

from the peak

A quarterly publication from the Mental Health Coordinating Council

Summer 2010

CEO Report MAD PRIDE

There is something very freeing about the whole concept of Mad Pride. It gives permission for so much that has been silenced by the sometimes heavy hand of the historical approaches in medical psychiatry. All those people you meet who make you wonder about the amazing capacity of the mind to seemingly make no sense and yet all the sense in the world and all at the same time are suddenly given a place to be in Mad Pride. The underpinning of the Mad Pride movement which has a presence in most western nations is about recognising and allowing diversity in how people understand and experience the world. This is obviously not as simple as it sounds. Many experiences under the umbrella of 'mental illness' are debilitating and painful, and many experiences are frightening, others are intense and euphoric and still others are strange, odd or funny. The common thread, and what Mad Pride signals is that the experience of 'mad' is part of an individual's makeup that needs to be recognised and handled by them, with the support of others, rather than something separate and alien as promoted in 'illness' or 'disease' models. The focus of Mad Pride is to celebrate the creativity, strength & resilience of the human spirit and to bring people together in that positive light so that working through how to deal with difficult thoughts, moods, feelings and emotions, whether alone, with family, counsellors, mental health workers, doctors or peers is less threatening.

It's not surprising that the creative arts have become a mainstay of the Mad Pride movement. South Sydney Youth Services (SSYS), who auspice the event had MAD

ART as this year's theme. The performance art was fabulous and the visual art produced was very good and in some cases truly amazing and beautiful and we have featured a range of this work in this edition of View from the Peak. MHCC was also quick to buy up a number of art works for our work place. SSYS have produced a book containing reproductions of many of the pictures featured at the Mad Pride event accompanied by stories of the young artists. This recommended publication is available by contacting Mardi at SSYS.

It's an indication of just how dynamic approaches to mental health are in our society at the moment when an event like Mad Pride can be celebrated **[cont. pg 2]**



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[cont. from pg 1] at the same time as the latest draft of the Diagnostic and Statistical Manual of Mental Disorders (DSM), commonly referred to as the 'bible of psychiatry' is in revision and currently out for public comment. An event like Mad Pride which promotes the strengths, uniqueness and potentials of people seems a far cry from the constraining and prescriptive diagnostic labels being considered for inclusion in this proposed fifth edition of the DSM. Mad Pride is celebrated and driven by people with lived experience of mental illness. There is no right or wrong boxes and there is recognition that diagnosis, whilst useful, may not necessarily be relevant to getting on in the world. What is more relevant is self respect, self determination, creative expression and a stigma free existence that allows people to speak out about their experiences and seek the range of supports that work for them. Can't wait for next year's Mad Pride event!

Jenna Bateman ▀



Mad Pride

Opportunities for Kahli

My name is Kahli and I've been working as a peer support worker with Aftercare for 2 years.

After experiencing mental illness and going through my own recovery journey I saw the job advertised for a Peer Support Worker and thought that it would be the perfect opportunity for me to use my lived experience to help others find hope and recover. When working with clients I've been able to share parts of my story and recovery journey with them, which has given them hope that they could also recover. I've also been able to break down some of the barriers and challenge some of the stigma that surrounds mental illness, which has been amazing. Seeing peoples attitudes change towards themselves and mental illness is one of the most fulfilling experiences.



Kahli receives her award from Dr Richard Matthews

I believe that the Peer Support and Consumer roles are so important; they allow others to see that recovery is possible and I believe that that is a key to helping someone take that very scary first step towards working on their own recovery. It also allows some professionals who may not believe in recovery, to see that it's possible.

Because of my illness I didn't get to finish high school, so when Aftercare offered me the chance to study Cert IV in Mental Health Work (non clinical) through MHCC I jumped on the opportunity. I also had the opportunity to do the 'No Wrong Door' training. These two courses have better equipped me to work in the field and have increased my passion for working with people with a mental illness. I graduated in December 2009.

I've always wanted to go to Uni and study to become a nurse but having not finished school there were many barriers to doing that. I found out that with the Cert IV I would be able to apply to Uni. So I applied and also applied for a Clinical Pathways Scholarship through MHCC. I got accepted into Uni and got granted a Scholarship! I'm going to be doing Bachelor of Nursing with a major in mental health which I'm so excited about.

I hope that one day we'll see both clinical and non clinical sectors passionately working together and believing in recovery. I hope that when I'm studying and working as a nurse, I'll be able to play even a small part in changing peoples attitudes and beliefs around recovery. ▀

National Mental Health and Disability Employment Strategy

The Australian Government launched its *National Mental Health and Disability Employment Strategy* in September 2009 which recognises the strong link between employment and improved mental health and recovery. Its actions aim to address the barriers that are faced by people with a disability and/or mental illness that make it harder for them to gain and keep work. The Strategy sets out the following priority actions:

1. Engaging people with disability
 - Better and fairer assessments for the Disability Support Pension
 - Increased service provision and advocacy
2. Improving disability employment services
 - Job Services Australia to provide greater support and access to training and work experience
 - Immediate access to employment services
 - Simplified assessment and referral processes
 - 'Job in Jeopardy' service for those already working whose job may be at risk
3. Providing better access to education and training
 - Targeting barriers for entry and completion of courses
4. Supporting and encouraging employers
 - Employer incentives such as wage subsidies of up to \$3000 after the job seeker has remained in work for 26 weeks
5. Improving public sector employment of people with disability
 - Training and best practice advice for APS agencies and managers
6. Pursuing innovative strategies
 - The Innovation Fund

MHCC's submission to the enquiry that informed the Strategy highlighted the benefits of employment for positive mental health, including higher self esteem, a sense of purpose and a way of meaningfully participating in society. The high unemployment rate among people with serious mental illness is not an indicator of a lack of capacity or desire to work, rather it relates to the potential and very real barriers including: stigma, ignorance, fear of failure including fear of losing pensions or allowances, and the lack of workplace flexibility in accommodating the needs of people with episodic illness.


Stigma and workplace flexibility remain as major barriers for people with a mental illness. The Strategy does acknowledge that people with a mental illness are one of the most disadvantaged job seekers facing multiple barriers to employment. The Innovation Fund is a \$41million initiative to fund projects that address the most challenging barriers to employment. More than 20% of the Innovation Fund panel providers are organisations that work with people with disability, including mental illness. Projects commenced in July 2009 include:

- *Creating Jobs for People with Mental Illness or Disability through Social Enterprise –Social Firms Australia* aims to partner with employment service providers, community organisations and other stakeholders to set up and replicate viable social enterprises that will create ongoing employment for job seekers with mental illness and or disability
- *Local Employment Access Partnerships (LEAP) for Job Seekers with Mental Illness–Social Firms Australia* aims to establish six place-based multi-disciplinary partnerships that will promote service integration between local employment, mental health and related agencies to provide wrap-around supports to people with mental illness

Other actions specific to mental health:

- A major study is currently being undertaken to identify and evaluate the most successful models of employment assistance. It will evaluate interventions provided to job seekers and the effectiveness of relationships between employment service providers and mental health services.
- A communication strategy is to be developed to assist GPS to play a greater role in helping people with a mental illness find work and stay employed.

Efforts to assist people with a mental illness gain and sustain a meaningful job are valuable and welcome. Over time perhaps some stigma will break down as employers and their staff realise that working with a person with a mental illness is not as daunting as often imagined and people with a mental illness either have, or can develop the strengths and skills they need to be a part of the workplace. Much more still remains to be done.

For more information on the Strategy www.workplace.gov.au or to read MHCC's submission visit: www.mhcc.org.au 

Mental Health Advocate is Australian of the Year



In perhaps a show of support for mental health as well as recognizing his important work, Professor Patrick McGorry was named as Australian of the Year for 2010. He is a renowned leader in the field of youth mental health and his pioneering work, particularly in the area of early psychosis, has already won him both national and international recognition. Professor McGorry has called for a more unified health system and more Federal Government influence in mental health, particularly in community mental health as the only way forward.

Patrick D. McGorry is Professor of Youth Mental Health at the University of Melbourne and Director of Orygen Youth Health and Orygen Youth Health Research Centre in Victoria, Australia. Professor McGorry's work has played an integral role in the development of safe, effective treatments and innovative research involving the needs of young people with emerging mental disorders, notably psychotic and severe mood disorders. Orygen Youth Health's early psychosis service, known as EPPIC, was founded by Professor McGorry in 1992, and has been hugely influential internationally. He was also involved in setting up Headspace in 2006 which now has 30 centres around Australia and still serves on their Board.

In addition to his significant contribution to the field of early psychosis and schizophrenia research, Professor McGorry has conducted important research in several other areas of psychiatry including the mental health needs of the homeless, health needs and treatments for refugees and torture survivors, and in recent years the broader youth mental health field, including youth suicide, youth substance use and the treatment of emerging personality disorders.

He was invited to attend a recent US/Canada Policy think tank on youth mental health and he has also played a major role in mental health reform in Australia as a main adviser to the "Because Mental Health Matters: Victorian Mental Health Reform Strategy 2009-19".

Professor McGorry, who describes himself as a mental health reformer, has said he will use his term as Australian of the Year to do some good and try to make a difference because reform is still very much needed in the mental health field. In a recent interview with Monica Attard on ABC Radio Sunday Profile he described progress in mental health reform as patchy across the states, with some Australian innovative ideas being picked up overseas before they are adopted nationally in Australia. For example other countries have been very influenced by the evidence Orygen has produced that it costs a third

as much to treat someone if you get the serious illness at the right time than if you just wait and treat it more traditionally and they have implemented programs in a very systematic way.

According to Professor McGorry "...we've set up a kind of a fairly crude first go at a community mental health service around, sort of Australia. It's struggling because it's been sucked into the vortex of the acute hospital systems, which were seen as a good thing because of mainstreaming and hopefully reducing stigma. But actually because of the crisis in the general hospital system, it's really hampered the ability to grow and evolve a proper community mental health system in partnership with primary care. So those sorts of structural problems make it quite difficult at times".

He also stated that a much more unified health system was the only way we are going to get our services to the point of meeting the levels of unmet need in mental health. "We are much further behind in terms of hidden waiting lists than any surgical procedure you can think of". Professor McGorry would like to see a much stronger influence of the Federal Government in mental health. "I would really like them to step up to the plate in the community side, particularly on the mental health system. I don't think we're going to get anywhere (if) that doesn't happen. The State Governments can't get beyond this glass-ceiling in terms of the level of state-funding that can be accessed for it. I've tried for 10, 15 years to help that grow. It's grown very little. I think in my view, in relative need, the only really fruitful way of going forward is for the Federal Government to get much more strongly involved on the community side. They should definitely take a very strong leadership role, maybe take over (funding) the community mental health arena".



Professor Patrick McGorry receiving the accolade of Australian of the Year from Prime Minister Kevin Rudd

Other Australia Day Awards for mental health workers

Anne Pratt, Manager of MHCC Member 'Home in Queanbeyan' and known for her work with those experiencing mental health problems, was awarded Queanbeyan City's 2010 Citizen of the Year at an Australia Day ceremony that she described as a moment that lifted the profile of her work as well as a great personal honour.

Anne was the coordinator of St Benedict's Community Centre for almost seven years before joining Home. She has since worked very hard on the Home project to secure more government funding. Anne told the Queanbeyan Age that it was important to raise the profile of mental illness so that a change in the attitude towards it occurs.

"The community here in Queanbeyan is willing to do that and make changes in people's lives," she said. "I'm not a person that looks for rewards, but it's great that this work is acknowledged." Anne said that the acknowledgements showed that people were now willing to do something about it. "Things have changed over the years," she said.

"Nine years back my husband died of mental illness. There was no support around." She said it was time for people to step up and recognise the illness and she acknowledged the work done by St Benedict's, the Home board and others working on the current project.

In another Australia Day award, Head of the School of Psychiatry at the University of NSW and consultant psychiatrist of MHCC Member the 'Black Dog Institute', Professor Philip Mitchell, has been recognised for his services to mental health education with a Member of an Order of Australia award (AM).

Professor Mitchell has worked in clinical research and treating mental illness involving people with depression and bipolar disorder. This also includes studying the genetics associated with depression and bipolar disorder and researching novel treatment programs.

In his role as co-chairman of the NSW Mental Health Priority Taskforce, he advises the government on services in mental health system reform.

Professor Mitchell said that it was a personal honour to receive the Australia Day award but he was just one representative in the mental health sector. ■



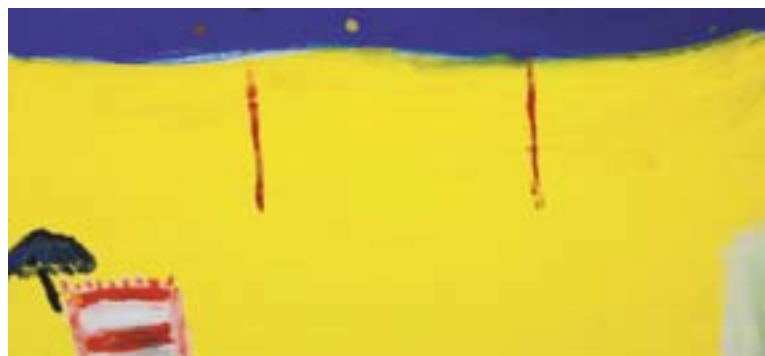
Professor Philip Mitchell, received a Member of an Order of Australia Award (AM)



Anne Pratt, Queanbeyan City's 2010 Citizen of the Year



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CTOs and the law, open to interpretation?

A new template and guidelines for Community Treatment Orders (CTOs) have been devised by the Mental Health Review Tribunal (MHRT) to assist community case managers, treating doctors and other applicants to develop effective treatment plans for CTOs.

A Community Treatment Order (CTO) is a legal order made by the Mental Health Review Tribunal or by a Magistrate under Section 51 of the Mental Health Act 2007. It sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while living in the community. It is implemented by a mental health facility that has developed an appropriate treatment plan for the individual person.

A CTO authorises compulsory care for a person living in the community. If a person breaches a Community Treatment Order, by not complying with the conditions of the Order, the person may be taken to a mental health facility and given appropriate treatment, including medication.

CTOs can be made for any period of time up to twelve months but it is possible for a person to have more than one consecutive CTO. According to the MHRT website, the following persons may apply for a CTO (s51(2)):

- the Authorised Medical Officer of a mental health facility in which a person is detained or is a patient;
- a Medical Practitioner who is familiar with the clinical condition of the person;
- a Director of community treatment of a mental health facility who is familiar with the clinical condition of the person; or
- a primary carer of the person.

The MHRT has provided this background on the new template and guidelines:

The guidelines promote the principles of care and treatment as outlined in the 2007 Act, which focus on the right of persons subject to the Act to have treatment supporting their vocational, social and cultural aspirations. They also recognise a consumer's right to be involved in treatment decisions and care plans.

The Mental Health Act 2007 (Section 68) sets out principles for the care and treatment of persons who are subject to the legislation. There is an emphasis on treatment being of a kind which enhances a person's prospects of leading a life that allows them to work, live and participate in the community, wherever that is possible. In keeping with the new emphasis, treatment plans should set out the outcomes a consumer hopes to achieve during the term of the CTO.

This serves the purpose of focusing the consumer and their treating team on the hoped-for outcomes of treatment, and casts the order in a positive light. If the

consumer agrees with the goals, this should be noted on the treatment plan.


Naturally, each person's circumstances will be different, and the outcomes will be similarly varied. For some, an achievable goal might be having a stable mental state which allows them to reside in the community as an alternative to hospital-based care. For others, it may be an improved understanding of the benefits of being medication-compliant, or planning for vocational training with a view to obtaining paid employment. The specifics of how this will be achieved and the services that will be provided for should be set out in detail under the heading "*Obligations on the client to accept rehabilitation and other services*". If rehabilitation of any kind is to be offered, the treating team will need to be specific about the kind of services that will be provided, and the consumer's obligations.

In early 2009 the Tribunal introduced and circulated the template and guidelines to encourage applicants to draw up holistic plans that were individualised for each patient, starting with a statement of the goals of treatment. Another aim was to ensure that plans presented to the Tribunal complied with the legal criteria for making orders so as to promote a consistent approach. Deputy President of the MHRT, Maria Bisogni reports that there has been very good take up of the template, and that it has proved to be a useful tool in improving the quality of treatment plans.

The guidelines and template are available at: <http://www.mhrt.nsw.gov.au/forms.htm>

MHCC members may be interested to listen or view the transcript of a discussion on the contentious issue of CTOs on **ABC Radio National's 'All in the Mind' on 27 Feb 2010**. www.abc.net.au/rn/allinthemind/stories/2010/2828006.htm

Since the closing of many psychiatric institutions in Australia, CTOs have been seen as a more humane way of treating people with mental illness in the community. However the balance between human rights and care remains problematic. Whilst not being held as an involuntary patient under the Mental Health Act 2007, people on a CTO are compelled to comply with a treatment plan that may seriously limit their right to make lifestyle choices such as what medication they take and where they live.

One issue to be grappled with is interpreting the law on the use of force to ensure compliance with CTOs. MHCC is working with the Public Interest Advocacy Centre (PIAC) on the new online Mental Health Rights Manual and in dealing with this question the conclusion reached so far is that there is no authority under the law to enforce a CTO, and yet we know that everyday this happens. PIAC is seeking Senior Counsels' advice in this matter...watch this space for further updates. 

It's all about attitude

Grenville Rose reports on the Aftercare/New Horizons Research Project funded under the NGO Mental Health Drug & Alcohol Research Program.

I am experienced in research but relatively new to the sector and one thing has struck me strongly: NGOs are out there in the community doing good stuff so why aren't they collecting more evidence about that good stuff?

Aftercare and New Horizons combined to apply for funding to investigate staff and client attitudes towards people with co-occurrent issues as well as attitudes to mental illness and to relate those attitudes to client recovery. Experience had shown that input from two organisations made results stronger, more interesting and more generalisable, all of which are important.

We conducted a survey which asked questions about the level of stigmatising attitudes towards people who have mental illness and drug or alcohol comorbidity, and about people's perceptions of their own illness. There is a separate survey for staff which asks about their stigmatising attitudes towards people with the comorbidity. Finally there is a laptop based survey that is designed to reveal the implicit, or internal/private, attitudes of staff towards people with mental illness. This separate survey is a joint project with the National Centre in HIV Social Research and the University of Queensland (which we had as research partners as well as the formal research partner at the University of NSW). Participation was voluntary and all individual results are confidential.

The data we have collected is still being aggregated and analysed but so far our results show that in terms of people's attitudes towards mental illness there are virtually no differences between the clients of the two organisations surveyed. In terms of people's perception of their own illness, people who are more adherent to

medication are less likely to be stressed, depressed or anxious and people who are less stressed, depressed or anxious are more likely to be focussed on their recovery.

What was it like to run the research? Research is hard right? Well yes. The MHCC helped, our research partnership helped, but in the end we're trying to run research in a sector that isn't really geared for it. Research can help staff do better more effective work, but it won't help them today, most of the time, and the workers have today to deal with. So it's hard to get staff to be involved with the research and without that involvement then the research just isn't happening. Don't get me wrong, staff weren't blocking the research in any way, it's just that it wasn't high on the list of things to do. I got around this in part by being flexible and fitting around what was happening in the workplace as much as possible, and running it as smoothly within the services as I could. Putting a little money towards a morning tea (or BBQ) for clients was a help. New Horizons also nominated a specific staff person to manage their research and this person visited several New Horizons regional offices which further broadened the research data base.

Data collection was surprisingly easy overall, the survey looked complex but the great majority of people had no trouble. This is an outcome in itself given that the overall survey was composed of many questions from a number of different surveys that were scored in different ways. Now, nearly all the data has been collected, except for some staff data, and all that's left is to thank the staff for their time and effort, further analyse the results and to tell all the stakeholders, and hopefully a lot more people, about what the data tells us.

Dr. Grenville Rose, Aftercare. 

Streamlining Financial Reporting Requirements

NGOs that report to more than one government funding body are set to benefit from a recent Council of Australian Governments (COAG) decision to introduce a national Standard Chart of Accounts (SCOA) for the not-for-profit sector in receipt of government grants. From July 2010, organisations will be allowed to meet a range of financial reporting requirements with one system of a Standard Chart of Accounts to ensure that, according to COAG communiqué, "the regulatory burden on not-for-profit sector organisations is minimised". Adoption of the SCOA will be voluntary for NFP NGOs.

The draft national SCOA has been developed by the Queensland University of Technology (QUT) and has been based on SCOAs already developed for New South Wales, Victoria, Queensland and Western Australia. The national draft includes variations for different fundraising and gaming requirements in each jurisdiction but these will be resolved in the second stage of the national SCOA in 2012.

To view the Draft National SCOA and more information go to: <https://wiki.qut.edu.au/display/CPNS/Standard+Chart+of+Accounts> 

Disadvantaged by location

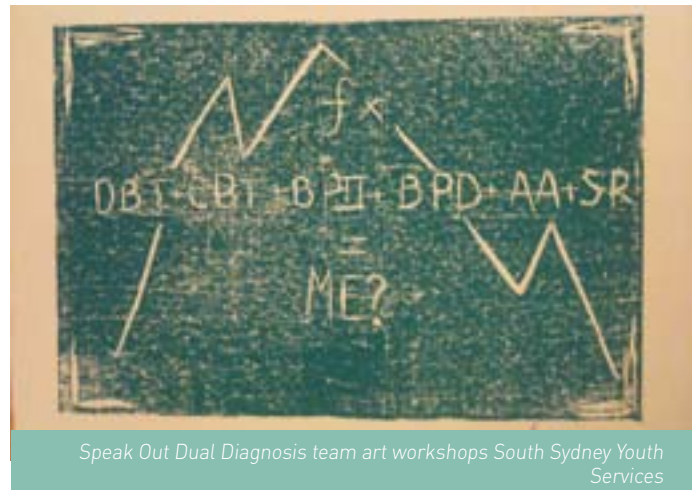
Locating areas of disadvantage for Youth Mental Health Prevention & Promotion in NSW.

Australian Red Cross has used a Mental Health Coordinating Council (MHCC) Infrastructure Grant (2008) to complete a state-wide spatial mapping of youth mental health prevention, promotion and early intervention (MHPPEI) service delivery in NSW. Red Cross gratefully acknowledges MHCC and NSW Health in funding the MHCC Infrastructure Grant Program which made this practical and timely report possible.

As part of a recent and historic strategic re-direction of Red Cross Services, the organization has increased its focus on service delivery to people in particularly disadvantaged circumstances. This is accompanied by a stronger emphasis on evidence-based service planning. Taken together, these twin commitments underpin the current study which plots service mapping information about government and non-government youth MHPPEI initiatives against information which identifies places as being especially disadvantaged, either as a result of drought or because they are places of identified 'locational disadvantage' (or both).

Drought affected areas were identified as those eligible for Exceptional Circumstance payments. Locationally disadvantaged Local Government Areas (LGAs) were identified by spatially mapping the output from three national composite indexes of locational disadvantage (NATSEM, Vinson and SEIFA). These are calibrated indexes which provide a geographical reference point for levels of disadvantage as measured by a number of indicators across several domains (health, education, community violence, employment etc).

As a result, the study provides useful information about those locations (LGAs) where young people face a number of mental health stressors, but are under- or inadequately-served by YMHP programs. This makes it a useful tool for



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service providers who are interested in access and equity issues, and a common reference point for key agencies in the youth mental health 'space' who are interested in partnership and 'joined up' service delivery.

The study distinguishes between Red Cross' own pattern of service provision against need, and aggregates government and other non-government service provision. While there are a number of programs outside of the scope of the study (eg. those targeted at Aboriginal and Torres Strait Islander youth, at young people in diversionary or detention programs, at young people who are homeless or at risk of homelessness, or at young people who are injecting drug users or with dual diagnoses), the report nevertheless presents a useful 'snapshot in time' based on input from a comprehensive number of NSW youth MHPPEI providers.

The study also contains a useful summary of the Federal and NSW mental health policy architecture, a discussion of models of best practice, a list of contributing organizations and a reference list. As such it is a useful service planning tool, beyond Red Cross' own needs.

If you would like to receive a copy of this report, please contact Carol Hubert, National Manager, Research, Australian Red Cross chubert@redcross.org.au

MHCC appears before the Senate Community Affairs Inquiry on Suicide in Australia

On Wednesday, 3 March 2010, the Senate Community Affairs Committee held a hearing at the NSW Parliament. MHCC had made a submission to the Inquiry in November 2009 and were asked to appear. Jenna Bateman and Corinne Henderson presented to the committee that consisted of Senator Siewert (Chair), Senator Moore (Deputy Chair), Senators Adams, Boyce, Carol Brown and Coonan. MHCC will be making a further submission at the request of the committee to answer some outstanding questions.

The Terms of Reference for the inquiry were to inquire into and report on the impact of suicide on the Australian community including high risk groups such as Indigenous youth and rural communities and highlighting the role and effectiveness of agencies and programs in addressing suicide.

A copy of HANSARD for the day is available at:

<http://www.aph.gov.au/hansard/senate/commttee/S12810.pdf>

NGOs face challenges in future funding

PricewaterhouseCoopers (PwC), the Fundraising Institute Australia (FIA) and the Centre for Social Impact (CSI) have released a report "Managing for Recovery" in February 2010 which updates the impact of the latest economic conditions on the not-for-profit sector. There has been considerable pressure with increased instability in the NFP sector over 2009 with some winners and losers. Even though confidence is returning, rising costs and government financial and funding requirements will force agencies to respond in innovative ways such as forming partnerships. The report flags a particularly tough future for small and mid size organisations.

The report follows a detailed survey in November 2009 and looks at the impact over the previous six months and the expected future impact throughout 2010. The results are compared to the PwC survey conducted in May 2009 and reported in "Managing in a Downturn".

NGOs relying on government funding need certainty and stability in funding levels in order to plan and manage to keep delivering their services. While some NGO's have been able to take advantage of new government funding to expand services others have found their funding has been withdrawn. The reality seems to be one of less stability than predicted (or perhaps desired) for NFPs. Despite this decrease in stability, funded NFPs have still been better off through difficult times when compared to the economy generally and other sectors.

In May 2009 74% of respondents expected their government funding to remain stable but this was the case for just 61% with more losses and more gains than predicted. Only 9% of respondents expected growth in government funding but 18% actually achieved growth (23% in health organisations). While 17% predicted declines, 20% experienced them. Organisations relying mainly on government funding were better off than NFPs in general, where 60% experienced a decline in overall income in the first half of 2009 and 50% a decline in the second half of 2009. Welfare, aged care and disability organisations have been least affected by the downturn, with arts, culture and sports organisations worst affected.

In the recent survey optimism appears to be returning with 24% of respondents now expecting growth in government funding (45% in health) while 63% are expecting it to remain flat. Many more large NFPs forecast growth in income from government grants and contracts than small and medium size NFPs.

NFPs have reported moving away from a cost-cutting mood with tough measures having been taken and now there is some opportunity for relaxing cost controls. However there appears to be a worrying mismatch for the future with costs expected to rise more than income and many NFPs having already drawn on their reserves.

With the prospect of cost pressures, more targeted and tighter government spending, it is no surprise that two out of three

respondents would consider collaborating or partnering with other organisations. This must be especially relevant for mid size organisations.

According to the survey mid size NFPs seem to have fared worst in 2009 compared to large and small organisations for reasons that the report says are unclear. This could be because they may be the least flexible to respond to financial pressures but it will be followed up in later surveys.

Larger organisations have received a greater share of Commonwealth and State contracts and grants in the past six months. In the case of Commonwealth funding, 35% of large organisations reported growth compared to 19% for medium and 10% for small NFPs. Over the next two years respondents anticipated much stronger growth with larger organisations far more likely to anticipate significant growth – 71% of large organisations predicting growth in Commonwealth grants and 62% of large organisations growth in Commonwealth contracts. In comparison, small and medium size organisations expect only a modest increase in Commonwealth and State contracts and grants funding. In particular only 3% of small NFPs anticipate any growth in Commonwealth contracts.

Funding continues to present significant administrative challenges for NFP leaders. Excess paperwork/reporting requirements being the most cited problem (62%) and the short duration of many contracts (43%) is also an issue.

With the winding back of the economic stimulus plan and the budgetary pressure to manage debt and the possible cost and attention of systemic reform of health administration at both Commonwealth and State level, NFPs are by no means out of the woods. Even though funding increases have been anticipated, especially by large organisations, there needs to be a plan in case that is less than expected. Medium size organisations it seems face the choice to get bigger or get together in order to secure more funding. Small organisations will strive to keep going on the smell of an oily rag and the efforts of willing volunteers as they have always done. ■



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Incorporated Association becoming a Company Limited by Guarantee or an Australian Registered Body

MHCC members that are Incorporated Associations should be aware that there are other options available for recognition as a legal entity. Situations that could influence which option might be better suited or necessary include the amount of trading activity and the need to operate outside NSW.

Incorporated Association

Associations are incorporated under State and Territory Associations Incorporation legislation, which is administered by the various state authorities. An incorporated association is a legal entity separate from its individual members that can hold property, sue and be sued.

Incorporating an association in a State or Territory restricts the organisation to operating in its home jurisdiction. For example, an association incorporated under the Associations Incorporation Act of New South Wales may only carry on business in New South Wales. Another restriction under the Act is that trading activities with the public must be "not substantial".

The Associations Incorporation Acts provide a simple and more affordable means of creating a separate legal entity for small, community based groups with limited resources. Reporting requirements are relatively simple, straight forward and low cost and can be carried out without the need for professional assistance. See the NSW Office of Fair Trading website for more information, obligations and fees www.fairtrading.nsw.gov.au

Incorporated association wishing to carry on business outside its home jurisdiction

If a NSW registered Incorporated Association wants to carry on business outside NSW they can apply in each State or Territory to be incorporated or they can become an Australian Registered Body or they can register as a Company Limited by Guarantee.

Australian Registered Body

An incorporated association may become registered under the Corporations Act 2001, through the Australian Securities & Investments Commission (ASIC) to enable it to carry on business in other states or territories outside of its home jurisdiction without the need to register as a company. The incorporated association will become an Australian Registered Body and upon registration will be allocated an Australian Registered Body Number. See ASIC website for more information, obligations and fees www.asic.gov.au/asic/asic.nsf/byheadline/Registrable+Australian+Bodies

Company Limited by Guarantee

If the amount of trading with the public becomes (or may

become) substantial and/or the organisation wishes to carry on business in a number of States and Territories then there is the option of becoming a Company Limited by Guarantee. Under a company structure, charitable or not-for-profit organisations will generally be registered as public companies that are limited by guarantee. Limited by guarantee means the liability of the company's members is limited to the amount the members undertake to contribute to the property of the company if it is wound up. A company limited by guarantee can carry on unlimited trading activities on a non-profit basis.

Registration of a company creates a legal entity separate from its members. The company can hold property and can sue and be sued.

Companies are registered under the Corporations Act 2001, which is Commonwealth legislation administered by the Australian Securities and Investments Commission (ASIC). A company's registration is recognised Australia wide.

The registration and reporting/compliance processes for Companies are much more complicated than those for Incorporated Associations or Australian Registered Bodies and will involve the use of expert professional assistance, take more time, effort and involve more cost to complete. See the ASIC website for more information including registration and compliance requirements www.asic.gov.au

There are four main issues to consider when deciding upon non-profit corporate structure:

1. Where do you operate?:

- a. A NSW Incorporated Association may operate anywhere in NSW.
- b. If a NSW Incorporated Association wants to operate (more than one-off or occasional activities) in jurisdictions of Australia other than NSW, options to consider are:
 - i. Incorporate as an association under the equivalent association legislation in each jurisdiction
 - ii. become an Australian Registered Body
 - iii. become a Company Limited by Guarantee.

2. Scale of trading: will the organisation undertake substantial trading activities?

- a. Incorporated Associations have restrictions on the number, value and nature of trading with the public (the Act says "not substantial").
- b. a company limited by guarantee can carry on unlimited trading activities, providing it is on a non-profit basis.

3. What level of expertise do you have “in house” and what help will you need to get?:

- a. Incorporating as an Association in NSW is relatively simple; advice, rather than a specialist skill-set, is generally required to operate an association.
- b. Companies Limited by Guarantee must fulfil the requirements of the Corporations Act and professional support and education are generally required.

4. What resources will be needed?:

- a. Incorporating as an Association in NSW is inexpensive; application, registration, ongoing and late fees are low.
- b. Registering and continuing as a Company Limited by Guarantee is relatively expensive, and more time is required to meet legal obligations.

MHCC recommends that appropriate advice is sought from those qualified to give it if considering a change of status ▀



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Read all about it

BBC Online reports that GPs across Lanarkshire are to refer patients with mental health problems to their local libraries as part of their treatment. Because research has shown that reading can help people cope with problems such as depression, stress, and bereavement, patients will be “prescribed” self-help books, CDs and DVDs and librarians will be trained to offer advice and support.

The programme is a partnership between NHS Lanarkshire and North and South Lanarkshire Councils. All 50 community libraries across Lanarkshire have been given resources to offer to patients referred by their GPs.

As well as the books and leaflets, people using their local library can also get help to access web-based self-help programmes.

Colin Sloey, executive director for mental health services with NHS Lanarkshire, said: “With one in four people experiencing mental health problems in Lanarkshire we need to increase awareness and access to information, self-help and support.

“This programme has been developed because research shows us that increasing the availability of support, information and self-help is effective in improving mental health and well-being.”

Councillor Mary Smith, chair of South Lanarkshire Council’s education resources committee, said: “As part of our commitment to this programme, all library staff will be receiving mental health awareness training.

“This will support staff to give a warm and friendly welcome and help people to find and use the resources that they are looking for.” ▀

Don’t forget the check

For consumers taking meds don’t forget the annual GP check up that includes mentioning any physical symptoms, a review of meds and discussing other treatment options. ▀



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UK launches mental health strategy without funding

The UK Government has recently launched a cross-governmental action plan to set out a framework for the next decade of mental health policy in England - but without targets or a funding commitment. The report aims to improve the mental well-being of people in England and drive up the quality of mental health care. It is interesting to look at this strategy in comparison to our own 4th National Mental Health Plan. It seems governments everywhere struggle to turn high level strategy into effective action plans, especially when they cannot or do not plan to put any extra money into the pot or provide targets with any consequences.

New Horizons: Towards a shared vision for mental health consultation sets out the UK Government's vision for how adult mental health services should develop, and how whole population mental wellbeing should be addressed. It promotes prevention and calls for mental health to be prioritised alongside physical problems. Without specific goals or funding promises, the focus is on the requirement for mental health services to simultaneously raise quality and efficiency.

The formulation of the strategy has been developed in-line with a Future Vision Coalition – a consultative group. It claims to describe clear principles and ideas that emerged during discussions and states it is not a final text, as further questions are yet to be resolved. The NHS warns us to see the aspirations in the context of financial constraints. With more cuts to National Health Service (NHS) spending, the Department of Health (DH) is promoting 'innovation' in its quest for ways to boost quality and improve productivity, without raising costs. Not surprisingly the wide-reaching programme has been met with some skepticism.

Key themes and priorities of *New Horizons*' include:

- Increased training options, including for GPs and teachers
- Initiatives around employment and housing
- Continuous improvement in adult mental health services, with a focus on recovery
- Improved access to services and better outcomes for vulnerable groups, including the socially excluded or high-risk groups
- Earlier intervention in depression with young people and older adults
- Improved transitions between adolescent to adult services

- Increased innovation and research

Although there are some additional themes in the Australian plan around coordination of services (probably due to our extra layer of State governments), drugs & alcohol and suicide, all of the themes and priorities in the UK Strategy are similar to those outlined in Australia's 4th National Mental Health Plan and also in Ireland's *A Vision for Change* policy which details a comprehensive model of mental health service provision for Ireland that was outlined in 2006.

The UK strategy contains broad and non-specific actions for some of the key areas. For example actions for employment and housing include:

- Measures to encourage higher rates of employment and retention in work for people in contact with secondary mental health services
- The promotion of models that provide employment support (such as employment specialists in primary care trusts and doubling the size of a successful Access to Work programme)
- Publication of a strategy on volunteering
- Introduction of a performance framework around housing and employment

Tackling stigma is another key theme, working with societal attitudes and within the NHS itself to reduce discrimination, remove stigma and promote wider public well-being. The outcomes of a recent report into social exclusion and primary healthcare is expected to highlight some of the issues with expected actions including:

- Improving employment outcomes
- Teaching emotional skills in schools
- Conducting further public attitude surveys
- Mental health promotion and awareness training

A suite of reports, recently launched or nearing completion are also aligned with the strategy, as well as a planned Summit to address key questions and various pilots intended to support delivery of the actions. Government commitments have also been made to delivering better quality information including increased clarity and coherence around indicators and outcome measures.

Due to a lack of detail on how these aspirations shall be achieved the value and realistic intention of the report has been challenged. The Mental Health Foundation, a leading UK charity has asked to see an implementation strategy which clearly shows how aspirations will be achieved. As with the Australian plan, it will run the risk of failing to deliver any of the desired outcomes if meaningful and measurable targets are not set.

For more information and copies of reports visit the NHS Confederation website at:

www.nhsconfed.org/publications ■

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Working with Barriers

Working with Barriers is a research partnership between Break Thru People Solutions, one of the largest providers of Australian Government Employment Services for jobseekers with a mental illness, and the Faculty of Health Sciences at the University of Sydney. It is funded under NSW Health's NGO Mental Health and Drug and Alcohol Research Grants Program, which is administered by the MHCC.

Goals of the Research Project

The project aims to provide government, mental health/employment service providers and academic researchers with new information regarding:

1. Additional barriers to obtaining and maintaining employment faced by job seekers with mental illness who have significant problems with drug and alcohol use;
2. Effective strategies available for use by employment service providers to assist job seekers to overcome these barriers.

The project obtains information in three ways:

- a) Review of nationally and internationally published work;
- b) Study 1: In-depth Interviews with staff, job seekers and job seeker support persons;
- c) Study 2: Initial jobseeker survey and follow up surveys to compare the employment outcomes, barriers to employment and service provision to clients with and without additional problems with drug and alcohol use.

Break Thru staff had an opportunity to present the preliminary results of the project at the ACE National conference (attended by disability employment services) in October 2009.

“Doing” Research in an NGO setting

Working with Barriers is the inaugural project of Break Thru's 'Centre of Excellence'. This is a new division of Break Thru set up to explore national and international best practice in employment assistance for jobseekers with a disability and undertake research in partnership with other institutions such as universities. The goal of the Centre of Excellence is to increase staff skills and build Break Thru's capacity to deliver high quality services to disadvantaged jobseekers.

How the Partnership Works

The success of the Working with Barriers project revolves around a good working relationship with our academic partners at the University of Sydney. Break Thru research staff and academic partners together with one independent community member who has an interest in NGO research capacity development, have jointly formed a steering committee that oversees the progress of the research



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project. The steering committee meets face to face monthly, and between meetings holds weekly teleconferences, meaning that a high level of communication is maintained within the steering committee.

The Research Coordinator, who leads the progression of the Working with Barriers project, works under both Break Thru management and the Faculty of Health Sciences, reporting to both parties during each steering committee meeting. This ensures both parties retain a good degree of control over, and interest in, the progression of the project.

The partnership with the Faculty of Health Sciences has allowed Break Thru project staff access to the University of Sydney Library and databases, which has proved invaluable for the development of the literature review and manuscript preparation. Our academic partners have also shared their skills by assisting Break Thru staff with the analysis of quantitative data for Study 2. This has provided a great opportunity to build the research capacity of Break Thru project staff.

Brief preliminary results

Preliminary results from in-depth interviews reveals several perceived individual, social and organizational barriers to employment faced by the job seekers with coexisting mental illness and alcohol or drug issues. All groups of participants valued specialist psychiatric employment services. Opportunity exists to enhance carers' and job seekers' literacy about employment and specialist employment programs; to enhance mental health literacy for all client groups; and to enhance employment consultant knowledge, skills and collaborations around alcohol and other drug issues and services.

Where to from here?

Data analysis of staff, client, and client support person interviews will soon be finalised, and then be submitted in a manuscript for journal publication. Study 2 surveys of jobseekers and the literature review will be completed later in the year. The project will finish up in December 2010.

For more information about the Working with Barriers project please contact Neeloy on (02) 9745 1529 or ashraful.alam@breakthru.org.au. ■

Meet Sylvia Grant – new member of MHCC’s Board



VFP: You are currently the NSW State Manager for Neami and recently joined the MHCC Board. How long have you worked for Neami?

SG: Nearly four years. I started as the Northern Regional Manager NSW

VFP: What did you do before joining Neami?

SG: I was the Area Manager for St Lukes Anglicare in Bendigo

VFP: How did you get interested in Mental Health?

SG: I did a Social Work Degree six month placement with North West Area Health Services (Melbourne) Mobile Support and Treatment Team (MSTT). I was interested in working with consumers and the MSTT continuing care with small caseloads and also the idea of teaching independent living skills to consumers.

VFP: What is your vision for the sector?

SG: To focus on social inclusion and citizenship; to address the health care disparity between people with chronic health care issues and mental health consumers. It is also important to let consumers know what other options are there for them and support consumers to expect better health care – to empower people to expect that right.

VFP: Why did you join the MHCC Board?

SG: Neami thinks it is important for our organisation to be represented on the State Peak boards in the states where we operate. I also hope to promote sector development and to be able to have influence on working towards social inclusion and equitable access to services.

VFP: What do you do to relax?

SG: I read, do yoga and watch AFL – I follow Hawthorn.

VFP: Any memorable holidays?

SG: I go overseas every year - every two years for a big trip and every other year for a small trip. Last year was a big trip of four and a half weeks to Portugal, Italy’s Amalfi Coast and the West Coast of England. This year will be a small trip to Vietnam and next year another big trip to Scotland and maybe Croatia. ▀



Member Profile Black Dog Institute – Youth Initiatives

The Black Dog Institute is a not-for-profit, educational, research, clinical and community-oriented facility offering specialist expertise in depression and bipolar disorder. Community programs include education, support groups, rural and remote and youth programs.

One of our most exciting initiatives for 2010 is the development of a new school education program, designed to raise awareness of mood disorders with a particular focus on Australian schools. This program will be piloted in the second half of 2010 and available nationwide in 2011.

The new curriculum resource will include teaching and learning activities that are aligned to the NSW Personal Development, Health and Physical Education curriculum. Illustrations created by Matthew

Johnstone will help in conveying messages about the causes, symptoms and management of mood disorders as well as strategies to promote resilience.

The teaching and learning activities that will compliment these illustrations will support students’ learning across a range of important areas, including: understanding mental health and maintaining connections, help-seeking behaviours (including ways of helping yourself and helping others), strengthening resilience, developing personal advocacy skills and developing supportive environments.

An important focus of the program is that students learn to challenge negative community perceptions of mental health and identify reasons why these are sometimes present, as well as exploring the importance of peer support for students going through life challenges.

INSIGHT Program

The Black Dog Institute has provided the INSIGHT Program to secondary schools in NSW since 2007 and in 2010 we will continue to offer the INSIGHT Program through our network of trained volunteers. This highly sought after program is unique in the way that it raises mental health awareness, offers accurate information about mental health issues, dispels the stigma associated with mental illness and encourages early help seeking.

The INSIGHT Program is presented by people who have experience with a mental illness and carers of people who are mentally ill. Their personal stories give a richness and depth to the program that is unique in mental health education and helps students to better understand some complex issues.



"Stacks Up" illustration by Matthew Johnstone

The INSIGHT Program presentations include a focus on wellbeing and looking after yourself, mental health problems that affect young people and possible factors that contribute to a mental health problem, stigma and where and how to seek help for yourself or others.

We are very excited to be offering the INSIGHT Program in a revised and updated form in 2010. Volunteer presenters will be trained in the new model and this will subsequently be made available to schools across NSW.

A new website for young people

Another of the landmark projects for this year is the development and launch of a new website for young people aged 12-18 years. This website will offer so much more than just information and resources about depression and bipolar disorder. The website will be a place where young people can create and share stories and experiences and will be informed, guided and encouraged to move forward, connect with others and enjoy life. The stories created will be made particularly exciting through the use of text and images. The website will also be a place to learn about mental fitness and ways to get through difficult times and support others. In essence, the website will be a place for young people to learn, connect and share.

For more information contact Liza Culleney, Project Manager - Youth Initiatives 02-9382 8320

l.culleney@blackdog.org.au



Speak Out Dual Diagnosis team art workshops
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What's On

March 2010

Children: Crisis, Trauma & Grief workshop working creatively with children

When: Friday, 19 March 2010

Where: Tenison Woods Memorial Centre,
7 Mount St, North Sydney

For more info: paulah@hwy.com.au www.nalag.org.au
or phone the NALAG Centre 02 6882 9222

Consumer-Centred Health Care: Policy Innovation and Empowerment Conference

When: Monday, 22 March 2010 to Tuesday, 23 March 2010

Where: Melbourne

For more info: www.partnerships.org.au

Accessible Arts: Arts-Activated Conference

When: Thursday, 25 March 2010 to Friday, 26 March 2010

Where: Powerhouse Museum

For more info: www.aarts.net.au

Jane Pollard jpollard@aarts.net.au

or phone 9251 6499 ext 106

ACOSS National Conference 2010: A Vote for Equity

When: Thursday, 25 March 2010 to Friday, 26 March 2010

Where: Rydges Lakeside Canberra

For more info: www.acoss.org.au

Children: Crisis, Trauma & Grief workshop working creatively with children

When: Tuesday, 30 March 2010

Where: Tamworth

For more info: paulah@hwy.com.au www.nalag.org.au

or phone the NALAG Centre 02 6882 9222

April 2010

Mike Lew Workshops for ASCA

When: Friday, 9 April 2010 & Saturday, 10 April 2010

Where: Harbour View Hotel, 17 Blue St, North Sydney

More info: www.asca.org.au

Youth Homelessness Matters Day

When: Wednesday, 14 April 2010

Where: Nationally

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Building Resilience – from Surviving to Thriving, Mental Health Association Conference 2010

When: Thursday, 15 April 2010 to Friday, 16 April 2010

Where: SMC Conference Centre, 66 Goulburn St, Sydney

More info: conference@mentalhealth.asn.au

Unfinished Business: Pathways to social inclusion - VICSERV Conference

When: Thursday, 29 April 2010 to Friday, 30 April 2010

Where: Melbourne Cricket Ground

More info: 03 9519 7000 conference@vicserv.org.au or www.
vicserv.org.au

Social Policy Research Network 2010

International Seminar Series

When: Thursday, 29 April 2010

Where: Sydney University

More info: esw.reception@sydney.edu.au

(please be sure to note the name of the event and the date in your
message).

May 2010

Happiness and its Causes Conference

When: Wednesday, 5 May 2010 to Thursday, 6 May 2010

Where: Sydney Convention and Exhibition Centre,

Darling Harbour, Sydney

More info: 02 8719 5118 www.happinessanditscauses.com.au

NSW Mental Health Consumer of the Year Awards

When: Tuesday, 18 May 2010

Where: Sydney

More info: 02 8206 1841 (or 1300 135 846 if outside Sydney)

www.canmentalhealth.org.au

Later

TheMHS (The Mental Health Services) 20th Annual Conference: 20 years strong and now a renaissance

When: Tuesday, 14 September 2010 to Friday, 17 September 2010

Where: Sydney Convention and Exhibition Centre, Darling
Harbour, Sydney

More info: www.themhs.org/2010-annual-conference

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