

# View

## from the Peak

A quarterly publication from the Mental Health Co-ordinating Council

Summer 2003/4

### EXECUTIVE OFFICER REPORT

**The Carr government will need to be making some hard decisions about additional funds for mental health in NSW in the next budget due for finalisation in March 2004. A range of organisations including MHCA and the College of Australian and New Zealand Psychiatrists have been vocal in bringing the issues of access to acute care and follow-up services before the government. MHCC is one of a collaboration of peak organisations, clinical groups and activist consumers, and carers meeting to develop strategies to pressure the Carr government to address the failings of the mental health system in NSW.**

#### Mental Health Inquiry – Carr Government Response

In December 2003 the government handed down its response to the NSW Legislative Council's Mental Health Inquiry. Whilst the response was welcomed as an indication that the government saw mental health as an important issue, it has fallen short of expectations in terms of setting clear directions for the future. Of most concern is the government's decision not to create an Office of Mental Health in the Premier's Department, which has worked well for better service provision within the Drug and Alcohol area. Instead the government has stipulated that the Human Services CEO group is to have mental health as a standing agenda item and a Taskforce of professionals and a senior representative from the Cabinet Office is to be set up to guide reform. Dr Brian Pezzutti who chaired the Legislative Council's Inquiry has agreed to chair the Mental Health Taskforce. MHCC will continue to promote a range of recommendations within the Inquiry that failed to receive clear commitment in the government's response for implementation. Key amongst these is transparency of readmission statistics at 3 and 6 months. These figures are crucial in understanding the kinds of services needed to support people in the community which will slow the revolving door freeing up acute beds currently in such short supply.

#### Baume Report – 'Tracking Tragedy'

Released at the tail end of December 2003 this Report by the NSW Health Sentinel Events Review Committee has sparked passionate debate within the sector. The aim of the Report is to determine measures the NSW mental health system must put

in place to prevent deaths both as a result of suicide and homicide. This first Report from the Sentinel Events Review Committee bases its 52 recommendations on a review of 35 suicides and 8 homicides which occurred whilst the individual was admitted to an inpatient unit and includes instances where the individual had absconded from the unit or was on granted leave. The Report has a strong focus on risk assessment and management practices much of which will not be new to clinicians currently working in inpatient settings.

Debate is focused on what appears to be a broadening of the criteria under which people can be maintained or 'locked up' in inpatient units. The Report proposes a red flag system whereby those meeting 3 out of 5 risk criteria are scheduled under the Mental Health Act and placed on high frequency observations. Some are seeing this approach as a denial of civil liberties emphasising that treatment and care provided by a caring and compassionate mental health system resourced to provide a safe and therapeutic environment with adequate community follow up and service access should be the approach rather than the 'assess, lock up and medicate' attitude perceived to exist in the report. Other groups are more focused on the 'right to treatment' understanding the Report as a way to ensure people receive help when they need it and are not denied access to inpatient care. The Report can be accessed on the NSW Health website. [www.health.nsw.gov.au](http://www.health.nsw.gov.au). MHCC's Media Release can be found on our website. Have your say on the MHCC e-forum [www.mhcc.org.au](http://www.mhcc.org.au).

*Best wishes*  
**Jenna Bateman,**  
Executive Officer

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## A FEW WORDS FROM THE NEW MHCC CHAIRPERSON

*Welcome to this first edition of View from the Peak for 2004, and as the new Chairperson of MHCC, I would like to take this opportunity to wish all our members a new year filled with health and happiness.*

I also welcome our new board for the year 2003-2004 and ask that all of our members get to know their elected representatives in their area. This year sees the MHCC Committee members hail from not only diverse professional backgrounds and specialities, but a broad geographic range, the Board is truly representative of a rural, regional and metropolitan constituency. With all this representation you may ask what will it achieve? This will mean that we are also well represented at a cross sector level in Area Health Services, Department of Housing Areas, Department of Ageing Disability and Homecare and other Commonwealth and State services. The message is clear, mental health is everybody's business and in one way or another mental illness is affecting the lives of so many people in Australia today. Consumers are asking for alternative treatments, therapies and support structures. If MHCC can be visible and assist with information sharing, coordination, cross fertilisation of ideas then it is hoped that our broad representation will ensure that good mental health is on everyone's agenda. I believe that in the next few years we will see MHCC truly analyse its goals and strategic direction to ensure that we are reflecting the aspirations of the member organisations we represent. To this end a strategic planning process is being developed to think about some of our short and long term goals. I ask the membership to discuss and debate the way you want MHCC to look and then articulate your recommendations back to the committee. There are huge questions that I don't have the answers to, the Board and the Executive Officer needs clear direction and I hope the New Year inspires you to lead the way. I would also like to thank the outgoing committee members and in particular Ms Joy Said who was one of the original founding members of MHCC, she has been an inspirational mentor and a tireless activist for the rights of people living with mental illness. I leave you with my commitment to the optimist's creed for this year; *"I promise myself to forget the mistakes of the past and press on to the greater achievements of the future;"* I am sure that 2004 will bring about improvements in mental health services, greater understanding and compassion regarding the effects of mental illness and increased resources to the much needed areas of supported accommodation and rehabilitation.

**Leone Crayden,  
Tweed River Valley Fellowship**



*Leone Crayden, the new MHCC  
Chairperson, taking on the  
challenge*



**The following are some questions that  
may get you thinking:**

- **Does MHCC need to change its name to inspire change and be more recognisable?**
- **Are we a peak for the Non Government Sector only?**
- **Do we need to expand our objectives and restructure to become representative of the whole mental health sector?**
- **What impact will this have on**
  - consumers
  - carers and
  - service providers?
- **Are we doing our job well?**
- **How can we resource change?**
- **What is the best possible way to utilise the new NGO Development positions**

# REVIEW OF THE NSW MENTAL HEALTH ACT – A WINDOW OF OPPORTUNITY.

**The NSW Department of Health, as part of the Government’s response to the Legislative Inquiry into Mental Health Services in NSW, has undertaken to review the NSW Mental Health Act. As the first stage of the review process NSW Health has asked stakeholder groups including MHCC to identify the areas they consider require review.**

This is a unique opportunity for MHCC to make a submission to the Department of Health to raise issues outlined in the Mental Health Inquiry recommendations, as well as highlighting those, that in our opinion, require legislative amendment that were omitted in the Inquiry.

After consultation with a wide range of MHCC members and interested stakeholders, MHCC wrote to the Department of Health advising them of the following broad issues identified as those needing to be addressed:

## *Confidentiality*

Families and carers of people with mental illness have reported being denied information by health staff regarding the diagnosis, treatment and course of their relative or friend’s mental illness. This situation is causing friction between health staff, carers and consumers. Whilst the Act does currently attempt to address this issue it requires review to better clarify and guide processes around protecting the rights of consumers to privacy and the family or carers ‘right to know’

## *Informed Consent*

Review of the criteria against which a person is deemed capable of informed consent requires development to guide clinicians in the decision making process.

## *Community Treatment Orders*

Review of the criteria against which the need for a renewal of a CTO is measured by the Mental Health Review Tribunal is required including review for consumers who comply with the CTO.

## *Medication*

Involuntary patients have very little recourse to medication review where they are experiencing distressing side effects. Mechanisms to allow appeal within inpatient and community settings require review.

Situations where consumers are placed on depo medications as a resource issue as opposed to therapeutic decision making leave consumers vulnerable to less than optimum medical intervention without access to appeal processes.

## *Transport*

Review of the transportation of people with mental illness to and between mental health units and other facilities

requires review. Police vans may be the best option in a limited number of instances but for the vast majority the option of specially fitted unmarked mental health vehicles with trained nurse escorts may be preferable with police escort requested when assessed as necessary for safety reasons.

## *Forensic*

Review of the process whereby forensic patients are released or given leave provision is currently a political decision. This situation needs to be acknowledged as an area of medical expertise.

Forensic patients require access to support from consumer advocates in the same way as other individuals under the Mental Health Act.

## *Advanced Directives*

With this concept becoming more popular it is timely to consider the standing and legality of these directives in relation to the Mental Health Act.

## *Physical Health*

Evidence tells us that there is a substantial correlation between mental illness and poor physical health. It would be useful to review the requirement under the Mental Health Act to ensure all consumers receive a full medical check up.

## *Magistrates Hearing*

The process whereby decisions regarding a consumer’s capacity to manage their financial affairs is taken at the Magistrates Hearing requires review as it is considered to be too early in the course of the consumers illness to be making decisions of this nature and may be more appropriately a matter for the Mental Health Tribunal.

## *Official Visitors*

The autonomy and independence of the Official Visitors Program from NSW Health requires review along with the criteria under which Official Visitors are appointed and the length of this appointment. The requirement to have a medical practitioner allocated to each of the visiting teams may no longer be as appropriate as previously considered and is in need of review. Experience and background rather than occupation should dictate appointments and the partnering of Official Visitors into teams.

*Continued page 8*

## ONE YEAR AFTER - LEGISLATIVE COUNCIL INQUIRY INTO MENTAL HEALTH SERVICES IN NSW.

In December 2003, exactly one year after the publication of the Legislative Council's Inquiry into Mental Health Services in NSW, Minister for Health, Morris Iemma tabled the Government's response to the 120 recommendations outlined in the inquiry that had been chaired by the Hon. Dr. Brian Pezzutti. This Government report and MHCC's response can be accessed via the MHCC website at [www.mhcc.org/index1.htm](http://www.mhcc.org/index1.htm).

During the intervening year, MHCC established an Internet Forum ([www.mhcc.org.au](http://www.mhcc.org.au)) through which the mental health sector could discuss the recommendations, and following the 'Day of Participation and Action,' in May 2003, hosted by MHCC and attended by 200 stakeholders across the state, participants identified and prioritised the recommendations and began to develop an action plan. Thereafter, MHCC established a number of working groups from its networks to focus on particular areas and address specific issues so as to progress implementation of the most supported recommendations.

Originally, whilst acknowledging that there were considerable crossover interests between the various sectors, especially in relation to the cycle of mental illness and substance abuse together with poverty, homelessness and involvement in the criminal justice system, as well as issues of both service availability and carer support in the community, MHCC established working groups to separately cover specific sectors. A number of participants involved are active in two or three of the working groups.

The groups that have been particularly active are Carers, Forensic Mental Health, and Housing & Homelessness. Therefore, these are the groups that MHCC has focused their energies on. MHCC is keen to revitalise interest in young people and mental health issues, and will be asking its members to assist in re-establishing an active group in 2004.

### Mental Illness & Substance Abuse (MISA)

The Mental Illness and Substance Abuse group were disappointed that whilst the Inquiry had succeeded in covering many of the issues of concern, the two

recommendations outlined lacked clarity and detail. The group felt that partnership rather than integration was the appropriate strategy and that they were unable to support implementation of the process. To that end the group decided that MHCC and Network of Alcohol and Other Drug Agencies (NADA) should work together to formalise the process by which they would work together in the future. The Government is to be informed as to the agreed direction arising from the partnership.

**The Mental Illness and Substance Abuse group were disappointed that whilst the Inquiry had succeeded in covering many of the issues of concern, the two recommendations outlined lacked clarity and detail.**

Three groups, Forensic, Carers and Housing all wrote to the Premier in November 2003, outlining what they saw as the primary issues of concern with regard to the Inquiry recommendations, made specific requests to be a part of the consultative process, and commented on areas that they felt had failed to be addressed.

### Carer Issues

One such particular instance was, that whilst carer issues had been present throughout the document, the committee had neglected to create a specific chapter addressing the concerns of carers similarly affected in the different sectors, such as: lack of community support and respite programs for both consumer and carer; accommodation support for consumers living 'at home' and issues of confidentiality and privacy that resulted in family or primary carers being uninformed as to the progress and treatment experienced by loved ones..

It was felt that by omitting to focus on carer issues specifically, that the importance of these issues had been dissipated throughout the Inquiry.

### Forensic Issues

The Forensic Group has been particularly active in using this opportunity to draw the Minister's attention to



procedural problems currently causing much distress to both consumers and their families. For example, they have highlighted the lengthy delays experienced by forensic patients after the review tribunal has recommended that patients are suitable for transfer or release. Also they have strenuously advocated access to supported accommodation and the further expansion of the court liaison program as essential to the care and rehabilitation of this group. The group has also urged both the Minister and the CEO of the Corrections Health Service, that the working party be consulted on both the building planned at Long Bay for the new forensic hospital, as well as have the opportunity to offer their experience and advice on service delivery issues.

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The working parties, are now studying the Government's response to the Inquiry in order that they may respond appropriately. Since the NSW Department of Health has undertaken to review the Mental Health Act - 1990, and have asked for stakeholders to raise issues not covered in the Legislative Inquiry along with those identified in the report, the working groups will utilise this opportunity to draw attention to amendments to the Mental Health Act and the Criminal Procedures Act, that they deem necessary. Therefore, the working groups are currently researching both legislation and service delivery in Queensland and Victoria, (which are understood to offer more extensive and progressive services, that have gone a long way in improving mental health services) to assist them in constructing a submission to the Department of Health. The Government is now convening an Implementation Taskforce to oversee the roll-out of initiatives that address the recommendations supported by Government. Dr. Pezzutti has agreed to chair the Taskforce.

**If you would like to be actively involved in any of the working groups, please record your experiences and ideas on the internet forum at [www.mhcc.org.au](http://www.mhcc.org.au) , email us at [consult@mhcc.org.au](mailto:consult@mhcc.org.au) , fax us at (02) 9810 8145 or telephone Corinne Henderson on (02)95558388**

## **TECHNIQUE DISCOVERED TO HELP WITH SCHIZOPHRENIA**

Melbourne researchers have moved closer to unlocking the secret of why people with schizophrenia hear voices. Using sophisticated brain imaging techniques, researchers can track which parts of the brain are active when people hear voices. The technology is enabling them to give people coping skills to deal with the auditory hallucinations, with remarkable success. Most patients with schizophrenia hear voices, often insulting or provoking them to violence. But little has been known about how or why it occurs.

The director of the Mental Health Research Institute, Professor David Copolov, says scientists have found that during hallucinations, the brain cells involved with hearing are actually activated, making the voices appear real. "So people aren't imagining these voices, the brain is actually giving them a signal that these voices are present, which is why they are so real and so disturbing to people," he said. Patient Tim McKay hears voices, but through assertiveness therapy he had learnt how to control them and live a normal life. "If I hadn't had those coping skills I wouldn't have been able to achieve anything," he said. "I've got a very high level of quality of life that I wouldn't have had with just medication." Scientists at Sydney's Prince of Wales Hospital are working on a new treatment - low level magnetic stimulation. It is hoped this treatment may quieten the voices. During the treatment, known as TMS, small electrical currents stimulate the part of the brain involved with hallucinations.

Dr Colleen Loo, Prince of Wales Hospital study head, says patients remain awake during the treatment, which is pain-free. "We have some people where it's made a lot of difference," she said. "After 10 sessions in two weeks it's reduced their hallucinations by 50 per cent." Researchers now want to study the treatment in a larger group of patients with schizophrenia to further establish its effectiveness.

ABC News: 12/8/03

## PROTECTING THE PRIVACY OF PEOPLE WITH A DECISION-MAKING DISABILITY

**The right to freedom from arbitrary or unlawful interference with one's privacy is enshrined in international law (International Covenant on Civil and Political Rights). Since the late 1980s, Australia has followed the lead of European countries and adopted laws that require government agencies and private organisations to be fair and accountable when they handle personal information. These laws are more important than ever given developments in technology that increase the capacity of governments and organisations to collect, store and use personal information.**

Personal information privacy allows us to choose who has access to our personal information and how others use our information. In this sense, privacy is about being able to control our identity, by choosing how we see ourselves and how others see us. When our personal information is treated ethically and we are informed about how it will be handled, we experience a range of benefits, from the ability to form intimate social bonds with family and friends to receiving essential services by professionals, government agencies and other organisations.

Privacy is also critical to relationships of trust, whether between family members, friends, health workers and patients, or government agencies and members of the public. If we can't rely on others to protect our personal information and handle it responsibly, we can easily lose trust in that person or organisation. A loss of trust may have devastating consequences, especially if it involves someone that we rely upon in a personal or professional capacity.

While most people expect to compromise a reasonable level of their information privacy in order to live in society, people with disabilities are often expected to make more

**Privacy laws generally assume that all adults have the capacity to understand and make decisions about what happens to their personal information by giving or withholding their consent. This raises the practical question of how a person can exercise their privacy rights when they have a decision-making disability.**

compromises in this regard than is expected of others. Some compromises are reasonable to the extent that a person can receive adequate services to meet their personal, health, financial or other needs. At the same time, people with disabilities are entitled to the same privacy rights as anyone else – including collection of personal information only by lawful means, the right to access and correct personal information held by agencies, restrictions on disclosure of personal information without consent unless lawfully authorised, and the right to hold organisations accountable when privacy is breached.

People with decision-making disabilities face especially great challenges when exercising their rights to personal information privacy. A person's ability to make decisions may be affected by such things as a mental illness, dementia, brain injury or intellectual disability. Depending on the stage or nature of their disability, a person may not have the capacity to understand the general nature or effect of a particular decision about how their personal information is handled. Privacy laws generally assume that all adults have the capacity to understand and make decisions about what

happens to their personal information by giving or withholding their consent. This raises the practical question of how a person can exercise their privacy



rights when they have a decision-making disability.

Privacy NSW, the Office of the Privacy Commissioner, has recently developed a *Best Practice Guide on Privacy and People with Decision-Making Disabilities*. The Guide was developed in consultation with public sector agencies, non-government organisations and advocates for people with disabilities. It aims to assist NSW government agencies to apply the principles in the Privacy and Personal Information Protection Act 1998 (PPIP Act), in a way that protects and promotes the privacy of people with decision-making disabilities to the greatest extent possible.

Privacy NSW's Guide cautions against making assumptions about a person's capacity and stresses that capacity is unique to each individual and is influenced by their social and physiological circumstances and their emotional and intellectual abilities. A person's capacity to make decisions also depends on other variables such as the type of decision or complexity of the information involved, the nature or severity of a person's disability at a particular point in time, and whether appropriate support is provided to assist the person to make a decision (for example by communicating information in a way that is appropriate to the person's abilities and linguistic and cultural background).

People with a decision-making disability have the right to participate in decisions that affect how their personal information is handled to the greatest possible extent. Even if a person cannot understand the general nature and effect of a particular decision or action, they may still have strong opinions or preferences about who has access to their personal information and how it is handled. These views should be respected and properly considered by agencies when making decisions about what happens to a person's information.

If a person does not have capacity to give or withhold consent to what happens to their information, an alternative decision-making process is needed. Sometimes another person who has a close relationship of trust with the person, or who has lawful authority to make decisions on behalf of the person (such as a guardian), is able to make a substitute decision on the person's behalf. As well as making decisions about the collection, use and disclose of information, a substitute decision-maker should also be able to exercise other information

privacy rights such as the right to access and correct the person's information held by an agency.

The Guide recommends a flexible approach to choosing a substitute decision-maker, depending on the type of information at issue. For example, while it may be appropriate for a person's financial manager to make decisions about a person's financial information, their close friend may be a more appropriate person to make decisions involving information about their health or other personal matters.

Sometimes a person does not have anyone who can make decisions on their behalf. Even if a substitute decision-maker is available, Privacy NSW recommends that agencies consider the views of the substitute decision-maker alongside a range of other criteria before making a decision that is in the person's best interests. For example, what will be the

consequences for the person if their information is/is not collected, used or disclosed; what are the views of the person about what might happen to their information; has the person (and/or their representative) been notified of their right to access and correct the information? A

combination of substitute decision-making (if it is possible) and a procedural assessment of consistent and objective criteria, is more likely to properly address the person's privacy interests than either approach alone. It allows the unique needs of a person with a decision-making disability to be considered while also promoting transparent and accountable information handling by agencies. The alternative decision-making model should also ensure that aggrieved individuals can exercise their rights to have a suspected breach of privacy reviewed and remedied where appropriate. This is simply the same right that we are all entitled to if our information is handled unfairly or misused by those whom we trust.

**by Lucy Blamey, Legal & Policy Officer,  
Privacy NSW**

**The Best Practice Guide on Privacy and  
People with Decision-Making Disabilities  
can be ordered from Privacy NSW on  
(02) 9268 5588  
and is available on their website:  
[www.lawlink.nsw.gov.au/privacynsw](http://www.lawlink.nsw.gov.au/privacynsw)**

## REVIEW OF WORKERS COMPENSATION REPORT

**The NSW government has recently released its independent consultant's report on workers compensation Partnerships for Recovery: caring for injured workers and restoring financial stability to workers compensation in NSW, which has exposed major weaknesses in the system.**

The McKinsey report has also revealed a crippling shortfall is not so much the result of employers avoiding premium payments but rather that WorkCover has mismanaged claims and provided inefficient supervision of the scheme.

WorkCover has been accused of allowing the scope of treatment by service providers to increase and permitting insurers to accept many unnecessary claims too easily. It has also collaborated with the unions in convincing the NSW government to introduce the 2001 'provisional liability' concept which has opened the floodgates to many unnecessary claims. The Insurance Council of Australia believes the report's recommendations should, for the first time, give WorkCover full financial responsibility for the scheme's \$3.2 billion deficit.

The McKinsey report investigated the role of insurance companies, claim managers, healthcare providers, employers and workers in the NSW scheme. The review is part of a program of reform announced in the Parliament in June 2000. Partnerships for Recovery makes 57 recommendations for action, with nine central findings. These are:

- Improve the current scheme structure - and rule out private underwriting at least until the scheme is fully funded and financial stability is restored.

- Restructure the role of insurers and open up the scheme to new, specialist firms.
- Increase competition in the scheme and encourage employers to switch to better performing agents /insurers.
- Create a stronger WorkCover and expand its role and responsibilities.
- Design and implement a scheme-wide IT solution and improve the quality and timeliness of data.
- Structure new agent remuneration arrangements to provide incentives for agents to improve performance.
- Work with the scheme's agents to attract and retain qualified claims managers.
- Begin immediate work on actions that do not require legislative change.
- Commit to a dedicated and disciplined implementation effort over 24 months.

**The full report can be viewed on:  
<http://www.workcover.nsw.gov.au/>**

## REVIEW OF THE NSW MENTAL HEALTH ACT – A WINDOW OF OPPORTUNITY. (CONT.)

*Continued from page 3*

As a second stage to this process, MHCC are keen to use this opportunity to draw up a more detailed submission, outlining the specific sections to be highlighted in the Mental Health Act & the Mental Health (Criminal Procedures) Act.

To this end, MHCC are asking the Working Groups that were established to progress the implementation of the recommendations of the Legislative Inquiry, and focus on various specific areas, to now identify the particular sections of the Act, that require amendment. The groups are researching the Queensland and Victoria Mental Health Acts, to draw comparisons between those acts, which have both been more recently amended, and are deemed to be more progressive than the statute that currently exists in NSW.

MHCC welcome the contributions of its members to this discussion. Your knowledge and experience would be invaluable to us in making the submission as authoritative and broad-based as possible.

If you would like to participate in one of the working groups: Forensic; Housing & Homelessness; Carers; Mental Health & Substance Abuse and Young People, or any other relevant areas, please contact Corinne Henderson at MHCC on [consult@mhcc.org.au](mailto:consult@mhcc.org.au) or Telephone: (02) 9555 8388 or Fax: (02) 9810 8145. Alternatively, you can post a message on our website (anonymously if preferred) at [www.mhcc.org.au](http://www.mhcc.org.au) using our Internet Forum established for the purpose. To obtain details or access to copies of the relevant Mental Health Acts, please contact Corinne Henderson at MHCC, details above.

## PRO BONO SERVICES

### Free Legal Assistance for non-profit organisations

The Public Interest Law Clearing House Inc (PILCH) offers free or reduced fee legal assistance for non-profit organisations as it was designed to respond to the growing incidence of unmet legal need within the wider community. The first of its kind in Australia, the Clearing House was an initiative of the Public Interest Advocacy Centre (PIAC), law firms, the Law Society of NSW and more recently the NSW Bar Association.

The Clearing House acts as an assessment and referral service, referring requests for legal assistance to member firms and barristers who provide assistance on a no charge (pro bono) or reduced fee basis. Underlying the establishment of the Clearing House is the commitment from lawyers that the provision of pro bono services is intrinsic to legal professional responsibility.

The Clearing House offers members:

- Advice
- Research
- Legal representation
- Submission drafting
- Alternative dispute resolution

Members of the Clearing House also include accountancy firms who provide assistance on financial matters.

Eligibility requires that the matter concerned is a legal matter of public interest in that it:

- affects a significant number of people; or
- raises matters of broad public concern; or
- particularly impacts on disadvantaged or marginalised groups; and
- requires a legal remedy or other legal assistance, and
- requires addressing pro bono public ('for the common good')

**For further information and advice contact:**

**Public Interest Law Clearing House**  
Level 1, 46-48 York Street, Sydney  
Ph: (02)9299 7833  
Fax: (02)9299 7855  
pilch@piac.asn.au  
www.piac.asn.au

### Goodcompany offering NGO's free professional assistance

*goodcompany* is run by young professionals with a social conscience who want to give back to their community and they are always on the lookout for new community groups to work with.

*goodcompany* inspires and encourages volunteerism amongst young professionals, utilising their skills, to reduce monies spent by charities on costly administrative procedures. Their focus is on putting young professionals in touch with community groups who mainly need assistance with one-off tasks. Just a few of the tasks community groups have asked *goodcompany* to help them achieve include:

- Public relations advice
- Accounting advice to set up and design systems for record keeping
- An IT / database expert to update a contacts management database
- Annual report production
- A person skilled in website design to assist with developing / revamping an organisation's existing web page
- Board members from a variety of sectors including law, business development, finance and marketing.

*goodcompany* has contributed an estimated \$2.3m worth of professional services to the community over the last three years. Examples of the type of successes young professionals have achieved for community organisations as part of *goodcompany* include:

- Argyle Street Housing received assistance with web site design and a media release.
- St Vincent de Paul received assistance including the finding of two Business/IT mentors for their Reach for the Sky program; law reform lobbying advice; and a three-year business plan developed by ten *goodcompany* volunteers.
- Sacred Heart Mission received assistance including a new website; professional design, layout and printing for their Annual Report; 40 volunteers to serve their Christmas lunch; brochure design assistance; and 20 volunteers from a corporate 'community work' day to renovate one of their shelters

**To see how you can benefit from this great probono service, the Community Group Application can be accessed on the *goodcompany* website on: [www.goodcompany.com.au/](http://www.goodcompany.com.au/) or email for more information on [mail@goodcompany.com.au](mailto:mail@goodcompany.com.au)**

## PRO BONO SERVICES (CONT.)

### FIDO offering valuable FREE service for NGOs

*Utilise skills from Australian professionals to build your effectiveness.*

We'd like to bring your attention to FIDO's (Friends In Deed Organisation) Volunteer Skills Network. Their aim is to make a dramatic difference to the capacity of Non-Profit Organisations and to provide meaningful and interesting volunteering opportunities for those with professional or other skills to offer.

FIDO aims to assist people who wish to volunteer their skills to charities and non profit organisations and assist these organisations to source appropriately skilled volunteers. They do this by facilitating the matching of skills provided by volunteers with the needs and

requirements indicated by non-profit organisations. What's more, FIDO is entirely free!

FIDO will help you to re-interpret your needs into an advertisement for a suitable volunteer, which will appear in the highly visible 'Help Desk' articles on the back page of Section 1 of the Saturday Sydney Morning Herald.

FIDO and its volunteer network service hosts an Internet-based skills matching service for volunteers and non-profit organisations. As a web-based organisation with minimal resources, FIDO is unable to enter into telephone or face-to-face communications.

**For all the information you need to get started and make contact, visit: [www.fido.com.au/](http://www.fido.com.au/)**

## GOOD NEWS AT LAST ON THE COMMONWEALTH/STATE DISABILITY AGREEMENT

We have been advised that the NSW and Commonwealth Government have finally agreed to renew the Commonwealth State Disability Agreement (CSDA) which expired on 30th June 2002. The third CSDA will cover the period to the end of June 2007.

The CSDA was set up to provide a national framework for disability services and a financial agreement covering funds contributed by Government for the provision of disability services. It was also intended to provide a vehicle for making transparent to the Australian public the commitment by State, Territory

and Commonwealth governments to providing specialist disability services.

The real importance of this agreement for mental health lies in the transparency of the allocation of dollars from the Commonwealth and State and who is specifically responsible for the provision of mental health services. We hope this new agreement will help to clarify what has been uncertain for some years and we will advise you further as soon as information becomes available.

## BE AWARE OF DIRECTOR OBLIGATIONS & LIABILITY

**Non Government organisations would be well equipped to be aware of issues concerning a director or acting director's liability and make steps to cover themselves or seek legal advice on the issue.**

While you may not have been officially appointed as director, your responsibility for the management and direction of the company would imply you are fulfilling the role of a director.

A director is defined by Corporations Law as a person who is appointed to the position of a director or is acting in the position of a director of the company. The Law says that directors are responsible for the management and the direction of the company. If directors of your organisation are deemed to have personal liability for debts incurred it is likely that

directors would be subject to the same liability issues. It would be advised to seek legal advice on the best method to avoid liability or seek appropriate insurance to cover the organisation and yourself. You may be advised to ensure that you always act with full authorisation of the Board and have staff and suppliers aware of this advice. Unfortunately, changing your title is unlikely to be sufficient to address the issue as the responsibility remains with the person who has the initial or primary decision making position before the board.

## NEW ADVERSE MEDICINES EVENT PHONE LINE

The Australian Council of Safety and Quality in Health Care launched a new Adverse Medicines Event phone line in October 2003. The phone-in service is available for members of the general public who suspect they have experienced an adverse medicine event (AME). The Service recently reported to be already receiving calls relating to medicines used to address mental health issues. The purpose of this 18 month national trial is to:

- Provide advice to consumers on their suspected adverse medicine event; and
- Record all confirmed adverse medicine events and report all adverse drug reactions to the Adverse Drug Reactions Advisory Committee

(ADRAC) and the remainder of adverse medicine events to the Australian Council for Safety and Quality in Health Care (the Council).

The purpose of reporting of adverse medicine events is to provide the opportunity for the appropriate authority (either ADRAC or the Council) to feed back information to health professionals of common medication dangers and provide advice to health professionals on reducing the medication hazards.

**The Consumer AME Line Number:  
1300 134 237  
(Hours of Operation: 9am - 6pm  
AEST, Monday to Friday)**

## UPDATE ON THE FUTURE OF ALI

*By Jo Pisk, Newtown Neighbourhood Centre*

The Active Linking Initiative (ALI) is part of a reform process initiated in 1998 by State government to address the historical social isolation of individuals living in licensed boarding houses. Many of these individuals spent the majority of their lives in large institutions until their closure due to the devolutionary process of the 60's and 70's. Lack of community based care left vulnerable individuals with special needs, whose living skills had eroded due to the impact of institutional life, and whose financial resources were usually limited to the disability pension, face to face with the cold reality of stigma, prejudice and the negative mythology that surrounds mental illness in the community, as well as on the doorstep of a 'private for profit' Board and Care industry. Here there exists an inevitable conflict of interest between profit and quality of care. Disability services standards and tenancy rights do not apply to this industry.

The 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; catching public transport, money handling, effective communication and appropriate behaviour, as well as an understanding of the basic human rights and sense of belonging inherent within the concept of contemporary community. By utilising this linking service to recreational, educational and vocational activities many residents have made enormous personal gains and are now navigating their community independently and confidently.

### Under threat

The ALI project, which provides service to approximately 800 individuals state wide, has recently been under threat from a 'quick and dirty' evaluation

in which the real agenda appeared to be program de-funding in order to alleviate some of Department of Ageing Disability and Home Care's (DADHC) alleged fiscal woes. ALI providers formed a Coalition in late 2003 to address the appalling probability that the resident's recently opened 'window to the world' was about to be slammed shut. The nature of mental illness and lack of independent finances means that most residents require ongoing support to maintain enduring connections to their community. The ALI campaign included lobbying ministers, media exposure and excellent advocacy and support from such groups as People With Disability. The Coalition has become a strong force which is utilising its extensive experience to formulate a best service model as well as form a committee which will be able to effectively represent all stake holders' interests, including residents, when negotiating with government.

### Current status

Funding has recently been promised until June 2004, as well as a more thorough evaluation process. Recent consultation between DADHC and NCOSS suggested the possibility of re-funding beyond this date, as well as acknowledged the many positive outcomes of the project. Minister Carmel Tebbut is expected to make an announcement in March in regard to the future of ALI. We wait expectantly to see whether the government will continue to fulfil its commitment of support to those within our community who need it the most.

**For More Information on the  
Active Linking Initiative,  
The Boarding House Project,  
Newtown Neighbourhood Centre,  
Ph: (02) 9516 4755 or email:  
bhp@newtowncentre.org**

## EDUCATION CENTRE AGAINST VIOLENCE (ECAV)

ECAV are a New South Wales Health statewide service administered by Western Sydney Area Health Service. They are committed to producing high quality learning and development opportunities and resources for NSW Health and Interagency professionals working with children and adults who have experienced sexual assault, domestic violence and physical and emotional abuse and neglect. An understanding of indigenous, cultural and community diversity is promoted.

ECAV provide courses for Health and Government and non Government interagency workers on:

- Adult and child sexual assault
- Adult survivors of child sexual assault
- Domestic violence
- Physical and emotional abuse and neglect of children

As a New South Wales Health service provider you can request a course be held in a particular area and can negotiate for the development of specific courses to meet an identified need.

**An interesting and diverse range of courses are advertised on the ECAV website on [www.ecav.health.nsw.gov.au](http://www.ecav.health.nsw.gov.au) or phone (02)9840 3737 for a annual calendar booklet.**

## STUDIES IN MENTAL HEALTH

### Graduate Diploma in Mental Health

The Graduate Diploma in Mental Health sciences (Young People's Mental Health) is offered via distance education by the Department of Psychiatry at the University in Melbourne and ORYGEN Youth health. The course is directed towards those who wish to acquire the skills necessary to remain at the forefront of preventive psychiatry in young people's mental health during the onset phase of serious mental illness. The course is offered part-time over a two year period and it is accredited by the Australian College of Rural and Remote Medicine. Please note that there are scholarships available to eligible students. For enquires telephone Administrative Assistant (03) 8346 8227 or email: [shortcourse-postgrad@unimelb.edu.au](mailto:shortcourse-postgrad@unimelb.edu.au)

### Bachelor of Health Science (Mental Health)

The Djirruwang Aboriginal and Torres Strait Islander Mental Health Program at Charles Sturt University (CSU) delivers a tertiary level course in mental health. The program has restricted entry and is designed for Aboriginal and Torres Strait Islander people to gain high quality knowledge, skills and attitudes in the field of mental health. An application form can be obtained on-line from <http://www.csu.edu.au/forms/admin/pdf>. Course Information Packages and Application Forms can be obtained from info.csu on 1300 135 435 in the first instance. Alternatively contact the Course Coordinator (02) 6933 2961.

### "Certificate IV in Assessment & Workplace Training" (BSZ40198)

Lifeline Western Sydney invites you to attend the Certificate IV in Assessment and Workplace Training. This will qualify you for a career as a workplace assessor, trainer, or casual teacher with TAFE or a private training organisation. The course will also enable you to plan, administer, deliver, assess and promote training in the workplace. There are no entry requirements for this course. The methods adopted for the delivery of these modules emphasise experiential learning utilising structured activities and exercises, principally in a workshop environment. The course will be conducted in 3 modules over a total of five days.

**Cost:** \$400 for all three course components  
**When:** Monday 5th and Tuesday 6th April, 2004,  
 Thursday 15th and Friday 16th April, 2004,  
 Thursday 22nd April, 2004  
 (9am – 5pm all days)  
**Where:** Best Western Wesley Lodge Motel,  
 175 Hawkesbury Rd Westmead, 2145  
**Contact:** Lifeline Western Sydney on  
 (02) 98916212  
 or  
[admin@lifelinews.org.au](mailto:admin@lifelinews.org.au)

## RAISING AWARENESS OF MENTAL ILLNESS (RAMI)

**Just west of Sydney in the Blue Mountains is a network known as Raising Awareness of Mental Illness (RAMI). This mental health interagency is an active group of consumers, carers and over 30 various service organisations working in the Mountains.**

Some of these organisations include Neighbourhood Centres, Family support services, Youth services, Disability services, Migrant services, Children and Child Protection services., Community Housing, Employment services, staff from the Blue Mountains City Council and staff from Wentworth Area Mental Health Service.

RAMI was first formed in 2000 by mainstream organisations with the aim of improving access to all services for people living with or recovering from mental health problems or disorders.

Some of our objectives have been widened to include:

- **Improving communication**
- **Increased partnerships**
- **Ongoing networking that aims to build trust**
- **Community educations forms**
- **Ongoing lobbying for increased funding for NGO projects**

RAMI primarily works from a community development model to engage processes of communication and dialogue with the various stakeholders. Community participation (be they consumers, carers, NGO workers or government workers) in mental health planning, delivery or advocacy promotes identity and empowerment. Collectively we address inequality, inequity and injustices often experienced by people with a mental illness within our community. One of the key successes of this process has been the ongoing lobbying & advocating for an in-patient psychiatric unit at Katoomba hospital and initiating an indigenous access project in partnership with the Blue Mountains Aboriginal Culture and resource Centre.

Another RAMI objective has been to increase community consciousness through ongoing education, training and Resourcing. We have held three major seminars investigating how communities can best address the broader social issues and impact mental illness or mental disorders have in our community. A commitment was sought from all funded services to take on at least one mental health project/campaign during 2003/04. Some initiatives have included: drumming workshop during mental health week for stress less day, art exhibitions displaying consumer works a forum address the

social and political implications of being a carer and a travelling mobile unit displaying & providing resource material on mental health problems.

RAMI has also been involved with the ongoing lobbying for further funding in support of NGOs delivery of mental health services. In 1996-97, NSW allocated only 1.9% of its mental health budget to NGOs compared to the national average of 4.2%. In 2003, RAMI was successful in gaining funding for a non-clinical Mental Health Community & Cultural Development Project. This project is for four years and aims to increase the capacity of community organisations and government agencies to respond to the needs of people living with or recovering from mental illness. Consumers are considered valuable active participates with their own expert knowledge and are involved on several committees steered by RAMI.

As an active interagency, RAMI meets every four weeks. At this interagency, progress reports are given on the various issues taken up by this network. Some of these issues include: the ongoing need for funded psychosocial rehabilitation, boarding house and housing crisis for people with mental illness, responses to current social policies – Blue Mountains Council’s Community plan & National Mental Health Strategy are two currently being addressed as well as other projects taken up by various organisations that promote and involve consumer participation.

RAMI is convened by the Mountains Community Resource Network which is the peak organisation for the Blue Mountains community sector. Our actions & our projects are founded on principles of social justice and we work within a community development framework. The Network has a generalist community development project, a migrant project & a mental health project all collectively work for socially just society that values community, diversity and challenges inequality through responding to relevant social policy.

**For further information on RAMI please contact:**

**Kylie Clark  
Mental Health Community  
Cultural Development Worker  
PO Box 152 Lawson  
PH 4759 3799**

**Email [project.mcrn@bigond.com.au](mailto:project.mcrn@bigond.com.au)**

## You are invited to the 'Turning the Tide' Conference which is meeting the diversity of mental health needs in the community.

A stimulating variety of organisations will be presenting innovative and current ideas on mental health.

The Mental Health Coordinating Council (MHCC), Illawarra Area Health Service and NSW Health (Centre for Mental Health) are together facilitating the conference designed to promote stronger relationships between NGOs and government agencies and services.

The Conference will be conveniently held in the magnificent Illawarra region, at the Novotel Wollongong by the beach and is a relaxed 80 minute drive or comfortable two hour train trip from Sydney.

### Welcome addresses:

- The Hon. Morris Iemma, MP, Minister for Health will officially open the Conference.
- Prof. Beverley Raphael, Director, Centre for Mental Health
- Leone Crayden, Chairperson, Mental Health Co-ordinating Council.

### Special guest speaker:

Renowned social commentator, Geraldine Doogue will speak on mental health, wellbeing and spirituality.

### Keynote speakers:

- Alan Owen, NSW Health will discuss population health issues
- Keith Wilson, as Chair of the Mental Health Council of Australia (MHCA) will speak from a national approach on the way forward for NGOs and their place in the mental health system
- Robert Wheeler, Mental Health Advocacy will give his perspective on the proposed changes to the Mental Health Act
- Jane Woodruff, CEO, Uniting Care Burnside will address progress of the Review of grants Administration and inform on the impact the review will have on the sector

# CONFERENCE

## NGOs, Mental Health and the Community: TURNING THE TIDE



**Thurs 25 - Fri 26 March 2004**  
**Novotel Northbeach**  
**Wollongong**

**Papers and workshops will be presented under four main categories over two days, as follows:**

### **1. Tidal Flows:**

- i. Achieving Outcomes: demonstrating your service works
- ii. Current Research: a range of recent projects
- iii. Consumer and Carer Advocacy: what's happening?
- iv. Performance Management: some positive initiatives
- v. Workshop: 'Linking the Networks - Carer Participation'

### **2. Rising Tide:**

- i. Mental Health is Everybody's Business: capacity building in mainstream NGOs
- ii. Social Capital: valuing community
- iii. Connections: social relationships
- iv. Collaborative Caring: support initiatives
- v. Workshop: 'The Ins and Outs of Forming Collaborative Partnerships'

### **3. High Tide:**

- i. Away From the Big Smoke: rural initiatives
- ii. Interagency Collaboration: meeting the needs of survivors/victims of sexual assault
- iii. Life Matters: suicide prevention
- iv. Taking a Break: the importance of leisure
- v. Workshop: 'Bridging the Divide in Youth Focused Services'

### **4. Tsunami:**

- i. More Than Just a Roof: partnerships in housing support
- ii. The Right to Work: vocational and employment services
- iii. Dual Diagnosis: working with people who have complex needs
- iv. Where's the Justice? mental illness and the criminal justice system
- v. Workshop: 'Practising Good Governance'

### **Symposiums**

- Youth perspectives will be explored including a presentation of an MHCC and Department of Community Services (DoCs) initiative focusing on ways to work with children who have parents with a Dual Diagnosis (MISA). The School Link Youth Panel will create a lively hypothetical debate based on Wollongong High School initiatives around the 'Mind Matters' program.
- A range of Culturally and Linguistically Diverse (CALD) issues will be addressed including Aboriginal and multicultural mental health. We are also looking forward to welcoming the 'Blue River' Bosnian Women's Choir, who will bring music to our ears.

All delegates are invited to a welcome reception and cocktail party at the end of the first day with entertainment from 'Cantolibre' Latin World Music.

**For more information and to access the registration brochure**  
**visit [www.mhcc.org.au](http://www.mhcc.org.au)**  
**or email [info@mhcc.org.au](mailto:info@mhcc.org.au)**  
**or phone (02) 9555 8388 or**  
**fax (02) 9810 8145**



**FEBRUARY 2004**

**ARCHI Toolkit Seminar Mental Health, Hospitals and Communities**

**When:** 23-24 February 2004  
**Venue:** Adelaide  
**Further info:** Ph:(02) 4985 3369  
charmaine.weeks@hunter.health.nsw.gov.au

**MARCH 2004**

**NSW NGO Conference 2004:**

*Turning the Tide*

You are invited to the 'Turning the Tide' Conference which is about embracing a coordinated approach to meeting the diversity of mental health needs in the community.

**When:** Thursday 25 & Friday 26 March 2004  
**Where:** Novotel Northbeach  
Wollongong  
**Further Info:** Ph:(02) 9555 8388  
info@mhcc.org.au

**APRIL 2004**

**VICSERV Conference 2004:**

*Recovery Changing the Paradigm*

A national psychosocial rehabilitation conference for mental health service staff and managers, consumers, carers and policy makers

**When:** Thursday 29 & Friday 30 April 2004  
**Where:** The Heath Function Centre  
Caulfield Race Course Melbourne  
**Further Info:** Ph:(03) 9482 7111  
conference@vicserv.org.au

**MAY 2004**

**4th GANZ International Conference:**

*Weaving the Fabric of Community*

**When:** 13 – 15 May 2004  
**Where:** Manly Pacific Sydney  
**Further Info:** Ph: (02) 9280 0577  
Fax: 02 9280 0533  
ganz2004@pharmaevents.com.au

**revolution** - National Respite Conference  
Evolution or revolution? As the momentum for home based care increases, do we have the community capacity to deliver respite services to those who need them?

**When:** 13 – 14 May 2004  
**Where:** Holiday Inn Esplanade Darwin & Darwin Entertainment Centre  
**Further Info:** www.sapmea.asn.au/respite  
(08) 8274 6060  
respite@sapmea.asn.au

**JULY 2004**

**Building Better Boards Conference**

**When:** 31 July to 1 August 2004  
**Further info:** www.governance.com.au  
Ph:(02) 9879 6674

**AUGUST 2004**

**Perspectives on Recovery Conference – Call for Abstracts (deadline 1/4/04)**

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  
secretariat@amhcn.com.au

**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  
www.otnsw.com.au



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.

**MHCC Staff and Contact Details**

**View From the Peak**

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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