

TURNING THE TIDE

Mental Health, NGOs and the Community

About the Conference

The Mental Health Coordinating Council (MHCC), Illawarra Area Health Service and NSW Health (Centre for Mental Health) are together facilitating a conference designed to review opportunities for both mental health and mainstream non-government organisations (NGOs), and to promote stronger relationships between NGOs and government agencies and services.

Conference Themes

The themes of the conference will focus on the role and operation of NGOs in the future, individually and in partnership.

Tidal Flows

- Achieving Outcomes: demonstrating your service works
- Current Research: a range of recent projects
- Consumer and Carer Advocacy: what's happening?
- Performance Management: some positive initiatives

Rising Tide -

- Mental health is Everybody's Business: capacity building in mainstream NGOs
- Social Capital: valuing community
- Connections: social relationships
- Collaborative Caring: support initiatives

High Tide

- Away From the Big Smoke: rural initiatives
- Interagency Collaboration: meeting the needs of survivors/victims of sexual assault
- Life Matters: suicide prevention
- Taking a Break: the importance of leisure

Tsunami

- More Than Just a Roof: partnerships in housing support
- The Right to Work: vocational and employment services
- Dual Diagnosis: working with people who have complex needs
- Where's the Justice?: mental illness and the criminal justice system

Conference Venue

Located on the beach in the heart of the magnificent Illawarra Region, Novotel Northbeach is one of the South Coast's most popular getaway destinations. There is a broad range of in-house recreations facilities including an outdoor pool, gym, sauna, spa, full size tennis court, lively bars, Windjammers Restaurant and TC's Lounge. Surrounded by seventeen of the best and cleanest surf beaches, Lake Illawarra and breathtaking rainforest, Novotel Northbeach is only one hour's drive south from Sydney Airport. Alternatively, the train leaves from Sydney's Central Station every hour directly to North Wollongong and takes 2 hours.

Disclaimer

At the time of printing, all information contained in this brochure is correct and the organizing committee and partners cannot be held responsible for any changes in the final structure or content of the program, or any other general or specific information published in this brochure.



PROGRAM

Day 1 – Thursday 25 March 2004

8.30am onwards

Registration

Plenary

Indigenous welcome:

Aunty Mary Davis – *Aboriginal Community Elder*

9.30 – 11.00

Hoskins/McCabe Room

Introduction:

Leone Crayden – *Chair, Mental Health Co-ordinating Council*

Official opening:

The Hon Morris Iemma, MP, Minister for Health

Welcoming address:

Eugene McGarrell – *Centre for Mental Health NSW Health Department*

Keynote address:

Geraldine Doogue on mental health, wellbeing and spirituality

11.00-11.30

Morning Tea

Concurrent Session 1

Tidal Flows:

Achieving Outcomes: Demonstrating Your Service Works

- i. **Turning the Tide on Evaluation in Mental Health Services:**
Consumer Evaluation of Mental Health Services (CEO-MHS)
– Sandra Hunt & Trevor Dowson – *University of Wollongong*
- ii. **MH-CoPES** – Gillian Malins & Phil Escott – *NSW CAG*
- iii. **The Application of Outcome Measurement in NGOs** –
Tina Smith – *Richmond Fellowship Hunter*
- iv. **“A Stork in the Road” Collaborative Care Options for Pregnant Women with Psychosocial Risk** – Bill Moloney, Jean Hawkins, Martha Birch, Saretta Lee - *Western Sydney Area Mental Health Service & Catherine Tracey – Catherine Villas*

11.30-1.00

Belmore Room

Concurrent Session 2

Tidal Flows:

Current Research: a Range of Recent Projects

- i. **“Older Men’s Social Lives: Keeping the Threads together” (Preliminary Findings)** – Cerdic Hall – *Central Sydney Area Health Service*
- ii. **Charting the Waters** – Rhoda Immerman, Angela Siggins – *ARAFMI*
- iii. **Stigma, Discrimination and Lesbians** – Jack Draper – *Illawarra Women’s Community Health*

11.30-1.00

Keira Room

Concurrent Session 3

Tidal Flows:

Consumer and Carer Advocacy: What’s Happening?

- i. **Building on “capacity” in mainstream NGOs, Creative Capacity Building**
Lorna Downes – *Carers Mental Health Project*
- ii. **Working with Families Education** – Robyn Marshall – *ARAFMI Hunter*
- iii. **Tsunami or Tiddler? Consumer Advocacy from a Trainer’s Perspective** –
Sandy Watson – *NSW Institute of Psychiatry*

11.30-1.00

Kembla Room

<p>Concurrent Session 4 Tidal Flows:</p> <p>11.30-1.00</p> <p>Pacific Room</p>	<p>Performance Management: Some Positive Initiatives</p> <ul style="list-style-type: none"> i. Do as I Say Not What I do: Innovative Ideas to Support Managers Implement Workforce Development Initiatives – Larry Pierce – <i>NADA</i> ii. New Zealand Standards in Action Project – Robyn Priest & Marion Blake – <i>Platform</i> iii. Generic Quality Framework for Human Service Organisations – Roisin Smith & Hon Chan – <i>QMS</i> iv. Matching Philosophy with Practice in Psychiatric Rehabilitation – Joanne Millington & Shaun Wood – <i>neami</i>
<p>11.30 – 1.00</p> <p>WORKSHOP</p> <p>Throsby Room</p>	<p>Linking the Networks – Carer Participation</p> <p>Vivienne Munro – North Sydney Mental Health Carer Network & Gillian Holt – Carer member - NSW CAG</p>
<p>1.00 - 2.00pm</p>	<p>Lunch – Windjammers Restaurant</p>
<p>Concurrent Session 1 Rising Tide:</p> <p>2.00 – 3.30pm</p> <p>Belmore Room</p>	<p>Mental Health is Everybody's Business: Capacity Building in Mainstream NGOs</p> <ul style="list-style-type: none"> i. Developing Community Care Partnership - the South Western Sydney Experience – Gillian Holt – <i>South Western Sydney Area Health Service & Linda Margrie – HACC - Macarthur Disability Service</i> ii. Becoming Part of the "In Crowd" – Henriette Norath - <i>Kaiyu Enterprises & Emma Petersen – Life Activities</i> iii. Against the Tide – Generalist NGOs and Mental Health Services Working Together – Mary Waterford & Kylie Clarke – <i>Blue Mountains Community Resource Network</i> iv. A Non-Government Organisation Turning the Tide on High Prevalence Disorders – Assoc Prof Jim Greenwood – <i>Black Dog Institute</i>
<p>Concurrent Session 2 Rising Tide:</p> <p>2.00 – 3.30pm</p> <p>Keira Room</p>	<p>Social Capital: Valuing Community</p> <ul style="list-style-type: none"> i. Making Community – A Book and Writing Together as Research, a Learning Process for NGOs in Mental Health – Jonine Penrose-Wall – <i>JPW Results</i> ii. Creating the Culture – Marion Blake – <i>Platform</i> iii. Community Participation – Samantha Edmonds – <i>NCOSS</i> iv. Degrees of Empowerment Audit Tool – Douglas Holmes – <i>NSW CAG</i>
<p>Concurrent Session 3 Rising Tide:</p> <p>2.00 – 3.30pm</p> <p>Kembla Room</p>	<p>Connections: Social Relationships</p> <ul style="list-style-type: none"> i. My Place – A place to discover the full potential of Individuals and Community – Fay Jackson – <i>Consumer and Carer Affairs Illawarra Mental Health</i> ii. Helping Hands Volunteer Program – Katy Smith – <i>Schizophrenia Fellowship</i> iii. Go and Surf Social (GASS) – Tony Humphrey – <i>Club Speranza</i>
<p>Concurrent Session 4 Rising Tide:</p> <p>2.00 – 3.30pm</p> <p>Pacific Room</p>	<p>Collaborative Caring: Support Initiatives</p> <ul style="list-style-type: none"> i. Innovations in Post Vention Services – an Intersectoral Partnership Auspiced by an NGO – Anthony Sell – <i>Southern Community Welfare</i> ii. Surfing the Tide of Change – Collaborative Caring – Jacqueline Brophy – <i>Illawarra ARAFMI</i> iii. Supporting Carers of People with Mental Illness – Toni Garretty – <i>Schizophrenia Fellowship</i> iv. Much More than Coffee & Cake – Patricia King – <i>Hope Unlimited</i>

2.00 – 3.30pm

The Ins and Outs of Forming Collaborative Partnerships

WORKSHOP

Barry Taylor – PRYSM Project – Parramatta Mission

Throsby Room

3.30 – 4.00pm

Afternoon Tea

Plenary

YOUTH ASSEMBLY

4.00 – 5.30pm

Hoskins/McCabe Room

Ministerial launch of joint DoCs & MHCC initiative

- Michelle Hegarty MHCC – providing overview of this initiative
'Working with Children who Have Parents with a Dual Diagnosis (MISA)'

School Link:

Wollongong High School Youth Panel - Michael Kinlock, Nikki Shiels, Alice Burns-McClintock, Jason Dencker, Sarah Dean and Reece Edwards.

Youth and Adolescent Mental Health – Demystifying Adolescent Problems & Treatment Options – Dr Annemaree Bickerton

Emma Hardy – a young consumer's perspective

5.30 – 7.30pm

Ballroom Gallery

Welcome Reception & Cocktail Party

Welcome by Dr Liz Gale

– Chief Executive officer – *Illawarra Mental Health Service*

Entertainment by 'Cantolibre' *Latin World Music*

7.30pm for 8.00pm

DINNER MEETING

Belmore Room

Convened by Jonine Penrose-Wall and Professor Ian Webster

MAKING COMMUNITY – Dinner for authors and informants:

To plan a book on the development of non government mental health organisations in Australia

The cost of dinner is not included in conference registration

PROGRAM

Day 2 – Friday 26 March 2004

8.30am onwards	Registration
Plenary	Alan Owen: <i>University of Wollongong – Population Approaches to Mental Health</i>
9.00 – 10.30am	Keith Wilson: <i>Chair – MHCA – The Way Forward for NGOs in Mental Health Services</i>
Hoskins/McCabe Room	Robert Wheeler: <i>Mental Health Advocacy Service – Changes to the Mental Health Act</i>
	Jane Woodruff: <i>CEO Uniting Care Burnside – Review of Grants Administration</i>
10.30 – 11.00am	Morning Tea
Concurrent Session 1 High Tide:	Away From the Big Smoke: Rural Initiatives
11.00 – 12.30pm	i. Perceived Mental Health Needs of Callers to Lifeline’s Just Ask National Rural Mental Health Information Service – Is There a Rural/Metropolitan Difference? – Marc Baur – <i>Lifeline South Coast</i>
Kembla Room	ii. Mature Men Matter in North West NSW: Drama and Collaboration in a Rural Men’s Well-Being program – Ros Foskey, Alison McConnell - Imbriotis, Alan Avery, Grant Dodwell, Bill Crocker, Patsy Asch – <i>Institute for Rural Studies, University of New England</i>
	iii. Turning Us and Them Into a True Partnership: Goldilocks and the Three Bears, Walking on Common Ground – Rhonda Wilson & Raichel Green – <i>ARAFMI & Central Coast Mental Health Services</i>
Concurrent Session 2 High Tide:	Interagency Collaboration: Meeting the Needs of Survivors/Victims of Sexual Assault
11.00 – 12.30pm	i. By Your Own Words – Maggie Lawson – <i>Women Incest Survivors Network</i>
Belmore Room	ii. A Collaborative Approach to Working with Women who Have Experienced Sexual Violence as Children – Julia Jacobs & Lou Lou le Pont – <i>Stepping Out Housing Program</i>
	iii. Exploring the Post Trauma Response to Sexual Violence – Monica Lamelas – <i>NSW Rape Crisis Centre</i>
	iv. “Waiting to be re-membered” Art Making/Documentary Making – Daughters of Persephone and Survivors of Sexual Assault – Dr Catherine Camden Pratt & Judy Finch – <i>Blue Mountains Women’s Health Centre</i>
Concurrent Session 3 High Tide:	Life Matters: Suicide Prevention
11.00 – 12.30	i. PRYSM: Partnership Responses to Youth Suicide Management – Barry Taylor – <i>PRYSM Project</i>
Keira Room	ii. Life Matters: Providing an Immediate Response to Suicidal Clients in Newcastle and the Hunter – Shayne Connell – <i>Lifeline Newcastle and Hunter</i>
	iii. Up and Running? Strengthening the Safety Net Via Collaboration between Services and Building Community Capacity – Gail Kilby – <i>Sutherland Shire Suicide Safety Network Inc</i>
	iv. Suicide Prevention Program Wesley Mission, Dalmar – Catherine Sydes - <i>LifeForce</i>

Concurrent Session 4
High Tide:

11.00 – 12.30pm

Pacific Room

Taking a Break: The Importance of Leisure

- i. Shared Funding and Shared Service Provision: Report on an Innovative Arrangement for Community Based Activities in the Newcastle Area – Sharlene Lynch – *Kaiyu Enterprises*
- ii. Active Linking – Tony Badry – *Aftercare*
- iii. Actively Linking Residents with a Mental Illness – Peg Ludwig – *The Disability Trust*

11.00 – 12.30

Bridging the Divide in Youth Focused Services

WORKSHOP

Sherrill Spears – *Illawarra Mental Health*
& Elenore Johansson – *Southern Youth and Family Services*

Throsby Room

12.30 – 1.30

Lunch – Windjammers Restaurant

Concurrent Session 1
Tsunami:

1.30 – 3.00pm

Pacific Room

More Than Just a Roof: Partnerships in Housing Support

- i. Housing & Accommodation Support Initiative in Illawarra – Steve Maron – *Illawarra Mental Health Service* & Michelle Maitlan – *neami Illawarra*
- ii. Partnership Between NGOs and Health Services – Fred Kong – *Richmond Fellowship*
- iii. From Little Things Big Things Grow: Housing People with a Mental Illness in Community Housing – Jennifer Stewart - *Housing Trust* & Judith Stubbs – *University of Western Sydney*
- iv. High Support Accommodation for People with Psychiatric Disabilities: a Survey and Need Assessment – Adele Freeman - *Aftercare*

Concurrent Session 3
Tsunami:

1.30 – 3.00pm

Kembla Room

The Right to Work: Vocational and Employment Services

- i. Long Term Employment Through Holistic Support for People Living with a Mental Illness – Cliff Hawkey – *Tweed River Valley Fellowship*
- ii. Turning the Tide – Mark McMahon - *Pioneer Clubhouse*
- iii. Employment of People with Mental Illness: support needs, reasonable accommodations and expectations – Janet Meagher AM – *Psychiatric Rehabilitation Association*

Concurrent Session 2
Tsunami:

1.30 – 3.00pm

Keira Room

Dual Diagnosis: Working with People Who Have Complex Needs

- i. The Other Dual Diagnosis: Using Mental Health Support Plans to Facilitate the Co-ordination of Services for People with Intellectual Disabilities who also have a Diagnosis of Mental Illness – Charles Harmon – *School of Nursing & Midwifery* & Philip Petrie – *Bankstown Handicapped Children's Association*
- ii. Mental Health & Developmental Disability – Jan May OAM & Doug Payne – *Illawarra Dual Diagnosis Committee*
- iii. Seeing Through the Mist: An Intervention for Young People with Dual Disorders – Warren Holt & Gabriella Holmes – *Triple Care Farm*
- iv. Exploring Residential Models for People with Mental Illness and Substance Abuse – an International Perspective – Myree Harris – *Churchill Fellowship*

Concurrent Session 4 Tsunami: 1.30 – 3.00pm Belmore Room	Where's the Justice?: Mental Illness and the Criminal Justice System i. Breaking the Cycle – Ex-prisoners with a Mental Illness – Stephen Kinkead & Katrina Bettington – <i>New Horizons</i> ii. NSW Statewide Community & Court Liaison Service – Prof David Greenberg & Carolyn Dixon – <i>NSW Statewide Community & Court Liaison Service</i> iii. Locked down minds: Mental Healthcare in the NSW Prison System – Michael Strutt & James Condren – <i>Justice Action</i>
1.30 – 3.00pm WORKSHOP Throsby Room	Practising Good Governance Elizabeth Priestley – NCOSS
3.00 – 3.30 pm	Afternoon Tea
Plenary 3.30 – 5.00pm Hoskins/McCabe Room	ASSEMBLY Aboriginal & Torres Strait Islanders (ATSI and Culturally and Linguistically Diverse (CALD) issues addressed by: • Aboriginal Mental Health – Greg Strong – <i>Aboriginal Mental Health</i> • Multicultural Mental Health – Abd Malak – <i>Transcultural Mental Health Centre</i> • Refugee Mental Health – Pearl Fernandes – <i>STARTTS</i> • 'Blue River' Bosnian Women's Choir
5.00	CONFERENCE CLOSE



Biographies & Abstracts by Author

Tony Badry
Aftercare

Paper
'Active Linking'

Today, due to a number of closures of boarding houses, there are approximately 62 such facilities in NSW, providing accommodation and support to approximately 1200 people with a disability. These centres generally do not receive any direct funding through the NSW Government, but residents, through the Boarding House Reform Strategy receive a range of community services. One such service is the Aftercare Active Linking Initiative (ALI), funded by the Department of Ageing, Disability & Home Care to "actively link" persons who reside in Licensed Residential Centres in Central, Southeastern and Western Sydney into their local communities by providing direct and/or brokered recreational / leisure / educational activities on an individual or small group needs basis. The model of service is community focused and relies on strong links with a range of other services to which we broker. Each person has an Individual Service Plan detailing goals related to recreational / leisure / educational activities. The support envisioned by DADHC to be provided to residents was only intended for clients considered to have low needs and who only required a service to facilitate access to community based activities. However the reality is that a significant number of clients with high support needs continue to reside in Licensed Residential Centres as there does not appear to be a sufficient amount of funding or initiative to provide these clients with Supported Accommodation funding packages to enable them to move into group home type settings. To that end our service is devoting increasingly more of its resources to pre-skilling before some clients are ready to be integrated into existing generic services. The presentation will review the ALI service after 3 years of operation providing support to approximately 442 residents throughout Central, Western & Southeastern Sydney, including a summary of activities, staffing and resourcing issues.

ABSTRACTS

Marc Baur
Lifeline South Coast

Paper
'Perceived Mental Health Needs of Callers to Lifeline's Just Ask National Rural Mental Health Information Service – is there a rural/metropolitan difference'

Lifeline South Coast has been delivering the "Just Ask" national rural mental health information telephone service since March 2001. The service is funded by the Commonwealth Department of Health and Ageing as part of Australia's National Mental Health Strategy. The service provides a wide range of information to the general public and professionals throughout Australia, but with an emphasis on rural areas. Resources include tip sheets, tool kits, and referral information. The service is provided by trained volunteers and receives an average of 340 calls per month. It is unclear to what extent services such as these are addressing the mental health need of Australians. In order to assess this the Just Ask database integrated the Perceived Need for Care Questionnaire (PNCQ) (Meadows, Harvey, Fossey & Burgess, 2000b) into its protocols. This interview is highly consistent with aims of the service since it helps determine the mental health needs of the caller and also allows for a description of need categorised as; no need, unmet need, partially met need and fully met need. A description of the mental health care needs of callers will be provided and compared to the National Survey of Health and Well-being. Rural vs. metropolitan analysis of de-identified caller data will be presented. The implications of these findings for Just Ask and similar services in addressing unmet and partially met mental health need in Australia will be discussed.

Paper Authors: Marc Baur, Frank P. Deane, and Denise Perkins

Dr Annemaree Bickerton

Youth and Adolescent Mental Health

Annemaree Bickerton is a Child and Adolescent Psychiatrist who trained in Sydney and London. From her earliest training, Annemaree was interested in working with families and the broader support system in the care of clients with mental illness. For the last nine years Annemaree has worked at St George hospital developing an integrated service for high risk and highly distressed children and young people and their families. The main focus of the St George ICAMHS (high risk team) is in helping families, schools, health professionals and NGOs connect in a strong partnership to form systems of safety around the young person. Annemaree also works with the Working With Families Program at Sutherland Division of Mental Health and provides consultation to the Nepean Child and Adolescent Mental Health Team.

Paper

Demystifying Adolescent Problems and Treatment Options

Approximately 15% of all teenagers suffer from a diagnosable mental health problem. Unfortunately for many of these young people their problem is never recognised and hence the young person and their family never receive treatment and support. This paper provides an introduction and overview of adolescent mental health problems, the process of mental health assessment and available treatment modalities. The key role of strong multiagency partnerships is highlighted. Case scenarios are used to illustrate key concepts.

Learning outcomes:

- To recognise some key adolescent mental health problems
- To understand how to get help
- To understand what takes place in adolescent mental health consultations
- To understand the types of treatments that may help

Marion Blake

Platform

Marion is CEO of Platform. Platform is the Association of Support Service and Community Development in Mental Health. Platform is an incorporated society and is made up of 82 organisations delivering community based support across New Zealand. The membership includes national and local organisations, large and small, Maori and non-Maori providers, coming from a geographic spread across the country of urban and rural services. Platform supports and represents the perspective of the NGO sector and serves this dynamic and exciting network. Marion has past experiences of working in both the public and private sector in New Zealand and the UK.

Paper

'Creating the Culture'

Platform is the New Zealand peak body for mental health NGOs. We have been in action for the past 3 years to promote a culture of leadership and responsibility within the NGO sector. We hold the belief that the future of mental health provision is in the communities we all live and work in. The issues of mental health are complex and require multiple agencies to work together if mental health consumers are to have their current and future needs met in a dignified and responsive way. No one agency or organisation has all the answers and NGOs often bridge the gap between the linear thinking of government and the dispersed reality that is community. This requires remembering and applying the principles and values that often originally motivated the founders of NGOs, stewardship and civil society are powerful drivers that are the 'glue' of the sector. This presentation is a call to action for NGOs to continue to create the culture of collaboration, to use the wisdom of thinkers we trust and to model the changes we want to see.

Jacqueline Brophy

Illawarra ARAFMI

Paper

'Surfing the Tide of Change – Collaborative Caring'

Established in the Illawarra in 1983, Illawarra A.R.A.F.M.I is a Non-Government Organisation for carers of people with a mental illness and has a long established record for representing the needs of carers in this region and for its partnerships with the Illawarra Mental Health Service from its beginning in 1982 to date, as well as established partnerships and collaborative links with community based organisations throughout the Illawarra region. Illawarra A.R.A.F.M.I is a familiar entity to many staff, carers and consumers in this area.

The aim of this presentation is to highlight the changes that have occurred for Illawarra A.R.A.F.M.I in the past few years, including our relocation to the CBD, and our legitimacy as a full time service for the past 2.5 years, how those changes have altered the face of service delivery and carer representation and plans for the future.

The presentation will examine Illawarra A.R.A.F.M.I's overall structure, its extended role in developing education for carers of people with a mental illness, in developing a staff education manual to cater for new staff and to help keep the issues for carers on the agenda for existing staff, and in providing a variety of groups for carers. It will also look at how we are formalizing our partnerships in the community and inpatient settings in order to more effectively deliver services

Dr Catherine Camden Pratt

Judy Finch

Blue Mountains Women's Health Centre

Dr Catherine Camden Pratt - I am an educator with over twenty years experience in a wide variety of educational settings from running state-wide professional development trainings for welfare organisations, to classroom teaching in public and alternative educational communities. I worked in NSW Department of Education and Training (DET) schools supporting school communities in implementing the NSW Aboriginal Education Policy. As an Itinerant Support Teacher Behaviour, I worked with students with Autism and their school communities supporting student needs. I lecture in Social Ecology, Teaching, Learning and Pedagogy at University of Western Sydney. My passions include using arts informed practices in pedagogies, re-search methods and re-search re-presentations as a means of enlarging epistemologies. This is political work enabling conversations from and in margins to enter the more traditional academic practices.

Judy Finch - I am currently in a management role at the Blue Mountains Women's Health Centre and my work here has included the opportunity to partner with Catherine around exhibiting her art work focusing separately on childhood sexual assault and being parented by a mother with a mental illness. My work history within the community sector and community services within government has spanned Maroubra, LCSA, the Mountains Community Resource Network, Ettinger House then to a spell in local government in Fairfield. I have been fortunate to work in mental health within development capacities and as an advocate in South Western Sydney AHS. My community passions include reducing stigma and getting a better deal for people with mental health concerns; my personal passion is yoga – and I am on the lookout for a forum for combining these!

Paper

'Waiting to be re-membered' – art making/documentary making – daughters of Persephone and survivors of sexual assault'

The paper will describe a partnership in the Blue Mountains between Dr. Catherine Camden Pratt, women's health service providers and local documentary makers who are collaborating to produce a documentary on Catherine's experience of living with a mother with a mental illness and her history as a survivor of childhood sexual assault. As part of her PhD research into children with mothers with mental illnesses, Catherine produced a series of art works that explore her personal history. These

paintings were exhibited on the 2003 Day of Action Against Sexual Assault held in the Mountains, capturing the attention of documentary makers and women's health activists.

This group has continued to meet and to film both Catherine's story and their joint exploration collaboration, specifically focussing on how a complex, and challenging story from the private domain might be taken into the broader public environment. The paper will describe Catherine's journey, display some of the art work and this unique process of collaboration as well as explore some of the complex interplay in one woman's life between mental illness and sexual assault.

Shayne Connell

Lifeline Newcastle and Hunter

Shayne graduated from the University of Newcastle with a Bachelor of Arts majoring in Psychology in 2001. Since that time I have worked in the area of suicide prevention, coordinating a number of programs in the Newcastle area. I am currently the coordinator of the Life Matters Program and the Men's Support Program through Lifeline Newcastle and Hunter. I have been a Lifeline Telephone Counsellor for the past two years and am a Living Works Trainer. As a member of the Board of Management of Suicide Prevention Australia, I am interested in public health programs aimed at improving mental health outcomes for communities.

Paper

"Life Matters: Providing an Immediate Response to Suicidal Clients in Newcastle and the Hunter

Lifeline Newcastle and Hunter has developed a model of community-based intervention that provides immediate follow-up support for people at risk of suicide. The program, Life Matters, increases links to community services upon discharge from hospitals and health services for people who have attempted suicide or experienced heightened suicidal ideation. Life Matters aims to reduce the re-admittance rate to health and emergency services by assisting individuals to increase resilience and develop alternative options to suicide in managing their life experiences. Accordingly, Lifeline has developed partnerships with the Hunter Area Health Service, non-government community organisations, general practitioners, and government organisations to increase the network of support available for those at risk.

Life Matters provides face-to-face counselling and telephone 'buddy' support for up to three months. Professionally qualified face-to-face counsellors provide weekly counselling with minimal waiting time between referral and an initial appointment. Telephone 'buddies' contact the client up to three times per week and assist with day-to-day coping strategies. The program fulfils a need to provide access to counselling support for suicidal clients on a low income by providing this service free of charge.

Life Matters also incorporates a support program for family and friends of those at risk, increasing the resilience and resourcefulness of this group and in turn, helping to improve the support available for suicidal clients. The program has been operating in Newcastle since September 2002, and clients are reporting a decrease in thoughts of suicide and use of drugs and alcohol as a means of coping, along with an increase in accessing the support networks available to them.

Jack Draper

Illawarra Women's Community Health

Jack Draper is an active lesbian feminist with a grass roots work history begun in the 1970's around abortion & reproductive rights, moving in the 80's to women's refuges and issues surrounding violence against women and children, and active in promoting the human rights of lesbians. Jack is currently employed by Illawarra Women's Community Health Centre as Lesbian Community Development Worker with the Illawarra Lesbian Health Project providing individual and group support, work place training, schools based anti homophobia workshops and lesbian health information. Convenor of Coalition of Activist Lesbians –Australia (COAL) since 1996. COAL is a UN accredited lobby group formed for the 4th World Conference on Women Beijing 1995. Previously Lesbian Health worker at Acon Illawarra. Coordinator of CAPOW! (A now defunct Coalition of 67 National Women's Organisations which coordinated the Australian NGO response at the 4thWCW 1995)

Paper

'Stigma, Discrimination and Lesbians'

Discrimination disrupts the lives of lesbians in Australia, daily bringing negative health outcomes, poor self esteem, less family and traditional supports, higher rates of addiction, drug use, self harm, suicide and depression than their heterosexual or gay male counterparts. Lesbian health issues are not yet on the funding agenda and few people take the health and wellbeing of lesbians seriously.

Recently, the Australian Lesbian Medical Association (ALMA) researched the data coming out of the National Women's Health Longitudinal Study. This study has already tracked the health of 3 age groups of women for 7 years. One age group included young women aged from 13-18 and these women are now 20-25. ALMA have used this research to provide a comparison between the health of young heterosexual women and young lesbian/ bisexual women. Some women did not answer the sexuality question however of those who did almost 8% identified as having women sexual partners.

When looking at mental health issues, lesbians and bisexual women were more than twice as likely as heterosexual women to have had

- Doctor diagnosed depression in the last 4 years
- Self reported depression in the last 12 months
- Prescription medication for depression in the last 4 weeks
- Doctor diagnosed anxiety disorder in last 4 years
- Self report of anxiety disorder in last 12 months
- Twice as many lesbians and bisexual women felt that life was not worth living in the last week
- Four times as many lesbians and bisexual women tried to hurt or kill themselves in the last 6 months.

Geraldine Doogue

Mental Health Well Being and Spirituality

Geraldine Doogue's media career began in 1972 and encompasses print, television and radio, both commercial and public. Geraldine is the recipient of two Penguin Awards and a United Nations Media Peace Prize for her role in ABC TV's reporting of the Gulf War. She has also been awarded a Churchill Fellowship for social and cultural reporting and in 2003, she was recognised as an Officer in the Order of Australia for services to the community and the media. Geraldine currently hosts ABC TV's *Compass* program, which looks at issues of spirituality, philosophy and belief, every Sunday evening. Geraldine joined ABC Local Radio in 2004 to present the award-winning *Sunday Profile* program.

Samantha Edmonds

NCOSS

Samantha commenced work with the Department of Community Services, after completing a BA in Ancient History/ Archaeology, determined to be the discoverer of Atlantis. She worked for Sydney City Mission, establishing the first of their disability services and then became Program Manager of Disability Services, while completing a Masters Degree in Social Administration. Employed as Executive Officer of CARE Employment, she became one of the founding members of Ostara Australia, a consortium of specialist employment services for people with a mental health problem. Samantha remains on the Board as Secretary. Samantha is currently employed as the Senior Policy Officer for Health at NCOSS and is completing a Masters Degree in Politics and Public Policy.

Paper

'Community Participation'

In 2001, NSW Health released the draft report of the Consumer and Community Participation Implementation Group. This considered consumer and community participation at a local and State level and advised on information/education strategies to facilitate consumer and community participation within the NSW Health system. Since then a number of processes have been implemented to improve consumer and community participation; some have been successful, others have ceased or are not

considered, by many, to be truly participatory processes.

In 2003, the IPART Report "NSW Health – Focusing on patient care" was released and recommendation 30, states that Area Health Services "establish permanent, effective community participation arrangements to ensure that the role of the community is embedded in the planning, decision making and performance monitoring processes within the Area Health Service." It also proposes other measures for community participation. This leads to the question - what has happened to community participation in the two years since the initial report? What type of community and consumer participation is taking place and why does the IPART Report still have to recommend implementation of participation?

This paper will provide a brief overview of community participation, some of the barriers to effective participation that are currently being experienced and look briefly at Departmental level participatory structures. This will lead to a discussion on the issues that need to be addressed in order to ensure active and relevant participation by the community within NSW Health and the Area Health Services.

Pearl Fernandes

STARTTS

Pearl Fernandes has worked with STARTTS for over five years. She has trained as a Clinical Psychologist and is currently a team leader with the Early Intervention Program at Startts. She also has over five years experience working in a commercial setting with clients from a linguistically diverse and multicultural population.

Paper

'Pluck From The Mind A Rooted Sorrow': Understanding The Psychological Impact Of Displacement, War/ Trauma, And Acculturation In A New Country.

This paper outlines mental health issues specific to the refugee experience. In addition to mental health struggles average people are subjected to, refugees are exposed to a series of psychological assaults, summarised by the four D's: disintegration, dispossession, dislocation and disempowerment. (Silove et al 1991). Refugees are therefore at a high risk for developing mental health problems. Clinical and research data indicate significant levels of physical and psychological dysfunction in refugees, particularly in the first two years of their resettlement. (Lipson 1993).

Despite their negative experiences, refugees have an inspirationally strong determination and will to survive. With appropriate support the majority of refugees settle well in their adopted countries and make positive contributions to society. Australia has traditionally recognised and provided compassion and a safe haven to people fleeing persecution. Major national mental health policy statements and services recognise the cultural dimensions and specific needs of indigenous people, immigrants and refugees. (Minas et al 1996)

The Early Intervention Program (EIP), Service for the Treatment And Rehabilitation of Torture and Trauma Survivors (STARTTS) is one such program that assists refugees make the transition to their new homeland. This paper also illustrates the compassionate, informed and creative approach adopted by the service.

Ros Foskey

Institute for Rural Futures, University of New England

Paper

'Mature Men Matter in North West NSW: Drama and Collaboration in a Rural Men's Well-being program'

The emotional and social well-being of mature men emerged as a major issue during a consultation with older men in November 2001 in the New England - North West region of NSW, co-ordinated by Foskey of the UNE Institute for Rural Futures on behalf of the NSW Committee on Ageing. This workshop will explore an action research, learning and health promotion initiative which developed out of the issues identified during that initial consultation process.

The video presentation will provide insights into the “road shows’ in the Mature Men Matter project, highlighting the way in which it has involved the collaboration and co-operation of a diverse range of organisations and professionals, and the outcomes resulting from this approach. The “Road Show” process has incorporated drama, discourse and group work in a collaborative environment comprising groups of mature men, experienced facilitators and trained actors and has led to an empowering process for the men. Through the use of drama the participants are able to relate to the story presented, to direct and provide advice to actors drawing on their own stories to reflect upon the richness of their lives, their feelings about aspects of their lives and experiences that possess special importance and meaning to them. The process encourages the participants to interact beyond superficial levels and provides the catalyst for men to meet, share stories and, to reflect upon what it is to be an older man in a safe and trusting environment. It acts as a catalyst for men to transform and / or foster existing or new friendships, relationships, lifestyles and work-styles.

The project has been made possible with funding from NSW Health, Department of Health and Ageing and Department of Veterans Affairs.

Adele Freeman

Aftercare

Adele Freeman is a registered psychologist having graduated with honours from the University of Sheffield in 1996. She has worked in a variety of areas including corrective services and drug and alcohol before commencing work in community-based mental health in 1999. Adele’s Masters in Research focused on the needs of consumers in high support settings and she is currently working on a funded project looking at the needs of carers for Central Sydney Area Health Service. In addition, Adele continues to be employed by Aftercare as manager of their research division.

Paper

‘High Support Accommodation for People with Psychiatric Disabilities: a survey and need assessment’

Aftercare, a Sydney-based accommodation and support service, received funding from the Centre for Mental Health to research models of accommodation and support for consumers with high needs. This fifteen month project concluded with a comprehensive report on the accommodation options currently available to consumers thought to require a high level of support in NSW, and a thorough assessment of consumers’ perspectives on their needs for care.

This presentation will:

- Describe two conceptual models of support and briefly review the available literature on service and practice models operating in both NSW and interstate.
- Describe a survey of high support, very high support and residential rehabilitation services operating across NSW and summarise the results.
- Present data on the need profile and level of functioning of a sample of consumers residing at these services.
- Summarise qualitative feedback from consumers regarding their experiences of supported accommodation and preferred living arrangements.
- Present results of consultations with interstate service providers and representatives from key community agencies.
- Provide some recommendations for existing and prospective accommodation and support providers to enable them to better meet consumers’ needs.

The aims of the presentation are to provide an overview of high support, very high support and residential rehabilitation services in NSW, to highlight the life domains that consumers in these services feel that they need assistance with, and to explore some alternative models of support to those traditionally available in NSW.

Dr Liz Gale

Chief Executive Officer Illawarra Mental Health Service

Liz has a PHD in Business Management with her topic "Leading Organisational Change," a Masters of Health Administration, and graduated with first class honours in Psychology. All of these were achieved while working fulltime. Liz won the prestigious NSW Telstra Business Woman of the Year in 1997 in the category Public / Corporate sector. Liz Joined Illawarra Health in November 2003. Prior, Liz established in Westpac Institutional Bank from a zero base the first finance team in Australia that focused on the health industry. Delivering strategic and financial solutions to the health sector across Australia and New Zealand for 6 years, Liz worked alongside CEO's of large businesses from the private sector, public sector, not for profit, and NGO's. This provided not only an in depth understanding of the health industry but a key understanding to business success. Prior to joining Westpac. Liz held senior positions in healthcare in the public sector at the Area and State level for over 20 years. Liz is referred to extensively in a book written by Pru Goward titled "How Women Succeed In Business -- A Business Of Your Own"(2001)

Toni Garretty

Schizophrenia Fellowship

My background is in Nursing where I've had over 20 years experience in both public and private sectors. More recently I have worked in Day Respite Centres as a Recreational and Activity Officer with the aged, people with disabilities and their carers. In December 2002 I was appointed as Carer Advocate for the Illawarra Region with the Schizophrenia Fellowship of NSW (SFNSW). The SFNSW received funding for a pilot project from the NSW Health Dept through the Centre for Mental Health, under the Caring for Carers program. The title of the unit created to undertake the work is the Carers Support Unit. My role is to provide information, education, advocacy and support to people caring for someone with a mental illness. I work closely with other service providers on improving the information flow between carers and professionals, such as psychiatrists and general practitioners, as well as assisting relatives to seek and gain appropriate professional care for the person with a mental illness. I provide emotional support, by offering an understanding ear and perhaps suggesting, as appropriate, possible steps carers can take in difficult situations.

Paper

'Supporting Carers of People with Mental Illness'

In the first half of 2002, The Schizophrenia Fellowship successfully submitted for funding under the Caring for Carers Mental Health program to establish an exciting new program to provide information, education, advocacy and support to carers. The program recognizes the importance of carers of people with mental illness in our community and focuses on practical and personal support for carers. This is achieved through the employment of Carer Advocates who work on a one-on-one basis with carers, ensuring that their needs are met by the NGO, mental health and Area Health Service sectors.

The program was initially established as a 12 month pilot program for two days per week in four Area Health Service regions including Northern Sydney, Hunter, Illawarra and Greater Murray. The establishment of the program was so successful, that in August 2003 we received a further 12 months funding, including additional funds to expand the program to three days per week and to include Central Sydney, South Western Sydney, Macquarie and Mid North Coast Area Health Service regions.

This essential new initiative has allowed the organisation to work in partnership with many organisations and individuals in the regions. The program Steering Committee includes carers, the Centre for Mental Health (NSW Health Department), Transcultural Mental Health Centre, Area Mental Health staff and the Centre for Rural and Remote Mental Health. Each of the Carer Advocates has a Regional Steering Committee set up to discuss local needs and issues. The Committee members are drawn from local carers, Area Mental Health Service, Police Mental Health Contact Officers and non-Government agencies (for example, Carer Respite Centre). We believe that this will ensure ongoing referrals and positive working relationships with any organisations involved in a carers' life.

The Carers Support Unit has also formed a strong partnership with the University of Sydney to conduct evaluations of the Unit and to ensure that it is responsive to carers needs. To date there have been two evaluations, both conducted by Masters students during 2003. The evaluations have shown that the work of the Unit makes a significant difference to carers, arming them with the tools that they require to

speaking with service providers and medical staff, enabling them to improve their abilities in their caregiving roles.

Professor David Greenberg

Carolynn Dixon

NSW Statewide Community & Court Liaison Service

Carolynn is currently in the position of Operations Manager, Court Liaison Service (administratively and operatively responsible for the program). My background is in nursing, specifically mental health. I hold a Diploma and BA Nursing and I am currently undertaking a Masters in Health Administration. I have worked for Corrections Health Service since 1995 in the capacity of Mental Health Nurse. My primary role was assessment of defendants' mental state and formulation of a treatment management plan whilst in custody. I have been with the Court Liaison Service for one and a half years. I worked in the capacity of Court Liaison Officer at Central Sydney Court. My primary role is to assist the court with diversion of people who have committed minor crimes with mental illness or mental disorders from the judicial system to more appropriate treatment in the community.

Paper

'NSW Statewide Community & Court Liaison Service'

The NSW Statewide Community & Court Liaison Service provides court-based diversion from the criminal justice system towards treatment in mental health facilities. The service provides mental health assessment to enable the justice system to make timely and informed decisions about the mental health status of persons charged with an offence. The Service is available to those who are charged with relatively minor offences and where the process of prosecution has commenced.

Clinical Nurse Consultants working in the local courts assist magistrates, solicitors, police prosecutors and other court staff with diversion by referring clients to appropriate mental health services out of custody in the community and hospital settings. Where this is not possible, clients will be referred to appropriate mental health services within the prison system. The Statewide Community & Court Liaison Service also provides linkages for people entering and exiting prison mental health services by Corrections Health Service.

Findings to date suggest that almost 2,000 people facing charges were screened during the first year. A total of 82% of the screened population were identified with a serious mental health problem or disorder. Approximately 56% of those diverted were successfully transferred into care of community based mental health services. For every one person diverted to inpatient units, three were diverted to community mental health facilities. The remaining 44% were linked up with mental health services in correctional centres. The important role of NGOs is to collaborate with the integration and continuity of service arrangements for this doubly stigmatised mentally ill population.

Assoc Prof Jim Greenwood

Black Dog Institute

Jim Greenwood teaches and researches for the UNSW School of Psychiatry and the School of Rural Health. He also coordinates clinical outreach for the Black Dog Institute, the NSW Mood Disorders Service. He has worked in private practice and public practice over twenty years in metropolitan and multiple rural settings. He is now proving a method of overcoming distance and isolation through technology in clinical service delivery using Mood Disorders as a vehicle to demonstrate efficacy of distance service delivery. He is interested in involving other NGO groups in service to the high prevalence disorders currently underserved in the community.

Paper

'A Non-Government Organisation Turning the Tide on High Prevalence Disorders'

It has been generally accepted that Non Government Organisations (NGOs) should focus their efforts in the areas of greatest need. Public perception is that the so-called "Serious Mental Illnesses" have needed the assistance of NGO support particularly in the de-institutionalisation era because of the severe

reduction in government spending in mental health. NSW, for example, spends only one third the dollar per head amount of New Zealand, and is the lowest spending state government in Australia. What has been overlooked in the analysis of mental health expenditure is that Mood Disorders with Anxiety Disorders comprise by far the largest group of mental illness in the Community. In terms of Morbidity and Mortality, as measured by the World Health Organisation Burden of Disease Report, depression alone will be the 2nd largest burden of disease by the year 2020. In the developed world it is already the greatest burden of disease if mortality is excluded. Deaths from mood disorders far exceed deaths from any other mental illness, for example of the approximately 2500 deaths by suicide each year at least 60% are estimated to result from depressive disorders. (Some estimates would put a higher figure on it) One study from Western Australia, "Duty to Care", introduced the concept of "excess deaths" to raise awareness that many of the deaths from mental illness are avoidable. They estimated that about 400 deaths by suicide were unnecessary each year. The incidence of depression in the community is about 5.8% at any one time, meaning that about 800,000 Australians suffer depression each year. NGOs that represent these High Prevalence Disorders (HPDs) are very limited. The Black Dog Institute is one of the first NGOs to focus on this group of disorders. This paper reports on the progress of one NGO in this huge but difficult area.

Cerdic Hall

Central Sydney Area Health Service

Currently the Suicide Prevention Worker for Older People in Central Sydney AHS. Also works as a Ministerially appointed Official Community Visitor in Community Services in NSW and as a tutor to nursing students at University of Western Sydney. A registered nurse by trade with over a dozen years experience in the mental health field, he has an ongoing interest in health promotion projects. Completed Masters of Nursing (Mental Health) 2003. Has worked clinically in Drug and alcohol, mental health, community and inpatient in Australia and England. Has also completed stints with the Health Care Complaints Commission and as a service manager. Throughout his career, he has also been involved in volunteer work and campaigning on social justice issues.

Paper

Older Men's Social Lives: - "Keeping the threads together" Preliminary Findings

The research was a qualitative study of older men that used focus groups to explore their experiences of social connection and disconnection. Within these focus groups discussion was generated about how they spent their time, what enabled or hindered their social connections, and what role loneliness and solitude played in their lives. The study revealed the ways in which older men find meaning through civic participation, day to day challenges, the utilisation and development of skills and knowledge, and via connection to others. On the topic of loneliness, the participants identified methods of combating pathological loneliness through attitudinal adjustments and through maintaining a purpose in life by engaging in a range of activities. Other important themes included the impact of retirement and contradictions between observed social interaction between the participants and their expressed beliefs about older men generally. The study serves as a foundation for health promotion activities within the local area by encouraging local services to not only respond to the expressed preferences of the men involved but through the use of focus groups provides a means to formalise the input of older men into the creation and development of new projects.

Emma Hardy

Young Consumer Perspective – Youth Assembly

Charles Harmon

Bankstown Handicapped Children's Association

Charles Harmon, RN, BHs (Nursing), MN, FANCMHN. Lecturer, School Nursing and Midwifery, University of Newcastle. Charles has a background in Mental Health and Disability Nursing and has worked as a staff development officer for a community-based disability organisation. He has recent experience as a carer in the disability field and as a nurse working in adult and child & adolescent psychiatric intensive care units. Charles is currently conducting a research project which explores the responses of nurses who have been assaulted by their patients. He has also co-written a chapter about people with intellectual

disabilities who also have a diagnosis of mental illness for a comprehensive text book on mental health nursing (in print).

Paper

'The Other Dual Diagnosis: Using Mental Health Support Plans to Facilitate the Co-ordination of Services for People with Intellectual Disabilities who also have a Diagnosis of Mental Illness'

Dually diagnosed people represent a significant proportion of the clientele within non-government organisations (Edwards and Lennox, 2002), yet this group have been notoriously undiagnosed, are often ignored, or do not have equitable access to mental health services (Fletcher and Poindexter, 1996). Indeed the authors of the Australian Mental Health Plan identified people with an intellectual disability as one of the "... target groups for whom improved services and better service responses are essential" (Australian Health Ministers, 1998, p.10). Despite the creation of specialist dual disability/dual diagnosis teams in some Australian states and in New Zealand, and notwithstanding the existence of some exemplary carers, problems remain. These may be summed up as: disability service personnel lacking the ability to provide acute mental health care; health professionals lacking in specialist communication and assessment skills; and an unwillingness amongst some health professionals to treat people with a dual diagnosis (McConkey & Truesdale, 2000).

The aim of this paper (and the outline of content) is to examine the plight of people with a dual diagnosis and to make recommendations about improving the coordination of services for these people. Based upon qualitative evidence, the authors recommend the use of Mental Health Support Plans (MHSPs) as an adjunct to the individual planning process. It is proposed that the MHSP may be used as an organising tool for discharge planning for mental health services personnel and to ensure the continuity of care when the client reaches disability services. In addition, it is intended that the MHSP may become a catalyst for co-operation between disability and mental health personnel thus helping to turn the tide for dually diagnosed clients.

Myree Harris
Churchill Fellowship

Paper

Report on Churchill Fellowship. The study of treatment for Dual Diagnosis of mental illness and substance abuse in Canada, USA and England with an emphasis on the care of homeless people.

The dual diagnosis of mental illness and substance abuse is emerging as a major social problem in Australia. This paper explores overseas experience from Canada, the USA and the UK. The paper will refer to recent US research which has shown the integrated systems approach to service provision for people with dual diagnosis to be more effective than serial or parallel treatment by two agencies which has been the approach taken here in Australia. There is a strong research base in the area of dual diagnosis, including the development of best practice guidelines and toolkits for program integration yet Australia is lagging behind other countries in acknowledging the evidence and implementing programs that take an integrated approach and do not allow people to fall through the gaps in service provision. The paper looks at some excellent models of residential and outreach treatment for people with dual diagnosis including two Canadian models of residential dual diagnosis treatment for Indigenous youth. It also explores treatment options such as Dialectical Behaviour Therapy (DBT) for people with personality disorder and substance abuse problems and the impact and effects of trauma in the lives of people with dual diagnosis.

Cliff Hawkey
Tweed River Valley Fellowship

Co-ordinator of the Tweed River Valley Fellowship for 7 years. Holds Bachelor of Arts, Certificate Mental Health Rehabilitation and Master of Community Management.

Paper

'Long Term Employment Through Holistic Support for People Living with a Mental Illness'

The preferred delivery of disability employment provision for consumers is currently seen as requiring stand alone, specialised service providers. This separatist employment provision model was seen as being necessary to ensure a single service could not exercise undue 'control' over a consumer's life. Historically, employment assistance services for consumers had been based in psychiatric hospitals, where the consumer often lived, socialised and received their treatment for their illness. The consumer in effect was dependant on the hospital for their entire social, recreational, vocational and therapeutic needs. It is our experience this separatist reaction to employment service provision has in part resulted in a lack of continuity of care and support for consumers. It is well documented that environmental factors such as unstable housing, relapse of mental illness and lack of social and peers supports are barriers to employment. Within a rural/regional community setting, where services are often many miles apart if available at all and lacking in the public resources such as transport necessary to reach them, access to these services for consumers is often difficult or impossible to maintain.

We are proposing within rural/regional areas that a single, community based not for profit service providing supported accommodation, psychosocial rehabilitation and supported employment programs is a preferable model worthy of consideration. It is our contention that such a service can allow consumers to access the necessary environmental support required for maintaining their employment whilst continuing to be treated as individuals separate from the different service's arms. The Tweed River Valley Fellowship Inc has been providing these types of services now for several years. We believe we are a good news story in the continual evolution of employment support for consumers.

Michelle Hegarty

MHCC

Michelle Hegarty is the Project Officer, National Illicit Drug Strategy Dual Diagnosis Project, employed by the Mental Health Co-ordinating Council. Michelle has worked in community and inpatient mental health settings as an Occupational Therapist, before commencing as Project Manager with Gaining Ground, an area-based community initiative to address the needs of children whose parents have a mental illness. She has worked in numerous mental health promotion and early intervention programs in Child and Youth Mental Health Services, Brisbane, and in a consultancy role to both non-Government and Government service providers.

Paper

'Working with children who have parents with a Dual Diagnosis (MISA)

The National Illicit Drug Strategy Dual Diagnosis Project is a partnership between the Mental Health Co-ordinating Council (MHCC) and the Department of Community Services (DoCS), which aims to improve support for children affected by parental dual diagnosis through resource and service development and training.

To date, there is little research into the prevalence or needs of these children and their families. The limited literature indicates that children affected by parental dual diagnosis are at heightened risk for child abuse and neglect, mental health and behavioural disorders, homelessness and substance abuse disorders. These children are also placed in out of home care at higher rates than other groups. In addition, parents with a dual diagnosis may experience increased symptom severity, reduced medication effectiveness, poor treatment compliance and subsequent increases in rate and duration of hospitalisation.

Despite these risks, various support needs and strategies can help to promote young people's resilience and coping. Some mental health and drug and alcohol services have developed innovative programs and strategies for supporting adult clients and their children. These can be developed for a dual diagnosis population. Features of these strategies include flexible, community-based support; access to other stable, secure adults; psycho-education programs and appropriate information on parental mental health problems. In addition, the literature relating to adults with a dual diagnosis indicates the need for collaboration between agencies and integrated services that are tailored to the individual's needs. This includes family interventions, support in parenting and education for family members. A full summary of identified needs and recommended strategies will be provided.

Douglas Holmes

NSW CAG

Douglas Holmes works full time with the NSW Consumer Advisory Group Mental Health inc (NSW CAG) as the Executive Officer. NSW CAG provides an ongoing mechanism for consumer and carer input into mental health policy decision-making processes, particularly in relation to the implementation of the National Mental Health Plan 2003–2008 and in accordance with the Mental Health Statement of Rights and Responsibilities endorsed by Health Ministers in March 1991. www.nswcag.org.au Douglas is also a member of THEMHS Secretariat, a Director of the COW Co-operative and current Honorary Secretary of the Mental Health Co-ordinating Council.

Paper **'Degrees of Empowerment Audit Tool'**

This paper introduces the Degree of Empowerment Audit Tool (DoEAT). The paper will provide a demonstration of how DoEAT can be used to establish the level of "empowerment" that currently exists within a service and whether people are prepared to make the necessary changes to increase their level of empowerment.

Over the past 10 years we have seen many changes in Mental Health Services in Australia. In 1992 the National Mental Health Strategy was developed to set the direction for reforming mental health care. The goal of the reform was to significantly improve the treatment, care and quality of life for people who experience mental health problems and disorders.

While the National Mental Health Strategy clearly intended to assure human rights, dignity and empowerment for consumer and carers, this has been difficult to achieve in practice.

The Aim of the paper

To understand the following:

- What DoEAT is and how it is linked to continuous quality improvement cycles
- Why DoEAT was developed
- How DoEAT can be used

The paper will:

- Describe the history and development of DoEAT
- Outline the process for developing a DoEAT audit
- Describe the process involved in completing a DoEAT action plan
- Inform and consolidate the strengths identified
- Facilitate action strategies for the weakest areas
- Document the increased understanding and shared agreements
- Collect information for the next step
- Enable decision making within acceptable risk limits
- Enable individuals to use DoEAT independently.

Gillian Holt
South Western Sydney Area Health Service

Linda Margrie
HACC –Macarthur Disability Services

Gillian Holt is a clinical psychologist who has worked for over twenty years with young people with complex needs, in particular mental health and substance use issues. For the last two years, she has been employed by South Western Sydney Area Health Service in a mental health partnership development project. The 'Working together for Mental Health' workshop has been one of the initiatives under this project. She has recently moved into a new role managing a Dual Diagnosis Project for South Western Sydney. She is also passionate about mental health carer issues.

Linda Margrie was the first Co-ordinator of Upper Hunter Neighbour Aid. She stayed with the service for six years and while there produced a video called "Taking Time". Linda then moved to Picton and

took a position as Macarthur HACC Development Worker. As a development worker it has been her role to support and resource services in the area and also to ensure that services are proactive in advocating for client rights and are an active part of deliberations regarding changes within the HACC program. The Boundaries workshop she is going to present today was developed by herself in response to a need identified by Picton Neighbour Aid to assist volunteers to understand about boundaries and also to provide a service in which they can be a friend while still being objective and responsible to the service.

Paper

'Developing Community Care Partnership in the South Western Sydney Experience'

A most welcome development in the NGO sector over the past decade and a half has been the Home and Community Care (HACC) services. These services provide a range of services to support people with disabilities, frail aged people and their carers. The services provide 'community care' to assist people to remain at home rather than needing to go into institutional care. Historically, people with psychiatric disabilities and their carers in NSW have not had good access to these services, although they are technically within the HACC target group. Also people receiving services from HACC, who have a mental illness, have often had difficulty accessing clinical assessment and case management from community mental health services. This paper will describe the partnership that has been developing in South Western Sydney between HACC and Mental Health Services over the past few years. We will look at the benefits of this partnership for mental health consumers, other HACC clients, carers and service providers. In particular, we will explain the Partnership and Referral Protocol, which will facilitate referral and liaison between the HACC and mental health services.

Warren Holt
Gabriella Holmes
Triple Care Farm

Warren is the service manager and founder of Triple Care Farm. With over 25 years of extensive experience working with young people with complex needs including dual disorders and advocating for service and system change for consumers and carers of health and welfare programs. Warren is an active member of the Mental Health Coordinating Council.

Gabriella is the supervising psychologist at Triple Care Farm, working with young people with complex needs including dual disorders over the last five years. and is responsible for the provision of the therapeutic program at Triple Care Farm. Gabriella is a registered psychologist, completed her degree at Wollongong University and is currently enrolled in the Master of Adolescent Mental Health through the NSW Institute of Psychiatry. Gabriella is currently working with Gillian Holt, PhD Student at Wollongong University, to complete an outcome study to develop an evidence base for the program at Triple Care Farm.

Paper

'Seeing Through the Mist: An Intervention for Young People with Dual Disorders'

Presentation Aim is to describe a highly successful residential treatment model for young people with complex issues including dual disorders, trauma, homelessness, education and employment issues.

Over the past few years there has been increased discussion about the need for effective treatment programs for young people with complex issues including dual disorders (mental illness and substance use). This paper will provide a brief overview of Triple Care Farm, a non-government organisation in rural NSW operated by Mission Australia, and the model for service delivery to a population of young people, for whom there are few treatment options.

The residential treatment program combines psychotherapeutic treatments and rehabilitation, including accredited vocational training. Mental health treatment is provided in partnership with local medical practitioners. This innovative program has successfully provided interventions to young people from throughout NSW and from other states for many years. Our client group are young people with major depression, schizophrenia and other psychotic disorders and post-traumatic stress disorders, all with significant associated substance use, and often with criminal offending issues as well.

The paper will also describe the model of service provision including the five program components, residential, vocational, educational, counselling and case management and sport and recreation program. A report will be provided on the current program outcomes and research project currently being conducted.

Tony Humphrey *Club Speranza*

President Club SPERANZA and Vice President Mental Health Association

- Board Member MHCC 2002-2003
- Past NSW State Manager life insurance company
- Twenty three years in mental health NGO management, planning and service delivery
- Daughter Michelle suicide 1985
- Co-Founder three NGOs, AASP, SPA and Club SPERANZA, suicide prevention
- Ten years Area Health Services management committees e.g.
 - Northern Sydney MHCC
 - Acute Services Advisory Committee
 - Suicide Prevention Standing Committee

Eight years health promotion NSW Health and senior adults

Paper **'Go and Surf Social (GASS)**

Overcoming or preventing the incursion of depression in young people can be aided by three influences i.e. building or rebuilding resilience, the support and encouragement of mentors and the reinforcement of personal courage through membership of a like-minded group. GASS creates the feeling with its participants that they are engaged in a fun activity where they can increase their self-esteem and self-pride and learn new skills in physical achievement and social engagement.

This presentation looks at the inspiration and development of a unique coordinated health promotion concept that combines the elements of mental stimulation, physical activity, and social interaction, aimed principally at young people. It uses a popular, medium equally attractive to the well and active as it is to the disadvantaged and those affected by mental health problems. GASS promotes the support and involvement of families and social relationships, and investment in the social capital of young people.

The concept takes advantage of experience gained over ten years of group participation and the value of mentoring and association and identification even by proxy with role models who have experienced their own depression demons. Rather than stimulating the negatives by associating the concept with "depression" fighting, it focuses on the evaluation of "happiness". Built into the program is an assessment and evaluation tool to detect low self-esteem and anxiety as indicators of potential need, and refer to established partnerships in early intervention services. The project also demonstrates community capacity building, engaging the media, service associations, partnerships, local government, and government departments.

Sandra Hunt *University of Wollongong, Department of Psychology*

Trevor Dowson *University of Wollongong*

Sandra Hunt has been employed as a consumer researcher for the Consumer Evaluation of Mental Health Services (CEO-MHS) project for the last three years. Sandra is part of a team of thirteen consumer researchers that work in partnership with academic and student researchers at the University of Wollongong. She is also a Registered Nurse who only recently worked as a Mental Health Clinician at St George Hospital. Her most important role at the moment is that of mother and grandmother to her family.

Trevor Dowson has been employed as a consumer researcher for the Consumer Evaluation of Mental

Health Services (CEO-MHS) project for the last three years. Trevor is part of a team of thirteen consumers researchers that work in partnership with academic and student researchers at the University of Wollongong. Trevor brought to the project valuable life experience as a consumer. Trevor's involvement in the project has included development of an evaluation instrument and framework for mental health services, development of the project website, interviewing, conducting focus groups, data collection, training and presented at TheMHS conference 2003. Trevor has also been involved in welfare and volunteer work in the community.

Paper

Turning the Tide on Evaluation in Mental Health Services: Consumer Evaluation of Mental Health Services (CEO-MHS)

Authors: Sandra Hunt, Yvonne Eman, Trevor Dowson, Jenny Sperling, Donna Huntriss, Kim Morland, Gillian L. Malins, Jon Strang, Tony Turner, Donna Foster, Michael Mason, David Williamson, Sam Aspden, Linda L. Viney, Lindsay G. Oades, & Gordon Lambert

As the theme for the conference indicates, collaborative relationships are 'turning the tide' in meeting mental health needs in the community. This paper will discuss an unique research collaboration, the Consumer Evaluation of Mental Health Services project (CEO-MHS). CEO-MHS is a three-year project, funded by a joint industry partnership between the Australian Research Council, Illawarra Health, and the University of Wollongong. A team of academics from the University of Wollongong, consumer advocates, and consumer researchers have collaborated to conduct the research over the past three years, with an aim to develop new, consumer focused, and consumer directed methods for evaluating mental health services. Our aim in this presentation will be to focus on one of the major outcomes of the project, the CEO-MHS Evaluation Framework, and we will describe the framework, outline the process of its development as well as the implications the framework holds for evaluation of Mental Health Services. The CEO-MHS Evaluation Framework, which utilised both quantitative and qualitative methods, proposes a different approach for evaluation of Mental Health Services to approaches currently used. The paper will discuss the conceptual background, values, and principles that underlie the CEO-MHS Evaluation Framework, as well as outlining the steps involved. Further, our aim is to demonstrate the broader implications both our research partnership and the Evaluation Framework have for consumer involvement in mental health.

Rhoda Immerman

Angela Siggins

ARAFMI NSW

Paper

'Charting the Waters'

In March 1999, the NSW Government announced that an additional \$12.9 million recurrent from 2000 had been allocated for supports for carers. Of this amount, \$1 million recurrent has been allocated for supporting carers of people with a mental illness.

Current mental health research highlights increased relapse prevention rates for consumers and a reduction in distress for families, when mental health services and organisations support and work together with families. The Carer Services Mapping Project is an initiative of ARAFMI NSW, in collaboration with the Centre for Mental Health and Northern Sydney Health and takes an all inclusive approach across health, government and NGO sectors. Through a process of research, survey and consultation, the project will determine the specific services for families and carers of people with mental health problems and identify current needs and gaps in service provision, across the whole of NSW.

Services for families and carers include programs which provide education, information and support to meet the specific needs of families and carers, such as family education sessions, coping skills workshops, support groups and counselling. Families, carers and service providers will be consulted widely to determine the extent to which services currently meet the need and make recommendations for meaningful future planning. The paper will present preliminary findings from the web-based survey responses. The project will continue with a detailed review of key programs and produce a database of all family and carer services across NSW. The final report will be available at the end of 2004.

Fay Jackson

Illawarra Mental Health

Director of Consumer and Carer Affairs, Mental Health, Illawarra Area Health. Fay Jackson is a nationally renowned motivational and public speaker and consultant on mental health issues. She travels Australia speaking to audiences ranging in number from 30 to well in excess of 1500 people and in locations ranging from Parliament House Sydney to small one room meeting places in central Australia. She is a passionate advocate for the education, destigmatisation, prevention and early intervention of mental illness. Her addresses are educational and professional however they are highly humorous and emotional. Fay is of the strong opinion that professionalism need not and indeed should not be void of either of these human traits. She is invited regularly to speak on mental health issues to all areas of media.

Paper

'My Place – A place to discover the full potential of individuals and community'

"My Place" is the proposal for a centre of recovering and facilitating recovery for Mental Health Consumers. The centre will engage Consumers in teaching and learning, training and being trained, being motivated and motivating, being employed and guiding people to employment in the community and enabling people to become employers.

"My Place" will be a place for Mental Health Consumers to discover a real joy and passion for learning which will lead to discovery and practice of the arts, to learn self-healing techniques of relaxation, exercise, and diet, to learn literacy and numeracy skills.. They will also learn retail skills, service skills, leadership skills and learn interview techniques and self promotion skills including patterns of speech, CV writing, grooming etc. "My Place" will teach people how to learn, work, play and relate with confidence and a feeling of belonging, which will be easily transposed and carried with ease into the community.

"My Place" will be consumer lead, Consumer designed, Consumer motivated, Consumer facilitated, Consumer empowered and Consumer staffed, because it is Consumers who know how to teach, reach and motivate other Consumers. We have a much greater understanding of our idiosyncrasies, an understanding that it is sal for us to have the opportunity to learn in all learning methods including oral, aural, kinaesthetically, visually etc. We understand the blanks in memories and consciousness and how our cognitive abilities are fluid and not so rigid as people who do not have Mental Illness. We understand the thought processes and the waxing and waning of our time and cognition. We understand the dullness and brilliance within the one mind, and we can teach our people by learning and teaching in return.

ABSTRACTS

Julia Jacobs

Lou Lou le Pont

Stepping Out Housing Program

Julia Jacobs is currently a support worker/Art Therapist at Stepping Out Housing Program, as well as a Therapist at Jarrah House Detoxification Unit, Prince Henry Hospital. Previously D & A counsellor at Jarrah House Detoxification Unit and Phoebe House Rehabilitation Program for women on methadone.

Paper

'A Collaborative Approach to Working with Women who Have Experienced Sexual Violence as Children'

Stepping Out provides medium term accommodation (6-12 months) and support for women (with or without dependent children) who have experienced sexual violence as children, continue to experience its impact and effects, and are homeless or at risk of homelessness. Women are referred to the service by a large range of community services and also self refer. Stepping Out has a range of accommodation in the Inner West and the Fairfield/Liverpool areas of Sydney.

As a service which supports women who have experienced sexual violence as children we commonly

speaking with women about their struggles with a range of problems which fall into the DSM IV descriptions such as Post Traumatic Stress Disorder, Borderline Personality Disorder and Dissociative Identity Disorder, and refer to the intense fear and helplessness experienced during assaults. Symptoms include recurrent, intrusive images, thoughts and/or perceptions, dreams, flashbacks, intense psychological distress to cues which remind her of a traumatic event, persistent avoidance of stimuli linked with trauma, numbing of responses and increased arousal as well as a range of dissociative processes.

Work within the service has been particularly effective with women where there has been a collaborative approach to case planning by Stepping Out, mental health services, therapists and housing providers. Rather than working in isolation, consistency in approach across these services has led to greater effectiveness and positive outcomes for the women, i.e. far fewer admissions to psychiatric hospitals, less self-harm and greater stability in maintaining day to day life. Currently our experience is that this kind of collaboration has mostly relied on individual workers who also value this approach and can see its benefits. We hope that in discussing our positive experiences of a collaborative approach to work with survivors of child sexual assault, more mental health and NGO services will be encouraged to put into practice interagency case management collaboration for survivors to enable better access to services and improved outcomes.

Gail Kilby

Sutherland Shire Suicide Safety Network Inc

Gail was a High school teacher and as a community educator presents workshops for educators, clergy, welfare, parent and youth organisations. She regularly speaks to business and community groups re issues around suicide prevention and bereavement and contributes to media. Gail assists those who have experienced mental illness to prepare testimonies. She is Chairperson for the Sutherland Shire Suicide Safety Network Inc, a collaboration of local service providers which aims to reduce the incidence of suicide in Southern Sydney. The Network's After Suicide Support group benefits bereaved families, friends and colleagues. Gail is a Psychiatric care Chaplain.

Paper

Up and Running? Strengthening the Safety Net Via Collaboration Between Services and Building Community Capacity!

While the Federal Government supports strategies which build social cohesion, the Sutherland Shire Council also recognises suicide prevention begins within local communities where members look out for each other. The Sutherland Shire Suicide Network's (SSSN) approach to suicide prevention within the Southern Sydney region is a multi-layered model which is replicable when service providers unite to meet local needs.

Established in 1999, SSSN is a collaboration of community members and key service providers including Government and non-Government agencies which have a role in reducing the incidence of suicide. Some coordinate educational and training programs, others help those coping with self-destructive lifestyles, the effects of social dis-ease and family disintegration. Others represent 'first response' groups, their contribution has produced postvention resources and supports for the bereaved. SSSN aims to empower the whole community, providing resources and outreach events for the community which promote positive mental health and profile local services.

The Chairperson will overview SSSN's aims, its development, membership and directions taken. The presentation will benefit communities hoping to grow a collaborative approach to suicide prevention and become a 'ready community' able to link with Federal Government initiatives. Find out what our Shire has done! After a cautious start, we are up and running

Patricia King

Hope Unlimited – Newcastle

Mother and carer of two young men who live with a mental illness, of whom one has been a forensic patient for the past seven years. Trained Primary teacher with 12 years experience working in both city and country NSW and the NT before leaving teaching to bring up three children. I am at present studying

Philosophy, Aboriginal Studies and Social Welfare at Newcastle University with an emphasis on the human rights of the disadvantaged in society and mental health issues. My special areas of interest revolve around carers issues and the treatment and rights of mentally ill offenders within the prison system also Member of the Carer and Forensic Working Party Groups responding to the Inquiry into Mental Health Services.

Paper

'Much more than Coffee & Cake'

Hope Unlimited Group (HUG) of Newcastle is a mutual support group of carers of young adults who live with a mental illness. It was formed in 1996 by a group of carers who decided that they were never going to give up hope in their fight for better mental health services and justice for their loved ones who seemed to be falling through the cracks in the mental health system. HUG has continued to grow and has developed into a strong carer mutual support network with support available when needed either by telephone or face to face. The central philosophy of the group is that putting our efforts into ensuring the best possible care for our young adults results in a greatly improved quality of life for all. The majority of our young adults experience mental illness coupled with substance and/or alcohol abuse often leading to involvement with the legal system. For this reason the primary advocacy focus of the group is on achieving more suitable outcomes in the legal system for people with mental illness and improving Forensic Mental Health services. The group is entirely self funded so therefore independent and free to ask the hard questions about the delivery of mental health services both in the community and within the system.

Stephen Kinkead
Katrina Bettington
New Horizons

Stephen is a former chartered accountant. For some years he was employed by an international firm of chartered accountants before he joined a multinational electronics company. Stephen worked for this electronics company in various financial positions in England, South Africa, USA and lastly in Australia. Though Stephen found his work challenging he decided that his interests had moved from corporate financial matters. He resigned and commenced employment as the CEO with New Horizons Enterprises. Stephen is the Honorary Treasurer of the Mental health Co-ordinating Council, ACROD NSW, a non government employment organisation and an overseas aid organisation.

Katrina Bettington studied Marketing and Communication, worked in a media buying house and sales before moving into the motivation of sales teams. Katrina then gained her level one accreditation in Life Coaching and ran a successful coaching business. For the last 4 years Katrina has worked for New Horizons Enterprises Ltd and is gaining her disability qualification.

Paper

'Breaking the Cycle – Ex-prisoners with a Mental Illness'

A large portion of males with a mental illness who leave prison re offend and return to prison. The reasons for this may be complex. Substance abuse is often present. These people may have learnt behaviours from prison.

The Department of Corrective Services has funded New Horizons to manage a small three year pilot to develop a case management system and to provide short term accommodation for these ex prisoners. The case management system will link the ex prisoners with their previous and new networks. The short term accommodation will provide a time limited safe and stable home while the supports and networks are established. New Horizons will provide to the conference details of how this pilot is progressing, the successes and failures, the lessons being learnt. The pilot will be about 5 months old at the time of the conference but data collection and analysis will have commenced. The aims of the presentation are:

- To inform the mental health sector of this exciting pilot
- To provide interesting anecdotes illustrating the challenges faced.
- To explore from the preliminary data the potential outcomes for the ex offenders
- To promise to return for the next conference with solid empirical evidence of the pilot outcomes and the medium / long term prognosis.

Fred Kong *Richmond Fellowship*

Fred is the Chief Executive Officer of The Richmond Fellowship of NSW. He has been involved in mental health all his working life for over 30 years. Fred was appointed to the position of Chief Executive Officer of RFNSW in 1988. Under his leadership, he has transformed the Fellowship from a 12-bed “Therapeutic Community” organisation to a vibrant Community Organisation providing specialist supported accommodation services to people with mental illness and high support needs. Today the Fellowship has services in many parts of NSW spanning from Central Sydney to Western Sydney, Newcastle and the Rural Area including Broken Hill, Wagga Wagga & Tamworth. He is committed to working collaboratively with all sectors in Mental Health to provide better options for all service users.

Paper *‘Partnership between NGOs and Health Services’*

Monica Lamelas *NSW Rape Crisis Centre*

Monica has worked as a trauma counsellor both at STARTTS and NSW RCC

Paper *‘Exploring the Post Trauma Response To Sexual Violence’*

In this presentation, Monica will explore the differences and parallels between the two approaches to working with trauma she has experienced, and will discuss:

- historical views of trauma and Post-Traumatic Stress
- the model that is used for working with refugees who have been traumatised
- the main categories of symptoms of trauma
- the stages of recovery, and
- the possibilities for blending the two models when working with victims of sexual assault.

Monica’s presentation tracks the recognition and treatment of post-traumatic stress suffered by men at war. She shows that women who suffer domestic and sexual violence present with corresponding symptoms but are more often diagnosed with depression and anxiety and discusses the implications of this. Monica argues that we need to revisit the way we understand and label the different types of trauma, and that perhaps what is needed is more cross-fertilisation between the two models to provide the best possible service for victims of both.

Maggie Lawson *Women Incest Survivors Network*

Maggie has been a member of the Women’s Incest Survivor’s Network Collective since 1994, she is editor of the bi-monthly newsletter. During that time she has participated in various advocacy roles for adult victims and survivors of child sexual assault. She is committed to identifying the way in which oppressive practices are interlocking across different systems of intervention. She is interested in connecting with community advocates from the health system, legal services, survivors and victims of crime organisations, academics and people who have been affected by sexual violence. This can be an opportunity to begin to work together for a collaborative response to sexual violence. Maggie is currently a member of the Management Committees of Dymnna House and Blue Mountains Women’s Health Centre.

Paper *‘By Your Own Words’*

In this paper I present an overview of how policy and service provision generally in the areas of health, welfare and justice limit opportunities for victims of sexual assault to overcome the trauma of sexual assault and reduce their likelihood of getting justice. I use this analysis to develop an argument that laws, practice and administrative processes within the criminal justice system and agencies have not been able to incorporate recent developments in police investigative techniques and forensic evidence, that there

has been limited contact with the community to make links to participate in the development of guidelines, policy and protocols. Marginalised groups are hierarchical and the response to victims of sexual violence can be determined by their position in that group. It means that the most vulnerable are often silenced and unheard and their trauma becomes another layer of pain. The response to sexual violence is often determined by the goodwill and integrity of individuals rather than a standard of practice. I will then outline some ideas about how we genuinely connect with victim/survivor advocates in moving forward to develop more just responses to sexual assault. Community advocates from the health system, legal services, survivors and victims of crime organisations, academics and people who have been affected by sexual violence might use this session as an opportunity to begin to work together provide a safer environment for people to disclose and to respond to them as victims of crime.

Peg Ludwig *The Disability Trust*

In 1982 I completed my Diploma in General Primary Teaching. The following several years were spent teaching primary aged children including on a cattle station in remote Queensland and at a Special school in W A. Since 1987 I have worked in the disability field mainly with adults with a developmental disability living independently in the Illawarra region. In 2000, I was appointed to co-ordinate the Active Linking Initiative program for 140 Boarding House residents living in the Southern Highlands and 10 in the Illawarra. In late 2003, I was appointed to also co-ordinate an Accommodation Support service for people who have a mental illness and are living independently in the Wingecarribee, Wollondilly and Macarthur Shires.

Paper *'Actively Linking Residents with a Mental Illness'*

In June 2000, the Disability Trust was funded by the Department of Ageing, Disability and Home Care (DADHC) to implement the Active Linking Initiative (ALI). The aim of this program is to link the residents of the Licensed Residential Centres (sometimes referred to as Boarding Houses) with a recreational, vocational, educational, social and/or cultural activity of their choice. These privately operated, large supported accommodation settings are based in Mittagong and in Bundanoon and accommodate a total of 140 adults who either have a developmental disability, acquired brain injury or have been diagnosed with a mental illness. A large number of these residents have a dual diagnosis. Currently, the ALI program is providing a total of 80 activities to these residents via direct ALI support, paid activity providers, volunteers and community support. This paper will refer to the large group (@40) of residents who have a mental illness. We will look at the activities this group has participated in, sustainability of these activities, the impact these activities have had on their quality of life and how their illness has impacted on the activities. The delivery of all these activities will also be presented as it demonstrates the growing support and acceptance from these small rural communities for people with a mental illness. Included in this support are the strong and positive relationships that have been established with other community services including the mental health service.

Sharlene Lynch *Kaiyu Enterprises*

Sharlene has a Certificate IV in Community Services (Welfare) and for the last three years has been a Support Worker with the Community Based Activities Program, Kaiyu Enterprises, Newcastle.

Paper *'Shared Funding and Shared Service Provision: Report on an Innovative Arrangement for Community Based Activities in the Newcastle Area'*

In July 2000, the Department of Ageing Disability & Home Care (DADHC) decided on an innovative model for community based activities (CBA) for 47 former boarding house residents with a psychiatric disability. After three years, this model has proven to be tremendously successful for participants and the services involved. This new model is a hybrid of individual based funding and block funding. DADHC calculated an amount of funds for each individual on the basis of their level of disability. All parties considered asking each individual to choose one of three CBA providers. The final decision was to pool the CBA

funds and divide these equally with each CBA provider contributing an equal share of the work.

One of the strengths of this model is that each CBA provider has their own distinct program and mode of delivery. The model easily caters for the varied and changing needs and interests of people with a psychiatric disability. If one service cannot meet a specific need the service can refer to another service to enable the participant to meet their goal. The reality is that many participants are involved in activities with each of the CBA providers in the same week. The model also required the development of accountability measures. All services need to see that the others are sharing the load. There are also mechanisms to ensure that the goals of each individual participant are clear and that activities are in place to meet these.

Mark McMahon *Pioneer Clubhouse*

Mark McMahon has a Bachelors degrees in both Law and Economics (Accounting) from the University of Sydney. During a 17 year career as an insolvency specialist in major accounting firms he has managed extensive litigation portfolios, including litigation following the Chelmsford Royal Commission. Following a near fatal motor accident in 1992, he developed significant mental illness, from which he is recovering. Mark is Honorary Secretary of Pioneer Clubhouse and Co-Chair of the Consumer Network Steering Committee of Northern Sydney Mental Health Service. He takes part in state and national committees dedicated to improving mental health services and psychosocial rehabilitation/recovery policies.

Paper *'Turning the Tide'*

The work of and in Pioneer Clubhouse often creates a new beginning in a person's recovery from mental illness. The Clubhouse model offers a number of stepping stones, or building blocks with which individuals can "pave the way" individually. A new member's attendance is characterised by finding out about their skills, interests and goals, The reason for that is the philosophy of empowerment and hope, and necessity: Members are instrumental in running the house. Members are part of all decision making and thereby contribute to the community. This is very important to understand the attraction of a Clubhouse: people are not just service users, but participants.

The main stepping-stones:

1. **Work-ordered day and Training:** Pioneer is a day-program with three work units (Food services, Communications and Employment and Education). They are all functional for the operations of Clubhouse. The meaningful work in the units gives the opportunity to give structure and goals (individual and common), share and learn new skills and build confidence and relationships.
2. **Employment Support:** The Employment and Education unit provides individualized and group support for employment and education issues, on the job training, Transitional Employment Program, and advocacy on entitlements and housing.
3. **Social:** With our social program we build relationships and give the opportunity to find likeminded people with similar problems, without the illness being in the centre of attention. A number of social activities take place in the community, which is important for people's growing confidence.
4. **Space:** We have no segregated staff or member areas and members participate in making decisions on how the space is used. It also has to be looked after by staff and members together.
5. **Relationships:** The base for our staff-member relationships is that of a partnership, which creates a big challenge for staff: balancing relating to members as equals, and at the same time maintaining a professional attitude, duty of care, skills and insight into people's well-being and potential.

Abd Malak

Transcultural Mental Health Centre

ABD-ELMASIH MALAK, AM, BSW, MSW has worked in the field of health and social welfare which, for the past 25 years, has included service provision, policy, planning and management. He has written and published various papers on cross-cultural issues. Mr Malak has led the development of innovative state and national services that address the difficulties faced by minority and disadvantaged groups when accessing mainstream services. He was instrumental in the establishment of the NSW Transcultural Mental Health Centre and Diversity Health Institute where he is the Director. Mr Malak is also the Chair of the Federation of Ethnic Communities Councils of Australia (FECCA) and the newly established Australian Partnership of Ethnic and Religious Organisations (APER0). In 2002 Mr Malak was honoured to be included in the Australian Honours List as a Member in the Order Of Australia for his service to migrant communities.

Gillian Malins

Phil Escott

NSW CAG

Gillian Malins commenced work as the MH-CoPES Project Officer in January this year, with the NSW Consumer Advisory Group. For the past three years Gillian has worked with the Consumer Evaluation of Mental Health Services (CEO-MHS) Project at the University of Wollongong, and is also currently completing a PhD exploring the experiences of mental health consumers in becoming researchers.

Phil Escott is currently working as a Consumer Consultant in mental health for the Central Sydney Area Health Service (CSAHS). He is also on the Board of Directors of the Psychiatric Rehabilitation Association. Phil also has an extensive background in working for Community Housing in the Inner West. He is a member of the Recovery Support Committee for the CSAHS as well as being a member of the MH-CoPES Working Group. Phil's interests are walking, music and reading on the topic of Recovery and Consumer issues, for example Drug/Alcohol.

Paper

The MH-CoPES Project

The MH-CoPES Project is to develop or identify an instrument or process to collect, collate, measure and report consumer perceptions and experiences of mental health services. The instrument or process will be appropriate, effective and efficient; and reflective of recent trends in health related surveys and other methodologies available to elicit information relating to experiences of service users.

At the end of the project, a full tool kit will be available to ascertain consumer perceptions and experiences of each of the following aspects of mental health service delivery:

- Availability of services;
- Access to services;
- Getting information;
- Treatment and assistance;
- Staff;
- Participation; and
- Hospital care;

that would enable both quantitative and qualitative measurement and assessment.

MH-CoPES is a partnership between the NSW Centre for Mental Health and NSW CAG. The project will utilise the expertise within the NSW Centre for Mental Health to provide guidance and facilitate access to services and stakeholder groups. NSW CAG will provide line management and administration functions. The Working Group (TWG) will oversee the progress of the project and report back to stakeholder groups and associated committees

Steve Maron
Illawarra Mental Health Service

Michelle Maitland
Neami Illawarra

Steve Maron - Currently employed as the Manager of Planning & Projects with the Illawarra Mental Health Service, following on from role as Coordinator of the Mental Health Integration Project, a National Demonstration Project, from 2001 to 2003. Prior to this worked as a Registered Nurse in a variety of mental health settings.

Michele has a background in Mental Health nursing. She began working in the Psychiatric Disability Rehabilitation and Support sector in Victoria in 1995 and has experience working in and managing Housing and Support, Outreach, Day Program and Residential Rehabilitation programs. She commenced working for Neami Ltd. in 2000. Last year she moved to Wollongong to set up a new Housing and Support service for Neami Ltd. with new funding from the HASI initiative.

Paper

'Housing & Accommodation Support initiative in Illawarra'

To describe a local example of a unique three-way partnership in the provision of housing and support to people living with a serious mental illness who have high support needs. The Housing and Accommodation Support Initiative (HASI) is a three-way partnership between NSW Health, The Department of Housing and NGO Accommodation Support providers in NSW. The initiative seeks to provide stable housing and high-level support to people with high support needs.

In the Illawarra, there are eight (8) places available under the HASI. Illawarra mental health services provide the clinical case management support, NEAMI Illawarra provide the high level accommodation support and the Illawarra Housing Trust provide the housing and tenancy management functions in the partnership. This paper will outline the background to this initiative, describe the local partnership arrangements in the Illawarra as well as profile the partnership members and consumers involved in this exciting initiative. The challenges and opportunities will be explored as well as the possible future directions of the partnership.

Robyn Marshall
ARAFMI Hunter

Robyn Marshall B Soc Sc, G Dip Hlth Sc. has worked for ARAFMI Hunter for 15 years and is the Director. Robyn is very passionate and empathic in her work with families and has a keen interest in group work and how this can build on families' strengths and empower them. She also has a strong interest in mental health staff education around family issues and has been instrumental in developing education to support and educate staff.

Paper

'Working with Families Education'

This paper will explore the development, delivery and content of *Family Sensitive* Education for Mental Health staff in the Hunter Region. *Family Sensitive Practice* is a combination of a professional approach towards families as partners in care, interventions with family members which provide support and education and models of service provision which include and facilitate these. In 1996 the Family Policies and Practices Committee was formed to develop policies and practices to address some of the issues and needs surrounding the families/carer's experience. This was a joint initiative of ARAFMI and Hunter Mental Health. The committee was interested mental health staff, Head of Social Work, social workers, nurses, carers and ARAFMI committee members and staff.

The proposal for the development of a Family Sensitive Service Plan in 2000 for Hunter Mental Health was successful and a project worker was appointed. Findings from the evaluations revealed clinical staff wanted more skills in meeting the needs of family members, consultations with families and the provision of education, support and information does not occur in a structured way. What was also

revealed was that this was dependant on the skills and awareness of individual clinicians and the time available to attend to the needs of families. The project ceased in 2002 and there were a number of recommendations from the project. ARAFMI Hunter obtained additional funds in 2002 from Hunter Mental Health to provide *Family Sensitive Education* for staff in the region. Since the commencement of the education 168 staff has participated in at least one hour of *Family Sensitive Education*. The evaluations from the education have been positive and the *Family Sensitive Education* has been funded for another year.

Jan May
Doug Payne
Illawarra Dual Diagnosis Committee

Jan has been an advocate of people with a disability for over 30 years. She has worked professionally with people with disabilities, is the parent of a man with a disability & has been a member of Federal, State & Regional Advisory Committees on disabilities. She was a member of the Guardianship Tribunal of NSW for 13 years, a member of the Nurses Registration Review Tribunal & the Physiotherapy Practice Review Committee. She is currently a director of The Flagstaff group, Interchange Illawarra & the Illawarra Disability Trust. The issue of services to people with a dual diagnosis of Mental Illness & Intellectual Disability has been of particular interest to Jan for many years & she has worked with the Illawarra Health Service & Disability Services (DADHC) in the development of practices to best meet their diverse needs.

Doug, who initially trained as a special education teacher has worked in NSW state Government disability services in excess of 20 years. During that time he became interested in people who had an intellectual disability and mental health issues, in particular those who engage in challenging behaviour. He was a member of the Illawarra dual diagnosis committee and is currently working towards it's re-establishment. Doug is currently employed by DADHC as the Co-ordinator Behaviour Support for the Southern Region and provides consultancy advice in regards to Behaviour Intervention to agencies who support people with an intellectual disability.

Paper
'Mental Health & Developmental Disability'

The Illawarra Dual Diagnosis Committee developed in response to the circular 90/98 issued in October 1990 from the Department of Health. This circular outlined a framework for joint responsibility from the Department of Health mental Health services and the newly developed Department of Community Services Disability Services. (Now DADHC). The committee meets four times per year and is composed of representatives of service managers and staff representing inpatient, outpatient and community services.

Terms of reference for the committee

- Monitoring services provision
- Review of incidents relating to children with a dual diagnosis
- Development and monitoring of joint education programs
- Production of examples of best practice case management of clients with Dual Diagnosis
- Fostering of co-operative and accessible joint service provision at a local level

The committee co-ordinates smaller working groups to develop and implement strategies in relation to these terms of reference and achievements include:

- Development of a referral form to be completed by disability staff prior to psychiatric assessment
- Identification of staff training requirements and development of staff training plan
- Regular training sessions for Health, DADHC and NGOs
- Establishment of monthly joint case conferencing through a process of referral to the Dual Diagnosis Case Discussion meeting

Key achievements

In 1998 the Illawarra Dual Diagnosis Committee received a Quality Award from the Illawarra Area Health Services in recognition for the outstanding contribution the committee had made towards improving interagency case management for clients with Dual Diagnosis.

Janet Meagher

Psychiatric Rehabilitation Association

Janet Meagher is one of the earliest consumer activists in Australia. Over twenty-four years ago she began speaking out and advocating. She had been a long term patient in the oldest psychiatric institution in Australia prior to the deinstitutionalisation policies of the late seventies, and decided to speak out and attempt to bring about changes regarding the conditions of 'care' and 'treatment' in this sector. Since then she has become well-known as a speaker, writer and trainer in the mental health sector both within Australia and overseas.

Janet was awarded a Churchill Fellowship in 1994 to "Investigate Consumer empowerment and self-advocacy programmes in UK, USA and Canada". A product of this fellowship was Janet's book, "Partnership or pretence. Janet was awarded an "AM", ... made a member of the Order of Australia for her work as an advocate on behalf of people with mental illnesses and psychiatric disabilities. She is, and has been, on many state, national and international, advisory, working and planning groups and boards at both the non-governmental and governmental levels. This includes being the organizer of the World Consumer/ Carer Advisory Group (WCAG) of the WFMH, and Co-chair of the National Consumer Carer Forum (NCCF), and honorary Patron of the Australian Mental Health Consumer Network at the time of each organizations formation. She is currently Hon. Secretary of the World Federation for Mental Health and Director of Employment for the Psychiatric Rehabilitation Association in Sydney. She is married, her husband, Peter, is a person with a disability, (cerebral palsy with a resultant speech & hearing impairment) who is very active in the local disability movement, and they have a 21yr old son who is currently at university.

Paper

'Employment of People with Mental Illness: Support Needs, Reasonable Accommodations and Expectations'

This paper will investigate why our society clings to the belief that it is so important to have a job and will explore the changing tide of work-related expectations of people who use mental health support services. Work is often the life-raft that consumers of mental health services cling to or attain to when seeking to recover, it is the unofficial 'benchmark' of being on the recovery pathway. However, is it an honest or achievable goal? There is a great void when one tries to determine the steps required between the desire to "want to work" and then "getting a job" and finally, and most challenging of all "keeping a job". Should we offer 'affirmative action' programs in the NGO sector to model our rhetoric to other potential employers? Does this work? What are the positives and pitfalls of such a program? What are the implications for our service? Our stakeholders? Our funders? Our workforce? What if it is a roaring success? What would happen if it is a disaster? How can we make it happen and ensure a successful outcome for all parties ?

Examples of work initiatives from local and international models will be described. Such things as 'useful activity', 'work-related programs', supported work environments, enclaves, small business initiatives and open employment will also be explained from the perspective of a psycho-social rehabilitation and recovery framework illustrating the possible impacts of government policy directions (e.g. Welfare Reform, Case-based Funding etc.) on such current programs.

Joanne Millington

Shaun Wood

neami

Joanne Millington started working for Neami in Victoria just over 4 years ago as a Community Support Worker. In 2003, I moved to NSW with Neami, in the role of Team Manager and am currently in the position of Manager. I am based at the Neami South West Sydney service which is in Liverpool. I hold a Bachelor of Applied Science from Sydney University.

Shaun Wood has been the manager of Neami SE Sydney, a psycho-social supported accommodation and rehabilitation service, since May 2003. Previously he worked with the Community Services Commission and then the NSW Ombudsman for 5 years, after 6 years in the mental health field in Victoria. Shaun has

completed a Bachelor of Social Work and a Bachelor of Arts, and has been involved in the area of social change and social justice through many voluntary and political organisations.

Paper

'Matching Philosophy with Practice in Psychiatric Rehabilitation'

The translation of an organisation's philosophy of high quality, consumer focussed and evidence based practice into reality is the challenge that confronts mental health services today. Perhaps indicating a coming of age, there is now more than ever a focus not just on what we do but on how we do it. Neami, a psychiatric rehabilitation and support service has focussed on maximising quality outcomes for consumers by instituting a number of practices that are designed to translate the organisation's philosophy into practice. The articulation of Neami's philosophy is supported by a structure of five ingredients, multitasking, team approach, supervision, reflective practice and 360 degree performance appraisals and complements the routine use of formal needs assessments and outcome measures. We describe the process of the organisational change that led to the implementation of the new practices and the effect on staff and consumers. We discuss and analyse the practices and the resulting outcomes for both staff and consumers including how the practices have impacted on resources, continuity of care and staff burnout. We discuss the importance of support, challenge and reflection on our own practice as mental health professionals and the parallels for our work with consumers on their recovery process.

Bill Moloney
Jean Hawkins
Martha Birch

Western Sydney Area Mental Health Service (Sector West)

Catherine Tracey

Catherine Villa

Amie Taylor

WASH House (FACS)

ABSTRACTS

Bill Moloney RN, BA, MA, Clinical Nurse Consultant Born in the Republic of Ireland. Nursing since 1975. Working in acute psychiatry in Blacktown since 1992. Since 1995 specialising in Consultation Liaison Psychiatry, covering Blacktown and Mt.Druitt Hospital.

Jean Hawkins Registered nurse, Bsc health science nursing. Grad. Diploma dual diagnosis. Currently on the consultation liaison team at Blacktown Hospital.

Martha Birch, RGN, RPN, Dip Ad Psychotherapy, Grad Dip Infant Mental Health. Parent-Infant Therapist, Child and Family Team, WSAHS.

Catherine Tracey, B. Soc. Sci., Coordinator, Catherine Villa

Amie Taylor – Project Officer for the Early Intervention and Parenting Project located at the WASH House funded by FACS. The target group is for women with a mental illness with an infant under 12 months.

Paper

"A Stork in the Road" Collaborative Care Options for Pregnant Women with Psychosocial Risk Factors

Sustainable innovative models of care must be encouraged in an environment of increasing competition for the health tax dollar. Blacktown City Mental Health Service (BCMHS) is developing services to the maternity departments of Blacktown Hospital. Influencing this initiative is the recognition that psychosocial risk factors associated with its population can be detrimental to the psychological well being of pregnant women and their families. The NSW Health Integrated Perinatal & Infant Care (ICP) Program supports antenatal and postnatal screening of all women for psychosocial risk factors and suggests appropriate interventions. This model aims to prevent mental health problems in infants and children by focusing on the well being of the mother and her capacity to provide a healthy nurturing environment for the infant. Given the complex nature of these psychosocial risk factors a purely

psychiatric or biomedical intervention is not the most appropriate care option. An “all of community” approach utilising what services exist within the area may be more appropriate and sustainable. BCMHS is working collaboratively with local NGOs to provide a more comprehensive and holistic service to women at risk.

This presentation, while acknowledging the embryonic nature of this initiative, looks at specific examples of where this collaborative approach has worked. The motivation for this presentation is not to navel gaze at isolated successes, but to build on these and see where we can go from here. It looks at possible future directions in developing sustainable collaborative arrangements that will work for the betterment of the population, and more specifically, the future generations of Blacktown City.

Lorna Downes

Carers Mental Health Project

Paper

‘Building on “capacity” in mainstream NGOs, Creative Capacity Building’

- To provide a brief overview of the Carers NSW Carers Mental Health Project
- To describe the characteristics of the pilot regions and the impact this has had on the strategies undertaken in developing partnerships.
- To describe through example, the different approaches used in developing partnerships in each of the regions – highlighting both the successes and the challenges, with reference to the external evaluation being undertaken as part of the project.

Vivienne Munro

North Sydney Mental Health Carer Network

Gillian Holt

Carer member NSW CAG

Vivienne Munro has worked in the health sector since the early nineties; ensuring people who are vulnerable are able to participate equally in their health care. Vivienne has worked internationally and in the Asia Pacific region, in education and network development with The International Community of Women Living with HIV/AIDS. More recently she has been working with carers of people with mental health disorders, building the capacity of carers and strengthening the Northern Sydney MH Carer Network.

Gillian Holt is a clinical psychologist who has worked for over twenty years with young people with complex needs, in particular mental health and substance use issues. For the last two years, she has been employed by South Western Sydney Area Health Service in a mental health partnership development project. The ‘Working together for Mental Health’ workshop has been one of the initiatives under this project. She has recently moved into a new role managing a Dual Diagnosis Project for South Western Sydney. She is also passionate about mental health carer issues.

Workshop

‘Linking the Networks-Carer Participation

This interactive workshop, facilitated by Vivienne Munro from the Northern Sydney Carer Network and Gillian Holt from NSW CAG, will investigate the role of carer networks in participation and advocacy in mental health. In the context of the direction set by the National Statement of Rights and Responsibilities and the National Mental Health Plan 2003 – 2008, we will invite workshop participants to share their experiences of participation. Participants from Networks that are involved in systemic advocacy to improve carer participation in mental health services will be asked to describe the structure, function and resources of their respective networks. We will also explore these models’ strengths and weaknesses and finally we hope to establish links between the different networks to facilitate communication and strengthen the effectiveness of carer networks in NSW.

Henriette Norath

Kaiyu Enterprises

Emma Petersen

Life Activities

Emma - I completed my Bachelor of Psychology (Honours) degree at the end of 2002 and am currently in the process of completing my Psychology Internship. I am an Associate Member of the Australian Psychological Society.

Since completing my Bachelor's degree I have been worked within the fields of mental health and disability. I specifically worked in the area of psychiatric rehabilitation for a period of 6 months, and throughout this time gained a wealth of experience in providing direct support, case management, and facilitating groups for clients experiencing long-term mental illness. Currently I am working at Life Activities Inc. as a Clinical Consultant primarily working with people with intellectual disability. This role involves planning and implementing effective behaviour modification strategies and intervention plans for clients presenting with challenging behaviours, skills building programs designed to increase social, vocational and general everyday living needs, the provision of counselling, and treating clients with disability and or mental health issues for problem gambling behaviour.

Paper

'Becoming Part of the "In Crowd"'

The mental health community often says that people with a mental health problem are just like everyone else and deserve full community participation. Laws and Government policy are developed to enshrine these principles. However, we need to recognise that while the rights of consumers are the same as the rest of society, the behaviour of some consumers may not be the same as the rest of society. The next step in community inclusion is to assist mainstream groups/organisations to include consumers whose behaviour may at first seem "odd" and off putting.

Two Hunter based NGOs, Kaiyu Enterprises Inc and Life Activities, have just completed written resources to assist mainstream organisations to be more inclusive of people with a mental health problem. Being an Area Assistance Scheme project the resources aim to build community capacity, improve social inclusion and develop partnerships. There are two resources. A short brochure offers volunteers an explanation for some of the odd behaviour that can accompany mental health problems and ways of dealing with this behaviour in a group member. A larger resource provides inspiration and more detailed information to those wanting to achieve a higher standard. This paper will describe the collaborative process of deciding the focus of the resources and what information would be included.

Alan Owen

University of Wollongong

Alan Owen has worked in health care provision as a community mental health worker, was a senior planner in Eastern Sydney Area Health Service and has worked on community health policy at various levels over a period of 25 years. As well as working at the University of Wollongong in the Centre for Health Service Development (CHSD) since 1996, he is currently also a part-time member of the Guardianship and Mental Health Review Tribunals in NSW and is a policy adviser for ACOSS.

Plenary

'Population health issues'

The population approach has a long history and mental health is part of the bigger picture that includes the goal of geographic area responsibility. This goal has been progressively built into health systems since the 1970s, particularly in NSW. About 7% of the NSW health budget goes to mental health, and the Commonwealth has been a key contributor to change in how that money has been spent under the three National Mental Health Plans. This has included strategic investments in planning, information management and integration initiatives, including the Illawarra MH Integration Project. To some extent the State and Commonwealth-based systems are complementary, but persistent inequalities and inconsistencies still exist, and integration of the public and private sectors is still hard to achieve.

Lessons about meeting the needs of the whole population can be drawn from many of these system-level reforms and demonstrations. The strategic significance of primary care and the NGO sector stands out, but a major limitation to a population focus is that planning is still limited in scope and a coherent primary health care policy approach is still lacking at Commonwealth and state levels.

This presentation draws on a series of key messages from research and development work based at the Centre for Health Service Development. The presentation illustrates how a practical 'whole of government' focus can be encouraged to evolve over time, using examples of lessons from evaluation studies and system-level pilots. These examples indicate how to turn the tide by designing systems using information that can strengthen the mental health system's links to primary care services, self help groups and non-government organisations. However, what we see at this point is not so much a complete picture but pieces of a puzzle that is slowly coming together.

Jonine Penrose-Wall

JPW Results

Jonine is a research consultant and PhD Candidate at UNSW. She has 20 years experience in health and disability. She has worked in mental health in NGOs, NSW Health, the University sector, and in national consultancies and expert committee roles. She is former Executive Officer of the Mental Health Association of NSW, co-founder (1993) and former Vice Chair Suicide Prevention Australia (2001-2) and Public Officer and Advisory Board Member of MIEA (1997-). Jonine chaired the Evaluation Working Group of the National Youth Suicide Prevention Strategy 1995-2000 for Commonwealth Mental Health Branch. She provided evaluation support to Australia's Divisions of General Practice for 4 years through UNSW. She serves on the Women's Advisory Committee to NSW Corrective Services

Paper

'Making Community-A Book and writing together as research, a learning process for NGOs in mental health'

Social scientists have proposed three basic forms of relationship to explain social bonds: 1) normative, 2) utilitarian and 3) coercive. Relationships involve one of these as the sustaining characteristic. NGOs in the health sector, we suspect, are predominantly 'normative'. According to Durkheim, normative bonds form social groups where members are treated as ends and not means, and where non-members are similarly served — these are the most stable of all forms of social organisation¹. They are self-sustaining. Utilitarian relationships can be sustained with effort, while the relationship 'pays'. These are proposed by some social capitalist writers and by partnership advocates in public policy. Such relationships can be beneficial but they treat each party as a means, not an end. Coercive relationships on the other hand, would be the antithesis of community (voluntary) organisation. These are all very contested ideas like the very word 'community' itself. When talking about 'capacity building' and 'sustainability', Governments are not worried about the sustainability of participating organisations themselves, but of good practices and of effective programs.

The future viability of NGOs hinges upon the relationship quality between their members, between organisations in the sector and beyond, and on their integrity and intellectual capital. It requires deep understanding of their purpose, programs, the meaning they hold for members, and the health gains possible from their actions. This implies that knowledge development about how these organisations function, about their narratives and experiences, objectives and achievements must also form part of their mission, in other words a *research agenda* so their stories are told, outcomes known and accountable.

Making Community is a book in progress. It looks to the future development of NGOs in mental health and is a collective appreciation and evaluation of their contribution to mental health system reform and to wider public policy achievements. We will introduce the process of writing together as a knowledge development process. The authors of this paper are the Editors.

Paper Author: Emeritus Professor Ian Webster AO — Ian is Emeritus Professor of Public Health and Community Medicine at The University of NSW, a Foundation Professor at the University since 1976. He was Foundation Professor of Drug and Alcohol there from 1990. He began his career as a respiratory physician which introduced him to the diseases and predicaments of disadvantaged groups. He has served as an Honorary Physician at the Matthew Talbot Hostel for Homeless Men (St Vincent De Paul

Society) since 1974. He has been Chair of the National Advisory Council for Suicide Prevention since 1998. He was President of NSW Association for Mental Health Inc (1988-1998). He is president of the Ted Noffs Foundation.

Larry Pierce

Network of Alcohol and Other Drug Agencies – NADA

Larry holds a Bachelor of Arts degree in organisational sociology from Griffith University and has had extensive involvement in the drug and alcohol field for the last eighteen years. In 1985 he worked in the Queensland methadone program during its expansion under the first national campaign against drug abuse. He then moved into the non-government sector and worked as part of the establishment staff of Logan House, a residential Therapeutic Community in southeast Queensland. After a number of years in direct drug treatment service delivery he moved into the HIV/AIDS area.

For the last seven years Larry has been directly involved in the drug and alcohol field in NSW. He was the Director of the Manly Drug Education and Counselling Centre, and NGO providing a comprehensive drug and alcohol service to Sydney's northern beaches. For the last four years Larry has been the Executive Director of the Network of Alcohol & Other Drug Agencies (NADA) the peak organisation for AOD NGO's in NSW. Larry sits on a range of strategic committees including; the NSW Health Alcohol and Drug Council, the NSW MERIT state-wide Reference Group, the NSW Health NGO Advisory Committee, NCOSS Health Policy Advisory Committee, the National Expert Advisory Committee on Illicit Drugs and the ANCD National Drug and Alcohol Magazine Editorial Reference Group. Larry is currently also on the Board of Directors of ADCA.

Larry has recently assisted NSW Health and the Department of Education and Training to establish the NSW Alcohol and Drug Workforce Development Council and presented a submission to the recent NSW Alcohol Summit. He was also a delegate and participated in the Summit Working Group on workforce development. Larry is currently finalising, in conjunction with VAADA and WANADA the National Alcohol and Drug Workforce Development needs assessment project funded by the Alcohol Education and Rehabilitation Foundation.

Paper

"Do as I say not what I do: Innovative ideas to support managers implement Workforce Development initiatives"

Robyn Priest
Marion Blake
Platform

Robyn is an independent consultant supporting NGOs in New Zealand to meet the National Mental Health Sector Standards. Robyn is a consumer and family member. She started off as a support worker before moving to government (service delivery, policy and funding), then on to managing NGOs in New Zealand and Australia. Robyn has worked in the disability area for 16 years. Her work has included work in residential homes, respite, recreation, employment services and community support.

Marion is CEO of Platform. **Platform** is the Association of Support Service and Community Development in Mental Health. Platform is an incorporated society and is made up of 82 organisations delivering community based support across New Zealand. The membership includes national and local organisations, large and small, Maori and non-Maori providers, coming from a geographic spread across the country of urban and rural services. Platform supports and represents the perspective of the NGO sector and serves this dynamic and exciting network. Marion has past experiences of working in both the public and private sector in New Zealand and the UK.

Paper

New Zealand Standards in Action Project

New Zealand has implemented National Mental Health Sector Standards. All funded services must comply with these standards. Residential facilities must also comply with the Health and Disability Sector

Standards. These are all very similar to the Australian Standards. PLATFORM is the trading name of the Association of Support Services and Community Development in Mental Health. This is a peak body for funded Non Government Organisations (NGOs). It seeks to develop community responses and options for mental health consumers. PLATFORM was funded by the Ministry of Health, Mental Health Directorate to assist NGOs in meeting these standards.

The project has just been completed. There were two components:

1. Developing a framework that will support local mentoring arrangements
 - Identifying providers wishing to be mentors
 - Identifying providers requiring assistance
2. Developing Standards Implementation guidelines, including
 - Provider obligations (legal and contractual frameworks)
 - A “how to” implement the standards
 - Templates for particular standards
 - Continuous quality improvement philosophy and practice
 - Templates for risk management
 - Examples of best practice

This presentation aims to explain the process we went through and provide a look at the practical solutions developed for the guidelines, including good and not so good practice examples from around New Zealand.

Elizabeth Priestley

NCOSS

Elizabeth Priestley has spent nearly 25 years working in the community sector in NSW. She is currently the Project Coordinator for the *Management Support Unit (MSU)* with the *Council of Social Service NSW (NCOSS)*. She has been with NCOSS since October 2002, when the Unit was established. The MSU acts as a brokering agent to training and resources on management and governance for funded non-government organisations. Prior to working with NCOSS, Elizabeth worked for the *Mental Health Association NSW (MHA)* in various roles including Deputy Executive Officer, Mental Health Information Centre Coordinator and Project Manager – Mental Health Promotion. During her time with the MHA, Elizabeth took time out to work as Executive Officer for *Mental Illness Education – Australia (MIE-A)* and for a short time with the Australian National Association for Mental Health (ANAMH). Early in her career Elizabeth spent over 10 years working with the *NSW Council on the Ageing (COTA)* and during that time she was involved in the establishment of the Carers Association, the Volunteer Centre of NSW (Volunteering NSW), Senior’s Week and the Alzheimer’s Association.

Workshop

‘Practising Good Governance’

In today’s world where the term *good governance* is becoming symbolic of the early years of this decade, the expectations on non-government organisations have increased dramatically. There are thousands of Australian non-government organisations, all with their own boards of management. All are varied, depending on size, responsibility, funding and culture. What they do have in common, is the requirement that they operate legally and ethically and that they adhere to principles of good governance.

Governance is about:

1. accepting responsibility for all aspects of the organisation
2. guarding the organisation’s vision, mission, values and assets
3. protecting the integrity of the organisation
4. ensuring the organisation is moving forward in a current strategic direction
5. ensuring that the organisation has energy and long-term well-being

Effective governance for voluntary boards of management involves not only the board, but the commitment of staff, clients, funding bodies and the community at large. Management on the other hand, has been defined as “the process of planning, implementing, monitoring and improving the efficiency and effectiveness of an organisation and their staff.” Governance is very different to

management. Management is much more hands-on and involves the day to day activities of an organisation. Governance is neither hands-on, nor involves itself in the activities of the organisation ...and remember, a sense of humour never goes astray. This workshop will discuss the imperatives of good management and governance for funded NGOs. It will be interactive and to some extent controversial and not to be missed.

Anthony Sell *Southern Community Welfare*

Anthony Sell founded Southern Community Welfare (SCW) in 1995. Anthony has worked as a counselor for 10 years working in the areas of grief and trauma, relationships, depression, anxiety and self harm. Anthony has presented across Australia on issues such a deliberate self injury, developing non government initiatives in community services, suicide prevention and post vention. Anthony lectures and trains in clinical counseling. Anthony is on the Executive and Management Committee of the Sutherland Shire Suicide Safety Network which partners with SCW in the delivery of post vention services.

Paper *'Innovations in Post Vention Services an Intersectoral Partnership Auspiced by an NGO'*

In 2000 at an inaugural partnership day in the Sutherland Shire a specific service and policy gap was identified in the field of support for families after suicide. This presentation will detail a collaborative intersectoral partnership that developed over a two year period that established three specific initiatives to address these gaps. The final outcome being an NGO receiving state government funding to co-ordinate a local post vention project. The project utilises the expertise of government and non government agencies (e.g.dept of mental health, dept of forensic science, police, funeral directors, counseling agencies) as well as consumers. The initiatives include the development of an information booklet, dissemination of this booklet and other support information through first response agencies, and, the establishment of a support group facilitated by volunteer professionals from participating agencies and specialist services. Policy and procedural development is detailed including job design and volunteer requirements. Evaluation methods and outcomes both qualitative and quantitative are summarized from the first year of service provision and will be presented and discussed. How the project works inside of the national community life strategies and guidelines will also be reviewed. The presentation will conclude with structured discussion on replication issues, implications for NGO's auspicing intersectoral partnerships and general question and answer on the initiative.

ABSTRACTS

Katy Smith *Schizophrenia Fellowship*

Katy Smith has worked at Kiama Community Health for 12 years and has been involved in many rehabilitative programs in the community. She later moved to Sydney and for four years worked with Red Cross in the blood bank and as an Occupational Health and Safety nurse. On returning to the Illawarra she began to work at the Junction (mental health rehabilitation centre) as the Health Education Officer and took over as the coordinator of the Helping Hands program in December 2002. The Schizophrenia Fellowship took over the Administration of Helping Hands in July 2003 and Katy currently has a dual rôle at the Junction as the Health Education Officer and Volunteer Coordinator for the Illawarra Area Health Service and the Schizophrenia Fellowship respectively.

Paper *Helping Hands Volunteer Program*

Helping Hands is an innovative program that aims to provide much needed support to people living with mental illness in the community. It aims to address the problem of the ever increasing demands on the finite resources of the Mental Health Service with a focus on promoting integration within the community and reducing the stigma of mental illness. In a unique approach to achieving these aims, the program recruits and trains a number of community volunteers to work along side professional staff in delivering services to those in a non-acute rehabilitation phase of a mental illness. Currently there are 28 volunteers linked with consumers as part of the Helping Hands program and approximately 15 more are due to undergo training in October 2003, with one paid Coordinator working 20 hours per week.

In the words of a volunteer involved in Helping Hands this innovative program is: “two fold”, providing professional training for community volunteers so they are “able to put something into the community”. At the same time, consumers are able to indicate specific tasks or more general areas of support that volunteers can assist them with. In this way the program is specifically tailored to help each consumer achieve his or her goals in the area of social integration. Consumers have requested and received support in improving literacy, increasing social interaction, developing the ability to use public transport and so on. In such an innovative, collaborative approach Helping Hands is helping to ‘Turn the Tide’ and meet the mental health needs of the community.

Roisin Smith

Hon Chan

Quality Management Services (QMS)

Paper

‘Generic Quality Framework for Human Service Organisations’

Hon Chan is the Service Development Manager of Quality Management Services (QMS). QMS is a not-for-profit organisation specialising in the provision of a diverse range of quality improvement review and accreditation services for the community and health sectors.

Hon’s major responsibilities at QMS are project management, service development and evaluation. He was the project manager for the Generic Quality Framework Project as well as Home Care Services NSW HACC validations, and is presently the project manager of DoCS’ Service Standards Project.

Hon has a Master of Social Work degree. He has worked in the community service sector for over ten years.

Roisin Smith is a Client Service Manager at Quality Manager Services. Roisin was initially employed to develop the Community Service Organisation Module of Standards for Non Government Organisations.

Roisin’s current responsibilities at QMS include Project Manager of the NGO Drug & Alcohol Services and public and private Methadone Maintenance Clinics. Roisin acted in the role of She has contributed to the development of a Technical Expert to the development of the Human Service Organisation Generic Quality Framework. She has participated in reviews in the Quality Improvement Council, HACC; Residential Aged Care programs.

Roisin’s professional background is in Nursing. She has a Honours Degree in Social Science and a Masters of Public Health.

The Generic Quality Framework for Human Service Organisations (HSO Framework) was developed to reduce the burden faced by multi-funded, multi-program NGOs in reporting against the range of national and state quality standards, program guidelines and reporting requirements. Funding for the development of the HSO Framework was granted to the Mental Health Coordinating Council (MHCC) by NSW Health, Centre for Mental Health. An Advisory Committee with representatives from NSW Health, DoCS and DADHC, peak bodies, service providers and a consumer representative guided the development of the framework. Seventeen NSW NGOs participated in a pilot of the HSO Framework between May and September 2003.

The aim of the presentation is to build awareness of the HSO Framework in the NGO sector, to explain the processes involved in its development and the findings of the pilot phase. The adoption of the framework as a quality tool will also be discussed and attendees will have the opportunity to ask questions and seek clarification from the project team who developed the framework on behalf of the MHCC. The HSO Framework presents opportunities for funding agencies and organisations to streamline quality review and reporting processes to the mutual benefit of all parties.

Tina Smith

Richmond Fellowship-Hunter

Paper

“The Application Of Outcome Measurement In NGOS

All human services are increasingly being asked to use “best practise” and/or “evidenced-based practise”. That is, to measure outcomes and consider what it is they are doing that does and doesn’t work - and - to do more of what does and less of what doesn’t! This paper explores the concept of outcome measurement as it relates to NSW NGOs that provide services to improve the lives of people affected by mental health problems and disorders. Topics considered include:

- Whose outcomes: the clients, the mental health services, or the community’s?
- The difference between outcomes and performance indicators?
- Quantitative versus qualitative outcome measures?
- What about “MHOAT” (ie, the NSW Health Mental Health Outcome and Assessment Tools)?

The specific learning outcomes of this paper are to:

- Educate about mental health sector directions with regard to outcome measurement
- Encourage thinking and discussion about the usefulness of outcome measurement in mental health service planning, delivery and evaluation

Sherrill Spears

Illawarra Mental Health

Eleonore Johansson

Southern Youth and Family Services

ABSTRACTS

Sherrill Spears: Senior Clinical Psychologist with a 25-year background working with young people. Has worked in services for young offenders and in mental health. Sherrill is currently the co-ordinator of Illawarra Mental Health Services early psychosis program. She is also seconded to a part-time position with Southern Youth and Family Services, jointly funded by the national Suicide Prevention Strategy and Illawarra Health.

Eleonore Johansson: General Manager of Southern Youth and Family Services with over ten years experience working with young homeless and disadvantaged people and their families in various capacities including crisis work, counselling, training and research. The organisation Eleonore works for is a large community based agency, encompassing seventeen services ranging from crisis and long-term accommodation, substitute care services, outreach programs, brokerage schemes, family counselling, education, employment and training programs, early intervention and support.

Workshop

‘Bridging the Divide in Youth Focused Services’

The workshop will be co-presented by Sherrill Spears and Eleonore Johansson. It will highlight some of the issues in the provision of services to homeless and disadvantaged young people who are at risk of, or suffering from, mental health problems. The presenters will describe the 15 year history of co-operation between Southern Youth and Family Services and Illawarra Health’s Child and Adolescent Mental Health Service. This partnership has led to the development of a unique model of service provision which aims to bridge the gap which threatens to engulf young people who are at high risk of mental health problems and homelessness.

The two agencies were successful in obtaining funding under the National Suicide Prevention Strategy with the specific aim of developing and applying mental health prevention and promotion strategies to the target group of homeless and disadvantaged young people. Key outcomes from this Suicide Prevention Initiative For Youth (SPIFY), will be presented in the workshop. The presenters will provide participants with information and resource materials developed through the range of activities of the partnership including staff training, clinical supervision, policies and procedures and referral pathways. The workshop will be interactive, with participants encouraged to present issues of concern to their services with the aim of generating creative solutions to some of the problems which can lead to such entrenched conflict between service providers in this area.

Jennifer Stewart
Judith Stubbs
University of Western Sydney

Paper

'From Little Things Big Things Grow: Housing People with a Mental Illness in Community Housing'

The Trust Housing Trust has found that mental illness is a predisposing factor for homelessness. It is often difficult to sustain private rental tenancies in acute periods of mental illness. A poor tenancy record can then impact on ability to secure further housing. The Housing Trust has developed an innovative program of housing for people with a mental illness or dual mental disorder. Starting with four properties in 1994 the program has expanded to over thirty community housing properties in 2003. The program demonstrates that through the provision of sensitively managed, well located, secure and affordable housing, it is possible to significantly improve the lives of people suffering from serious, and at times very disabling, mental health problems. In a climate where there is a pervasive belief that it is not possible to effectively house people with severe mental health problems without a package of support, the Trust has developed a model, which is effective, and successful using community based mental health and generalist services. It is important to acknowledge that some people with mental health problems do require supported accommodation, however, not all do. The Trust, through its development of an innovative program of housing mentally ill clients has shown that not only can such a program work; it can also have a significant impact on improving the mental and physical health of those housed. This was verified by a research project, which looked at stability of tenancies and tenant satisfaction (Stubbs & Storer, *Housing People With A Mental Illness*, May 2003).

Greg Strong

Aboriginal Mental Health

Greg Strong is currently the Area Coordinator for Aboriginal Mental Health with the New England Area Health Service (NEAHS). He is married to Kostane and has 4 children, but is rearing 6. Greg has been employed as Area Coordinator for the past 3 years and prior to that has worked extensively in Aboriginal health with some education and management background. NEAHS has more Aboriginal employees than any other health service in NSW with 9 Aboriginal Mental Health Workers and 2 new positions to be filled soon. Greg's role with NEAHS includes: developing partnerships, raising the level of awareness of Aboriginal mental health issues, developing culturally appropriate resources and cultural awareness training for non-Aboriginal staff.

Paper

Indigenous Mental Health in the NEAHS

Aboriginal Mental Health in the New England Area Health Service is both challenging and progressive. Complex community needs command a work force and health system that will accommodate the enormity and diversity of the demands that are before us. Comprehensive community consultation is pivotal to identifying issues that are pertinent to specific Aboriginal communities. This allows for some degree of ownership for Aboriginal people and gives direction and credence for non-Aboriginal service providers.

Cultural sensitivity has to be a fundamental pre-requisite to developing mental health service delivery. Aboriginal people have a very different perspective on mental health which will not be found in university text books. NEAHS address these issues through cultural awareness training, partnership negotiations and joint meetings with Aboriginal Community Controlled Health Organizations and the wider Aboriginal community.

Flexibility has to be allowed in planning and implementing service delivery, as "unconventional" styles of delivery by Aboriginal Mental Health Workers will need to occur. This may conflict with non-Aboriginal styles and protocols, nonetheless, this is productive and gets the job done. Staff training and development is crucial to the under-girding and sustainability of both Aboriginal mental health staff and the services offered. Many educational opportunities are afforded to Aboriginal workers to ensure their

that skills are updated and their professionalism is maintained. Finally, the goodwill of area health services, government and non-government organizations will advance Aboriginal communities towards self-determination and an optimistic future.

Michael Strutt
James Condren
Justice Action

Michael Strutt is a volunteer activist for Justice Action and the Indigenous Social Justice Association. His work focuses on critical analysis of how science, medicine and technology are used to address social problems.

Paper

Locked down minds: Mental Healthcare in the NSW Prison System

Even under ideal circumstances provision of mental health services is ethically fraught, with unproven therapies routinely used on patients against their will. Within the realm of the criminal justice system mental healthcare is arguably intrinsically abusive, especially when concepts like 'dangerousness' and 'protection of the public' are invoked to make the needs of the patient subservient to social or political agendas. The traditional mandate of the criminal justice system is extended beyond imprisoning bodies to imprisoning minds and social identities. People are punished not just for what they are deemed to have done, but for what they are deemed to be.

Dilemmas facing those providing mental health services within the criminal justice system include restrictions on therapeutic options available, intrusion of security issues into the doctor-patient relationship, pressures on patient assessment from the parole system and interference by politicians and the media. Those practicing within the prison system have often failed to meet the ethical challenges posed them, with abandonment of the primacy of patients needs the norm, cynicism about therapeutic relationships widespread and abuse of psychiatric drugs for prison management purposes common.

Justice Action does not believe it possible to treat mental health patients ethically or effectively within the toxic environment of the prison system. Rather than treating the mentally ill behaviourally with inducements or neurochemically with drugs, Justice Action believes that the primary responsibility of society is to treat the breach that has opened between those labelled insane or criminal and the community from which they have been exiled.

Restorative justice programs, like the Justice Action mentoring initiative, are not a panacea for the real distress suffered by the mentally ill. But by seeking to reintegrate the sufferer with the community, instead of keeping them out of sight and out of their minds, the mentally ill are empowered to enter into an equal partnership with those providing mental healthcare and enabled to maximise responsibility for decisions about their own treatment. Therapists who would prefer to practice ethical medicine might also be empowered to return consideration of the patients' needs to its rightful place at the centre of therapeutic decisionmaking.

Catherine Sydes
LifeForce

Cate Sydes was appointed as National Manager for LifeForce in 2002. Since that time Cate has been dedicated to ensuring LifeForce is a key service provider in suicide prevention education. Before joining the LifeForce team, Cate worked in education for 20 years and has been a registered psychologist for the past 15 years.

Cate has been involved in suicide intervention intensively throughout her career and continues this in her union with LifeForce. The LifeForce program has been evaluated externally and has implemented the changes recommended. The program has been presenting workshops in remote and rural areas across Australia and ran a pilot program in 2003 within NSW. The program is moving into the arena of community capacity building within rural areas. The evaluation process has encouraged us to monitor the program in these areas carefully and ensure that the program is run in conjunction with other

community programs.

Paper

Suicide Prevention Program, Wesley Mission, Dalmar

LifeForce, Wesley Mission is a suicide prevention program that is committed to taking the education program to rural & remote areas across Australia. Whilst LifeForce was established in 1995 over the past two years the program has experienced some fundamental changes. Having undergone a lengthy External Evaluation process the program has adapted to include vital community capacity components as recommended from the Community Life Project. LifeForce conducted a pilot program in 2003 throughout rural & remote NSW, educating, empowering and identifying resources within communities along the way.

In 2003 the LifeForce Suicide Prevention Program, which has been recognised by the Federal Government as key service providers within the Suicide Prevention Arena, presented to more than 6000 individuals in over 50 rural towns, metropolitan areas and major cities within Australian states. Participants will be taken on the "LifeForce Journey" developing an insight into the strategies adopted by the LifeForce program. Areas covered will be;

- History of LifeForce
- Program Development (including External Evaluation process)
- Planning Process – looking at the communities readiness
- Resource Initiatives- community capacity building
- Calendar Development,
- Challenges of rolling out a rural program from a Sydney Office
- Future Initiatives

This presentation is ideal for anyone working in the mental health field in rural & remote areas as well as those interested in program development.

Barry Taylor

PRYSM Project – Parramatta Mission

Barry has over twenty years experience in working in youth mental health promotion at the local, national and international level. He provides training, supervision, policy advice in the areas of youth suicide prevention, crisis intervention and postvention, mental health promotion, as well providing grief counselling for young people. Barry's interests are in intersectoral collaboration, capacity building, workforce development and suicide prevention from a local level. Currently he is Project Manager of the PRYSM Project in Western Sydney which is assisting NGOs to respond to clients with a dual diagnosis and at risk of suicide and/or self harm.

Workshop

'The Ins and Outs of Forming Collaborative Partnerships'

To increase the skills of workers and organizations on how to identify and develop collaborative partnerships with other agencies. "Collaborative partnerships" is a major catch phrase in service delivery today. But what does it mean and how does an agency go about developing them? This workshop will provide practical suggestions and processes to develop such partnerships based on the presenter's 10 years experience in working on collaborative projects at the local, regional, national and international levels.

Partnerships are both structural and relational and the way that agencies first establish the partnership will determine the success or otherwise of the process. The workshop will examine the methods that have proved successful in establishing partnerships as well as the challenges and potential obstacles that may need to be addressed. The workshop will cover at both a theoretical and a practical level the following topics:

- Difference between collaboration and networking
- Identifying the reason for the partnership
- Same issue, different goals or needs: Working with the different agencies needs and goals
- Setting up the partnership – useful hints

- Maintaining and reviewing partnerships.

There will be opportunity for participants to discuss their own collaborative projects.

Paper

'PRYSM; Partnership Responses to Youth Suicide Management'

The aim of the presentation is to describe the PRYSM Project and to identify challenges, barriers and learnings from developing collaborative partnerships to address a complex social health issue, which in this case is young people with a dual diagnosis.

Increasingly, community based services are having more young people present with complex mental health issues and/or substance use problems. Added to the complexity of the problems, the young person may have a heightened risk for self harm or suicide. The Partnership Responses for Youth Suicide Management (PRYSM) Project is an initiative to assist such services in Western Sydney to more effectively respond to these young people and to promote easier referral pathways to Western Sydney Area Health Service (WSAHS) mental health and addiction services. The three year project is funded by the Commonwealth Department of Health and Aged Care under the National Suicide Prevention Strategy. The goal of the project is to increase the capacity of non-government organisations in Western Sydney to respond to suicide risk, mental health and substance use problems amongst young people. The main activities of the project are the development of referral guidelines between NGO's and WSAHS and the development of a 10 module training programme aimed at developing the knowledge and skills of non mental health workers on mental illness and dual diagnosis. This paper will describe the project activities in more detail and discuss the challenges of implementing such a project and the processes used to address them.

Mary Waterford

Kylie Clarke

Blue Mountains Community Resource Network

Mary Waterford is the initiator of the BM "Raising Awareness of Mental Illness" group, a coalition of people concerned for better communication between mainstream service providers, consumers and carers and mental health services. She has worked for community organisations for over 20 years advocating for social justice in many areas of community life including mental health, access to supports and participation in decision making. She is currently the Co-ordinator of Mountains Community Resource Network (MCRN).

Kylie Clark is the Mental Health Community Cultural Development worker for MCRN, a project funded by the Area assistance Scheme for four years. Kylie grew up in a family where mental illness was a feature and is a passionate advocate for people with an experience of mental illness, carers and children. She comes from a community development, youth work background and emphasises strategies that build resilience in individuals and groups.

Paper

Against the Tide-Generalist NGOs and Mental Health Services working together

Blue Mountains Raising Awareness of Mental illness is a unique coalition of individuals and local services working together to improve supports for people with and recovering from mental illness. These organisations include neighbourhood centres, family support services, community development projects, youth services, disability services, migrant services, employment services and staff from Council, Wentworth Area Health Service and other government agencies. This coalition has worked for the past three years on improving communication between stakeholders, developing partnerships across community and health sectors, networking to build trust and knowledge and providing education to assist access and services.

Our presentation will be focus on the process of developing interest in mental health issues amongst generalist NGOs and on building relationship with Area Health. It will explore our evolution from a small group facilitating better knowledge of mental health issues to generalist community services to a regular forum which has recently gained funding for a Mental Health Community Cultural Development project,

funded for four years by the Western Sydney Area Assistance scheme. Our presentation will discuss some of the experiences and politics of working across sectors. It will discuss the resistance of area health mental health management to work outside of health systems and highlight the opportunities that coalitions between NGO's and Health can provide.

Sandy Watson

NSW Institute of Psychiatry

Sandy has broad experience as an advocate and trainer. She designed the current Consumer Advocacy Course, run by the NSW Institute of Psychiatry. She has worked within public mental health services in a variety of 'consumer' roles, and currently runs her own business creating training resources, and teaching. Sandy founded the Consumer Worker Forum, was a member of the Disability Council of NSW, and was a Community Visitor. Since co-ordinating the consumer advocacy course Sandy has identified many concerns about 'consumer advocacy', both in practice and in theory, in NSW. Sandy has created original training materials for consumer advocates. Sandy loves her moodle 'Poppy' (Maltese x Poodle) and enjoys playing with desktop publishing programs. Poppy is the Consumer Advocacy Course mascot.

Paper

'Tsunami or Tiddler? Consumer advocacy from a trainer's perspective'

Aim of the Presentation:

- To identify concerns about the training of consumer advocates working within mental health and NGO services
- To identify practice issues in consumer advocacy
- To explore systemic problems pertaining to the employment of consumer advocates in NSW.
- To suggest ways forward in addressing these problems

The NSW Institute of Psychiatry runs a 3-day Consumer Advocacy Course for consumers interested in becoming, or already working as advocates. Many issues have emerged during these courses regarding the practices and knowledge base of consumer advocates already operating in public, private or NGO services. Many advocates are without training, and have a limited knowledge of rights, policies, or agencies that provide support to assist consumers to achieve their rights.

Generally, there is no clarity as to what constitutes 'consumer advocacy' practice, as opposed to other advocacy practices. There is no set of standards or recognised advocacy principles or ethics, resulting in wildly variant practices that are frequently unethical and sometimes in breach of the rights of consumers. There is no relevant award, contributing to the erroneous perception amongst some advocates that they are health or welfare workers, which they are not. Nor is there accredited or skills based training. Advocates can start without any training whatsoever and are lucky if they receive any timely, effective or ongoing training. Job descriptions are often problematic, bundling a lot of roles together, contrary to sound principles of advocacy, (that advocacy is not a part of service delivery). Line managers have often had no specific training about consumer participation or advocacy, and frequently misunderstand the essential elements of either. Too often, managers and supervisors are a barrier to effective advocacy.

A practical guide about consumer advocacy is required, outlining the ethics and principles of consumer advocacy, its distinctive features, and detailing practice and knowledge issues. Consumer advocacy standards need to be developed with key performance indicators to make advocacy more transparent, accountable and consistent across NSW. There is a serious need for (mandatory) accredited training for consumer advocates practicing within mental health and NGO services. The long hoped for dream of effective consumer advocacy (as being the spearhead for systemic change) is not that of a Tsunami - striking at the heart of rights issues with unequivocal force - but rather more like a sea of tiddlers swimming in any direction, ineffectual against systemic tokenism about consumer participation and rights

Robert Wheeler

Mental Health Advocacy Service

Robert Wheeler is the Senior Solicitor of the Mental Health Advocacy Service (MHAS), of the Legal Aid Commission. He has appeared in numerous Mental Health hearings. He was a member of the Mental

Health Act Implementation & Monitoring Committee and appeared before the Select Committee on Mental Health Services. Robert will be playing an active part in the review of the Mental Health Act, having made a detailed submission and agreeing to take part in the government reference group.

Robert regularly lectures on the *Mental Health Act*. He has written and contributed to a number of publications including the "Mental Health Act Guidebook", the "Mental Health Rights Manual", "The Law Handbook" and the "Lawyers Practice Manual".

Plenary

'Changes to the Mental Health Act'

- In late 2003, the Minister for Health approved a comprehensive review of the Mental Health Act 1990. The specific areas for consideration announced were:
 - Information sharing under the Mental Health Act.
 - Provision of services under the Mental Health Act, and
 - Management of forensic patients under the Mental Health Act.
- Two papers are to be released for public discussion. The first paper covering information sharing has been released and is available from the NSW Health website www.health.nsw.gov.au/csd/lisb/pub/mentalhealthip1.pdf. Responses are due by 30 April 2004. A single discussion paper covering the remaining two areas will be published later in the year.
- The contents of the discussion papers was to be guided by the recent Parliamentary Select Committee on Mental Health Services and input from key stakeholders who were invited to make submissions on these topics prior to the end of the year.
- I encourage anyone with a view about the operation of the Mental Health Act to make a submission. It is not necessary to cover every matter being considered, so you can limit your response to your areas of experience. I especially encourage carer groups to respond to the first discussion paper as difficulties in this area are best known to you.
- I propose in the balance of this paper to give a brief outline of some of the matters which the MHAS addressed in its preliminary submission last year. These include:
 - The involvement of the executive government in decision making about forensic patients.
 - Supervision and breaching provisions for conditionally released forensic patients
 - Problems with forensic patients in the prison system.
 - Uncertainty about the requirements to notify carers of Mental Health Act hearings, and the patient's right to confidentiality.
 - The lack of a clear test of eligibility for community treatment orders.
 - The rights or otherwise of patients regarding choice of medication.
 - A number of technical matters in the act like the absence of a clear authority to transfer patients between hospitals prior to the magistrate's hearing.

While I think that review of the Mental Health Act is timely and necessary, the act itself in my view is not the problem with the delivery of many mental health services. I think that while some fine tuning is necessary, the act remains generally appropriate except with respect to forensic patients, and the major problem is one of resources.

Keith Wilson MHCA

Born in Kalgoorlie, WA Keith began his career as a teacher at Mt Barker Junior High School in 1956. After a brief stint in the Army and a course of theological study Keith was then ordained as an Anglican Priest in 1962 and worked as a Curate in the Parish of Scarborough. From 1965 to 1967 he taught at secondary schools in London while qualifying as an Outreach Youth Worker. On return to Australia he was appointed Parish Priest in a new Public Housing Estate at Balga in Perth's northern suburbs where he became founding President of the Balga Civic Association. In 1977 Keith was the first clergyman to be elected to the Western Australian Parliament. He held various portfolios in WA including WA Minister for Health from February 1988-1992.

Keith also has extensive experience working on hospital boards and the community-non-government sector. He was elected Chair of the Mental Health Council of Australia in November, 2002 and was recently awarded a Centenary Medal for services in Government to people with mental illness. Keith has been married to Angela for 35 years. Their younger son who has lived with a mental illness since he was 12 and is now 31, lives at home after many attempts to find adequately supported accommodation. Their older son, Martin is a film director who is currently making a film for SBS Television.

Plenary

'The Way Forward for NGOs in Mental Health Services'

There can be no doubt that the expectations being placed on NGOs as the major providers of community mental health support services are increasing at an unabated rate. This trend is occurring in conjunction with the imposition of an overall squeeze on the allocation of new resources for mental health services across the board. This presentation will provide an assessment of the current status of Mental Health NGO's in each jurisdiction, as well considering the areas of future progress required for the development of real partnerships. These partnerships need to be considered not only in terms of effective inter-organisation collaboration but also need to be considered in terms of required actions for the establishment and maintenance of genuine partnerships across all Health sectors.

Other issues to be considered in this presentation include;

- potential conflicts of partnership including accessing limited funding and exerting influence;
- areas of potential agreement;
- whether independence for a battling NGO should be sacrificed to effect change; and
- Is an NGO's distinctive ethos an issue?

Importantly the issue of how NGO's want to work in partnership with other stakeholders will be considered as method of effecting change. Issue such as financial constraints, gaining access to power brokers and influencing change will all be considered.

Rhonda Wilson

ARAFMI

Raichel Green

Central Coast Mental Health Services

Rhonda Wilson is Service Manager for the Central Coast branch of ARAFMI, Rhonda has worked in the community for over 20 years in Women's Health, Child Sexual Assault, Youth Services, Accommodation, community development and TAFE and has worked for the past 5 years in mental health.

Raichel Green is a service manager for Central Coast Mental Health Services. Her role has a focus on managing recovery services, community development and developing partnerships. Raichel has worked in mental health services for the past 8 years and comes from a social work background.

Paper

'Turning Us and Them into a True Partnership: Goldilocks and the Three Bears, Walking on Common Ground'

The aim of this paper is to outline the local partnership that has been developed between Central Coast ARAFMI and Central Coast Area Health Services (CCAHS) in the delivery of a consumer based social, recreational and vocational program. When looking over the process which brought these two services together it may read like many well known fairytales and it is best told this way. Prior to the development of the above partnership CCAHS (the bears) and ARAFMI (Goldilocks) have run their own social and recreational programs independently of each other and in isolation. This paper will outline the tale of these very different characters forming a productive partnership as they attempt to live happily ever after whilst creating a joint social and recreational program for consumers.

Great ideas often come out of necessity and when goldilocks and the three bears identified the need for partnership a commitment of co-operation, networking and facilitating involvement developed. As you will find goldilocks and the three bears had common goals and their coming together produced many

hurdles that needed to be jumped through creatively. We would like to take you on the journey of Goldilocks and the three bears outlining the discussions, decisions and formulation of this working partnership.

Jane Woodruff *Uniting Care Burnside*

Jane Woodruff is the CEO of UnitingCare Burnside, a large non-Government, not-for-profit child and family agency that provides a range of services for vulnerable and disadvantaged children, young people and their families across NSW. Burnside has an operating budget of around \$20m, over 400 staff, 250 volunteers and 27 service centres.

Her original degree is in Social Work and she has worked in senior positions in both the State Government and non-Government sectors. She has been the Director General of both the NSW Department for Women and the Ageing and Disability Department (now DADHC) and was a Senior Director in the Olympic Co-ordination Department. She left the NSW Public Service in 2001 to take up the position at Burnside.

She has worked at all levels of government including hands-on services, managing local community based teams, policy, planning, regulation and the funding and purchasing of services. She has had considerable Commonwealth-State negotiating experience and has directed a number of consultative processes including the implementation of the access strategy for the Sydney 2000 Olympic and Paralympic Games.

In her current position Jane works in partnership with a number of other child and family agencies and relevant peak bodies and with UnitingCare Australia (the community services and advocacy body of the Uniting Church). She is actively involved in the development of leadership and management skills in the non-government sector and in the challenges of the relationships between the government and non-government sectors.

She is currently the Deputy Chair of the Association of Child Welfare Agencies (AWCA), a member of the Board of the Independent Living Centre and of the Board of War Memorial Hospital. She is a member of the Department of Community Services reference groups for Early Intervention/Prevention, and Out of Home Care and the NSW Government Grants Administration Review.

Plenary *'Review of Grants Administration*

Display Tables and Poster Presentations

CCC Port Macquarie

Carers Climb to Confidence

Lifeline South Coast

Bibliotherapy Self-help for Mild to Moderate Depression

PRYSM Project

PRYSM Project Lifeline Western Sydney

Wesley Mission

LifeForce-Suicide Prevention Program

Sandy Watson

Let's Play Games! Innovations in Consumer Designed Training

ARAFMI/Northern Sydney Mental Health Carer Network

Kaiyu Enterprises

Becoming Part of the "In Crowd"

MHCC

Complaints Mechanism Display: What's available and how can you access them?

Anxiety Disorders Alliance

Darcy House

A partnership between services such as Wollongong City Council, Illawarra Health Service, Premiers Department, Lake Illawarra Local Area Command and South Coast City Church

McGraw-Hill Australia Pty Ltd

Mental Health Promotion

SANE

NSW CAG

NSW CAG Website

The Junction Mental Health Rehabilitation Service

The West Street Sport and Recreation Partnership

Aftercare

High Support Accommodation for People with Psychiatric Disabilities: A Survey and Need Assessment

Northcare Trust Inc Whangarei New Zealand

Rising to the Challenge

Shoalhaven Mental Health

1. Shoalhaven Residential Rehabilitation Partnership

St Vincent's Mental Health Service

- 1. The Importance Of Working With Other Service Providers*
- 2. Mental Health Rehabilitation and Partnerships – Improving Clinical Outcomes*

City Women's Hostel

Partnerships with a Mental Health Service: An NGO perspective

Sutherland Shire Suicide Safety Network Inc

Helping Hands Volunteer Program

Presenters' Contact Numbers

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Alan Owen	University of Wollongong	(02) 4221 4763
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