clinical intervention. It is difficult when a person who is a non-client of CAMHS needs immediate assistance.
- ◆ There is a challenge to engage more with female consumers. The majority of clients are male: how can we reach out more to women?
- ◆ Keeping consumers informed and involved in the process of change and development of mental health services is an ongoing challenge.
- ◆ Ensuring consumer participation in our service development is a challenge. We will be running a consumer consulta-



tion workshop in mid-April to help us get feedback for these purposes.

### from the LPP team ...

- ◆ Educating the community and professionals about the role of non-clinical services in suicide prevention is a big task.
- ◆ There is limited information for remote communities and the issue is still very difficult to discuss.
- ◆ The program has broad objectives and it is impossible to stay focussed on what is achievable. A high turnover in staffing has also contributed to this challenge.
- ◆ It is disheartening when statistics are not changing. Deaths by suicide is a growing concern.

### from the Outreach team ...

- ◆ We have recently changed the format of the weekly Cooking/Drop-in group from a "soup kitchen" style to more of a life skills program. People have been participating more as well as taking turns in learning different skills.
- ◆ Coming up with workable ideas for new activities can be a challenge. Alice Springs has limited resources and therefore we have a small range of activities to choose from.
- ◆ Due to the impact of having a mental illness it can be a challenge for people to be motivated and committed to the program.

### from the P&R team ...

- ◆ The continued need to recruit support workers is less problematic at the moment for Prevention and Recovery program. At the moment the program has four casual staff. As this may change in the future I am still interested to hear from people who feel they would like to contribute as support workers to the MHACA Prevention and Recovery program. ✕

NTCAG members met in Alice Springs on 25 February where they reviewed the progress toward implementation of their 2005-2008 strategic plan.

It was encouraging that NTCAG has made headway against the majority of its focus areas:

- there has been progress with the implementation of health committees in five communities across Central Australia
- committee members have had one face-to-face meeting with the minister
- a joint NTCAG/Coalition meeting is being explored; and
- members have been active with the National Consumer and Carer Organisation.

The NTCAG identified areas where progress has not met our expectations and these areas have been targeted for work with Helen Glover when she returns to Central Australia in May/June.

### improving communications

NTCAG members have been given assurances that video-conferencing facilities in use for tribunals have now been upgraded. They have recommended consideration be given to the use of webcam in remote areas to improve communications with services based in Alice Springs and Darwin.

### change of members

Dennis Mehan has resigned from the NTCAG and members expressed their appreciation to him for his years of service. Two potentially new members have been interviewed, and we expect a

full compliment of members by May when our next meeting will be held.

Anyone interested in finding out more about becoming an NTCAG member is invited to contact Burniece Cross on 8999 2717. Burniece has an information package which she can forward to potential members which gives a full picture of the expectations of a member.

The NTCAG is having input into the development of the THEMHS program this year, particularly with reference to the Indigenous pre-conference days.

Already it has been a busy year for NTCAG, and we expect even more activity over the coming months. If you have any issues which you feel the NTCAG should be aware of, please contact me on 08 8951788 or email me on linda.keane@nt.gov.au. ✘

*Linda Keane, Chair, NTCAG*

## What is counselling?

*cont. from page 1*

uneasiness. Occasionally they spiral into other half-buried memories.

Sometimes we are forced to re-open this old stuff – to look into our stories, move beyond our previous comfortable pattern of doing things in ways that are well-known and reliable. Counselling is about creating new pathways for ourselves.

As we get older, our lives become closely associated with other people's stories. We get married, have kids, live alongside people and generally build relationships. These relationships allow us to grow up and be strong within our community.

But sometimes a crisis or tragedy means that we have to learn do things in a new way. This is not always easy. Sometimes we keep doing things we know are stupid, just because we haven't

got any way of doing things differently. We can get locked into a pattern even though we know it is not working.

Changes can be forced on us because of illness, or by something like becoming unemployed, or through some

disaster or just bad luck. New

things can be forced upon us too. It can be because of more children, more stress, more

complex work, or more unwanted demands. Often the big change can be to someone else close to us: our partner leaves us or becomes a different person - they want something new, or they have new priorities. Change can place strains on our relationships. It is a demand that we change to get in step with where they are at.

Also, it can be the new ideas of others that force us to move on.

**... sometimes a crisis or tragedy means we have to learn do things in a new way.**

### coping with change

Counselling is designed to help people cope with these changes. This involves getting people to look at things that have happened in their lives. Counselling can involve learning new skills, or getting new information that may help us to make new decisions. It requires some reflection on past events and ways that we did things then - working out what was useful and what was unhelpful. This self-knowledge is essential as we make new plans about what we want to have happen.

Counselling involves us entering a conversation about ourselves. It encourages us to deepen the ways that we sustain ourselves in a complex and dangerous world. It can be hard work. But it is our lives and our story.

It is a good idea to be the powerful person within your own life. It can feel great to just tell our story. Talking energises us. It inspires our hopes and encourages our creativity. It allows us to move on in ways that don't repeat patterns that are no longer working. ✘



## PROMOTING POSITIVE MENTAL HEALTH AMONGST YOUNG PEOPLE

### The Mind your Mind Kit: Promoting Positive Mental Health Amongst Young People

is a series of fact sheets aimed at building coping skills and raising awareness of mental health issues in young people. The fact sheets cover a number of issues relevant to young people and offer some suggestions for dealing with these issues. There are 12 fact sheets on:

#### 1. Promoting positive mental health amongst young people

Find out what positive mental health is all about.

#### 2. Stress and coping

Find out what stresses you out and learn relaxation and coping techniques.

#### 3. Pressures and expectations

Learn how to deal with the pressures and expectations of others, and how to talk to your parents about what you feel, think, want and need.

#### 4. Relationships

Understand the importance of having good relationships to help you through the stressful times.

#### 5. Positive image

Common myths about the 'ideal look' and ways of developing a positive image.

#### 6. Bullying and Harassment

Understand the effects of bullying at school and how to deal with it.

#### 7. Suicide

Warning signs that a friend or family member might not be coping and some common myths about suicide

#### 8. What to do if someone you know is having trouble coping

Useful information if you think a friend is having trouble coping.

#### 9. Loss and grief

Different types of loss and common reactions while grieving. Learn coping skills and how you can help others.

#### 10. About mental illness

Definitions of major mental illnesses and common myths about

#### 11. Info for parents and carers

Strategies on talking to young people and how to help a young person who is having trouble coping.

#### 12. Useful contact info

Contact information if you or someone you know is having trouble coping.



To download the factsheets visit [www.youth.nt.gov.au](http://www.youth.nt.gov.au) or call Office of Youth Affairs 1800 652 736.

Mind your Mind is a project between the Dept of the Chief Minister and Dept Health & Community Services.



# Drugs And Mental Illness – *What's the Big Deal?*

*Illicit drugs are widely used in our community, especially by young people. Around 25% of teenagers have used cannabis. Among 12-24 year olds, 7% took amphetamines in the last year, and a similar number used ecstasy ... What effect is this having on our mental health? And what can be done to stop the damage?*

## do drugs contribute to mental illness?

Drug use as a teenager is a major risk factor for a range of mental illnesses – the evidence is particularly strong for the link between cannabis and psychotic illnesses such as schizophrenia.

As expert Dr Dan Lubman explains in this issue 37 of *SANE News*, regular cannabis use as a teenager doubles your chances of developing schizophrenia. Use in the teenage years is also associated with higher rates of depression and anxiety later in life.

It is a particular concern that cannabis use is starting at a younger age, increasing the period of exposure during the brain's crucial developmental stage in adolescence. An Australian Institute of Health and Welfare study shows that in 2004, over 25% of 14-19 year olds had already used the drug.

Recent years have seen a dramatic increase in the incidence of amphetamine-related psychosis, according to Paul Dillon of the National Drug and Alcohol Research Centre in Sydney.

Ecstasy is also associated with long-term mental health problems. 'Media reports are often sensationalized and focus on deaths associated with ecstasy, rather than the far more common effects such as increased risk of depression and memory problems,' says Paul.

## what action is needed?

People affected by drugs and mental illness need treatment and support – not criminalization – with education as a critically important preventative measure.

'It's just not a good idea to smoke dope at that age,' says Samantha, 20, who has a diagnosis of psychosis and has used cannabis herself in the past. 'Apart from increasing the risk, you don't need all that extra pressure,' she says.

'Education is crucial,' says Paul Dillon. 'We need to develop clear, credible, easily-understandable messages about drugs and mental illness that young people will understand and act on.'

'There's no magic bullet in this area,' he warns, 'and solving these problems will take time and effort. Responding too quickly with a "Get Tough" approach can actually be counter-productive.'

As well as a major public education initiative in this area, there is also a need for integrated and better-coordinated drug and mental health services – working together rather than handballing clients from one to the other. As 48.5% of people with psychotic illnesses report having used illicit drugs (according to the National Mental Health Survey), then health departments should reflect this in planning and service delivery.

**there's no magic bullet in this area ... solving these problems will take time and effort**

## Where to find help

If you are concerned about your drug use, or that of someone you know, take the first step by asking for information and help.

◆ Ask your GP: Make an appointment to talk to a doctor if you're worried about mental health problems caused by drug use. Ask for a longer appointment to allow time to talk, make some notes beforehand if possible, and be completely open and honest about what concerns you. The doctor can make an assessment and give a referral for specialist treatment.

◆ Call the SANE Helpline - it is a confidential, national Freecall service, offering info and referral on mental illness and related issues: 1800 18 SANE. Helpline Advisors can answer questions about drug use and mental illness, send out information, and refer to specialist drug and alcohol services.

◆ Visit the SANE Bookshop at [www.sane.org](http://www.sane.org) for details of *The SANE Guide to Drugs and Mental Illness* which contains information and tips for those affected.

Read Brett's blog ... and download a factsheet on Cannabis and psychotic illness at [www.itsallright.org](http://www.itsallright.org) - the SANE website for young people in families affected by mental illness



# 10 tips for a healthy weight

- 1 Reduce the amount you eat when not hungry.** Check with your body before you eat to see if you are really hungry or not. Don't eat just for 'emotional' reasons.
- 2 Think about how much you put on your plate.** Cutting down the size of each portion of your meal will help you maintain a healthy weight.
- 3 Plan your meals and snacks.** If you leave decisions about food until the last minute, there's more risk you will eat 'fast food' that is often high in fat and sugar.
- 4 Eat slowly and enjoy your food.** This makes food more satisfying and filling, so you will tend to eat less.
- 5 Plan some physical activity for most days of the week.** Aim for at least 30 minutes of moderate activity each day. This will also help your heart, sleeping and stress.
- 6 Look for extra ways to move your body.** Every bit counts, so don't be afraid to do things the long way. Hide the TV remote controls, walk instead of taking a bus.
- 7 Fine tune the fat content of your diet.** Use low-fat dairy products and lean cuts of meat, reduce butter on bread, limit takeaways. Grill, microwave or bake food rather than frying.
- 8 Sip on thirst quenching water, plain mineral or soda water.** Rather than soft drinks, cordial and fruit juice.
- 9 Monitor your alcohol intake.** Alcohol contains calories. Have a non-alcoholic drink between alcoholic ones, try light beer or diet mixers, and avoid becoming involved in 'shouts'.
- 10 Remember that a 'slip up' doesn't mean failure!** If things don't seem to be going well, don't give up! Learn from the experience, and start planning for the future.

<p><b>Healthy, Filling Foods</b></p> <p>Vegetables, fruit, bread, breakfast cereal, pasta, noodles, legumes (eg peas, chickpeas, lentils)</p>	<p><b>Food to Eat in Small Amounts</b></p> <p>Meat (fat trimmed), chicken, fish, cheese, milk, yoghurt, nuts</p>	<p><b>Food to Eat Least</b></p> <p>Biscuits, cakes, ice cream, pastries, chocolate, chips, pies, sausage rolls, sweets, butter, oils, sugar</p>
<p><b>Drink Plenty</b></p> <p>Water (tap water, plain mineral water, soda water)</p>	<p><b>Drink in small Amounts</b></p> <p>Fruit juice (no added sugar), tea, coffee, 'diet' soft drinks</p>	<p><b>Drink Least</b></p> <p>Alcohol (wine, beer, spirits), soft drinks, hot chocolate and other chocolate drinks</p>



## MI Fact Sheet Series

UNDERSTANDING AND MANAGING MENTAL ILLNESS

The Mental Illness Fellowship of Australia has produced an excellent range of reader-friendly fact sheets on Understanding and Managing Mental Illness. Factsheets in the series include:

- ◆ Frequently asked questions about mental illness
- ◆ Signs of mental illness and what to do
- ◆ Beautiful minds can be recovered
- ◆ Be loyal to wellness
- ◆ Feeling the impact of mental illness: the emotional journey
- ◆ What can friends and family do to help?
- ◆ Effective communication
- ◆ The biopsychosocial model in action
- ◆ The stress-vulnerability-coping model of mental illness
- ◆ Collaborating with professionals for the best outcomes
- ◆ Family and carer supports and services
- ◆ That's what it's like to be a carer
- ◆ Psychiatric medications
- ◆ In the adult mental health system in the NT
- ◆ The mental health legal framework in the NT
- ◆ Understanding anxiety
- ◆ Understanding depression
- ◆ Understanding borderline personality disorder
- ◆ Understanding bipolar disorder
- ◆ Bipolar disorder and alcohol and drug use
- ◆ Understanding schizophrenia
- ◆ Understanding schizoaffective disorder
- ◆ An account of hallucinations and delusions
- ◆ Understanding psychosis
- ◆ Cannabis and psychosis
- ◆ Psychosis: general information on the process and treatment of psychosis
- ◆ Understanding mental illness and violence
- ◆ Understanding suicide and mental illness
- ◆ Substance use - stages of change model
- ◆ Understanding dual diagnosis: mental illness and substance use

The Factsheets are available in the NT from ARAFMI in Darwin. Contact Caroline Richardson on 8948 1051.

"Keep on going and the chances are you will stumble on something, perhaps when you are least expecting it. I have never heard of anyone stumbling on something sitting down." *Charles F. Kettering*

**ARAFMI**  
Association of Relatives and Friends  
of the Mentally Ill

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

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

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

## NT Carers Meeting

3rd Thursday of every month  
5.30-7.30pm

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

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

## 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](http://www.gcimh.com.au/conference)**

## 9th Australian Schizo- phrenia Conference

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

**21-23 August 2006  
Fremantle**

Keynote speeches

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

**Email [asc2006@debretts.com.au](mailto:asc2006@debretts.com.au)**

## Lock Them Up?

### Disability & Mental Illness aren't Crimes Conference

**17-19 May 2006  
Brisbane**

- What's the casue? Why are so many people with intellectual disability/mental illness criminalised?
- Social inclusion & alternatives to prison
- Support & Services in the Criminal Justice System

**Contact: (07) 3844 5066  
email: [admin@sisterinside.com.au](mailto:admin@sisterinside.com.au)  
<http://www.sisterinside.com.au/conference2006.htm>**



## 16th Annual TheMHS Conference

**29 Aug - 1 Sept 2006  
Townsville**

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

**Contact (02) 9810 8700  
email [info@themhs.org](mailto:info@themhs.org) or  
visit [www.themhs.org](http://www.themhs.org)**

## The Royal Australian and NZ College of Psychiatrists Triennial Conference

### Creating Futures:

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

**4-7 September 2006  
Cairns**

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

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



# Mental Health Diary ...

Date	Time	Description	Location	Contact	Phone
Every last Tuesday	12.30-1.30pm	Consumer Lunch	Salvation Army	Joanne	8952 3311
Every 2nd Wed.	5.30-7.30pm	Committee Meeting	Salvation Army	Claudia	8952 3311
Every 3rd Wed	5.30-7.30pm	Suicide Support Group	Salvation Army	Laurencia	8951 0213
Every Thursday	10.30am-12.30pm	Drop-in/Cooking Session	Salvation Army	Timothy	8952 3311
Every 1st + 3rd Thurs.	1.30-3.00pm	Women's Group	MHACA office	Melissa	8952 3311
Every Friday	12.30-2.30pm	Men's Group	MHACA office	Timothy	8952 3311

"Don't judge each day by the harvest you reap, but by the seeds you plant." Robert Louis Stevenson

## 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.