

View

from the Peak

Executive Officer Report

The government has responded to lobbying from advocacy and clinical groups and announced in the recent mini budget a \$241 million boost to mental health spending in NSW. This is a substantial increase and does contain additional funds for supported accommodation. It is clear however that the large majority of funds will be targeted to clinical services with a relatively minor addition to increases in funds for support services provided by the NGO sector. It is particularly disappointing that this injection of funds has not considered the plight of the community support program, Westclub, which despite strong lobbying has not been refunded by Wentworth Area Health Service. (Further details on Westclub in this edition of VFP on page 9).

A breakdown of the proposed distribution of the \$241 mill can be found on the MHCC website. MHCC continues to advocate for the need to provide people with non-clinical supports. Clinical support is only one aspect of the recovery process. One initiative that looks able to reinforce this perspective is the evaluation of the Housing and Supported Accommodation Initiative (HASI). The tender for the evaluation is currently underway and will hopefully deepen the evidence base for the need to fund both non-clinical as well as clinical support services for people recovering from mental illness. Set-up of the 100 places targeted for people with high level disability in 10 locations across NSW is well underway with over half the sites running at full capacity.

The Review of the Mental Health Act (1990) Discussion Paper One has been out for comment and generating much debate. The consumers right to privacy versus the carers right to know can, on the face of it, be a bit of a stand off. There are however process issues such as carer protocols and consumer consent protocols including advanced directives that if implemented with sensitivity and respect can satisfy the majority of potential conflicts.

The MHCC Carer Working Group has debated the issue of limited disclosure and MHCC will incorporate these views in its submission to the Attorney General. MHCC has also consulted widely with consumer groups and a range of individuals and advocacy organisations to inform our response and recommendations. The MHCC submission will be placed on our website in mid May 2004. We have included some relevant articles in this edition of VFP on privacy, consent and capacity to increase awareness of this interesting and complex area.

A big thankyou and congratulations to all those who participated in the recent MHCC NGO Conference held in Wollongong. With almost 400 registrations and 80 presentations, the event was a strong show of the passion people have for this area of endeavour. I was particularly impressed with the range and depth of issues covered and acknowledged as important in the recovery process including spiritual, sexual and social justice and community development perspectives.



Leone Crayden, Chair MHCC & Jenna Bateman, Executive Officer MHCC at the NGO Conference

I would like to thank the Centre for Mental Health and the Illawarra Area Health Service for their support and partnership in making the conference happen. Thanks also to the members of the advisory and organising team who held it all together. Outcomes from the conference can be found in the conference evaluation on the MHCC website as can the conference papers. We will shortly commence planning for our next biannual conference and will be looking for an area health service keen to promote NGO and community based services and initiatives. Please contact MHCC if you would like to propose a particular area health service to partner MHCC and the Center for Mental Health in presenting the next NSW NGO Conference in 2006.

Best wishes

Jenna Bateman, Executive Officer

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NSW NGO Conference

The 2nd biannual NSW NGO Conference 'Turning the Tide' Mental Health, NGOs and the Community was held on 25-26 March 2004. The Mental Health Coordinating Council (MHCC), Illawarra Area Health Service and NSW Health (Centre for Mental Health) together facilitated the conference designed to review opportunities for both mental health and mainstream non-government organisations and to promote stronger relationships between NGOs and government agencies and services.

387 registered for the conference including a good range of stakeholders from the non-government and government sectors as well as carers and consumers across NSW and New Zealand.

The Conference venue, Novotel Northbeach Wollongong, provided a relaxing backdrop for a busy 2 days of presentations, discussion and networking. In between assemblies, the pre-function lobby was a hubbub of chatter as delegates caught up with old friends and met new people and re-acquainted themselves with services around the state. A colourful array of display tables provided plenty of current and useful information.

The Hon. Morris Iemma officially opened the conference and congratulated the NGO sector on their work with the mental health community and acknowledged the importance of the government working to increase the number of mental health beds and community services.

Leone Crayden, Chair of MHCC welcomed the delegates to the conference and Eugene McGarrell, Centre for Mental Health, NSW Health Department followed with an opening address.

Geraldine Doogue gave a somewhat controversial keynote address on mental health, well being and spirituality which was delivered in her wonderfully spontaneous and astute manner and later stimulated much healthy discussion and debate.

A diverse mix of speakers covering a wide range of topics spoke throughout the day. With 5 concurrent sessions running at a time and so many interesting presentations on offer, deciding which to attend was a dilemma for many people.



Geraldine Doogue speaking at the Conference

The afternoon Youth Assembly included a Ministerial launch of a joint Department of Community Services (DoCS) and MHCC initiative 'Mind the Gap - Improving Support for Children from Families where there are Mental Illness and Substance Abuse Issues'. The Wollongong High School Youth Panel helped to lift the group's energy by presenting an entertaining interactive session. Emma Hardy, a young consumer, spoke from the heart and gave an open and engaging perspective on mental health. Finally, Dr Annmaree Bickerton presented an accessible paper on 'Demystifying Adolescent Problems and Treatment Options'.



Shaun Wood & Arthur Papakotsias - neami



Elizabeth Ingram - CCC Port Macquarie, Sheila Deaves - CCC Coffs Harbour & Janet Meagher - Psychiatric Rehabilitation Assoc.

helps 'Turn the Tide'

An official welcome was given by Dr Liz Gale, Illawarra Mental Health, followed by a Cocktail Party on the first evening which was a relaxed and cheerful event whilst providing another great opportunity for networking.

Day 2 began with a plenary of 4 impressive keynote speakers. The first presentation from Alan Owen, University of Wollongong addressed '*Population approaches to Mental Health*'. Alan spoke of the need for a clearer and more legitimate role for NGOs. He believes the only realistic strategy to improve mental health services in NSW is to clearly delineate roles – government, non-government, specialist mental health, primary care. There also needs to be a re-investment in changing the methods of delivery.

Keith Wilson, Chair of the Mental Health Council of Australia spoke on '*The Way Forward for NGOs in Mental Health Services*'. He encourages partnerships between NGOs and other stakeholders as crucial to inter-organisation collaboration which requires the establishment and maintenance of genuine partnerships across the entire Health sector.

Robert Wheeler, Mental Health Advocacy Service discussed the proposed changes to the Mental Health Act, with the management of forensic patients being just one of the important and pressing issues which need to be addressed. He strongly encouraged the community sector and carers to make submissions and not to be nervous about language and format. "Your input is very important, if you have something to say – say it".

Jane Woodruff, Burnside Uniting Care spoke on the Grants Administration Review, a process driven by NSW Premiers on request of Treasury to benefit all agencies in an attempt to streamline funding programs in the human services area in NSW. Jane ended with an inspirational message to the NGO sector in which she reminded us that whether we like it or not, we are in a relationship with government and we need to

manage it. Many government people are constrained by the system they are in. Rather than feeling oppressed, we need to think of it as a game. The winning card for the NGO sector is that the government needs us and the valuable and cost effective services we provide to the community.

The afternoon assembly addressed Aboriginal and Torres Strait Islanders (ATSI) and Cultural and Linguistically Diverse (CALD) issues. Greg Strong, Aboriginal Mental Health gave an informative presentation on the diverse perceptions of mental illness and treatment in the Aboriginal community (see *article pg 15*). Teresa Petric, Multicultural Mental Health presented on transcultural mental health and Pearl Fernandes, STARTTS gave us an insight into the trauma associated with refugee mental health (see *article pg 14*).

The Conference evaluations have been overwhelmingly positive and you can be assured that constructive comments will be taken into consideration for the next conference in 2006. The Conference Committee thanks you for your enthusiastic participation and attendance.

Proceedings are now available and can be accessed via the MHCC website on www.mhcc.org.au



Rob Ramjam - Schizophrenia Fellowship & Eugene McGarrell, Centre for Mental Health, NSW Health



(front to back) Keith Wilson - MHCA, Robert Wheeler - Mental Health Advocacy Service, Alan Owen - NSW Health & Jane Woodruff - Uniting Care Burnside

Mind the Gap

The National Illicit Drug Strategy Project to Improve Support for Children from Families where there are Mental Illness and Substance Abuse Issues (The NIDS MISA Project) is an initiative sponsored by the Australian Government Department of Family and Community Services. It has been developed in New South Wales to address some of these needs in service delivery, and aims to better equip families, carers and service providers to support children of parents with mental illness and substance abuse issues. In doing this, the project will encourage collaboration between child protection, mental health and drug and alcohol service providers, including non-government service providers, and improve the understanding of service providers, family members and out-of-home carers on the impacts of MISA on children in their care.

The project, due for completion in December 2004, includes the development and dissemination of a resource package of age-appropriate resource materials for children and carers, a training package to educate NSW Department of Community Services and other support workers, and practice guidelines and referral protocols to assist workers to better access care and support for the families.

To-date the project has conducted a review of the literature and explored existing programs and resources, in an attempt to identify the gaps and needs, and models of

service provision. A consultation phase will commence in April 2004. Project partners including the NSW Department of Community Services, Mental Health Co-ordinating Council (MHCC), Network of Alcohol and other Drug Agencies (NADA), the Centre for Mental Health and the Centre for Drug & Alcohol (NSW Health), NSW Family Services Inc, and the Drug and Alcohol Multicultural Education Centre (DAMEC), are involved in the Project Advisory Committee, with a local Reference Group of service providers, consumers and carers to meet in May 2004.

The term "mind the gap" was applied by UK child protection managers to interface working (Kearney et al., 2003). It seems that this is most relevant in MISA practice. The current lack of empirical research in this field makes it difficult to draw any conclusions, however the need to address these gaps is recognised. Programs and strategies, such as resource development and co-ordination of care across systems, must be developed in consultation with stakeholders, and be evaluated to determine efficacy and outcomes. It is anticipated that the NIDS MISA Project can begin to improve the capacity of service providers, and the systems they are part of, to identify and address the needs of families affected by parental mental illness and substance abuse, and thereby improve outcomes for children and young people.

For further information about the NIDS MISA Project, please contact Michelle Hegarty, Project Officer: hegartymd@ozemail.com.au

Mind the Gap – Improving Support for Children from families where there are Mental Illness and Substance Abuse

Problematic substance abuse is the most common co morbid condition among people with a mental illness (Siegfried, 1998), and yet there are many gaps in service provision, primarily associated with separate services, lack of knowledge of workers, and a poor evidence base for effective treatment.

For people who experience mental illness and substance abuse (MISA), access to services is complicated – for those who are also parents, access to appropriate support is almost impossible. An increasing number of people experiencing mental illness and substance abuse are parents, and little has been done to address the complex needs of these families and their children.

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Most mental health and substance abuse treatment settings are designed for the adult individual, and MISA programs for families generally target parents of adolescents, with mental illness and substance abuse problems, not families affected by parental mental illness and substance abuse. No service takes formal responsibility for addressing the children's needs, and rarely are family facilities provided (Dawe et al., 2000).

Parental mental illness and substance abuse can place children at biological, psychological and environmental risk. Access to prenatal and postnatal care is poor, and at later ages parents may avoid seeking help for reasons including: lack of insight or lack of interest, isolation or marginalisation from traditional health services, and general disempowerment (Dawe et al., 2000), poor social resources, poor self-confidence in parenting, and fear of having children removed (Byrne et al., 2000).

Affected families often have complex needs, linked to issues such as poverty (Killeen & Brady, 2000), marital discord, housing and unemployment (Anthony, 1970; Cohen, 1993; 1984, in Byrne et al., 2000). Families affected by substance abuse often experience conflict or violence, disorganisation, and frequent relocation (Johnson & Leff, 1999).

Children in families where a parent has a mental illness may also experience disruption to home and school, isolation from peers and other adults, and unmet developmental needs (Byrne et al., 2000). They may lack extended family support (Johnson & Leff, 1999), and may not seek support due to pressure to keep the illness hidden (Gaining Ground, 1998).

Children often experience a "lack of parenting" (Johnson & Leff, 1999). Parents may be unavailable, physically or emotionally, due to factors such as hospitalisation, intoxication, medication, or the symptoms of mental illness, which impacts on their capacity to provide safety and consistency. Children may experience "parentification", whereby they take on unrealistic role expectations including care of the ill parent or siblings, and household management (Byrne et al., 2000), and may also have difficulty in school performance (Kumpfer & de-Marsh, 1986, in Johnson & Leff, 1999).

It is acknowledged that these children may be at greater risk of child abuse or neglect. The rate of custody loss for mothers with a mental illness is high (Miller & Finnerty, 1996, in Handley et al., 2001), and there are also high rates of undiagnosed psychiatric disorder among families known to child protection services (Zuravin, 1988, in Royal College of Psychiatrists, 2002). Additionally, children of substance abusers make up the largest group of children entering the child welfare system (Barth, 1994 in Besinger et al., 1999).

Children of parents with a mental illness and substance abuse problem are also at heightened risk of mental health problems (Farell, et al., 1999), substance abuse (Johnson & Leff, 1999) and juvenile delinquency (Loeber, 1990; Ferguson & Lynskey, 1998, in Dawe et al., 2000).

Despite the risks however, not all children of mentally ill or substance abusing parents experience poor outcomes. Protective factors include responsive and safe home environments, supportive and organised families (Johnson et al., 1990, in Dawe et al., 2000); the child's temperament and age at time of parental breakdown (Garmezy et al., 1984); and availability of support, including one or more supportive, well adults (Feldman et al., 1987, in Cowling, 1996). Early detection and intervention is a major factor in prevention and treatment (Dawe et al., 2000), with interventions being most effective at an earlier age (Dishion & Patterson, 1992).

Integrated, collaborative care is vital because of the complex health and social needs of parents with mental illness and substance abuse issues, and their children. No one agency can undertake all parts of the child protection – drug and alcohol - mental health interface, and a holistic approach must be adopted to address what are often multi-problem, disadvantaged families.

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The need for collaborative training, and formalised pathways and protocols between services has been recognised, in particular in relation to joint assessment, care planning and worker roles and responsibilities (Mellor, 1998). Family education, bibliotherapy and age appropriate literature (Wang & Goldschmidt, 1996) should also be available to educate family members and carers regarding the impacts and needs when a parent has mental illness and substance abuse issues.



In relation to the current Review of the Mental Health Act (1990), issues of privacy and confidentiality are at the forefront. Consequently, the following articles have been included in VFP to increase awareness of some of the important perspectives impacting on the debate.

Capacity Roundtable Consultation

MHCC attended a Capacity Roundtable Consultation run by the Office of the Public Guardian and the Attorney General's Department to clarify issues of concern and possible future direction for policy and program development. The consultation focused on questions about a person's capacity in personal, financial, medical, legal and lifestyle decision-making.

A variety of perspectives were given including those of a professional capacity assessor, a legal practitioner, the Guardianship Tribunal, Privacy NSW and People With Disabilities (PWD). Phillip French, PWD, promoted a social model approach in which the ecology of the situation is taken into account rather than just the impairment. He stated that declarations of incapacity should be avoided where possible as they can be stigmatic and disempowering. Supported / assisted decision making was also encouraged which would include participation of the person in whatever capacity was possible at that time.

Other stakeholder's comments included:

- Judgement over a person's capacity would benefit from an informal approach prior to crisis and consistency across teams with resources and training.
- Decision making and problem solving ought to be contextual
- Whilst guidelines are required they need to be flexible
- Issues arising from a person's fluctuating capacity could benefit from shared knowledge of the person and easy access to resources.
- Equity of access to resources for assessment, particularly in some regional areas would benefit from a whole of government approach and standard assessment tools. A register of guardianships and information kit were also suggested

A document is now in the process of being prepared distilling the day's information and may result in the form of a discussion paper to help chart the way forward. There is still opportunity to have your comments included and we would encourage you to send them to stephanie@mhcc.org.au, who will forward them to the Office of the Public Guardian.

Best practice guide - Privacy and people with decision-making disabilities

Privacy NSW has now released its Best practice guide - Privacy and people with decision-making disabilities, which was prepared in consultation with key stakeholders. MHCC attended this Stakeholder Consultation Forum in May 2003 to discuss the issues raised in the Draft Guidelines on Consent and Capacity under the PPIP Act.

The guide aims to assist agencies to apply the PPIP Act in a manner that protects and promotes the privacy of people with decision-making disabilities to the greatest possible extent. It applies to situations where a person has a decision-making disability that affects their capacity to give or refuse consent to, or understand, the manner in which their personal information is handled by NSW public sector agencies. A person's capacity to make decisions may be impaired by a range of conditions including a mental illness.

Download the Best Practice Guide on: www.lawlink.nsw.gov.au/pc.nsf/pages/bpg_disability or for one or more copies of the guide contact Privacy NSW on (02) 9268 5588 or privacy_nsw@agd.nsw.gov.au

Privacy Kit for Mental Health Sector

The Mental Health Privacy Coalition (MHPC) has launched a Privacy Kit to guide mental health consumers, carers and providers through the detail of the Federal Privacy Act.

"It is a user-friendly kit that offers practical solutions to even the most problematic privacy concerns surrounding mental health." said MHPC Chair, Dr Bill Pring. Dr Pring said the MHPC is indebted to the Federal Privacy Commissioner and his Officers for their help and advice in compiling the kit.

The Privacy Kit can be obtained online from the website: <http://www.spgpps.com/Documents/mhpkkit.pdf>

Balancing the Responsibilities of Confidentiality and Privacy

by Mark A Orr
Deputy Protective Commissioner & Director, Client Services
Office of the Protective Commissioner

As service providers we are often placed in situations which call on us to exercise judgment when protecting a client's confidentiality and privacy. As we all know, often the answer is not clear cut, there is no black and white recipe. What is generally required is a willingness to discuss the issues, consider the principles involved and, together with the consumer, work out a way forward.

Confidentiality

Consumers provide us with information to enable us to provide them with a service. The information is generally provided on the basis that it will not be shared with anyone else and that it remain confidential. If we are committed to working with consumers, assisting them to develop skills and become independent, we should build and seek to maintain their trust. To recognise the importance of confidentiality the law has established a Duty of Confidence which is a legal requirement for service providers to keep client's information confidential. If we wish to share the information with someone else we generally need to get the consumer's permission.

There are certain times when one can over-ride a Duty of Confidentiality, but these should be very rare occasions, for example:

- When required to by law - e.g court order, a major crime
- When it is in the 'public interest' – e.g. public health issue
- When the person consents
- When its as part of a "treatment"/"support" team, and then only on a needs to know basis and discussing that need to share information with the person

Professionals quote their duty of confidentiality or the person's right to privacy. Both are often reasonable responses, but clearly very frustrating for family members and carers. However, a spouse, a partner, a family member or general carer has no legal entitlement to receive confidential information about a consumer without their consent (or the consent of an appropriately legally empowered person such as a guardian or person responsible).

Privacy

NSW has its own privacy legislation, in fact two different Acts – the Privacy and Personal Information Protection Act 1998 (PPIPA) and Health Records and Information Privacy Act 2002 (HRIPA). The important thing to note is that the law now clearly states what we can do with information that is collected and held in relation to someone.

One of the major challenges for agencies is communicating with people in ways which are meaningful and enables them to participate in decision making. It may also require agencies to seek a substitute consent from another person, if the person is totally incapable of participating in decision making – what HRIPA calls an 'authorised person'.

You should also be mindful of the provisions of the Guardianship Act 1987 under which guardians are appointed for people with decision making disabilities. When a consumer does not wish us to discuss information with a family member or carer, the only answer is to explain to the consumer the importance of sharing information with the other person. No matter what approach is taken it is still extremely important that the consumer be involved in the decision making process to the extent their disability allows. The whole idea in these matters is planning ahead. Providing people with information when they are more able to process it, providing information in accessible formats and giving people time to consider the issues fully.

So as we can see, the law, at least at the state level, does not help us much in relation to carer's rights, though the Inquiry into Mental Health has recommended some changes. Without consent it becomes very difficult to tell carers much at all, understandably leading to great levels of anxiety and frustration.

If a consumer is so unwell that they are unable to make medical treatment decisions the person responsible should be consulted and consent gained from them. To gain that consent you would need to discuss the situation and the treatment proposed which does not mean you need to tell them everything the consumer has shared with you. The carer can be seen as part of the team in providing information about the consumer, a role which is undoubtedly very important in supporting the consumer in the community, which should be one of our fundamental goals.

Confidentiality and privacy are not concepts to fear. They are there to protect everyone's human rights. They remind us of the importance of being thoughtful when disclosing information about a consumer and releasing information, generally, only after obtaining appropriate consent. The most important thing is that we continue to think through these issues, debate them and develop policies and procedures about how we will deal with them when they arise.

This paper has been edited for the purposes of this newsletter. To view the paper in full, please visit the MHCC website and follow links from the newsletter.

Caring for Carers Mental Health Projects

The Centre for Mental Health recently undertook to review eight demonstration projects that have been funded under the NSW Government's Caring for Carers NSW project for rural and remote areas. The evaluation was also to complement the work of the ARAFMI Mapping Project.

The Director of the Centre for Mental Health, Professor Beverley Raphael said that: "The aims of the review are to determine the effectiveness of the projects and the models of service delivery used; to make recommendations on best practice, strategic directions in carer support, and inform allocation of future funding."

MHCC were pleased that Carla Cranny of Carla Cranny Associates, who has been engaged to carry out this review, accepted our invitation to present her 'work in progress' to our Carers Working Group in April. In her presentation, Carla reviewed the strengths and weaknesses of each project, using a range of criteria including reach; impact on carer skills and knowledge; interface with mental health services; sustainability and cost effectiveness.

As a result of her research, she described to the group a suggested Statewide Service Development Model and asked for feedback on her draft conclusions which were briefly as follows:-

- Education and information for carers, and carer awareness of health professionals and related support services
- Targeted carer education focused on coping skills and resilience using standardised and staged packages delivered in a support group environment
- Family or carer support workers providing information, support, referral and some individual advocacy.
- Carer advocate with agreed role in acute unit in reach, care planning and individual advocacy. May work on systemic issues with MHS and carer networks.

The suggested approach was:

- Statewide best practice framework with agreed intervention types and Area level flexibility around implementation.
- Support services provided successfully by a range of organisations that meet agreed quality and performance criteria in relation to:

- Skills and qualifications for carer advocates and support workers
- Supervision and mentoring for carer support staff
- Training for educators and facilitators
- Data and information on carer needs and process evaluation
- Participation in Area level planning and service development
- Use of quality assured education programs of demonstrated value across the State with carers, health professionals, and bilingual community educators as accredited facilitators.
- AMHSs priority to implement family friendly framework and support staff through in house training, review of protocols, mentoring and role models to change their work practices.
- Carer advocate and information/education functions can be contracted from NGOs and/or provided by designated MHS staff depending on resources and local circumstances.



After a most interesting presentation, Carla discussed with the group the current service models in place, carer and family usage of the services, access and availability a range of issues, and has asked for feedback on areas of concern raised in the meeting. Carla has agreed to attend our next meeting at the end of May, to update us on her progress, and seek further input before submitting the final report.

If you would like to comment or make a written submission on any of the issues concerning this review please contact us on our internet forum at www.mhcc.org.au, email us at consult@mhcc.org.au, fax us at (02) 9810 8145 or telephone Corinne Henderson on (02) 9555 8388.

Improved Forensic Mental Health Services in Sight

In April, to update the Forensic Working Group on forensic mental health and progress on the development of the new forensic hospital at Long Bay, MHCC were happy to welcome Dr. Matthews and Julie Babineau who gave a most interesting and informative presentation which began with the extremely poignant quote:

*The vilest deeds like poison weeds
Bloom well in the prison air
It is only what is good in man
That wastes and withers there
Pale anguish keeps the heavy gate
And the Warder is despair*
Oscar Wilde.

In 2004, the census identified that the system throughput numbered 8510 adults and 300 juveniles. The socio-economic and general health status of these individuals showed alarming deficits, and the statistics showed that 78% of males and 90% of females manifested some form of mental disorder, with personality and anxiety disorders representing almost 40% in males and almost 60% in females.

Juvenile offenders showed 43% of past parental incarceration and 19% living with someone with either physical or mental health problems affecting daily life. Drug and alcohol was also represented as being an issue in 63% of males and 75% of females. Statistics showed high prevalence of smoking; asthma; blood borne viruses, abnormal pap smears; hearing loss and appalling dental health, with 44% never having visited a dentist, and 66% suffering caries by age 20.

The target group for Forensic Mental Health Services are:

- People who appear before the courts and are found to be unfit or insane;
- Offenders with serious mental illness requiring transfer to hospital;
- Offenders requiring specialist psychiatric assessment and treatment whilst in prison;
- People with dangerous mental illness who are a danger to others;
- Referred by the courts for psychiatric assessment and / or treatment;
- Selected high-risk offenders with a mental disorder referred by probation or parole services.

The new hospital will be ready for occupancy in March 2006 on de-gazetted land on Long Bay, using the Thomas Embling model of best clinical practice. The total bed numbers will be 135, which will allow for 15 civilian patients and 120 forensic patients of which 15 will be female. Of this number 60 will be for acute male admission including court assessments. The next step that Julie Babineau described was a move from specific to multi agency consultation, and development of internal and external communication strategies with NGOs, local community, police, the Prince of Wales Hospital and the Attorney General's Department.

The presentation of the proposed forensic hospital reassured the group that real consideration had been given to providing patients with a holistic approach to mental health within the corrections service, including internal security provided by clinical staff; a high clinician to patient ratio; no camera monitoring in patient areas and core services reserved for the public sector. The buildings are sensitively designed to encompass very pleasant landscaping and excellent recreational and sporting facilities. The working group are now looking forward to being a part of the consultative process, and assisting in the implementation of long awaited improvement of services for forensic patients during their hospital stay and after release into the community.

Westclub Loses Funding

by Pam Branch, WestWorks

WestClub, despite all their lobbying efforts are sad to say that at this point in time it has all been in vain. We have received a letter from Minister Lemma confirming that Wentworth Area Health can only offer \$80,000 recurrent funding; this is 30% of the original tender amount received.

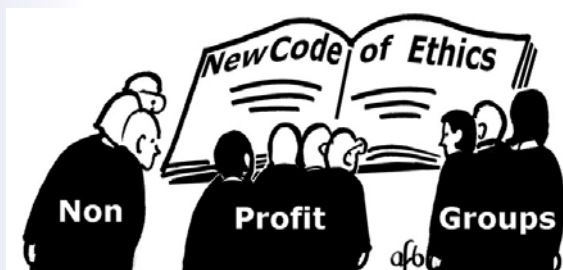
I believe it would be fair to say that Mental Health has withdrawn their support of social and recreational programs, and continue to fail to acknowledge the usefulness of preventative NGO programs. Currently we have enough money left from the first contract to last until 29/5/04. We are sending an application for funding under the FACS "Local Answers" Program which closes 14/5/04, which our local Federal Member is supporting. Perhaps we'll get lucky yet! It really has been a very traumatic time for our members, who rely so much on their Club. As more than 60% of our members live alone, WestClub has often been their only community connection. WestClub staff are doing their best to cope with their own fears and sense of injustice for the very vulnerable people who are living with mental illness.



Non-profit groups to consider new 'Code of Ethics'

Non-profit groups are being encouraged to consider a new 'code of ethics' following the release of a Statement of Values and Code of Ethics by a prominent US not for profit organisation, which could be well applied in Australia.

Independent Sector (IS) has published a comprehensive set of ethical guidelines covering everything from proper fiscal practices to the ways to guard against conflicts of interest. The document aims to subdue the growing movement, especially among some US state and federal officials, for a much more rigorous legislative control over non profit groups.



IS has explained why it is in the interest of non profits to adopt its set of principles rather than have legislation forcibly imposed. As stated in its opening, "As a matter of fundamental principle, the non profit and philanthropic community should adhere to the highest ethical standards because it is the right thing to do. As a matter of pragmatic self-interest, the community should do so because public trust in our performance is the bedrock of our legitimacy." Finally, the introduction concludes, "Transparency, openness, and responsiveness to public concerns must be integral to our behaviour."

For organisations who have already developed a code of ethics, IS encourages them to work with their boards and staff to ensure they have a process in place that adheres to their code. For those organisations without a code they could discuss this with their boards and staff using the IS Code of Ethics as a model to fit their own organisation's mission. As IS commented, in the end the organisation will be judged not only by its code and commitments but by its conduct and practice.

The Independent Sector code of ethics can be downloaded for free at www.independentsector.org.au



Concerns over Government-NGO Compact

MHCC is a member of the Forum of Non Government Agencies (FONGA) and has been involved, with other organisations, in working on the Government-NGO Compact, Working Together for NSW - An Agreement Between the NSW Government and NSW Non Government Human Services Organisations.

The NSW Government Human Services CEOs Group has endorsed this draft and MHCC, as a member of FONGA, has been requested to indicate whether it is prepared to formalise the document.

MHCC is largely in agreement with the concept of a compact, however, we are concerned about a number of points in this draft:

- The important issues of ensuring service viability and adequate funding for non-government organisations have not been explicitly included. MHCC feels that the government's part of the agreement should include a commitment to fund NGOs to an appropriate level so that they are able to deliver their services in a professional manner and meet their legal obligations including to their paid staff. As this is such a crucial issue, MHCC would not support the draft compact in its current form.
- There is also no commitment to resource community organisations to ensure opportunities for their meaningful participation in decision making consultations in relation to the compact.
- MHCC feels that the compact, in its current form, is not a genuine partnership. There is a major imbalance in power between the two parties to the agreement. This is demonstrated by the lack of commitment to appropriate funding for NGOs.
- MHCC is also concerned at the use of the term "unpaid human resources" for volunteers. Volunteering is a noble, altruistic endeavour, independently undertaken by people who make a decision that they would like to contribute to the Community in this manner. Referring to them as "unpaid human resources" is demeaning and inappropriate.



MH-CoPES: Making sure consumers' voices count

What is MH-CoPES?

MH-CoPES is a new project being conducted by the NSW Consumer Advisory Group - Mental Health Inc. (NSW CAG) in partnership with the NSW Centre for Mental Health. MH-CoPES stands for – Mental Health Consumers' Perceptions and Experiences of Services. Overall, the aim of the project is to find a way for services to hear consumers' feedback and use it to become more responsive.

Background

MH-CoPES has been in planning for quite a few years. The idea for the project developed out of discussions held at MH-OAT Consumer Consultative Committee Meetings. As people at these meetings started talking, they realised that services were not measuring consumers' views in a similar way across the state. Through these discussions a proposal for the MH-CoPES Project was developed and submitted to the NSW Centre for Mental Health. With the NSW Centre for Mental Health providing funding, NSW CAG then started to get a project team together.

Where are we up to?

We began working on MH-CoPES in January this year. The project will take approximately 18-months to complete. At the moment we are gathering information about what tools (that is, questionnaires, surveys etc) and processes are already used in services across the state, as well as nationally and internationally.

At the end of the project, we will make recommendations to the NSW Centre for Mental Health about which tools mental health services could use to find out about consumers' views of services. We will also be suggesting ways these tools could be used, helping services understand how to respond to consumers' feedback to continue creating better services.

We want to make sure that the tool/s and process we recommend to the NSW Centre for Mental Health, NSW Health is going to be useful to everyone involved with mental health services. To do this, we will need to hear your views – we will be consulting with stakeholders across the state over the next 18-months to help us come up with the best possible recommendation.

For more information on MH-CoPES contact:

Gillian Malins, MH-CoPES Project Officer - NSW Consumer Advisory Group, Mental Health Inc.

Phone: 02 95552706 Email: mhcopes@tpg.com.au Or visit the website:

http://www.mentalhealth.asn.au/members/nswcag/Projects/Projects_MH-CoPES.htm

New Psychiatry Support Service for GPs

The *Access to Advice from Psychiatrists in an Urgent Situation* service provides GPs with quality clinical advice from psychiatrists within a 24-hour timeframe, on management and/or treatment of patients with an urgent mental health problem. GPs believe the service will provide much needed support in the acute care of mentally ill patients by improving communication and timely access to psychiatrists' advice.

The service is funded by the Australian Government as part of the Better Outcomes in Mental Health Care Initiative. ADGP research has shown that GPs want the Better Outcomes program expanded, particularly in the area of increasing access to specialist support for GPs. ADGP is working closely with the Royal Australian and New Zealand College of Psychiatrists to develop some specific options to improve communication and collaborative care between GPs and psychiatrists.

To access the service, GPs can call 1800 200 588 or email secure site, www.psychsupport.com.au. For more information about the scope and objectives of this service, please contact Katie Barwell on 02-9425 3738

Medicines and Industry Workshop

MHCC attended a Medicines and Industry Workshop in February run by The Consumers Health Forum and Medicines Australia. The aim was to build communications between pharmaceutical companies and health consumer organisations. The workshop also covered issues such as clinical trials, medicines evaluation and pricing processes, as well as Medicines Australia's Code of Conduct.

Commercial in-confidence concerns were highlighted as they are said to be hampering consumer representatives working on key medicines committees. It was agreed that consumers and industry will work together to make appropriate changes.

The workshop was considered to be a start to an increased awareness of how consumers can contribute to the Pharmaceutical Benefits Advisory Committee (PBAC) listing and pricing decisions on the PBS.

Industry Representatives reported an increased understanding of consumer issues and perspectives from their participation in the workshop. Further discussion will follow between the Consumer Health Forum and Medicines Australia on how to progress the recommendations.



Black Dog Institute Launches Its New Website!!

www.blackdoginstitute.org.au

The Black Dog Institute recently launched its new website – a practical user-friendly website for consumers and health professionals – based on twenty years of research and clinical experience.

Under the Executive Directorship of Professor Gordon Parker, the Institute is a leader in research, treatment, education and diagnosis of mood disorders – with a reputation that has earned it high acclaim, both in Australia and overseas.

Key features of the Institute's new website include:

- Core, factual information about depression and Bipolar Disorder, their causes, treatments and questions and answers sections.
- A self assessment tool, allowing people to find out whether they might be depressed (although emphasising the need for professional clinical advice).
- Information on getting help for mood disorders – when and where to seek help, who the different mental health professionals are, and what to expect from professional help.
- Suggestions on ways of staying well (eg, fact sheets and check lists about exercise, diet, support groups, reading, meditation as well as stress management and relaxation).
- Provision for sharing personal experiences with depression and mood disorders and helpful coping strategies.
- Helpful links to other sites.
- On-line surveys – allowing people to participate in research studies (and gain some initial feedback) being conducted by the Institute.
- A glossary of terms – where key terms are defined.
- Detailed information about the Institute's research activities.
- AAA rating for accessibility – providing good access to the site by users with disabilities.



Re-funding for Active Linking Initiative (ALI)

We are happy to report that the Minister for Disability Services, the Honourable Carmel Tebbutt, MP has announced that the NSW Government will continue its funding of ALI services which will be reviewed in 2007. As reported in our previous newsletter, the ALI program has been under threat of de-funding since last year.

The successful 3 year old ALI project aims to assist residents of licensed boarding houses to develop a sense of self worth, confidence and community connection. By gaining living skills we often take for granted. The ALI program is an important component of the NSW Government Boarding House Reform Strategy announced in 1998.

The Minister noted that the review of the ALI program found that there was a high level of acceptance of the program by boarding house residents and that over 90% of residents with a disability participated in the program.

TAFE alcohol and other drugs short accredited customised courses

The NSW Department of Education and Training developed the TAFE alcohol and other drugs (AOD) accredited short courses to provide specific, customised AOD skills training to frontline health and community employees in rural and regional NSW working with clients with AOD related issues. The courses were first conducted in 1999 and in the same year the NSW Drug Summit recommended that they continue.

The course name is Course in Alcohol and Other Drug Work. It is designed to be short and adaptable to local needs. It consists of a series of modules from the Diploma and Certificate IV in Alcohol and Other Drug Work. Students completing the modules can gain credit in these qualifications.

In Institutes that conduct the courses, TAFE coordinators undertake a needs assessment amongst frontline community workers and then conduct a course that best suits the identified needs of the workers. The course hours are varied with a maximum of 120 hours and a minimum of 18 hours. Examples of modules offered include:

- AOD Interventions
- Perspectives on Drug Use
- Work with intoxicated clients
- Drug Actions
- Assessment and Referral

If you are working in regional or rural NSW and would like more information about the courses contact your local TAFE Institute, the Open Training Education Network – Distance Education (OTEN) or Drug Prevention Programs, Department of Education and Training on telephone 02 9246 5576.

Stepping Out Housing Program

Stepping Out Housing Program is a state-wide, medium-term supported accommodation service for women who have experienced child sexual assault and are homeless or at risk of homelessness. Clients can be with or without children.

Set up under the auspices of Dympna House in 1986 with funding from the Women's Medium Term Housing Program, Stepping Out was formerly known as Dympna House Accommodation Program. In 1987 it was incorporated as Stepping Out Housing Program.

Stepping Out provides accommodation and support to women for 12-18 months in a range of Sydney properties in the inner west and south west. Stepping Out manages a number of properties in the inner west of Sydney and also works in partnership with Community Tenancy Schemes such as Hume Community Housing, Marrickville Area Community Housing and South West Inner Sydney Community Housing where housing is provided for our service users who we can then support. In addition to supporting women in properties, we have a limited capacity to offer some outreach support to women not in Stepping Out accommodation.

Once a woman enters the Stepping Out Housing Program she will work with a support worker to locate appropriate and affordable long term housing, find a relevant therapeutic space (if they do not already have one) to address the impact and effects of child sexual assault, develop support networks and address any other matters that they would like to work on with a support worker.

Stepping Out runs a weekly art/social group during the school term to provide women with opportunities to express themselves creatively and to minimize social isolation. The art group recently created a combined piece which was displayed in a Newton shop front during the "Walking the Street" exhibition.

During each school holiday period the group takes a break and Stepping Out provides lunch for women who wish to come and socialize with each other. This is an opportunity for women to bring along their children who are not usually catered for in the art/social group.

In October 2003 we began trialing a Dialectical Behavioral Therapy (DBT) group which provides an opportunity for the women to build on interpersonal and distress tolerance skills. DBT is available at private hospitals, but the high cost has put it out of reach for many of our clients. Feedback from participants has been positive and this group is currently being evaluated.

Stepping Out has also recently received a small grant to provide a series of mini workshops to women on lifestyle issues such as budgeting, assertiveness and nutrition.

As a service we are also committed to raising awareness about the impact and effects of child sexual assault and are currently involved in a number of community education and lobbying groups. Stepping Out is involved in the Central Sydney Area Health (CSAH) committee for improving access of women who have experienced child sexual assault to mental health services. We also participate in the RSVP steering committee which lobbies state and federal governments regarding the needs of these women.

In collaboration with Immigrant Women Speakout, Immigrant Women's Health and Dympna House we will be staging a forum later this year to raise awareness of the issues, highlight services and resources available to CALD Community Workers working with women who have experienced prolonged trauma and violence.

Stepping Out presented a paper in March 2004 titled "A Collaborative Approach to Working with Women who have Experienced Sexual Violence as Children" at the NSW Mental Health Conference in Wollongong (this can be viewed on the MHCC website).

Stepping Out would like to welcome any enquiries to our service about the program on (02) 9550 9398.



The staff at Stepping Out

Understanding the psychological impact of displacement, war/trauma, and acculturation in a new country.

by Pearl Fernandes, STARTTS

In a scene from Shakespeare's Macbeth, Macbeth asks Lady Macbeth's doctor if he could help the lady overcome the trauma she was preoccupied with:

*Cans't thou not
pluck from the mind
a rooted sorrow?*

Many clients who visit the Early Intervention Program, (EIP), Service for the Treatment And Rehabilitation of Torture and Trauma Survivors (STARTTS), would perhaps like to ask us a similar question.

STARTTS clients are refugees and those who come from a refugee like background and currently reside in NSW. In addition to being exposed to the mental health struggles and life issues to which a normal sample of people are subject to, refugees are also exposed to a series of psychological assaults, summarized by the four D's: disintegration, dispossession, dislocation and disempowerment. (Silove et al 1999)

The cumulative negative impact of trauma experiences and adjustment difficulties in the country of resettlement (related to language barriers, employment difficulties and culture conflict) induce psychological conflict in many refugees. Clinical and research data indicate significant levels of physical and psychological dysfunction in refugees, particularly during the first two years of resettlement (Lipson 1993).

Most commonly reported symptoms include high levels of depression, anxiety, Post Traumatic Stress Disorder (PTSD). Somatization, suicidality, acute psychosis, domestic violence, anger outbursts/ aggression, substance abuse, and psychological disorders among children of survivors also constitute serious issues and are often concomitant with other formal psychiatric disorders in refugee populations.

Australia has traditionally recognised and provided compassion and a safe haven to people fleeing persecution. Major national mental health policy statements and services recognise the cultural dimensions and specific needs of indigenous people, immigrants and refugees. (Minas et al 1996) However, more recently there appears to be a shift in policy particularly with the introduction of the Temporary Protection visa (TPV) category. The policy of mandatory detention of unauthorised "boat people", particularly children, is today a topic of lively debate.

Despite the relief and gratitude many feel when receiving TPV status, the range of benefits commonly entitled to the public are substantially restricted. In the case of minors, TPV status means they are not eligible for Newstart allowance, Youth allowance, Austudy or intensive job search assistance.

Further, if they are in full time study and turn 18 years they are not eligible for Special Benefits. If they want to continue their studies they are eligible for enrolment, but have to pay a full upfront fee. (Recently this has been relaxed for a few courses at TAFE, and a few have been offered scholarships by the UTS). The most significant restriction however, is loss of their right to family reunion and a multiple entry visa.

Despite the numerous challenges, many refugees appear to adjust to their new environments over time, with appropriate support. However, some refugees continue to experience a range of difficulties specifically related to their refugee experiences.

And finally in response to Macbeth's question – we acknowledge and accept it is challenging to rid the mind of a rooted sorrowjust as at times it is challenging to be still in the face of more than we can understand.

(This is an excerpt from the presentation given by Pearl Fernandes, STARTTS at the NSW NGO Conference in March 2004 and can be viewed in full in the Conference Proceedings on www.mhcc.org.au)

Indigenous Mental Health Service Delivery.

by Greg Strong
Area Coordinator-Aboriginal Mental Health

For mental health services to have some level of success there needs to be a complete review of the way in which these services are being delivered to Aboriginal communities. Aspects of the review should include extensive consultation with;

- Community members
- Educational institutions
- Policy developers
- Aboriginal and non-Aboriginal mental health staff.

Complex community needs command a work force and health system that will accommodate the enormity and diversity of the demands that are before us. In this article I would like to highlight some of the major issues that I have experienced around mental health service development and delivery to Aboriginal communities.

The success of mental health service delivery hinges on productive, accountable partnerships between area health services and Aboriginal community controlled organisations.

1. Cultural Sensitivity and Cultural Competency.

One of the fundamental pre-requisites to developing mental health services for Aboriginal people includes the awareness that Indigenous people have a perspective on mental health which will not be found in university text books. Their definitions of mental health largely centre around Aboriginal spirituality and superstitions, and it is from this platform that non-Aboriginal mental health staff will need to build working relationships with the community and Aboriginal mental health staff.

Aboriginal mental health workers are required to gain skills and knowledge about mainstream procedures and protocols. This will, of course, enhance and strengthen them in effectively carrying out their duties. Alternatively, non-Aboriginal mental health staff should be required to familiarise themselves with cultural and spiritual aspects of Aboriginal people.

Cultural awareness training is usually the task of Aboriginal mental health staff. Education and training institutions need to accept some responsibility in this area. Institutional mindsets dictate that this is the responsibility of Aboriginal people, therefore, relinquishing their responsibility to incorporate Aboriginal mental health into their curriculums. In the work-force, Aboriginal staff are required to educate non-Aboriginal mental health staff about issues that should have been addressed at a university or TAFE level.

2. Staff Training and Development

Staff training and development is crucial to the undergirding and sustainability of both Aboriginal mental health staff and the services offered. Clinical training and education opportunities for Aboriginal workers needs to be appropriate to ensure that their skills are updated and their professionalism is maintained.

There needs to be acceptance and acknowledgement by non-Aboriginal mental health professionals of the expertise that Aboriginal mental health workers bring to this field. Aboriginal workers do not want to walk in the shadows of their non-Aboriginal peers, but be equal, productive members of the team.

3. Comprehensive Community Consultation

The success of mental health service delivery hinges on productive, accountable partnerships between area health services and Aboriginal community controlled organisations. This is pivotal to identifying issues that pertain to specific Aboriginal communities. This will also allow for flexibility in planning and implementing service delivery, as "unconventional" styles of delivery by Aboriginal Mental Health Workers will need to occur. This may conflict with non-Aboriginal styles and protocols; nonetheless, this is productive and gets the job done.

This allows for ownership by Aboriginal people and gives direction and credence for non-Aboriginal service providers. Finally, the goodwill of area health services, government and non-government organizations will advance Aboriginal communities towards self-determination and an optimistic future.



July 2004

Building Better Boards Conference

When: 31 July to 1 August 2004

Further info: www.governance.com.au or
Ph:(02) 9879 6674

2nd Summit on Non Profit Leadership

When: 7 – 9 July 2004

Where: Sofitel Hotel, Melbourne

For more info: www.leadershipsommit.com.au

5th International Mental Health Conference Mental Health of Older People.

When: 9 – 11 July 2004

Venue: Gold Coast

Further info: Tel (07) 5577 3397

meetings@gcimh.com.au

www.gcimh.com.au

August 2004

Perspectives on Recovery Conference

A two day celebration of the many aspects of recovery from a consumer perspective.

When: 2nd & 3rd August 2004

Where: Wanganui River Gardens,

Yeronga, Brisbane, Queensland

Further info: www.amhcn.com.au or

secretariat@amhcn.com.au

September 2004

Mental Health in Late Life: The Present and the Future, Conference of the Psychogeriatric Nurses Association

When: 10 September 2004

Where: Wests Covention Centre in Newcastle.

Closing date for Abstracts: 25 June 2004.

Reply to convenor:

Brian.McMinn@hunter.health.nsw.gov.au,

September Cont...

3rd World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioural Disorders - The World Federation for Mental Health.

The theme of the conference is 'from research to effective practice'.

When: 15-17 Sept 2004.

Where: Auckland, NZ,

Further info:

www.charity.demon.co.uk/conference.htm

8th Biennial Australasian Schizophrenia Conference 2004 - 'Together Towards Recovery'

The Conference will provide a forum to present the latest and best research available on four selected themes:

* Genetics - How close are we?

* Health outcome measurement - Does it really matter?

* Variations in Incidence.

* Vocational Rehabilitation - The evidence base.

Goals of the conference include placing recovery from schizophrenia back on the public agenda and promoting professional and community awareness.

When: 22-24 September 2004

Where: Sheraton Brisbane Hotel, Brisbane

Further info: asc2004@icms.com.au

Phone: +61 7 3844 1138 or

www.icms.com.au/asc2004

October 2004

Transforming Communities Conference & Call for Abstracts

Several topic areas around empowering communities and individuals, innovative practice, integration of research into practice, change management, partnerships, professional development and working in diverse environments.

When: 21-22 October 2004

Where: Novotel, Brighton-Le-Sands, Sydney

For more info: conference@otnsw.com.au or

visit www.otnsw.com.au



Working for
Mental Health

The Mental Health Coordinating Council is the peak body for non-government organisations working for mental health in New South Wales.

For information about membership, contact MHCC on (02) 9555 8388.

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View From the Peak is published four times a year. Editorial material is welcome but there is no guarantee on publication or return of originals.

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