



inBalance

Mental Health Association of Central Australia Inc
quarterly newsletter

12th edition
October - December 2006

What's Inside:

General manager's update	2
From the editor	4
Committee update	5
Pathways update	6
Life Promotion update	8
Subacute update	10
Cross cultural training	12
Mental Health Week	13
General update	14
Mental Health First Aid	17
Action at MHACA	18
MHCA update	20
Arana Pearson workshop	22
NT Coalition update	25
Honoring suicide ceremony	27
CAYLUS profile	30
SPA conference overview	33
Resources	34
What's on/conferences	35
Mental health diary	36

Living with 'Hearing Voices' ...

A mind-opening workshop with Arana Pearson

ON 11-12 October 2006, during Mental Health Week, New Zealand and Australian director of Keepwell Ltd and a colleague of the International Mental Health Network, Arana Pearson, presented an inspiring and powerful workshop on 'Hearing Voices that are Distressing: A Simulated-Training-Experience'. Rangi Ponga reports ...

Working alongside renowned peers such as Dr Patricia Deeghan, Ron Coleman and Merinda Epstein, Arana is one of many who now provides training and counselling to voice hearers, carers, community and 'clinical professionals' in recognition and acknowledgement

of voice hearing recipients. Arana openly defines himself as being 'Mad and Proud' of it, and uses colloquial statements of 'MAD Pride' as a means to fight for equality of mental health, both as a voice hearer and trainer.

cont. page 22



**A Merry
Christmas
& Happy New
Year to All**

Christmas Dinner

at the Memorial Club
Friday 22 December 2006

Everyone welcome—RSVP
to MHACA on 8950 4600

**MHACA office will be closed public
holidays and open 27-29 December
from 9.00am to 3.00pm**



Consumer consultant, trainer, facilitator, musician, writer and public speaker, Arana Pearson inspiring participants at his Mental Health Week workshop in Alice Springs

inBalance

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committee

Chairperson: Mardijah Simpson
Deputy Chair: Trish Van Dijk
Secretary: Jill Deer
Treasurer: Lindsay Morley
Public Officer: Maya Cifali
Org. Rep: Trish Fernley, ARAFM1
Org. Rep: Jenny Black, Salvos
Consumer Rep: Leo Welin
Consumer Rep: Ken Turner

committee meetings

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

correspondence with editor

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disclaimer:

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

erratum

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

general manager's update



Claudia Manu-Preston, Manager

Hello and welcome to the 12th edition of *inBalance*. Christmas is almost here and I love this time of year, mainly because I have wonderful memories of celebrations and being with the people I love. I have also observed this time of year tends to be when people are more tolerant and giving.

Christmas activities

Christmas can also be a time when feelings of loneliness are exacerbated, particularly for people who experience a mental illness. In consultation with clients we have again organised a Christmas Calendar of activities—see centre liftout for details. Let us know if you would like to attend so we can cater for everyone. MHACA will be open throughout the Christmas and New Year break from 9.00am – 3.00pm (with the exception of public holidays).

MHACA AGM & website

Our AGM in September was well supported, reflected in receiving more committee nominations than positions available. Thank you to past members and welcome to new members for their commitment to our organisation.

Our new website was launched at the AGM, a professional, user-friendly resource we are proud of. Thank you again to Rita and Netgrrl Web Development. You can now visit us at:

www.mhaca.org.au

Our 2006 Annual Report highlights what we have been up to throughout the past year. It's great to be able to say—please refer to our website!

Looking back ...

The past year has been filled with many activities: training, workshops, highlights,

some sad events, the comings and goings of consumers, staff and committee members, learning experiences and gradual growth as a service. As an organisation we have continued to expand and as well as consolidate.

One of our ongoing challenges has been in recruiting and retaining staff; we are still on the lookout for a Service Manager and will be re-advertising early in 2007. This has had an ongoing impact on our services, clients, staff and my role. We will be looking at ways that we can find and keep the right people.

Our search for suitable premises is still high on our agenda. I hope to have good news in the next edition ...

Extended services

It has been a long-standing goal of MHACA to provide extended support to remote communities and other regional centres. We accomplished our goal this year through the successful recruitment of a Life Promotion Officer in Tennant Creek and the development of a joint project with Waltja, "We Know our Strengths" (see page 9 for more details). Welcome to Coral Aston and I am looking forward to visiting Tennant early next year.

MHACA will continue to lobby for and develop partnerships and services that support people with mental illness and promote mental wellness throughout the region.

Consumer peer support

I am pleased to announce that in early 2007 MHACA will be undertaking a consultation project for a Central Australian Peer Support Program. This involves employing a short-term

project worker to research Peer Support models and then consult with local consumers and stakeholders. A report will be developed with recommendations for stakeholders and the government.

Trial counselling program

Another new service development is the trial of a Counselling Program (see page 7). Although counselling is inherent in the support services we provide, MHACA has identified a need to offer professional counselling for anyone needing extra support. This counselling will offer people the opportunity to tell their stories and explore new ways of coping.

Young people & mental health

MHACA has supported the Division of Primary Health Care to apply for Headspace funding. This short-term project aims to assess what young people's mental health needs are in Central Australia. Headspace is Australia's new National Youth Mental Health Foundation which has been established in recognition of the need to respond in better ways to young people with mental health and substance use issues. Visit www.headspace.org.au or contact the Division on 8950 4800.

Training and workshops

In late January MHACA will be holding the second stage of the Boston Psycho-Social Rehabilitation Training. The Boston University Centre for Psychiatric Rehabilitation is recognised by the World Health Organisation

as delivering best practice in psychiatric rehabilitation. For more information on the training refer to www.prahranmission.org.au/trainres.htm. If anyone is interested in attending please contact Rangi Ponga on 8950 4602.

In March we look forward to a joint workshop with staff from the Central Australian Mental Health Service around building stronger working relationships.

Advocacy work

I have continued to participate in various meetings to advocate and lobby on behalf of MHACA and the NT Mental Health Coalition for better mental health supports. Most recently, I attended the Mental Health Council of Australia AGM on 20-21 November (see page 20 for an overview).

MHACA continues to participate in the local Alice Springs Primary Health Care Collaborative Meeting. The group met in November to discuss Central Australian issues that members wanted raised at the national COAG consultation. Some of the suggestions included: ● to increase community based programs; ● the development of a youth mental health strategy; and ● the development of NT Mental Health workforce strategies.

It was identified that, as a starting point, a NT Mental Health Needs

analysis should be undertaken to identify where the gaps and priorities are. Some concerns were raised about the Commonwealth consultation process being more



Enjoying a well-earned rest at the Mental Health Week fun run

'presentation of information' than consultation, and about some processes not including NGO representation within the decision-making structure. Minutes of the meetings will be circulated to all stakeholders to keep everyone informed.

Priorities for 2007

The year ahead is already shaping up to be a busy one. Some of our main priorities include: ● relocating to new premises; ● updating of MHACA's policies and procedures; ● negotiating with the Dept. Health & Community Services around core service agreements; and ● the development of a new strategic plan.

In closing, I want to thank the MHACA team for their ongoing hard work throughout the year. Thank you also to the consumers, carers and committee members who work with us to keep the service 'real' and on track, and to the government for their commitment of funding.

When I arrived back from leave recently, there were two thank you letters, one from a service and one from a carer (see page 21). Although we don't expect this, it is encouraging to be validated and appreciated.

I hope that you are able to take some time to enjoy and relax over the break. I wish you all a safe and happy Christmas season and look forward to catching up with you in the New Year.

Kind Regards,

Claudia



MHACA staff with Arana Pearson and Wayne Schwass during Mental Health Week—see page 13 for an update

A penny for your thoughts from the editor



Rita Riedel, Publication Officer

THAT LIFE is amazing is something I treasure. Yet, as a lover of words, it is not lost on me that this term is also the extension of the words “a maze.”

As the Chinese yin-yang symbol highlights, life is comprised of duality: love and hate, darkness and light, weak and strong ... These opposites—by the very nature of their extremes—help to give life balance and perspective ... help us to better understand life’s mystery.

While life is “amazing”, it is also inherently full of challenges. Ask the small seed as it struggles upward to the light, each day transforming itself into the beautiful flower or tree it is destined to become. Ask the caterpillar who wrestles within her cocoon, her daily struggles secreting the chemicals needed to form her wings. Ask the athlete who trains day after day, slowly re-shaping their mind and body to excel in their chosen sport.

No matter how much I may dream of an easy life, struggle and “finding a new way out” are an integral part of life—of growing and becoming strong. Activists know this: we have to speak out and take a stand to make a difference. Yet knowing life contains struggle doesn’t necessarily make things easier.

These past few months I have been through a difficult time: losing someone I love, uprooting my home and work life

to re-settle interstate, needing to find new ways of thinking and being in the world—needing to find my way through life’s maze. Quite a few times I have found myself in unwanted ‘dead-ends’, with what has felt like no way out.

I have been experiencing the “downside” of duality: doubt, despair and fear, rather than faith, hope and love. Looking for the lesson during these times is hard when you feel scared, down and, at times, a little crazy.

The victim in me has wanted to give up, to hope for a magic cure or pill to make my pain go away. But I have been down this road before, and I know this is the stuff of fairytales. So I gather all the strength I can muster and I reach for a lifeline: a moment of prayer to reconnect me with the Universal Spirit, a close friend to offer me a blanket of encouragement and love, a healing book to offer me insight and hope, my sandals ... to take me on a nurturing walk along the beach ...

Recently, one of these lifelines literally fell off the shelf, a book called “Your Life Matters” by Petrea King. About 25 years ago Petrea was diagnosed with cancer. As a naturopath, counsellor and meditator she prepared herself as best she could for her death, only to discover a year later she had healed herself into remission. She was then faced with an even bigger challenge: how to live the rest of her life? She realized that, up until then, she had spent her life quietly dying—trapped by past emotional pain, a victim to her negative thinking, and bound by old habits. In that moment she resolved to live as fully as she could: to live an authentic life.

Since then Petrea has set up the Quest for Life Healing Centre in NSW and supported over 50,000 people who are living with a life-threatening illness. Based on her own learnings of “how to live well,” she offers practical steps people can take to heal and look after themselves. Depending on their level of illness not everyone makes it, but many achieve a greater gift:

learning to live fully before they die.

One of her core principles is that our positive habits have to outweigh our negative ones: the more we put in place the good things—eat well, exercise regularly, meditate daily, rest often and get “emotionally up-to-date” (tackle the people and feelings that stop us from growing)—the less chance the negative habits can take hold ... and then, ever so gradually, we transform into the butterfly we dream of being.

I am learning that there are no quick instant ways out of life’s maze—because we are human ... because life is messy and unpredictable and full of uncertainty. But, I am discovering, that, like a surfer, I can learn to ride the waves, to keep getting out of the water and back on my board ... that life’s struggles make me stronger, testing and shaping me ... just like the seed, the caterpillar and the athlete in training.

As Anne Deveson has recognised, we are more resilient and stronger than we think. If I look closely, I can see that the “dead ends” in my life’s maze are turning out to be blessings: I am slowly discovering my inner power and, amazingly, learning to find a new way.

As another year ends I wish everyone a safe and joyful festive season. Wherever you go, may you find peace of heart and mind along the way.

Rita

Contributions Welcome!

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

by 28 Feb 2007

Contributions are
welcome any time

MHACA is online!
Check us out at
www.mhaca.org.au

“There are two ways to live your life. One is as though nothing is a miracle. The other is as though everything is a miracle.” *Albert Einstein*

Trish Van Dijk
Deputy Chairperson

In my private life I am a family person, retired from a lifetime of teaching. I try to keep up with my 22 grandchildren and 3 great grand children that my husband and I have between us, as well as our own children of course.

During my 23 years in Alice Springs, I have been an enthusiastic proponent of the arts. Since retirement, I have been involved in a number of community organizations and some very interesting jobs, most of them voluntary. I am currently teaching literature to the University of the Third Age (U3A), also teaching at the Alice Springs Correctional Centre, a great learning experience for me and one I will never forget.

For six years I have been an Official Visitor at the Centre, reporting to the Minister about the concerns of prisoners, also very revealing. It is my work at the gaol that has given me an insight into the acute problems of mental health that a significant number of prisoners face. I constantly lobby for these prisoners to be housed in an appropriate facility (yet to be built) rather than being shut away for their own protection as well as the safety of other prisoners.

I will continue with this work and hope that from my experiences in this area I can make a worthwhile contribution as Deputy Chair of the current MHACA committee.

Trish

committee update ...

New committee

The new committee for 2006-2007 was chosen at our September AGM. We are a lively and committed group and hope to support and encourage all the work undertaken by our staff at MHACA. The current committee is a mix of old and new members—Karen Aucote stepped down as chairperson and I am now in that position. Mark Keyworth, our treasurer, has been succeeded by Lindsay Morley—welcome Lindsay.

Jill Deer continues as our diligent Secretary, Maya Cifali as our Public Officer and Leo Welin, a long-time consumer representative, all continue to share their knowledge and experience of MHACA with the newer committee members. Juanita Sherwood has moved across to Queensland and Ken Turner has enthusiastically taken up the position as a consumer representative. Our new deputy chairperson is Trish Van Dijk. Our organisational representative positions are held by Trish Fernley from ARAFMI who works with carers and Jenny Black from the Salvation Army who manages their men's hostel.



Mardijah Simpson, Chair

Identifying and addressing local needs: Community-based management committees are a valuable voluntary contribution to local life. It is often the case that local people can identify special local needs or issues and contribute to addressing them in a way which neither commercial enterprises nor government agencies are able to. They are able to develop and evolve in response to local conditions and concerns, trial new approaches, lobby for support for sectors of the community that have no voice or have voices which are not being listened too. It is a big responsibility and challenge but a very worthwhile one. We all hope that this year's committee will serve the Alice Springs community well.

Team building: In early November, most of the committee participated in a Saturday morning team-building session with useful input from Steve Fisher, the previous chairperson, on governance. Also joined by Claudia Manu-Preston, our General Manager, we were able to share and discuss a broad range of MHACA related issues, ideas and aspirations, as well as clarify our understanding of the role of a management committee and how we can best function for MHACA.

Arts opportunities: Arts Access Central Australia is a new initiative that is also developing in Alice Springs. There are some very successful Arts Access groups in other states. The main goals are to develop an eclectic spectrum of collaborative ventures between the arts and disability sectors within the Alice Springs municipality and to promote full inclusion and access to cultural opportunities in the arts for people with disabilities through an assortment of services, support and projects. Many local organisations are involved in the Arts Access reference group including InCite Youth Arts, Disability Services and Liason, CASA, Bindi and MHACA. An initial project, 'Imagine Alice,' offered postcard painting workshops and resulted in an exhibition at the Library in August. A new, bigger integrated project is being developed and we hope that MHACA consumers may wish to participate when it eventuates.

This year has been full on and it looks as if next year will continue that way. Thank you to all the staff for their ongoing hard work. They have Christmas plans in place for MHACA consumers. I would like to wish everyone involved in MHACA a Happy Christmas and a Peaceful New Year.

Mardijah Simpson, Chairperson



Offering choices ...

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

Activities ...

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

For further info call:

Melissa Glasscock on 8950 4603
Tim MacDonald on 8950 4604
Christine Boocock on 8950 4606
Gina McAuley on 8950 4607
8.30am – 4.30pm Monday to Friday

Pathways Program

Promoting Independent Living & Recovery-based Rehabilitation

Coordinator: Melissa Glasscock • Outreach Officers: Timothy MacDonald and Gina McAuley • Rehabilitation Officer: Christine Boocock

update

Festive Activities

Christmas is fast approaching and the Pathways program staff have been very busy organising our Christmas calendar of events—please see our calendar insert for a full list of activities. This year we're planning on having our annual Christmas dinner at the Memo Club on the 22 December 7.00pm. Contact our office or Gina on 8950 4607 if you wish to join us.

Activities for the New Year

Uni and VET courses start up again in February, so now is a good time to think about what you might like to do next year. There are many good courses on offer. If you need any help please drop in or give one of our staff a call.

Cooking Group

The Women's cooking group is jointly run by Gina and Christine and still continues to be very popular. In the last few months, due to consumer feedback we have focused on preparing healthy well balanced meals. The classes are held every fortnight on a Monday in the Salvation Army hall from 10.00am-12.30 pm. For any further enquires, please contact Gina on 8950 4607 or Christine on 8950 4606.

Women's Group

The Women's Group is held fortnightly and is run by Christine. All our outings are consumer driven and have recently included activities such as 10-pin bowling, picnics, visiting Desert Park and watching the baseball at the Masters Games. As mentioned in the last edition of *inBalance*, the Salvos and MHACA have put their resources together to run an Indigenous Women's Group. Some of the monthly events have been weekly video mornings, BBQs and nature trips out of Alice Springs. Any requests for information on this group please contact Gina on 8950 4607.

Men's Group

Both Tim and Jerry have facilitated the Men's Group outings. Numbers in this group always vary, however some of the popular activities have been a trip to the Date Farm, 8-ball and a few nature trips to Ellery Creek Water Hole and Mt Gillen. Please contact Tim for any further enquires on 8950 4604.

Monthly Outing

This month we decided to venture out of Alice and went to Ellery Creek Water Hole. I'd like to give a big thank you to the Salvation Army for lending us their van. Feedback from the day was very positive as it gave everyone who went a chance to relax and soak up the beautiful surroundings. It was also suggested that next time we should bring along some water colours to paint the scenery. Another planned outing is a 3-course lunch at the Desert Lantern. We're all looking forward to that!

From all staff in the Pathways program I would like to wish everyone a Merry Christmas and Happy New Year.

Melissa Glasscock, Coordinator





Tim and Laurent cooling off in the camp ground



Everyone enjoyed a refreshing trip out to Ellery Creek Bighole

New Counselling Service

MHACA has just recently received funding to pilot a new counselling service. This service will be facilitated by Tim MacDonald, a trained and experienced counsellor. Prior to working at MHACA, Tim worked as a counsellor at Tabor House in Adelaide. We plan to begin this service in January. Bookings are essential and payments will be made on a donation basis. For further enquires and bookings please contact Tim on 8950 4604 (see ad on this page).

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

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

Recipe: Ham, Avocado & Salad Wrap

Ingredients for 2:

- 2 wrap or pita bread
- 50g avocado, mashed
- 2 slices cheese
- 100g ham, sliced
- 60g tomato, sliced
- 30g lettuce, shredded
- Mayonnaise

Method:

1. Spread Wraps with mashed avocado.
2. Top with cheese, ham, tomato & lettuce.
3. Mayonnaise to taste.
4. Roll up and enjoy!

MHACA is launching a New Counselling Service in January 2007

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

Wanted! Consumers and Carers

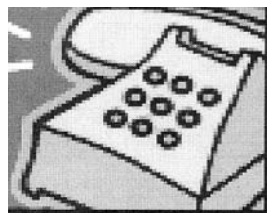
Are You Interested ??

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

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

MHACA will negotiate payment for work provided.

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



Call Tim MacDonald on 8950 4604

Aim

LPP aims to collaborate with others to develop strategies to address the high rates of suicide and suicide attempts in Central Australia. A community-development focus identifies community-owned and developed initiatives as a means to help reduce the rates of suicide and suicide attempts and their impact on families and communities.

How can this work & what is our role?

- LPP facilitates an Interagency response to suicide that helps to identify who has been affected by a suicide and supports available
- LPP staff work with others to deliver Applied Suicide Intervention Skills Training (ASIST), first-aid training for workers who come into contact with people at risk of suicide
- LPP keeps in touch with current suicide prevention research so that strategies are evidence based
- LPP facilitates a steering committee (of govt and NGO reps) to ensure transparency and gain ideas & support from other organisations and community representatives
- LPP is spending time in one remote community with the aim of learning what this community can do to reduce suicidal behavior

For further info call:

Laurencia Grant on 8950 4608 or
Kristy Schubert on 8950 4609 (AS)
Coral Aston on 0427 717 772 (TC)
Monday to Friday 8.30am – 4.30pm

Life Promotion Program

Addressing Suicide and Self-Harm in Central Australia

Coordinator: Laurencia Grant • LPP Officers: Kristy Schubert; Coral Aston (TC)

update

New LPP Officer in Tennant Creek

The Life Promotion Program warmly welcomes their new staff member, Coral Aston, who has come all the way from East Gippsland in Victoria to work in the Barkly Region. Coral is based alongside Tennant Creek's DV counsellor in the Bradaag office space. MHACA wish to thank Braadag for this arrangement and for their support of Coral during this transition. See Coral's introduction on page 15.

LPP's role is to coordinate a region's efforts regarding suicide prevention, intervention and post-vention. This involves learning about the existing knowledge and efforts of both the services and the general populace of a region, supporting effective work and finding appropriate ways to fill in the remaining gaps. Every one of these areas takes a long time to establish, and no one has operated in this role in Tennant Creek before, so Coral is doing excellent work as she takes on the challenges of defining a new role in a new context. Two deaths by suicide occurred in Tennant Creek in Coral's first two weeks on the job. She has become aware of the levels of grief experienced by local people and the complexity of the problem in this community. We wish Coral all the best in this new role and we look forward to her regular updates from the Barkly.

Honouring World Suicide Prevention Day

On 11 October, during Mental Health Week, the LPP Team organised an event to raise understanding and awareness about the issue of suicide. This event gave people an opportunity to share stories, songs, poetry, artwork and speeches that expressed their experience and understanding of this issue.

The ceremony was a moving event, looking past statistics to real people and real experiences, and how we can find ways to care for and help each other to move through difficult times. See page 27 for a fuller story, where you can also find some information about how you can help contribute your thoughts to creating a better understanding and awareness about the issue of suicide.

Remote regions and suicide

Through comparing various studies—such as information distributed by Applied Suicide Intervention Skills Training (from Canada), the World Health Organisation and localised studies from smaller regions in Australia—it seems apparent that there are some things about suicide that remain true worldwide. However, these studies also reveal that there are localised variations:

- specific to geographical locations;
- particular value systems such as religion, culture or family upbringing;
- affected by the socially acceptable forms of expressing or managing emotional or psychological pain;
- influenced by commonly held understandings of what might cause such pain (such as whether it is understood to be spiritual, biological, psychological, social, or even a personal weakness);
- and variable according to exposure to what is portrayed through the media or other forms of popular 'consciousness', such as commonly held stories of characters, images or myths.





Participants at the World Suicide Prevention Day ceremony holding Santa Teresa Banners

Through their remote work, the LPP Team is trying to put together a relevant contextual picture of the issue of suicide for the people who live in remote, Central Australian locations. Given that the broad scope of the program does not allow for too much time to travel to these places, this work is happening very slowly.

As part of the World Suicide Prevention Day ceremony some women from Santa Teresa painted two beautiful banners for which portray local understanding of some of the causes of suicidal behaviour as some ways to care for people who are displaying such behaviour. In response to an invitation from the Papunya Council Kristy has spent some time in this community, talking to representatives about suicide intervention and factors that might contribute to suicidal behaviour. Coral Aston, the new Barkley region Life Promotion Officer, will be working with remote and Tennant Creek communities.

Suicide Prevention Australia Conference Adelaide 2006

In November Laurencia attended the SPA conference held in Adelaide. See page 33 for a more detailed report.

Two new ASIST trainers in Central Australia

The ASIST (Applied Suicide Intervention Skills Training) Network welcomes its two newest trainers. Coral Aston and Kristy Schubert completed their five-day Train the Trainer course in Brisbane in November. ✂

Laurencia at the SPA conference with Gaynor Hicks of Living Works Australia



National Suicide Prevention Strategy Community Grants: Joint MHACA and Waltja Project

The LPP team together with Waltja was successful in receiving funding through the National Suicide Prevention Strategy. This was one of two projects funded in the NT out of 46 Australia wide projects. The project is called "We Know Our Strengths".

This project aims to support communities to identify and reinforce their resilience, capacity, knowledge and strengths. To do this it will support community-identified activities & knowledge.

Liz Archer of Waltja says that, "committee members and other Waltja projects have identified that hunting, bush tucker trips, physical activity, playing music, good times with families, learning new skills like driving and cooking and eating well all help keep families strong" It is recognising and supporting the protective factors for suicide, the things that help keep us alive and strong despite the difficulties we might face.

The purpose of the Project is to assist three remote Aboriginal communities to access useful and supportive information about suicide or related information by providing it through—or as part of—a range of community identified activities. The development of useful resources to engage communities in a process of communicating about suicide and mental health is a major part of the "We Know Our Strengths Project"

If you want to overcome, you need to know both your enemy (suicide) and your strength (resilience, capacity, knowledge, support).

For more Information contact Liz or Shariyn from Waltja on 8953 4488 or Laurencia or Kristy at MHACA on 8950 4600.

Subacute care

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

Support offering ...

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

What happens?

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

For further info call:

Rangi Ponga on 8950 4602
Monday to Friday 8.30am – 4.30pm



update

Prevention & Recovery Program: “A Safe Way Forward”



P&R Coordinator: Rangi Ponga ● P&R Officers: Jerry Fitzsimmons, Richard Smith, Bianca Kelley

One year on ...

Time has moved quickly with the Prevention and Recovery program in operation for its first year, after commencing on 3 October 2005. As a shared trial-pilot-project for the central and northern regions there have been many issues identified

and these were confirmed in the mid-term evaluation. There have been positive and negative events to celebrate in this year, many aspects requiring continued evolution to ensure effective management. Maintaining strong relationships with allied services has been crucial to ensure consumers and families are able to access appropriate resources.

It is important to acknowledge all those who have been actively engaged in this new initiative and the consumers who have benefited from the supports. For myself, as a new person to the region, it has been a challenge to work through the multitude of issues as they have developed, as well as learning the intricacies of the cultural diversities of the people and climatic cycles. Thank you the community and services of Alice Springs for this first year in the program.

Recruitment and Retention

With the return of Bronwyn DeAldi (team leader for CAMHS community team) after a stint in Barkly-Tennant Creek there has been an increase in activity for the program. Although both services have had staffing problems MHACA has continued to access its casual pool. For this period I thank Jamie Ford for taking the time to fill in for Jerry Fitzsimmons while he was away. Although a new member for the casual team, Jamie has plans to move out of the area for a few months so we wish him well on his journey. Jamie comes with a history of interesting travel experiences, including in India, and is known to the local Salvation Army parishioners.

Presently we have Jerry Fitzsimmons, Bianca Kelley and Richard Smith as casuals who have been gaining valued experience and knowledge working alongside the clinical team members. Over the next few weeks two new members will hopefully join the MHACA team as permanent part-timers which will be enhanced by the appointment of a new coordinator to the CAMHS team. Orientation and training will be intensive and have clinical and non-clinical components. With the collaboration of our team and case managers from CAMHS, consumers and their families will be able to receive a secured system of joint supports from community and hospital resources.

As a casual team it is good to be able to say that all three are actively engaged with consumers at the moment and working alongside CAMHS case managers and the team from the ward.

Jerry Fitzsimmons



Bianca Kelley



Richard Smith





Celebrating the launch of the P&R Program in October 2005

Steering Committee

With the end of the year coming some committee members have taken up new roles interstate and we say thank you, good bye and good luck to Juanita Sherwood (Center for Remote Health Education & Training) and Sara (ASYASS). There has been some difficulty sustaining the committee quorum for the past two meetings and new committee members are being sought to rectify the present situation. The committee will continue to operate and seek clarification on operational governance to ensure the program is not impacted upon.

Alice Springs Men's Hostel: P&R Respite Beds

Since early October the program has been able to utilize the Alice Springs Men's Hostel with the introduction of two respite beds under the Prevention and Recovery program. These beds are secured to ensure consumers experiencing exacerbation of illness and not needing to be in hospital can receive added supports from their case manager and support worker when referred to the program. The support is for a limited time during which alternative options of accommodation are being identified or there is a return home after some needed time-out. With all respite care this includes an individual care plan to identify the added supports needed. Consumers are not able to access these beds directly but under the auspices of the program.

As part of this respite option I am happy to welcome the new manager to the Alice Springs Men's Hostel as an extended member to the program. Jenny is also the new organisational representative on the MHACA management committee (see her profile to the right).

Evaluation Update

In consultation with Team Health Darwin it has been agreed that the research project needs to continue into the next year to ensure more statistical information is collected. The decision is based on the program having had limited referrals in the first year, making the outcomes difficult to validate in statistical research. Debra Rickwood will visit the mental health services and allied supports between 2-6 July 2007.

In the meantime, this requires that all available data be collected more effectively and that consumer participation in the researching of the program be encouraged.

The Prevention & Recovery Team wish everyone well over the Christmas and New Year period.

Rangiwhiua Ponga,
Coordinator



New MHACA Committee Member and Extended Member to the P&R Program

I am currently the Manager of the Alice Springs Men's Hostel for the Salvation Army.

I have worked in accommodation in a variety of different capacities. I have run a Women's Emergency Accommodation Centre in Cairns and coordinated disability group homes for adults with profound disabilities in Alice Springs. In 1997-1998 I ran the Transitional Living Program (TLP) for mental health consumers in Alice Springs.

During the last four years I have been a family violence counsellor and financial counsellor for Centrecare. This work entailed running groups in the Eastern Goldfields prison in Kalgoorlie WA and travelling throughout the Goldfields. The majority of clients were Indigenous and many had a dual diagnosis.

Earlier this year I worked as a financial counsellor and a gambling (addiction) counsellor for Anglicare. My qualifications are in teaching, disability and financial counselling.

Jenny Black
Manager Alice Springs Men's Hostel,
PO Box 8046
Alice Springs
Phone 8952 1434
mash@aus.salvationarmy.org

Cross Cultural Training

TO ENSURE protocols are maintained and respect is shown for the differences between cultures, MHACA organised two days of Cross Cultural Training for its staff, held on 23-24 October. Facilitated by Laurna Wilson and Christobel Swan, the training assisted staff in developing an awareness and understanding so they are better able to build relationships with clients—as well as workers in agencies—through respectful interaction and better knowledge of some aspects of Anangu culture.



Laurna Wilson and Christobel Swan with Jamie and Kristy

In this training, Laurna and Christobel covered: basic protocols; using language and interpreters appropriately; family tree patterns and skin relationships; engaging with an individual through networking with family; understanding mental wellness / illness from an indigenous perspective; and when, why and how to access Ngangkari.

One of the aims of the training was to develop 'intercultural competence'.

'Intercultural competence' can be defined as the ability to have successful communication with people of other cultures. It involves developing ways of connecting with other people in spite of cultural variations in perception, thinking, feeling and acting. Like a lot of skills and competencies, we can learn a lot through lived experiences.

"People who've had experience living with people from other cultures might

have unknowingly developed these competencies," said one of the MHACA staff. "But I think the skills you need to relate well across cultures can actually be picked up from all over the place, so it's important to respect the ways that all kinds of life experience can contribute to this process."

As an article on Building Intercultural Competence suggests: "To have intercultural competence, we need to draw heavily on our capacities for respect and empathy. We also need to be willing to widen our experiences of other cultures, other people, other value-systems and different behaviours. Perhaps one of the hardest things, though, is that to have intercultural competence, we have to be willing to continually engage in a personal evaluation of our own strengths, weaknesses, preferences and emotional stability."

sensitivity & awareness

In addition to these factors, the training highlighted that some of the basic needs of 'intercultural competence' are sensitivity and self-awareness.

"Sometimes, I don't think we realise that our first instinct is to be defensive of our differences," said one of the MHACA staff in their feedback. "This defensiveness isn't really helpful, but it does make sense. In intercultural situations, we are often talking about things that we value very deeply. So we're dealing with territory where there are potentially hidden landmines of hurt and offence. Learning to walk towards someone else and meet with them in this territory is definitely a skill."

"What we learn is that the important thing is respect," says MHACA management. "You find cultural differences everywhere: not just between Aboriginal and non-Aboriginal people, but also within the same organisation or even family. Everyone has their own history, their own life and experiences. They come from different places and different backgrounds. And we respect each other when we find ways of seeing beyond our selves and our own needs and expectations in order to meet the needs of others."

It is a journey that we are all going on, and it is good to see where others are at, especially since we are all actually walking parts of it together. We want to be able to look out for each other in this territory, to point out potential 'danger zones' and to learn to live in this territory with confidence, compassion and care. ✕



MHACA staff with Laurna and Christobel at the cross cultural training

Mental Health Week ...

building awareness - reducing risks

A RANGE of activities were held during Mental Health Week 8-14 October 2006 which started off with a bang at the annual Fun Walk/Jog/Run on Sunday 8 October.

Fancy a walk, jog or run?

There was a wonderful turnout this year at the Telegraph Station with over 100 people attending, ranging in age from 4 to 85 years. For some it was a leisurely stroll, for others it was a serious race. First or last, we appreciated everyone's efforts and determination to cross the line.

Those who crossed the line were treated to a healthy breakfast, followed by speeches by Alderman Murray Stewart and MHACA's General Manager, Claudia Manu-Preston. Both speeches highlighted the importance of community involvement in reducing the stigma of mental health.

We then reached the best part of the day, giving out prizes to participants. A very big "Thank You" to the local business community in Alice Springs with over 40 prizes donated by different organizations. Prizes ranged from MHACA fun packs to a free airfare voucher worth \$750.

Overall, there was much positive feedback. It was great to see a wide variety of the community out enjoying the day and taking an interest in Mental Health ... and no first aid was needed! Thank you to MHACA staff who helped organise prizes and activities and to members of the Running and Walking Club who each year help to organise the event.



Claudia, Alderman Stewart and Melissa handing out prizes at the Fun Run



Guest speaker Wayne Schwass

Free Forum

The NT Mental Health Coalition organised several workshops for Mental Health Week. On 10 October Wayne Schwass and Arana Pearson were guest speakers at a free forum on mental health. The forum was well attended and people gained helpful insights into what life can be like when someone experiences a mental illness.

Hearing Voices

The Coalition also organized workshops on Hearing Voices, run by Arana Pearson. Those who attended have been singing his praises ever since. These workshops gave people who don't hear voices an insight in what it is like to hear voices and tools to help their clients, friends and family members to deal with them (see pp. 22-26 for more info)

Arana's company, Keepwell P/L has introduced a Hearing Voices newsletter that can be accessed via: www.keepwell.com.au. If you click on 'free stuff' you can download a copy. We hope to see more of Arana in 2007. ✕



Some young runners with their MHACA prizes

Community Visitor Program

The Community Visitor Program also ran a workshop during Mental Health Week on 13 October on Human Rights and Mental Health in Alice Springs. If anyone has any Human Rights concerns you can call Judy Clisby of the Community Visitor Program on freecall 1800 021 919 or email her at cvpprogramadc@nt.gov.au.

“Honoring The Exceptions”

(a Helen Glover quote)

by Rangi Ponga



Remembering those we love

At this time we wish to acknowledge the family of Matthew Deer, as a year has slipped by since his untimely passing. To Jill and family we thank you all for your continued support to MHACA in this past year and trust that, although there have been constant periods of grief for you, there has also been the honoring of good memories in Matthew's journey. MHACA are privileged to now hold the Annual Matt Deer Camp which offers other consumers an opportunity to experience the happiness Matthew shared with MHACA. Thank you Matthew and family...

Like attracts like ...

I am constantly impressed with the diversity of people that come through the Central Territory that affirms the efforts taken to achieve effective ways of reducing the myths and de-stigmatization that surrounds mental health. These are the events that attract information that fills this newsletter.

MHACA acknowledges some of the most recent visitors to Alice Springs.

In the past three months many events have occurred for Alice Springs to host conferences, seminars and workshops on the subject of mental health wellness, such as the Australian and NZ Mental Health Nurses Conference, the International Indigenous Catholic forum and guest speakers to Mental Health Week. It was interesting to meet several fellow New Zealanders (some from the same river) during the month of October and spend valued time listening to their first time experiences while here.

Festive season preparations ...

I had been assured that things start to slow down in November/December ... hmmm, did I hear that right? For MHACA this has been a busy time leading up to the anticipated quietness, with several staff away on leave and plans afoot to provide activities for consumers throughout the festive season (see centre insert).

I am mindful of the stressors and expectations which apply to consumers at this time and for those who have lost family and friends. The implications of financial stress is recognized after the holidays so we ask consumers to be conscious of this and take extra effort to remember the after affects of “too much Christmas cheer”. On that note, we wish everyone well over the Christmas and New Year period.



Guest speakers at staff meetings

On occasion MHACA invites speakers to our monthly staff meetings to introduce themselves and give us insight into what their roles are in Alice Springs. Recently we met Registrar Paddy Beverley. Paddy has been a familiar face to the general hospital for some time and is presently being exposed to the diversity of Remote Mental Health services in his achievement to become a qualified psychiatrist. His background

is in Sydney as a community mental health registrar and also in a private mood disorders unit. He has an interest in new onset psychosis and Indigenous medicine. Good luck with the role Paddy...



Registrar Paddy Beverley

Also, Peter Cullen visited Alice Springs back in September and again in October to introduce the concept of ReLink sports initiative which will get updates as it progresses. Tim MacDonald will be taking an active interest in this program as it develops in the future, and keep us all updated as it evolves for consumer participation within the wider community and the field of sporting activities.

MHACA also wish to thank Brent Mansell and Ehsan Jadoon from CAMHS for sharing their knowledge of suicide assessment and the challenges they face in their daily work in both the correctional facility and the hospital setting. ✕

New Life Promotion Officer in Tennant Creek

Hi, my name is Coral Aston and I have just moved to the Territory to take up a position in the Life Promotions Program at MHACA as a Life Promotions Officer, based at Tennant Creek. I haven't been to the NT before, so this is a big challenge for me on many levels as I have moved here on my own. I grew up in Melbourne, married, have two daughters, and have lived in East Gippsland, Victoria for the past 27 years.

My work background has varied, and in the past 18 years I have worked in schools in rural Victoria as a School Support Officer in administration and more recently as finance manager at Bairnsdale Secondary College. My journey began many years ago when I was a volunteer telephone counselor with Lifeline in Melbourne and Sydney and then as an assistant to the Industrial Liaison Team at the Victorian Foundation on Alcoholism and Drug Dependence. I completed a BA Social Welfare in 2004 after seven years study by Distance Education with Monash University at Churchill, Victoria.

While studying, I did a 3-month work placement with the LaTrobe Community Health Centre at Bairnsdale with Co Care that linked consumers to services and supports that enabled them to remain independently in their own home. I have undertaken various types of professional development such as ASIST (2 days), Grief and Loss, Strengths-based Solution Focused Problem solving, Understanding Poverty, and Conflict Resolution.

I have made a commitment to transition into welfare and this opportunity to work in the Life Promotions Program will provide me with a solid foundation for practice because of exposure to, and the complex nature of, issues around mental health and the chance to work closely with other service providers. On a personal level, I consider I have a toolkit of knowledge and life skills to bring to the position, and have experienced first hand the devastation of losing a family member to suicide.

For more info contact Coral in Tennant Creek on 0427 717 772



Coral and Sharon Kinraid at the new LPP office in Tennant Creek



Take a break!

*"A good rest is half the work."
(Yugoslav Proverb)*

Strong work ethic? You can still justify taking a break. In fact, we NEED to take breaks—regularly and frequently. Why? WE WORK MORE EFFECTIVELY WHEN WE DON'T WORK SO MUCH.

Rest periods and vacations break our work routines. They help SHIFT OUR THINKING from its habitual, stuck patterns. They create the SPACE FOR ENERGY AND CREATIVITY to flow. They give us TIME FOR REFLECTION, so we can step back and look at what's happening in our lives with greater detachment. We become more sensitive and aware.

And finally, we are stronger when we BALANCE DOING with BEING. All work and no play throws our life out of balance and endangers our health. Our bodies and minds need sufficient rest for recuperation. This is critically important with the level of stress in our lives these days.

"The time to relax is when you don't have time for it." (Sidney J. Harris)

"I still need more healthy rest in order to work at my best. My health is the main capital I have and I want to administer it intelligently." (Ernest Hemingway)

"You are what you repeatedly do. Excellence is not an event—it is a habit." Aristotle



Laurent Reflects on his Cattle Mustering Experiences

My past experience working on cattle stations was a big experience. I worked very long days. It was hard work. Within a short time after arriving at my homestead (Andado station at the edge of the Simpson Desert) I left the homestead on horseback to begin cattle mustering. This station was an old station and belonged to the Clark family. It was the biggest cattle station in the Alice Springs region. Our first camp was a long way and it was hot and tiring. We yarded the cattle up on camp and then we took them out the next morning and pushed them on to the next camp. We stayed there overnight and we repeated this for the next few days until we could get them to the trucking yards. When we got them to the trucking yards we had to draught them, brand them and truck them. We then went mustering again and repeated this process.

I did this for three months on and off. I was 15 when I started this and I worked on a number of cattle stations in the next two years. This first station was the hardest as it was a new experience for me and I was the youngest member of the team. ✖

As a Person I have the Right to:

- Be myself
- Refuse requests without feeling selfish
- Be competent and be proud of my accomplishments
- Feel and express anger
- Ask for affection and help (may be turned down, but can ask)
- Be treated as a capable adult
- Be illogical in making decisions
- Make mistakes and be responsible for them
- Change my mind
- Say "I don't agree"
- Say "I don't know"
- Say "I don't understand"
- Offer no reasons or excuses for justifying my behaviour
- Have my opinions given respect
- Have my needs be as important as the needs of others
- Tell someone what my needs are (they may not care to do anything about it)
- Judge my own behaviour, thoughts and emotions and be responsible for their initiation and the consequences upon myself
- Judge if I am responsible for finding solutions to other people's problems
- Take pride in my body and to define attractiveness in my own terms
- Grow, learn and change, and to value my age and experience, and sometimes to make demands on others

NOTE: I Have a Responsibility to Acknowledge and Respect the Rights of Others

Reprinted with permission from Holyoake, a non-government, non-religious organisation, offering counselling, education and support to all members of the family who may be affected by alcohol, other drugs or inappropriate behaviour. Ph: 8952 5899 or email hasinc@ozemail.com.au

Mental Health First Aid Training Update

IN THE PAST three months the Salvation Army, CASA and MHACA staff have all taken part in Mental Health First Aid training. In addition to this they all have received certificates, congratulations! I am also pleased to welcome Sherilee Portlock to the Mental Health First Aid training team in Alice Springs. Sherilee is a well known and respected trainer for Lifeline and ASIST, and currently works at Community Mental Health as the Quality and Safety manager. I look forward to working with her.

**For any further enquires contact
Melissa Glasscock on 8950 4603 or
for general information visit**

www.mhfa.com.au



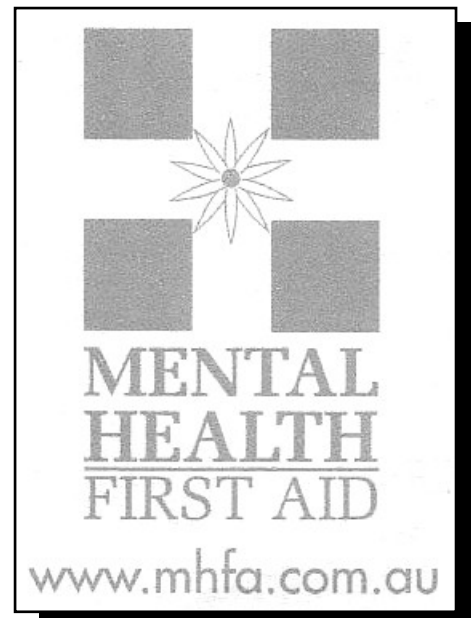
Tim and other participants at a recent MHFA training workshop

What is Mental Health First Aid?

Mental Health First Aid training teaches participants the symptoms, causes and evidenced-based treatments for the common mental health problems of depression, anxiety disorders, psychosis and substance use disorder.

It also addresses the possible crisis situations arising from these mental health problems and steps to help. These crisis situations may include a person who is feeling suicidal; a person having a panic attack; a person who has experienced a recent traumatic event; a person who is acutely psychotic and perceived to be threatening violence; and a person who has overdosed.

Via teaching a 5-step basic action plan, helpers are taught how to help someone suffering a mental illness and or crisis situation in a calm and confident manner. It is important to remember that a helper's actions may determine how quickly the person with



the problem gets help and or recovers.

Participants of the course receive a Mental Health First Aid Manual (Kitchener and Jorm, 2002a). The manual gives information about the major types of mental health disorders, the best types of help available, local resources and how to apply the steps in various situations. On completion of the 12-hour course participants will also receive a certificate of attendance.

General Helping Skills for all Mental Health Problems

1. Treat the person with respect, dignity and privacy.
2. Be aware there may be shame felt by the sufferer.
3. Demonstrate accepting/ non- judgemental behaviour.
4. Accept the person's "reality".
5. Help to normalise the experience and reactions of the person.
6. Encourage realistic thinking.
7. Do not create confrontation.
8. Encourage the person to seek professional help and to know what help is available.
9. Encourage self-help strategies, such as exercise, social contact and relaxation. Be wary of alcohol and marijuana as they can precipitate psychosis and reduce initiative and motivation. ✕



Rochelle, Scott, Jenny and Trish visiting MHACA's stall



MHACA's stall in the mall during Mental Health Week

Always some action at MHACA: Mental Health Week



Passers-by enjoying some free sausages



Scott and Christine at the starting line of the Mental Health Week Fun Run



Scott sizzling up a storm



Fun run finishers enthusiastically waiting for the raffle prize-draw



Claudia, Mardijah and Emma at Leo's birthday celebration



Tim and Leo under the trees



Rangi with Leo about to cut his cake!

Christobel and Kristy at the MHACA Cross Cultural Training Day



Right: Scott and Astri ready to knock off after the MHACA AGM



Gina, Robin and Christine on the patio

Happy 50th Birthday Leo!



Some of the Women's Group watching baseball at the Master's Games



mental health @ the national level

On 20-21 November MHACA's General Manager, Claudia Manu-Preston, flew to Canberra to attend several Mental Health Council of Australia meetings representing the NT Mental Health Coalition. Here she reports ...

MHCA Member's Policy Forum

The Members Policy Forum is where MHCA members contribute in the analysis and debate about key strategic issues facing the sector. More specifically, the MPF advises the MHCA Board on:

- MHCA's 3-year strategic plan
- Proposals and priorities reflecting trends and challenges affecting the mental health sector in Australia
- MHCA's policy priorities and framework.

Strategic Plan

The meeting started with the launch of the MHCA Strategic Plan 2006–2009 by John Mendoza. The main objectives for the next three years are:

National Leadership

Continually articulate what is required to improve the quality of life for people with a mental illness, carers and families.

Credibility

Credibility with all Australian Governments, stakeholders, media and the Australian community.

Report on National Mental Health Reform

Monitor, evaluate and report on the national mental health reform agenda, including that of the Council of Australian Government's (CoAG) National Action Plan.

A Sustainable Organisation

An organisation that meets governance standards, is financially secure and inclusive of members.

Visit: www.mhca.org.au

Mental health research: the TIPS approach

The day then focused on Mental Health Research and the 'Welfare to Work and Employment' Agenda. The TIPS approach is: Treatments, Interventions, Prevention, Services. Members were provided with presentations on the importance and the different types of research, and how they are needed to bring about mental wellbeing and reform.

Each presenter spoke about the benefits in adding to the pool of knowledge that eventually provide long-term solutions, practice/service directions and evidence base. Presentations included:

- **Treatments research**
by Phillip Mitchell
- **Interventions research**
by Helen Christensen
- **Prevention research**
by John McGrath
- **Services research**
by Ian Hickie
- **Engaging consumer and carers in research**
by Elspeth MacDonald

For more info visit: www.mhca.org.au/documents/MHCA_TIPS.pdf

Welfare to Work and Employment Workshop

The next part of the day involved presentations on 'What is Welfare to Work?' and how the changes affect people with a mental illness.

Each presenter spoke about their role within the 'welfare to work' reforms and the aim of these reforms. The key aim for the government is to move more people to paid work and reduce the Disability Support Benefit pensions.

Some members were critical of the penalties to clients who did not fit within the framework and the financial disincentives if they went off the DSP before a certain date.

Lucy Macae, who represented the Australian Disability Employment Network, presented that in the NT there are currently 1000 clients being supported to access or maintain employment.

Dr Geoffrey Waghorn, Queensland Centre for Mental Health Research spoke about the importance of integration with Mental Health Services and Employments services.

Most members felt that the strategy was of benefit by providing specialised support for the consumer to access employment and this has been a primary need for consumers. However, members also felt that the focus should be on meaningful activity with a focus on valued roles and positive career learning experiences for the consumer and not only paid work.

The final part of the session involved the members considering the issues and barriers to this strategy becoming fully effective.

The above presentations will become available on the MHCA website www.mhca.org.au

MHCA Annual General Meeting

In a relaxed atmosphere the agenda structure provided members with a clear focus and opportunities to learn about what had been happening and future priorities for the organisation.

Reports from the Chair, CEO and Treasurer provided extensive information about the financial position of the organisation and the work they have undertaken. MHCA will be advertising for a new CEO due to the recent resignation of John Mendoza.

The CEO spoke about the importance of working closely with the State & Territory NGO peaks. It is envisioned that the new Community Mental Health Development Working Group be the mechanism by which the peaks can provide advice directly to the board.

Each committee and working group provided feedback on the year's work and future direction.

Reports launch

MHCA has prepared a series of papers to inform decision makers about what they need to do to address Australia's mental health crisis. Following a keynote address, Senators Lyn Allison and Gary Humphries, both representatives on the Senate Enquiry, launched the following two reports:

- **Weaving the Net: Promotion Mental Health and Wellness Through Resilient Communities**
www.mhca.org.au/documents/MHCAweavingthenetLR.pdf
- **Mental Health and the Quality Use of Medicines Report of the National Stakeholders Workshop**
www.mhca.org.au/documents/MHCAQUMreportLR.pdf

Due to having only one nomination per vacant position, as per the constitution,

each elected member was accepted to the positions without the ballot process. The positions included the carer position, consumer and a general member position. The successful applicants were Wayne Chamley (consumer position), Tony Fowke (carer's position), and the re-election of Hon. Rob Knowles to the general position and further to the Chair.

Dr Ian Hickey resigned from the board and Gary Beck was elected within the ex-officio role.

For more info contact Marilyn Starr at NT Mental Health Coalition on 8948 2665, email mental.health@ntcoss.org.au or visit MHCA at

www.mhca.org.au



30 October 2006

Att: General Manager
MHACA
PO Box 2326
Alice Springs NT 0871

Letter of Thanks

The names of the client and family members have been withheld to respect the privacy of the client

Dear Claudia

Our family felt that we would like to write and say 'thank you' to you and your staff for the care given to (person).

We would especially like to make mention our gratitude and heart-felt thanks for the support worker. Being away from (person) and not able to contact as often as I would wish—(person) removes the handset from his phone)—the support worker is my main contact regarding his health and wellbeing. She has been such a comfort to me on so many occasions and we feel that she goes well beyond the call of duty. We feel very blessed to have her there for (person).

Whilst I do not wish to embarrass the support worker, our family felt we would like to pass on to you our appreciation of a caring member of your staff.

Keep up the good work MHACA.
Kind Regards,

Jan & Family

cont. from page 1

Having experienced previous Simulated-Voice-Hearing workshops in New Zealand with Ron Coleman, through the Like Minds, Like Mine consumer advisory group (late 90's), it was easy for me to relate to Arana's workshop and enjoy his methodology as a reality based experience of learning. So it was an honor to host this fellow New Zealander for the period he spent in Alice Springs over Mental Health Week in October.

As Arana says, "My mission is to carry a message of hope and recovery, delivering the best wellness focussed resources to people. I am passionate in using my own experiences and talents to make recovery both an aim and a reality within all communities in the world, and to support people into wellness."

Resources

Keepwell Limited and International Mental Health Network have developed workbooks as tools to assist voice hearers, their families, carers and 'professionals' to acknowledge the experiences received. Their aim is to work toward reducing continued distress experienced by many receivers, and / or simplify recognition of what is being experienced.

Identified learning objectives in the workbooks clearly define and achieve the desired outcomes to ensure the stigma of mental health is recognized and reduced.

Following are comments from participants who attended the 2-day workshop—and, with permission from Arana, we have reprinted excerpts from the workbooks on the following pages regarding how to reduce the stressors associated with hearing voices.

If you are interested in gaining more information on the processes involved and/or the workbooks, there are workshop participants who are willing to share details on how to use the book (see my contact details below).

It is the intent of Keepwell Limited and the International team (Ron Coleman and others) to support recipients of voice hearing experiences to develop support groups in their own regions and provide education to others on how to manage their experiences. A very progressive process to recovery...

I would like to acknowledge the methods used by Arana and the humor expressed. His wit affirms the adage, 'If I say it, that's ok, but if you attempt to do it, then that's discrimination.' "I may be Mad but I'm not stupid." ✕

For more information contact Rangiwihua Ponga on 8950 4602



Guest speakers Arana Pearson (right) with Wayne Schwass (left) and participants at a free Alice Springs forum on 10 October during Mental Health Week 2006

**MAD – Movement
Against Discrimination**

**QBE – Qualified By
Experience**

**FEAR – Face Everything
And Recover**

A Lived Experience response to the *Hearing Voices* Workshop

I attended the 2-day workshop with Arana Pearson during Mental Health Week in Alice Springs.

My voice-hearing experiences were the result of my looking into psychological space for that extra perception and out of the ordinary experiences that sometimes occurred in my life and about which I was curious. This has now been an ongoing journey for about 15 years during which time I have been guided by many voices.

I initially dealt with unwanted voices with the assistance of a mantra, will and breath-work and was free after three weeks. I then sat in meditation and learned how to use my voice for healing. After a short period I began to sing the notes I heard and I still live in wonder and awe of this healing process so different for each person. Much of my journey has been one of faith and hope and I continue to hope that voices are addressed from a spiritual perspective while accepting that a medical model may initially be needed for some.

If the hearing of voices was demystified to some degree perhaps help would be sought earlier by people and so might be easier to deal with.

Lynne Kennedy, Alice Springs

Hearing Voices Workshop:

2 clinical perspectives ...

This is the first time in twenty years that I have been to a workshop on hearing voices. Amazing how much you forget what clients must be going through.

I found the first day an amazing experience. Wearing the head phones and listening to the voices I found quite disturbing and a bit frightening, trying to put myself into the place of someone who does hear voices all the time. I found the simple tasks of answering questions, filling out forms and doing the puzzles somewhat difficult as the voice in the headphone was very distracting.

This has opened my eyes to the problems and difficulties those must be going through and it has given me a more empathetic approach to nursing clients who do hear voices. I understand that they sometimes do not want nurses asking questions all the time, that they require space and time to themselves to deal with the voices, and some use diversional techniques to cope.

The second day I found interesting as I did not know that someone could hear more than one voice and that some could be very disturbing and insulting, and others quite calming and comforting. Hearing how Arana dealt with one particular client was interesting. Finding out that he was a person

who heard voices and how he coped with them after spending time in mental health hospitals was a revelation to me.

I got a lot out of the workshop and will use what I learnt to better understand my daily interactions with clients, not just those who hear voices but also those who have a varying degree of mental health problems.

I think this workshop should be compulsory for those who work in the field of mental health. Thank you for the workshop and the time that everyone put into it. I found it most enlightening.

David Tymms

After attending day two of the Hearing Voices workshop I now feel empowered and better equipped to support those who experience 'negative voices'.

Learning how to use the voices in a positive way, exploring their origins and connection to significant life events, was mind blowing for me. I can hardly imagine how empowering and healing this experience would be to the one who has the experience of 'hearing voices'.

I really appreciated the sharing which has given me a deeper understanding of the difficulties some people experience. This understanding creates the empathy that guides my practice as a Mental Health Nurse. Thank you.

Helen Morgan

My mission is to carry a message of hope and recovery, delivering the best wellness focussed resources to people. I am passionate in using my own experiences and talents to make recovery both an aim and a reality within all communities in the world, and to support people into wellness. (Arana Pearson)



Arana Pearson

the director of Keepwell Ltd, has provided consumer consultancy, facilitation and training for mental health since 1993, currently working in Australia and New Zealand.

Arana is a musician and writer who became involved in mental health service sector some years after his own experience of using mental health services in New Zealand.

He was the first chairman for the National Consumer Advisory Group in the New Zealand Like Minds Like Mine project to counter stigma and discrimination associated with mental illness, and until recently was an advisor to the New Zealand Mental Health Commission.

Arana has performed with passion in a variety of forums including keynote addresses throughout Australia and New Zealand. Arana released a CD music recording of the mental health consumer anthem "I'm just a little mad" (2000) and a relaxation CD of piano music (2003) and is the organiser of Mad Pride™ concerts throughout Australasia.

www.keepwell.com.au

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"Kind words can be short, but their echoes are endless." Mother Teresa

Differences Between People Who Report **Being Able to Cope With Voices** and Those **Who Experience Them as More Distressing ...**

Group A: People who feel they can cope:

1. Feel self as stronger than the voices
2. Experience some voices as helpful (positive)
3. Experience less commanding voices
4. Set more limits to voices
5. Listen more selectively to voices
6. Experience more support from others
7. Communicate more often about their voices

Group B: People who experience more distress:

1. Feel self weaker than voices
2. Experience voices as disturbing (negative)
3. Experience more commands
4. Do not dare to set limits to voices
5. Seek relief by using more distraction techniques
6. Experience less support
7. Communicate less about their voices

Hypothesized Phases of Coping with Voices (from Romme & Escher 1994, p. 17)

Phase 1: The Startling Phase

Voices usually begin with a sudden onset and are usually experienced as being quite frightening. One person described this as a period marked by 'fear, anxiety and escape'.

Phase 2: The Phase of Organisation

This is the phase of exploring what/who the voices are and learning some way of coping with them. One person described this phase as being marked by 'investigation of what the voices mean and accepting them as independent entities'.

Phase 3: The Stabilisation Phase

This is the period in which a more consistent ongoing means of dealing with voices is developed. One person said this phase included 'accepting myself, exploring what it is that I try to escape from, reversing the confrontation with the voices and not trying to escape any more.'

Suggestion for Helping Professionals who want to assist and support their clients who hear voices that are distressing (from Romme & Escher 1994, p.26)

1. Accept the patient's experience of the voices. These voices are often felt as more intense and real than sensory perceptions.
2. Try to understand the different languages used by patients to describe and account for their experiences, as well as the language spoken by the voices themselves. There is often a world of symbols and feelings involved; for example, a voice might speak of light and dark when expressing love and aggression.
3. Consider helping the individual to communicate with the voices. This may involve issues of differentiating between good and bad voices and of accepting the patient's own negative emotions. This kind of acceptance may make a crucial contribution to the promotion of self esteem.
4. Encourage the patient to meet other people with similar experiences and to read about hearing voices, in order to help overcome the isolation and taboo.

The A-Z of Coping with Voices

- A**ccept the reality of your voices
- B**reak through the victim barrier
- C**onsider all your options
- D**evelop coping strategies that suit you
- E**nter into dialogue with your voices
- F**ocus in on your voices
- G**o to a self help group (a hearing voices group if there is one)
- H**elp others by sharing your experience
- I**dentify the areas of your life on which that you need to work
- J**oin in activities outside mental health organisations
- K**eep a diary
- L**ive your life not your label
- M**ake space for yourself
- N**egotiate with your voices
- O**wn your voices
- P**erseverance is the name of the game
- Q**uestion your voices
- R**eward yourself when you succeed
- S**mall is beautiful
- T**ake your time; haste can mean failure
- U**se services to your advantage
- V**ictories have to be fought for
- W**ork on your weaknesses
- X**periment with different coping strategies
- Y**ou make your decisions, not your voices
- Z**ap your negative voices by gaining control over them



AUSTRALIAN
Rural Nurses & Midwives

(formerly Australian Association of Rural Nurses)

14-15 September 2006

ARNM Mental Health Emergency Project Workshop

by Rangi Ponga

This ARNM Mental Health Emergencies pilot project is to initiate "opportunity to develop skills and confidence in communication, assessment, de-escalation and triage strategies for use when confronted with a mental health emergency in rural and remote areas." (Tina Philip).

The workshop proved valuable in gaining knowledge alongside Remote Health Nurses. It confirmed some basic understandings and the reality of experiences facing remote nurses on a daily basis, such as when having to decide whether to intubate someone before transporting (flying) them out to the nearest hospital. As remote health nurses they are often placed in difficult situations and, as a dedicated group, they are to be commended for the extremes of nursing and social skills required to manage their responsibilities to the communities they service.

As Project Officer and trainer for the two days Tina Philip found herself on a learning curve just as much as myself regarding what remote nurses in the Central Australia Region manage on a daily basis, sometimes in complete isolation. It was quickly determined that there is a difference in terminology between rural and remote, as rural can be defined as urban in the larger states. I am sure the project has gained new information to assist in future delivery of workshops.

The workshop material is a combination of Mental Health First Aid, Common Disorders, Triage, ASIST skills and several assessment tools. For the nurses it was valuable to be able to share experiences and meet colleagues from the mental health services.

For more info about this project contact Tina Philip via ARNM, PO Box 103, Batemans Bay, NSW 2536. Ph: (02) 4472 3775



Gerri Malloney, Director of Australian Rural Nurses, and Tina Phillip from ARNM at the workshop

Clayton's story ...

I was born and reared on Newhaven Station from 1965 onwards. I went to correspondence school, nickname 'School of the Air of Alice Springs' ... all the bush children from other cattle stations and communities attended there. In my younger years I was a busy lad helping my parents on jobs after school. I spent my free time riding bikes, reading books and comics and playing board games with my parents.

In the late 60's early 70's I started driving my dad's vehicle and motorbike on the station, I was a lively teenager then. Newhaven work was always very busy for me and my parents, and if we had big storms we took it easy in the station house as it was too wet and boggy to do much work. We went away to Adelaide a few times for holidays and had a look around there while Newhaven was drying after the big wet season.

In the dry times on Newhaven and other cattle stations, we had bushfires started by lightening after dry storms and not much rain. We got the old station grader and the Bedford truck going and many 44 gallon drums of half petrol and diesel, fire bugs and shovels and drinking water to fight bushfires. Sometimes we fought at night and day until all fires went out.

In the summer we drove a 100km trip around six or seven bores to check on stock, water and tanks, pumps, troughs, barbwire fences and paddocks every two or three days when very hot. If water pumps were broken down we would spend half a day in the early morning or late afternoon to beat the heat. In the winter every year we mustered the cattle to brand the cleanskin calves and truck away the fat cattle to Alice for markets down South. That's how we lived and ran the station. We did the same thing to the wild horses, brumbies as they were called.

My dad, Alex, and I would camp out bush for one or two weeks at the grader camp. We graded the bore roads and fence lines clean before bushfires came, and cleaned bushes off the dirt roads to stop our vehicles getting punctures.

Sometimes one of us would run out of fuel in the bush. We would camp out under the stars in swags and eat tucker around the camp fire.

We always carried spare grader tyres as we sometimes staked the front tyres because of dead sticks, trees and stumps. We sometimes rung up the SSB radio to talk

to my mother Rosemary at the station house at midnight to say we were okay, or to my brother. These SSB radios were quite handy then before telephones and sat-phones came in. We could also talk to town people through the RFDS Base in Alice Springs.

Once or twice a month we drove 370km to Alice Springs to buy food, fuel, spare parts and new tyres for the station. We had our own house in town and stayed there for a few nights.

In winter we hired out a few young fellows to help us in the mustering camps as there was plenty of work to do. We had one bloke work for us who stayed for three or six months as required.

I left Newhaven when I was 18 and started work in Alice Springs then. I went back to Newhaven for Christmas and some weekends to stay with my parents and it was good to go bush then.

We sold Newhaven in 2000 because my parents wanted to retire and live in Alice Springs. They started up Newhaven Station in 1958 from scratch. We had built everything on our land which was 705 square miles. It was a really sad thing then and I had asked Alex if I could manage and run the station with half the number of cattle. He said to me, "You leave here and live in town and find some work as there is no future for you here."

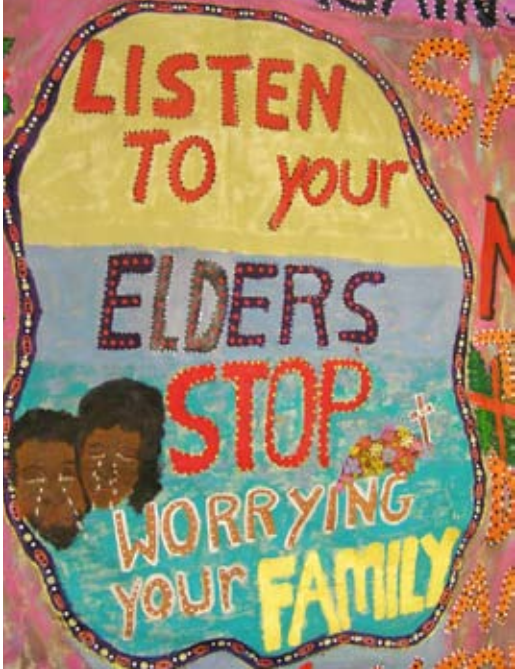
About two or three years afterwards, I got very depressed and bush sick for Newhaven. I had my car, rifle and road train licenses, then I got pretty ill and my doctor had to take my licenses away. I rode my bike then, and I couldn't do any gardening work. This went on for one year and my doctor gave me tablets to try out and I didn't believe this and said, "This doctor is trying to poison me with the tablets."

I stayed at my parent's town house while I was getting better. Later, after one year, my doctor gave me back my car license and said, "You have to concentrate on still taking tablets and can drive now. But no tablets, no license."

I was very happy to get my driver's license back. I lost my gun and truck license but I don't worry about it now. My parents and I are living in Alice Springs now and I am quite happy. I still have two part-time jobs and do some gardening and live in a flat and have three cats now. ✕

Clayton





A banner painted by women at Santa Teresa

World Suicide Prevention Day Ceremony, Alice Springs

Life Promotion Officer, Kristy Schubert, reports ...

In honour of World Suicide Prevention Day (10 September 2006) the Life Promotion Program planned a ceremony held during Mental Health Week on Wednesday, 11 October 2006. The day was a memorial to people who have suffered the pain of suicide, and was an opportunity to help generate more understanding and compassion about the way suicide affects people's lives.

Internationally, the theme for World Suicide Prevention Day was, "With understanding, new hope." But, as Congress worker, Christine Palmer, pointed out, in order to gain understanding, we first have to "shatter the silence." So, in Alice Springs, our theme for the day was: "Less silence! More Understanding."

It is clear, both from the statistics and from what we hear people say, that the effects of suicide are very widely experienced. According to the latest information from National and International reports:

"Australia has one of the highest suicide rates in the world, which is sad in itself, but the Northern Territory's rate is more than double the national average. Although—for a range of complex reasons—data around suicide can be difficult to collect, the best information we have reveals that the Territory

is losing lives to this at the rate of one or two a month. It is also estimated that, for every suicide, there are at least forty more people who make attempts. With our small population in the Territory, that means that we are probably all in offices or on street corners, in lounge rooms or around campfires with people who are living with these experiences."

However, due to many factors—including stigma and misconceptions—people often find these experiences painfully isolating. "It's like having a broken leg but no way of telling anyone it's broken, and them getting frustrated with you for limping around," said one

person. "Or like being at risk of having a heart attack but no one believing you."

At the WSPD ceremony people were given an opportunity to share their stories, poems and songs of their experiences.

Along with speeches that detailed more of the statistical and medical context of suicide, LPP has hoped that this will help to build a community of knowledge in which the pain of suicide can be more widely acknowledged and understood. It is also hoped that this acknowledgement and understanding can lead to better support for those who live with this pain and grief.



People paying tribute to those who have taken their lives by suicide

The choice to do this was based on the perceptions of people such as one of the Dulwich Centre's Narrative

Therapists, Michael White, who has said, in one of his workshops:

“When people’s experiences of pain and trauma are communally acknowledged, it achieves something that a counsellor never could. These public acknowledgements create new territories,” he explains, “that allow people the space to act in ways that are consistent with their preferred values and identity.

“These acknowledgements can also generate an experience of freedom. This sense of freedom—of some degree of personal liberation—might be said to come from having external evidence that their experience of pain has not been insignificant, or fabricated. These ‘outsider witness ceremonies’ can provide a situation in which their experiences are authorised as being real and meaningful to others.”



Anissa and Kristy sing in memory of those who have died

book of stories

To follow on from this event—and in an attempt to “reduce the silence” and generate a more widely inhabited “Territory” understanding of the issue of suicide—LPP are planning to put together a book that contains both the “statistical” and the personal context of suicide. We hope to compile a resource made up of many contributions, where people are given space to explain their own understanding of this issue. The more ‘impersonal’ statistics and data need these unique perspectives to sit alongside them. Hopefully these contributions can remind us that this issue is about raw, real experience and that perhaps our best chance of reducing the pain of suicide is to keep on finding authentic ways to meet people where they are really at. (To find out how you can contribute see ad on the right.)

thank you to all who contributed ...

We would like to warmly thank all those who contributed to the day. By sharing, you revealed the humanity of this issue, showing us that, ultimately, suicide is not about programs or statistics: it is about real people with real pain. Those who participated also showed that a way of overcoming this pain is by finding new modes, habits, methods and resources for expressing care for one another, connecting with one another and understanding one another.

By these new modes and habits of connection, understanding and care, we—as groups of families, friends and colleagues who stumble along through life with whatever knowledge we can gather from various institutions of culture and education—might be able to find new ways to break through our socialized silences, to find people in their pain, and to walk with them until they discover a way out.

So we will continue to reduce the silences. We will continue to seek understanding. And we are going to keep on aspiring to a situation that will bring “new hope.” ✕



David Koch and Betty Pierce

ADD YOUR VOICE:

‘tell them it’s real. tell them it’s really real...’

According to WHO, suicide is one of the **most misunderstood major public health issues** in the world. But we believe that there **are** many people who **do** have a **strong, personal understanding** of this issue ...

... it’s just that **there are few opportunities** to share this knowledge.

And we think it is important **to increase public awareness and understanding** about the issue of suicide. We hope that, by sharing this knowledge, these experiences can be **more readily acknowledged and supported.**

So we want to put together **a publication** that aims to do just that. **If you would like to contribute** to this project, perhaps you could briefly answer one, two, three (or all) of these few questions:

- what makes someone think about suicide?
- why is it difficult to talk about?
- what might help a person who’s thinking about suicide?
- what might help a person who’s lost someone to suicide?

Feel free to use **images** as well as **words.**

Thank you. Every contribution fills in the picture ...

Contributions can be emailed to: kristy.schubert@mhaca.org.au or mail to: PO Box 2326, Alice Springs NT 0871



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.

Christmas again! Wasn't it only about two or three months ago?? Or so it seems! I was just remembering where the Coalition was this time last year, and a lot seems to have happened since then. No wonder last Christmas doesn't seem that far back!

Mental health week

In the last edition I told you about our plans for Mental Health Week 2006. Well that's all over for another year now and it was a great success with many events held in both Alice Springs and Darwin.

The art and poetry competitions held in Darwin were very popular and there was great talent shown from Alice with a number of winners and highly commended entries. Carmel Williams took out two poetry sections and was highly commended for her 3D piece in the art competition. Another poetry winner from Alice Springs was Penny Whiley. Hans Katakarija was highly commended for one of his poems as was Lesley Martin for her painting.

I'd particularly like to thank Leni Shillon, from the Alice Springs Department of Corrections for encouraging quite a few people from the gaol to enter as well. Tony Wade, Anthony Jarc, Nelio Avelino Da Silva Serra, and Simon Smith all entered and are to be commended on expressing their feelings in writing. Thanks to everyone who entered or assisted with the running of these competitions.

For an update on other events that took place in Alice Springs see page 13.

National scene

I have previously mentioned that all the Mental Health NGO State Peaks have been working together to form a national group to discuss common issues and present a united voice to Federal Government and, particularly at the moment, the Departments of FACSIA and DHA.

We have also been trying to develop a way that this group can work within the Mental Health Council of Australia, our national peak body. On 10 November I went to Canberra to meet with all the other state peaks to further this and I'm extremely pleased to say it looks like it is sorted! We have proposed a structure that is two-fold, with one section working within the Council. This proposal is being considered by the Board at their AGM as I write this, so I hopefully will be able to report next time that it is all in place.

Developments with the COAG Funding have taken up quite a bit of our thoughts and conversations lately. The NT Government has established an NT COAG Reference Group on Mental Health made up of a number of key stakeholders in mental health, to feed information into the NT COAG Mental Health Group (consisting of Federal and Territory Governments' decision-makers) to address the COAG five-year National Action Plan (NAP) on mental health, which includes the processes for rolling out the funds available within this Plan.

This opportunity to help government understand and appreciate

the value that the non-government sector provides to the community will not be missed by the Coalition.

Other organisations all around the Territory are getting together as well to establish consortiums and alliances between themselves in an effort to best make use of these funds that are becoming available this year, to some degree, but particularly from next year onwards for the remainder of the five years. This is an exciting time for mental health as we have the opportunity like never before to work together to produce what consumers have been asking for, for a long time: recovery!

By the time the next issue of *inBalance* goes to print I hope I can report that we have indeed been able to use this new money effectively to establish access to more services for Territorians with mental health needs.

Personally, I'd like to wish all readers and staff of MHACA a Merry Christmas and hope that those who need a rest find a way to get this over the new year period. Thanks for all the help and interest MHACA has shown in the Coalition over the last year.

Cheers,
Marilyn Starr

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Central Australian Youth Link-Up Service

CAYLUS

what does CAYLUS do?

CAYLUS works with communities to find solutions to stop young people from sniffing or using drugs. If young people in your community suffer from substance misuse then ring Tristan or Blair to find out how CAYLUS can help . . .

We have 4 main aims:

1. To reduce inhalant and other substance abuse among young people through community development aimed at improving the quality of life of young people in remote areas and Alice Springs.



Blair McFarland: Coordinator

2. To respond quickly to remote communities requests for assistance in developing strategies in order to reduce supply and demand for inhalants. To assist in the implementation of these strategies, including sourcing funds, workers, infrastructure and training/ education.

3. To provide casework where no other agency can assist. To coordinate existing casework agencies to ensure

clients do not fall through the gaps, especially for those people moving between remote locations to Alice Springs.

4. To advocate on behalf of the CAYLUS reference group and remote communities for resources to address inhalant abuse, including the rollout of Opal and the provision of youth program infrastructure.

who works at

CAYLUS? CAYLUS has two coordinators and they're both Tjapaljarri! They provide support to remote communities in developing programs for their young people. These are some of the responsibilities they share: ● Progress Community Development ● Support communities to develop youth programs ● Develop regional youth services in Central Australia ● Implement supply reduction strategies in relation to inhalant substances

Blair McFarland: Coordinator

Blair first started working in the remote communities of Central Australia in 1986 at Papunya and Yuendumu, which means that to-date he has had over twenty years experience. He is well known for his work in setting up Tangentyere Remote Area Night Patrol. These experiences have been invaluable to his current job at CAYLUS. Blair Tjapaljarri works with communities to

The CAYLUS mission is to address substance abuse by young people through supporting community initiatives that improve quality of life for young people. CAYLUS receives funding from the Commonwealth Department of Health and Ageing, Alcohol Education Rehabilitation Foundation (AERF) and the Northern Territory Department of Health and Community Services.

find practical solutions to social problems affecting youth and their families.

Tristan Ray: Coordinator

Many people first got to know Tristan when he was working at Warlpiri Media in Yuendumu. His job involved a lot of travel to remote communities across the Pintupi, Anmatjerre and Warlpiri



Tristan Ray: Coordinator

(PAW) Lands. Whilst at Warlpiri Media he set up the PAW Radio network which broadcasts locally made radio programs across 10 communities. He moved into Alice Springs in 2003 to work for CAYLUS.

Phil Hassall: Casework Coordinator

A new position was created within CAYLUS in 2005: Casework Coordinator. An extra person was needed to provide immediate support to individual young people with chronic inhalant abuse issues. Phil mainly tries to help young people to stop sniffing. A family member or concerned person will report to him that a person is sniffing. His job is to speak directly with young people and to their families to find ways of addressing inhalant misuse. Some successful approaches to date involve moving people to outstations for rehabilitation or sending people to live with healthy families until they are fully recovered.

Phil has also been around Central Australia for a long time and offers nearly twenty years of experience in this specialised work. He first started casework in Central Australia in 1988 for Corrections as a Probation Officer, then he worked with adult guardianship, then child welfare for about 8 years. Phil is a Japangardi and is well known in the region.

contact CAYLUS:

CAYLUS is located at Tangentyere Council

Blair Mc Farland: Coordinator

caylus@tangentyere.org.au

Tristan Ray: Coordinator

tristan.ray@tangentyere.org.au

Phil Hassall: Casework Coordinator

phil.hassall@tangentyere.org.au

Ph: 8951 4236

Fax: 8952 8521

4 Elder Street, PO Box 8070

Alice Springs NT 0871

www.tangentyere.org.au

Grief ... A Process of Adjusting

It wasn't so long ago that the aim of grief counselling was seen to be helping the bereaved person to 'let go' or 'to move on'. It was thought that the bereaved person needed to be helped towards something called 'closure'. Some of you may have experienced this idea in different ways, perhaps in other people's expectations of how you should feel 'now that it's been ...' a certain period of time. Perhaps you have been given advice by friends or family that it's time to 'let go', or 'move on', or 'find closure'. You may feel some people are waiting for you to go back to who you used to be.

These days it is recognized that there really is no such thing as 'closure'. You should never feel you need to 'let go' of the person who died—how could you? The idea of finding closure is, for some people, quite offensive.

We now look at grief not as a process of finding closure but as a process of adjusting, of finding ways to cope in a world where someone you love has ended their life, and where they are no longer physically present with you.

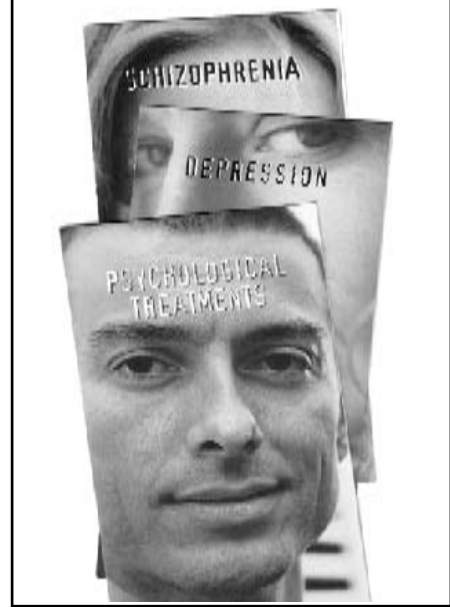
We don't 'go back' to who we were before this happened, rather we hopefully find ways of adjusting and coping in this new world we are now facing.

SASG Newsletter August 2006

sane is a national charity working for a better life for Australians

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

1800 688 382



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

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

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



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

for 24-hour 7 days a week
confidential telephone counselling

people profiles ...



Coral Aston

Position: LPP Officer, Tennant Creek

Qualifications: BA Social Welfare

Experience in mental health or related fields: This is my first job in this field, my former experience has been in administration and finance. I have been a telephone counsellor with Lifeline in Sydney and Melbourne and worked for the Vic Foundation on Alcoholism & Drug Dependence in Melb.

What I like about working at MHACA: Having come from a large government organisation, I find the contrast of being part of a smaller community organisation provides me with a sense of belonging and partnership. I am based at Tennant Creek and while I work alone I like the challenge of trying to raise awareness and understanding within the community on issues around suicide prevention and education, which may help improve the quality of life of people.

Why I like living in the NT: I am a newcomer to the Territory, having only been here a few weeks after travelling from Gippsland, Victoria, to take up the position. It was a pleasant surprise when I arrived in Alice Springs in September, with the MacDonnell

Ranges flanking the town and the contrast of colours in the soil, sky and foliage. I like the layout of Alice and felt at home, probably, because of the size of the town. My time in Tennant Creek has meant meeting a lot of people who have been supportive and encouraging and this has helped me settle in. Even though it is hot, I like the consistency of that each day.

Favourite colour:

I seem to lean toward black for some reason. I don't have an absolute favorite but I like eucalypt green, sunny yellow, maroon and aqua blue.

Things I enjoy doing:

Drinking good coffee with friends, watching art house movies, traveling somewhere I haven't been before, talking to people and hearing their story, music that moves me, being a mother of two adult daughters, reading the newspaper in bed on Sunday morning with a cup of coffee, and watching Andrew Denton's Enough Rope.

Qualities I like in people:

A sense of humor and a preparedness to be vulnerable and humble.

Qualities I dislike in people:

When people who claim to be friends consume your energy when they are in crisis, only to disappear when their life is going well. People who don't follow through on things.

A favourite movie: I always liked *Pretty Woman* because it was a modern day *My Fair Lady* and I am a romantic at heart. More recently, *The Songcatcher* which is set in the 1800s in the Appalachian Mountains.

One thing that would improve my life right now: Access to a pool anytime of the day on any day of the week. ✖



Rita Riedel

Position: Publication Officer

Qualifications: BA Library Studies & Information Management, Certificate in Design Arts, Diploma in Psychospiritual Counselling

Experience in mental health or related fields: This is my first time in the sector. I previously worked as a Publications Officer for the Youth Affairs Network of Queensland.

What I like about working at MHACA: The comradere and friendliness of staff. Working with an inspiring manager who's commitment is a motivating driving force.

Favourite colour:

Lime green, aqua blue and purple.

Things I enjoy doing: Dancing, riding my mountain bike along trails, camping under the stars, singing, bushwalking, reading and public speaking.

Qualities I like in people:

Openness, honesty and sincerity, playfulness, people who are energised and embrace life.

Qualities I dislike in people:

Meanness, self-centredness, dishonesty, people who complain but lack the courage to influence change.

A favourite movie: *Groundhog Day* and *The Thing Called Love*.

If I could go anywhere in the world on vacation: Spain & Italy.

One thing that would improve my life right now: A dance partner. ✖



Connecting Pathways: Big Picture, Big Country:

Suicide Prevention Australia Conference

Adelaide 2-4 November 2006

Laurencia Grant reports

THE UNFORTUNATE reality of Australia's suicide rates is that while rates have declined steadily since 1997, especially among young males, rates have increased among men aged 25 to 44 years and over 75 years. Rates among indigenous males, males in remote areas, and disadvantaged males have continued to rise. Self-harm and attempted suicide, especially among young women, remains a continuing problem.

The Australian Government has committed funding to 46 new community based projects (31 large projects and 15 small projects). The focus of these projects is on men, indigenous communities, people with mental illness, rural and remote regions and people bereaved through suicide.

Dr Lloyd Potter of the Suicide Prevention Resource Centre in the USA emphasised the importance of communities having a "collective competence in confronting situations that threaten the integrity of the community". Most communities have many great programs but very rarely collaborate well. He suggested that if we are able to build on a community's capacity to address the issue of suicide then, ultimately, we will also address a wide range of issues such as family violence, drug and alcohol issues and so on.

Dr John McDonald of the University of Western Sydney spoke of our tendency to medicalise social issues. Suicide is not always about mental illness and the statistics that tell us that 90 per cent of all suicides had a mental illness are highly suspect. He advocates for environments that can "walk with those who might be on pathways that could lead to suicide".

Prof. Brian Mishara is Director of the Center for Research and Intervention on Suicide and Euthanasia at the University of Quebec at Montreal. Dr Mishara recalled World Suicide Prevention Day in New York when a group of journalists attempted to leave in response to news of a suicide bombing attack in the Middle East. He reminded them that "more people a year die from suicide than from all wars and homicides together."

Anti-Depressants & Suicide

Dr Robert Goldney, Uni of Adelaide, spoke on the topic of suicide and anti-depressants. He argued strongly that there is no defining evidence to indicate that anti depressants contribute to suicide, but there is some evidence to indicate that they can reduce suicide rates. All treatments involve risks, however.

Dr Jon Jureidini, the Chair of Healthy Scepticism Inc. offered a powerful counter argument and claims that the billion dollar industry of prescribing SSRI's (anti-depressants) does more harm than good. His work indicates that GP's would be grateful for alternatives to prescribing anti-depressants in cases of mild depression and suggests that "watchful waiting" can be more effective.

Aboriginal Suicide Prevention

SPA provided opportunities for initial planning for an Indigenous Suicide Prevention Conference for 2007. Leonore Hanssens, representing

SPA and the previous Life Promotion Officer in the Top End, is currently conducting research into suicide clusters in indigenous communities in the Territory.

Suicide Bereavement

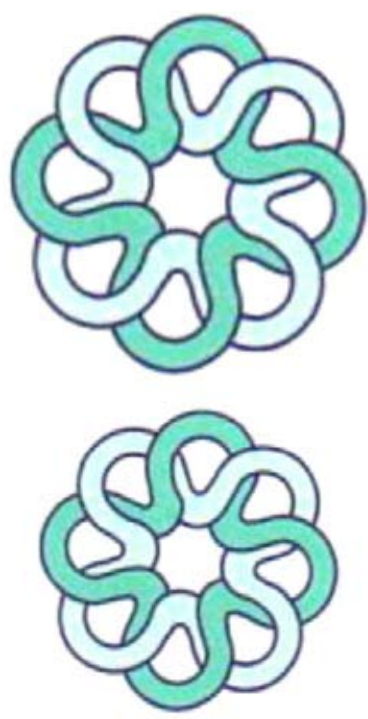
Sue Scheinpflug of United Synergies and Peter Bycroft of Corporate Diagnostics conducted the National Activities on Suicide Bereavement Project. This project was a national scoping study of existing bereavement and postvention literature, support, resources, activities and models. Responding to those bereaved by suicide requires specialist knowledge and timely and respectful interventions that are directed by the bereaved.

A healing ceremony was conducted on the water front at Glenelg to remember those who have died through suicide and all those left to grieve the loss. The speeches of politicians, workers, local Kurna people and bereaved family members were followed by a colourful and moving ceremony of flowers.

For more information on the learnings from the SPA conference keep checking the website www.suicidepreventionaust.org.au or call Laurencia (08) 8952 4608



SPA Jill Fisher, Sue Scheinpflug, Peter Bycroft of the National Activities on Suicide Bereavement Project



Auseinet publications - free ...

- Early Intervention in the Mental Health of Young People: A literature review
- Early Intervention for Anxiety Disorders in Children and Adolescents
- Attention Deficit Hyperactivity Disorder in Preschool Aged Children
- The Perinatal Period: Early Interventions for Mental Health
- Challenges & Triumphs: A mosaic of meanings
- Mental Health & Work: Issues and perspectives
- Mental Health and Wellbeing Small Grants Storybook
- Promotion, Prevention and Early Intervention for Mental Health: National Consultation
- Building Capacity for Mental Health: A two and a half year follow-up of the Auseinet reorientation of services projects
- Back issues of the Auseinetter

To view these publications or to download an order form go to www.auseinet.com/resources/auseinet/index.php

Mental Health Council of Australia reports & publications

www.mhca.org.au/documents

recent releases

- Weaving the Net: Promotion Mental Health and Wellness Through Resilient Communities
- Mental Health and the Quality Use of Medicines Report of the National Stakeholders Workshop



Smoking and mental health



Most people are concerned about the impact that smoking has on their life and many want to quit or cut down. If people with mental illness are given encouragement and good information, some will decide to give it a go and many will be able to quite or reduce their smoking. The Tobacco and Mental Illness Project and Quit SA have produced some resources for people with mental illness, family, friends and health workers about addressing tobacco smoking.

Free from Quit SA (08) 8291 4141 or visit www.quitsa.org.au

The Australian Guidance and Counselling Association (AGCA) in conjunction with Intercamhs and School Psychologists' Association (WA)

Boosting the Sparks: School-based mental health promotion

**20 February 2007
Perth**

AGCA in conjunction with Intercamhs and School Psychologists' Association (WA) is holding this pre-conference seminar prior to the 3 day Kindling the Flame, mental health promotion conference

Contact **Grania McCudden**
Convenor 10 Almondbury Street Bayswater WA 6053
Phone: (08) 9264 4080
Fax: (08) 9264 4754

9th Australian Schizophrenia Conference

Kindling the Flame: Promoting Mental Health and Wellbeing

**21-23 February 2007
Perth**

Conference themes

- Construct of mental health - what does it mean to be mentally healthy?
- Influences on mental health (social determinants and protective factors)
 - Who is responsible for mental health promotion?
- How do you do mental health promotion?
- Mental Health Promotion 2007 and beyond

Visit: www.eventedge.com.au/kindlingtheflame2007

MHCC in partnership with the Centre for Mental Health and Drug and Alcohol Programs

'Count Me In': Innovative community based approaches to better mental health

**1-2 March 2007
Sydney**

We will be discussing current issues facing the sector including progress on an all of government approach, proposed mental health service models, workforce development, capacity building, change management, wellbeing in Indigenous communities, cultural and linguistic diversity, mental illness and substance abuse, psychosocial rehabilitation, services for families and carers and consumer run services, to name just a few.

Contact **MHCC:**
PO Box 668 Rozelle NSW 2039
Phone: (02) 9555 8388
Fax: (02) 9810 8145

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

Carers NT Meeting (jointly run with ARAFMI)

3rd Thursday of every month
5.30-7.30pm

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

For more info contact **Carers NT** on
8953 1669, PO Box 4929, Alice Springs



Mental Health Diary ...

Date	Time	Description	Location	Contact	Phone
Every 2nd Friday	12.00-3.00pm	Men's Group	MHACA office	Timothy	8950 4604
Every 2nd Thurs.	12.00-3.00pm	Women's Group	MHACA office	Gina	8950 4607
Every Monday	10.00am-12.30pm	Women's Cooking Group	Salvation Army	Christine	8950 4606
Every last Tuesday	12.30-1.30pm	Consumer Lunch	Salvation Army	Rangi	8950 4602
Every 2nd Wed.	5.30-7.30pm	Committee Meeting	Salvation Army	Claudia	8950 4601

"I have never been especially impressed by the heroics of people convinced they are about to change the world. I am more awed by those who struggle to make one small difference." *Ellen Goodman*

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 & Outreach Program:

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

Prevention and Recovery Program -

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

Life Promotion Program -

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

Advocacy and Participation -

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