



# Chairperson's Report

I cannot believe how fast the first half of this year has gone. I seem to have been working at such a frenetic pace that it is hard to report in a short space what I have been doing. I do know that to attend a meeting it takes, on most occasions, many hours of reading to prepare for the meeting, which may last a few hours.

I started the year by going to the Summer TheMHS Conference. The theme was Co-Morbidity. It was excellent (I have written an article which appears later in the Newsletter).

I have been attending the MH-CoPES Taskforce meetings at which we have been fine-tuning the final survey questionnaires, which bring Stage 1 to a conclusion. Believe me this is extremely hard work. Full marks to all involved.

I was involved with submission work on the Mental Health Act, the Legislative Council Inquiry into Mental Health and the Commonwealth Inquiry into the Disability Support Pension.

I attended a Forum to discuss how improvements can be made on Seclusion, Restraint



Anna Saminsky—Chairperson NSW CAG

and Transportation of consumers when they are mentally ill organised by the Centre for Mental Health. There were some far reaching suggestions which, I trust, will lead to more enlightened practices in the future.

I am involved with a number of committees, two of which are

*(Continued on page 6)*

## Some articles inside this issue:

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## Special points of interest:

- News about what NSW CAG is doing
- Issues in Mental Health
- Dairy dates
- Info about support groups
- Information about research in mental health and about studies needing subjects
- Reports from events (Conferences)
- Mental health issues from the media

## Editorial / Communications Officer's Report

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Welcome to Issue 8 of the NSW CAG INFO\_LINK. You will find a range of articles on different topics related to mental health in this issue.

Information about NSW CAG's activities are found towards the front of the newsletter especially in the reports by Anna Saminsky, Chairperson, and Douglas Holmes, Executive Officer. Gillian Malins, MH-CoPES Project Officer, has provided an update on the MH-CoPES Project, which is included in your mail out as a separate flyer.

A variety of articles are found in this Issue. You will find a few articles about the Disability Support Pension changes on pages 8-14 Information from the Black Dog Institute can be found on page 16. This includes information about the New Consumer and Community Resource Centre and participants sought for research trials. There are several articles in this issue that are about mental health issues that have been covered in the media, including rural mental health issues (page 18). We have some creative writing in this issue including a short story by Clare McCormack (page 20) and a poem by JAX (page 23). Also in this issue is a report from the "Succeeding Together for Better Outcomes Symposium 2005" organised by the Schizophrenia Fellowship of NSW Inc (p 25). There are many other shorter articles as well.

Please feel free to contact us at the NSW CAG office to let us know how you would like the newsletter to improve. Perhaps you would like articles on particular topics or issues or more information about particular events. We are always looking for contributions to the newsletter from a wide range of people covering a variety of topics. Perhaps you would like to contribute. To discuss ideas for contribution contact us.

This newsletter comes out approximately twice a year. It is free and is distributed to approximately 1000 consumers, carers and in-

terested others mostly in NSW. Sometimes we have information that needs to get to people before a newsletter comes out. For this reason we also have an E-mail list. If you would like to be added to the E-mail list contact us. You might have information that you



would like distributed by our E-mail list also, just send the information to us by E-mail and we will distribute it if suitable.

*"I would like to thank all those who have contributed to this issue".*

Finally, and most importantly, I would like to thank all those who have contributed to this issue.

Your input helps to make this publication informative, varied and interesting.

My contact details are:  
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Yvette Cotton,  
Communications Officer  
NSW CAG



E-mail or phone me with your ideas

# Executive Officer's Report

During the writing of this article for the 8<sup>th</sup> issue of the NSW CAG Info\_Link I received an email with this cartoon attached from Trevor Parry a consumer activist from South Australia. Although at times it feels that we are not making much progress, this article will highlight a couple of the many activities of NSW CAG where progress is being made. These are: the Forging Our Future 3 Conference; and the NSW CAG Media Strategy.

## 1. Forging Our Future 3 Conference - 9/10 December 2005, Wollongong NSW.

During the last three months NSW CAG has been preparing for the Forging our Future 3 Conference. I am pleased to announce that Professor Beverley Raphael has agreed to be the keynote speaker for the conference. Her abstract is titled FUTURE for Mental Health and will describe some of the factors contributing to the high levels of mental health problems and disorders in the population, and their significance for children, adolescents, families, adults and older people.

The call for abstracts for the conference closed on 28 August 2005 and the Illawarra Institute for Mental Health is assisting us to develop the book of proceedings. More information about the conference can be obtained from our web site at [www.nswcag.org.au](http://www.nswcag.org.au). The Hotel network at [www.hotelnetwork.com.au](http://www.hotelnetwork.com.au) is providing information about accommodation for the conference. Applications for stalls for organisations and individuals to display their information during the three-day

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**"This plan will be much easier not to implement than the last plan we didn't implement."**

ing is an example of some negative media coverage and ways NSW CAG is responding.

During July and August 2005 several articles appeared in the media that highlighted issues of concern for me. These include the following quotes taken from an article in The Australia on 28 July 2005 with the by-line **Mental patients cast on streets**

*"several articles appeared in the media that highlighted issues of concern for me".*

*The director of one of Australia's top high-security psychiatric wards, Caritas House in Sydney, admitted yesterday the institution had become a "revolving door" for dangerous patients, who were being sent into the community with little or no supervision.*

*Police Federation of Australia chief executive Mark Burgess said police were applying a*



event are still available. The Registration Brochure is included with the mail out.

## 2. Media Strategy

During 2002 NSW CAG developed a 5-year strategic plan that included a media strategy that would develop NSW CAG ability to respond to an event or an issue in the media. The follow-

## Executive Officer's Report (cont.)

*"zero-tolerance" policy to get mentally ill people off the streets.*

*He said police felt compelled to lay criminal charges against people they knew were mentally ill to protect the public and prevent patients from harming themselves.*

*NSW Police is now pressing for the power to send anyone suspected of being dangerously mentally ill direct to a psychiatric ward without seeking the legally required second opinion of a general practitioner.*

The articles in both the print and broadcast media highlight the following issues (listed below) that need to be addressed by both the Commonwealth and State agencies that have the responsibility for these problems .

1. The inappropriate use of language to describe people with a mental illness
2. The inappropriate discharge planning for people with mental illness
3. The inappropriate treatment options for people with a mental illness, which are possibly in breach of the UN Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care [www.mhcc.org.au](http://www.mhcc.org.au)
4. The length of time Department of Health takes to implement planning decisions
5. It highlights the push to make mental illness treatment options a Law and Order Issue. This takes the focus off the responsibility of providing appropriate treatment and care as mandated in UN Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care
6. Input into the upcoming discussion paper on changes to the Mental Health Act
7. NSW is consistently below the National Average for money spent on community as reported in the NMH Reports

NSW CAG is working with the Centre for

Mental Health, NSW Health NSW to develop strategies and programs to highlight where there is room for improvement with the sys-



tem; particularly in areas where governments responsibility intersect, this should remain a focus for us in the next two years

The Housing and Accommodation Support Initiative (HASI) Stage 1 (100 places, Stage 2 463 places & Stage 3 126 places) are examples of how two of the departments (Health and Housing) are trying to address some of these problems

I look forward to seeing you all at the conference in December.

Douglas Holmes  
Executive Officer NSW CAG



## MH-CoPES

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The Mental Health Consumer Perceptions and Experiences of Services (MH-CoPES) project is now moving towards Stage 2. A more comprehensive update written by Project Officer, Gillian Malins, is included as a separate flyer with this mail out and is on our website on the projects page. The state-wide consultations with consumers and other stakeholders, including carers and mental health workers have been completed. Two questionnaires to obtain consumers' perceptions and experiences of services (one for in hospital care, and one for community services) are in the develop-



ment phase, nearing completion. A state-wide workshop to consult widely on the questionnaires and to launch the Interim Report was held on 6<sup>th</sup> April 2005. This was attended by approximately 85 consumers and service providers from across the state. The information gained from this consultation has been used to develop the final versions of the questionnaires. In Stage 2 of the project,

it is intended that these questionnaires will be piloted in public mental health services. The MH-CoPES Framework for consumer evaluation will also be trialed.

## NSW CAG and Youth Week 2005

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NSW CAG was involved in the organising and planning of some activities for Youth Week 2005 in the Marrickville area. Marrickville Council and Marrickville Youth Council also organised the week. The theme of youth week was "When 7 days are not enough". In keeping with the theme the celebrations lasted for a two-week period. There were many activities including: a launch; a two week long art exhibition, website design training; Under 18 Dance Party; Launch of a youth space and Sony Playstation 2 at the Marrickville Library including a trivia night; a Hip Hop Conference; Pool Competition; Indoor Sports Competition; Mental Health information session and BBQ; Promotion of need for foster parents for teenagers.

NSW CAG was involved in several ways. The National Standards for Mental Health Services Quilt was displayed for two weeks at the XPOZED youth art exhibition and quilt catalogues were available to take away. NSW CAG's chairperson Anna Saminsky gave an excellent speech about youth and

mental health at the opening of youth week at the gallery. Also at the opening of youth

*"NSW CAG's chairperson  
Anna Saminsky gave an  
excellent speech about  
youth and mental health"*

week Douglas Holmes presented two TheMHS Awards to the Marrickville Council and Marrickville Youth Council for the "Scream on the Green" event,

which NSW CAG was also involved in. "NSW CAG organised an informal lunchtime information session on 12 April 2005 about mental health services and young people. This was held outside of the XPOZED youth art exhibition at the Chrissie Cotter gallery. Over 25 services attended the barbeque lunch and shared their experiences in discussing the current level of support services for young people. NSW CAG in partnership with Marrickville Council, have also agreed to facilitate the development of a future strategy for addressing the mental health needs of young people in the local area." (Marrickville Council Report)

## Chairperson's Report (continued from page 1)

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confidential, however, the others are described here. The Official Visitors Advisory Group is working on a new form for the O.V.s which I feel will benefit consumers greatly as it will prompt O.V.s to ask questions which are important to consumers whilst they are in hospital.

The Consumer Advocacy Course will now have a follow up class for those who have completed the first course, which will enhance the knowledge of the consumer advocacy community.

The National Consumer and Carer Forum (NCCF) has published its findings on the work the committees did last year, the publication is 'Consumer and Carer Participation Policy, a framework for the mental health sector' and well worth reading. It discusses such topics as best practice principles for inclusion in participation policy and developing a consumer and carer participation policy.

I have joined the Health Care Complaints Commission Consumer Consultative Committee, which was inactive for quite some time, so I am keen to see how this committee will work as the Commission receives a large number of complaints from consumers with a mental illness.

Even though JGOS has not been meeting very often lately it does not mean that housing has not been a priority for the Departments of Housing and Health, it has.

I attended two functions for Youth Week and spoke at one and presented the TheMHS Award that I had been presented in September to representatives of Marrickville Council.



NSW CAG is fully involved Anna Saminsky represents NSW CAG at many meetings

with organising our Forging Our Futures Conference to be held in December at Wollongong; abstracts are coming in and guest speakers are organised so we are getting quite excited since we haven't had a conference in four years. I do hope you make an effort to attend.

Until the next Newsletter I wish you good health.

Anna Saminsky, Chairperson NSW CAG

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## Mental Health Week 2005

Don't forget that Mental Health Week is on 9th—15th October 2005. This is the first year of the theme Relationships.

Posters and postcards have been produced. One has the message: "Are you really connecting? Connect with those close to you" and a picture of five people sitting next to

each other sending text messages on their mobile phones. The other has a picture of someone on a swing and has 10 stress less tips.

More information about the launch and activities for the week can be found on the website of the Mental Health Association NSW.

[www.mentalhealth.asn.au](http://www.mentalhealth.asn.au) .

# Summer TheMHS Conference: Clockwork

I attended the Summer TheMHS Conference in Sydney in February 2005. The theme was Co-morbidity. I was particularly interested in one session presented by Dr Chris Gore on an organisation known as Clockwork.



*Clockwork is a Health Service for young people aged 12-25*

Clockwork is a Health Service for young people aged 12-25 years. The organisation's aim is to assist young people to reach their optimum level of health and well being by providing a range of holistic health care services in the Geelong area of Victoria using a General Practice (bio-psycho-social) model. It is essentially aimed at the marginalised and at risk youth who do not, in the main, access general health care.

The Allied Health Service supports the core of the service of GPs on staff and the community GPs who work outside their normal working hours to keep this service afloat.

It is very much a service of dedicated workers who provide a free, confidential, caring, friendly and safe environment for young people who come for health information, physical and emotional problems, drug and alcohol issues and general issues which affect young people who are too embarrassed to approach mainstream GPs. The fact that youth workers along with a psychologist, a social worker and a nurse are employed helps to break down the barriers and keep them out of the Accident and Emergency Department. Being in a youth friendly location also helps to attract youths to the centre where there are eight part time GPs who all work in their spare time.

At Clockwork they average 200 plus consultations per week. 75% are primary care. The major age group is 15-21 years. Most of the issues present as complex and therefore the consultations are longer than the norm.

The main reasons for attending Clockwork are: 35% sexual health issues; 45% mental health issues; 15% physical health issues; 5% primary reason drug and alcohol. However, there is high co morbidity with 60-70% of young people involved with hazardous drug and alcohol issues.

Clockwork is a model program because on the macro level it engages youth on the environ-

ment level, confidentiality, credibility, G.P's role, networking i.e. it makes sure the client is fed and the main social needs are met as well as tendering to them clinically, it is non stigmatising and it provides continuity.

On the micro level it provides on going access, an holistic focus, an appreciation of developmental stages, education, autonomy, concordance i.e. the belief that they have to sincerely believe that this will help them – trust and belief, resilience, encouragement, advocacy and after hours service.

*"It is essentially aimed at the marginalised and at risk youth who do not, in the main, access general health care".*

The positive role modelling is, without doubt, very important in the process of engagement. If only

this program were replicated throughout Australia with decent funding imagine what a difference it would make to the marginalised and at risk youth in our society.

Anna Saminsky



## DSP and Welfare Reform by Desley Casey

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I would like to introduce myself. My name is Desley Casey and I am the endorsed national consumer representative for the Australian Mental Health Consumer Network on DSP & Welfare Reform. I understand that many mental health consumers living on the Disability Support Pension are very afraid of the changes to the DSP as part of the Welfare Reform Agenda and the Participation in the Workforce for people with disabilities. From my perspective this is completely understandable as people's livelihoods are being discussed and debate all around the country and by the commonwealth government.

What do we know to date? The Department of Employment & Workplace Relations (DEWR) has the task of instituting the federal government's DSP & Welfare Reform agenda. In doing this, they have to talk to Centrelink who has the major task of providing DSP and other Welfare Payments. DEWR held national consultations in April 2005 with a broad range of disability and other organisations involved both in the disability and welfare sector.

As you know changes to the DSP & increasing what the government calls Workforce Participation for people with a disability was high on the agenda for the Federal Budget which was announced in May 2005. This budget outlined a range of changes, with these being:

- § All current recipients of the DSP would retain their concessions and not be included in the new eligibility criteria to obtain the DSP.
- § All potential new recipients of the DSP have to meet the eligibility criteria of being unable to work more than 15 hours per week.
- § People who are assessed as being able to work more than 15 hours per week will be eligible for Newstart Allowance however not the DSP if unemployed, and only

entitled to the range of entitlements available under this allowance.

- § Single parents with children age 5-6 years old will be required to return to the workforce, at least part time.
- § There are new "obligations" as the government likes to call them in respect to all recipients of Centrelink benefits including DSP recipients. These mainly being:
  - § If a person fails to report their income to Centrelink, their Centrelink benefit will be automatically stopped (suspended). You could lose your benefit for a period of up to anything from 8-12 weeks.
  - § A breach, for example administration or activity test breaches are considered exactly the same and the above rule applies.
  - § Whilst there will be some exemptions, what these exemptions will be and to whom they will apply is still unclear.
- § Job Network will have a major focus on getting people with a disability back into the workforce.
- § A co-ordinated activity participation plan will be developed. Centrelink will develop the original plan and the plan will be updated by the supported employment service provider the consumer accesses. However there is no Right of Appeal where the plan contradicts itself.
- § There are also some changes to recipients of study allowances however I am unclear what these changes fully involve.

In June 2005 the Australian Federation of Disability Organisations (AFDO) organised and hosted a 1 day Forum for representatives from all disability organisations to attend and respond to the proposed changes. I attended this forum on behalf of the Australian Mental Health Consumer Network. Mr Kevin Andrews (Minister for DEWR) was also present to respond to the concerns and issues raised by participants at the forum.

The forum was informed that Centrelink have

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instituted a pilot in 2 centres. The pilot is of a "Red Flag" being incorporated into the Centrelink computer system which highlights the recipient who has failed to report to Centrelink is identified as a person with a mental illness. The pilot is to ensure that when the red flag highlights the reporting failure, a Centrelink officer will contact the person PRIOR to suspending their Centrelink payment to ascertain the reason for not reporting. (This system was put forward by mental health consumers at the Sydney DEWR consultation.)

The main key steps in the implementation process of DSP & Welfare Reform are:

- § Translating the broad policy direction of the federal government to a detailed development plan which incorporates the overall process and a whole of government approach, including the development of the computer systems required.
- § Development of legislation, i.e. family aspects, social security changes, purchasing services and publish the overall model.
- § Development of a business model which incorporates discussions with key groups, mental health bodies, national bodies such as Australian Council of Social Services, employers and peak employer organisations.

AFDO has been distributing a range of documents since this forum of which some include what the changes will mean on a financial scale to potential Centrelink recipients. The call is also that entitlements should be the same for all types of Centrelink benefits rather than have people on Newstart receiving fewer entitlements to people receiving the DSP. This call has yet to be fully heard by the federal government.

The Mental Health Council of Australia (MHCA) is also working very hard at lobbying the federal government in respect to the pro-

posed changes. What the federal government does recognise is that employers and the business community simply are not ready to accept people with disability into their workforce, especially people with a mental illness. To this end DEWR has funded MHCA to host 2 national employer forums to provide information to employers about mental illness and also instigate a round table discussion on how employers can effectively support people with a mental illness in the workplace.

In Conclusion:

The implementation timeline by DEWR is 2 years, however some aspects are already coming into effect. People with a mental illness need to be very clear what is available from Centrelink to support and assist them to negotiate the maze of being a Centrelink recipient. People may also like to take heed that failure to report to Centrelink will involve a suspension of their Centrelink payment of anything from 8-12 weeks (depending on the Centrelink cycle of being incorporated back onto their computer system) – hence, you should utilise every possible means available to ensure you report to Centrelink, which can incorporate Internet reporting on a secure Centrelink website if you so choose.

As more information and further discussions are held, I will keep you informed. Please don't hesitate to contact me with any ideas, suggestions and concerns you may have on. Or, contact me with any NEW rulings you find that are coming into effect that previously were not in place and how these rulings have affected you.

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That's All Folks!

# Disability Support Pension and the 2005-2006 Budget

Many of you may have heard the Australian Government Budget Speech 2005-2006 on 10<sup>th</sup> May 2005 and may have heard some of the changes that were proposed for the Disability Support Pension. This article will hopefully clarify some of this and at the end there is a list of websites for more information. There are some things that at the time of writing were still unclear to me and I have mentioned these also. The following information comes from the websites listed at the end of the article.

Essentially there are going to be three categories of DSP recipients or applicants:

- 1) Existing recipients (on the DSP on 10 May 2005).

These people “will be subject to the normal review process for DSP which will apply the existing eligibility criteria based on being able to work 30 hours or more”. (ie they will only continue to be eligible if unable to work 30 hrs / week or more) – This is the current system. These people will have no part time work seeking obligation.

- 2) People seeking to go on DSP after 1 July 2006.

These people will be subject to the new eligibility test that will mean that if they are assessed as able to work 15-29 hrs per week they will be ineligible for the DSP but may be eligible for the “Enhanced Newstart” (more information below). In addition they will be subject to an obligation to seek part time work (see below for more information).

If assessed as unable to work 15 hrs a week they will be eligible for the DSP with no part time work seeking obligation.

- 3) People seeking to go on DSP between 11 May 2005 – 30 June 2006.

These people will be assessed using the cur-



Perhaps this is how Mr Howard expects people with disabilities to get sufficient income in future.

rent eligibility criteria (eligible if assessed as being unable to work more than 30 hr/ week). However, they will be reassessed in periodic reviews (usually every two or five years) against the new eligibility test (eligible if assessed as being unable to work more than

*“Essentially there are going to be three categories of DSP recipients or applicants”*

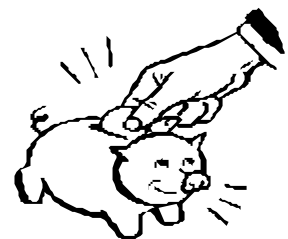
15 hr/week; and may be eligible for “Enhanced Newstart” (more information below) after 1 July 2006. If they move to “Enhanced Newstart” (more information below)

they will be subject to an obligation to seek part time work (more information below).

“Enhanced Newstart” and part time work obligations for people with disabilities assessed as able to work 15-30 hr a week.

- 1) “Enhanced Newstart”

More information about the “Enhanced New-



If you think you may become disabled maybe you'd better start filling Mr Piggy.

start" payments is available at [www.budget.gov.au/2005-06/overview2/html/welfare\\_07.htm](http://www.budget.gov.au/2005-06/overview2/html/welfare_07.htm). Essentially it is called "Enhanced Newstart" because the amount of Newstart that is lost as people work has been reduced. This will take effect from 1 July 2006. The amount of "Enhanced Newstart" that single people would get is \$400 per fortnight if they have no other income and it is reduced to nothing when they earn \$750 per fortnight. More information about the actual taper rates is available on the website above. This is less income, a bigger taper, and a lower amount of personal income allowed before it cuts out than the current DSP.



## 2) Part time work obligations

"People with a disability who are receiving income support and are assessed as being able to work 15 hours or more in the open labour market within a two year period will be required to undertake job search activities and have part time Mutual Obligation requirements.

Mutual Obligation requirements include activities such as part-time employment or education or part time Work for the Dole."

### Other allowances and incentives available to job seekers with disabilities

"Newstart Allowance and Youth Allowance recipients with disabilities with a work capacity between 15 and 29 hours a week will receive the Pensioner Concession Card and Pharmaceutical Allowance and Telephone Allowance". For more info on allowances and incentives see the fact sheet mentioned be-

low.

### What if people leave the DSP and have to go back on it?

"People who leave the DSP because of earnings from work will be able to return to the DSP, for any reason, within two years".

I am unclear as to whether people who leave the DSP and then return to it would be subject to the new assessment criteria.

### References:

The Australian Government Budget Speech 2005-2006 was read on 10<sup>th</sup> May 2005. This speech can be found at [www.budget.gov.au/2005-06/speech/html/speech.htm](http://www.budget.gov.au/2005-06/speech/html/speech.htm). More information about what the changes mean for people with disabilities can be found at [www.budget.gov.au/2005-06/overview2/html/welfare\\_05.htm](http://www.budget.gov.au/2005-06/overview2/html/welfare_05.htm).

There is also a useful fact sheet: "Welfare to Work – Increasing participation of people with a disability" at [www.dewr.gov.au/publication/budget](http://www.dewr.gov.au/publication/budget). The above information comes from these sources.

Yvette Cotton

Communications Officer  
NSW CAG

*"Mutual Obligation requirements include activities such as part-time employment or education or part time Work for the Dole".*



Dealing with Centrelink forms can be overwhelming

# The Disability Support Pension and Employment—A review of consultations by Paula Hanlon.

The following article contains a summary of the consultation process and survey results undertaken in 2005 and parts of the submission forwarded to various Government and peak lobby organisations. If you would like to receive a copy of the submission and survey data please contact Paula on (02) 9858 7777 (Mon-Wed).

I would like to begin by thanking all the people and organisations that supported the survey and consultation process.

People with mental health problems who are medically assessed for a Disability Support Pension (DSP) maintain an existence below the average wage earner. The guidelines of the DSP have allowed people to enter or re-enter the workforce and subsidize their pension. People choose to do this for various reasons:

- a sense of achievement
- belonging
- connectedness with the community
- something to talk about other than our problems
- earning money and having a lifestyle that having an income affords

The Disability Support Pension has been a financial payment that is gradually reduced as incomes have risen. This process is encouraging and empowering as well as a financial saving for the Federal Government.

## The consultation process:

A survey was developed following discussion among consumer workers, Paula Hanlon and Peter Schaecken, on the impact of the Federal Government's proposed changes to the Disability Support Pension and employment. The survey was developed by Paula Hanlon with the input from Yvette Cotton, Jenna Bateman, Gillian Church and Peter Schaecken. This survey was not affiliated with any particular organisation or consumer group. In addition a consumer forum was held on Saturday 19<sup>th</sup> March at Rozelle Hospital Conference Centre.

The survey was designed to identify the impact of, what was known at the time as the possible direction of the Federal Government's proposal based on previously rejected Parliamentary submissions, reports and presentations from various sources, Australian Council of Social Services and The Human Rights and Equal Opportunity Commission.



One reason people work is "earning money and having a lifestyle that having an income affords". Maybe like being able to afford to see a movie.

The survey asked participants to identify gender, age group and how long they have been on a disability support pension. In addition the survey identifies if people are and how long they have been supplementing their pension. Work history and hours of employment were identified, with a query on whether those working built their hours gradually. Questions were asked about perception of the impact of the changes on their lives and the utilisation and/or the perceived benefit of vocational support agencies.

*"A total of 241 survey participants, (52% [125] males and 48% [116] females) were received".*

## Summary of Survey Results:

A total of 241 survey participants, (52% [125] males and 48% [116] females) were received. Of these, 76% (182) identified as supplementing their dis-



241 Surveys were received and analysed by Paula

ability support pension with part time employment. Of those who are working nearly 41% (74) people are working between 16 and 24 hours per week, 25% (46) between 9 and 15 hours and 32% (58) people work under 8 hours per week .



18 consumers from across Sydney attended the Consumer Forum

ceived benefits of accessing assistance from employment and support agencies. A small number of people (35%, 84) identified that they were receiving assistance from an employment support agency, while 85% (206 people) identified that they would find assistance beneficial

Just over half (50.5%, 92) of the people working identified that they have built their hours gradually, with some commenting that they are happy with the smaller amount of hours and do not wish to extend these at this stage. A common comment regarding suitable hours of work identified that people were aware of a healthy threshold that would maintain their wellness, whilst supplementing their pension.

in finding employment and for work readiness programs.

### Consumer Forum:

The forum, hosted by the C.O. W. Cooperative (Consumer Organised Work), was attended by 18 consumers from across Sydney. A PowerPoint presentation was followed by small group work. Each of the four groups was provided with questions from the National Inquiry into Employment and Disability papers from the Human Rights and Equal Opportunity Commission. Questions were taken from "Issues Paper 2: Issues Facing People with Disabilities" and "Issues Paper 4: Commonwealth Government Assistance." Due to time and numbers, not all questions were answered. Similar sentiments to those identified through the survey comments are expressed by the forum participants.

*"Similar sentiments to those identified through the survey comments are expressed by the forum participants".*

The survey participants identified that money was the greatest value for working (91%, 220 people). The next most important aspect was the importance of work on the recovery process (86%, 207 people). Other aspects of employment people identified as important are something to talk about other than mental illness (86%, 207), liking the work they do (85%, 206), and provides some relief to effects of mental health problem ((84%, 204).

The survey participants identified that the proposed changes to conditions of employment and DSP (that we were aware of at the time of survey distribution), may impact on their choice to look for work (85%, 205), to maintain current employment hours (66%, 121). A large number of people 80% (193) were concerned that they may be financially worse off from proposed Federal Government plans and 87% (210) people were concerned of the possible impact on their mental health.

The survey also asked for participants' per-

The situation of people living with mental health problems (relapse concerns, medication and symptom issues, effect of stress, societal stigma, importance of rehabilitation and recovery structures) raises a number



"Survey participants identified that money was the greatest value for working"

## The Disability Support Pension and Employment—A review of consultations by Paula Hanlon (cont.)

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of issues for Governments to consider when considering funding support and workplace options, discrimination and equal employment opportunity legislation, and welfare supports and legislation.

The survey and forum, consumer consultations clearly identified that mental health consumers do want to work and are aware of their needs to achieve their threshold of participation. Acknowledging each individual's participation within society and the workforce is vital for promoting a mentally healthy society where people are encouraged and not limited by social policy. Ultimately encouraging people with disabilities to reach their full potential with community supports to achieve

and maintain this without fear of loss of security will be cost efficient for Government funding as a subsidised pension will be less costly than a pensioner group returning to a disempowered position of not seeking to achieve community participation.

Paula Hanlon



"people were aware of a healthy threshold that would maintain their wellness"

## Fire Safety Is Everyone's Responsibility—Are you prepared?

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**FACT** Fires can and do occur in Healthcare buildings every year. Simple precautionary steps, and being familiar with the campus emergency procedures may prevent a fire, or minimise its impact on you and your workplace.

Being prepared and knowing what to do could save lives.

The following is a list, which will assist you in ensuring your department / ward is prepared:

- Ensure all staff attend mandatory fire training annually. (Department of Health Circular 2003/87)
- Conduct Departmental fire evacuation exercises at least once a year (reference Northern Sydney Health OH&S manual hazard register), which may include patients.
- Ensure all staff are familiar with emergency fire procedures, Reference the emergency procedures flip chart.
- Be familiar With the *RACE* procedure.

- Be familiar with the physical environment of the department, giving attention to exit and evacuation points.
- Know the type and location of fire fighting equipment in and near the department.
- Report to the fire safety manager or OH&S Representatives any problems that may arise concerning fire safety and protection.
- Use and maintenance of electrical equipment
- Use and storage of flammable liquids and gases
- Storage of flammable goods; eg. paper stocks
- Danger of smoking and the hospitals no smoking policy.

Should you require any further information you can contact Graham Burr, Fire Safety Manager on 94779117 or Group Wise.

Graham Burr

(From Macquarie Hospital Newsletter 24 Jan 2005)

## LIFE—Framework Consultation—Auseinet

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Auseinet is coordinating a national consultation on the LIFE Framework on behalf of the Australian Government.

The aim of the consultation is to collect feedback on the relevance and usefulness of the LIFE Framework suite of documents and to ascertain ways to strengthen these documents to ensure that the Framework is an effective guide for suicide prevention activities in Australia. The consultation also seeks feedback about the usefulness of a number of



*Check out the Auseinet Website [www.auseinet.com](http://www.auseinet.com)*

other Australian Government publications (identified as the “toolkit of practical resources”) designed to support the implementation of effective suicide prevention activities. If you have an interest in suicide prevention and would like to contribute feedback about these resources, please go to the Auseinet website for more information and access to the feedback form – [www.auseinet.com/life](http://www.auseinet.com/life) (from AICAFMHA NEWS Issue #5.05)

## Consumer Advocacy Course update—NSW Institute of Psychiatry— by Sandy Watson— Course Co-ordinator

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1. The next Consumer Advocacy Course dates are: October 26th—28th. For an application form or information, please call Jane Marks on 9840 3833. This course is for consumers only, for anyone interested in consumer advocacy and representation. It runs for 3 days, from 9.30—3.30.
2. The Consumer Advocacy Extension Course is commencing late in 2005. This course is a new course, and is for consumers who have completed the existing Consumer Advocacy Course. It is a follow up course with more focus on skills based training. If you completed the Consumer Advocacy Course (run by Sandy Watson) you are eligible to attend this course. Please call Jane Marks on 9840 3833 for further information as it becomes available.
3. In the last mail out, consumers were given a survey to fill in about consumer training needs. Not many consumers returned surveys. If you would still like to complete one, please call Erica on 9840 3833 and she will forward you a post-age returned survey to complete.
4. There have been a number of requests for information about the Consumer Advocacy Course, and whether it can be conducted in other areas (other than Parramatta). The Institute runs off-campus training, and the Consumer Advocacy Course can be run in other areas if contacted to do so. The course is general in nature, so it can be run in any area or State or Territory. It is recommended that the best number of participants 8-16. The course can be adapted. If you are interested in bringing the Consumer Advocacy Course to your area, please call the Institute of Psychiatry (9840 3833) and ask to speak to an Education Officer. When asking for a quote, it helps us if you are really clear about your training needs, what you want in the course, how many hours etc.

## Black Dog Institute Update January—May 2005

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### **OFFICIAL OPENING of the Black Dog Institute**

The Minister for Science & Medical Research, Frank Sartor, officially opened the Black Dog Institute building on 16 March 2005.

The new facility, funded by the NSW State Government, will undertake ground-breaking work in detection, treatment and management for people suffering depression and Bipolar Disorder.

Mr Sartor said he was proud to officially open the new building which "... allows us to link together under one roof a productive and in-

novative research team, new assessment clinical services, education & training for mental health professionals, consumers and families and a new Consumer and Community Resource Centre."

As Mr Sartor pointed out, "[t]here is no other mental health facility in the county providing such a linked model."

Read more on the website of the Black Dog Institute:

[www.blackdoginstitute.org.au](http://www.blackdoginstitute.org.au)

(from the Black Dog Institute Update Jan-May 2005)

## Consumer and Community Resource Centre—Black Dog Institute

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The **Consumer & Community Resource Centre** is now open to the public every weekday from 9.30am – 5pm.

If you are seeking quality information on mood disorders, drop in for a cup of tea & browse our shelves. We have many resources, including books, videos, CD's, research papers and access to the Internet.

Staff are also on hand to help you find information & track down relevant mental health services.

*"We have many resources, including books, videos, CD's, research papers and access to the Internet"*

Phone: 02 9382 4523 to enquire about visiting.

(Also from their update)

## Participants sought for research trials—Black Dog Institute

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We are currently seeking volunteers to participate in various research studies:

- v Transcranial Magnetic Stimulation (TMS) to treat depression and schizophrenia
- v Genetic Study of Bipolar Disorder
- v Neuroimaging Studies for Bipolar Disorder & OCD
- v Omega 3 fatty acids in the treat-

- ment of perinatal depression
- v Duloxetine in the treatment of melancholic depression

For more details, phone 02 9382 4530, or go to our website: <http://www.blackdoginstitute.org.au/research/participate/index.cfm> (from the Black Dog Institute Update Jan-May 2005)

## Black Dog Institute Update January—May 2005 continued

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### ESSAY WRITING COMPETITION: WINNERS ANNOUNCED

The inaugural Black Dog Writing Competition was launched in August 2004 and gave participants 6 months to prepare their entries. Participants were invited to uncover the history of the term 'black dog' as a description for depression.

Sir Winston Churchill referred to his own melancholic depression as a 'black dog', but it is thought that the term had earlier origins.

Overall, a total of two hundred and sixty-six entries were received. The essays were judged by an independent panel of three judges, who were all very impressed by the quality of the essays.

Her Excellency, Professor Marie Bashir AC, Governor of New South Wales announced the prizewinners at an Awards Ceremony held at the Black Dog Institute on 27 April 2005.



First prize (\$5000) was awarded to Mr Paul Foley, a medical historian; second prize (\$3000) went to author & poet, Mr David Musgrave; and third prize (\$1500) to Ms Megan McKinlay, a teacher of Australian literature and creative writing. Ten Highly Commended

Awards were also given out on the night.

The winning essays can be read on our website:

<http://www.blackdoginstitute.org.au/media/eventscal/index.cfm>

(From the Black Dog Institute Update Jan-May 2005)

*"Overall, a total of two hundred and sixty-six entries were received".*

## New Book on Bipolar Disorder and fact sheets

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A Lifelong Journey: Staying Well with Manic Depression / Bipolar Disorder by Sarah Russell

Available from Michelle Anderson Publishing:  
[www.michelleandersonpublishing.com](http://www.michelleandersonpublishing.com)

Also new fact sheets on depression and bipolar now available to download from the Black Dog Institute's Website

[www.blackdoginstitute.org.au](http://www.blackdoginstitute.org.au)



New book on Bipolar Disorder!

## Rural Mental Health Issues

Mental illness is a significant problem in rural areas, perhaps even more so than in the city. The following information comes from a few recent stories in the media. The websites are listed at the end of the article.

“According to the Royal Flying Doctor Service, people in rural and remote areas of Australia suffer psychiatric disorders 28 per cent more than their urban counterparts” (Lavelle, 2005). Professor Ian Hickie, from Beyond Blue, however, says that rates of mental illness among rural communities don’t differ much from the general population (cited in Skatssoon, 2005). What is not disputed is that suicide rates are higher in the bush. “According to the Australian Bureau of Statistics, rural and remote communities have the highest rate of suicide in Australia. Between 1988 and 1998, the suicide rate was up to 17 percent per 100,000 persons per year in rural areas, compared to 12-13 per 100,000 in the capital cities” (Lavelle, 2005).

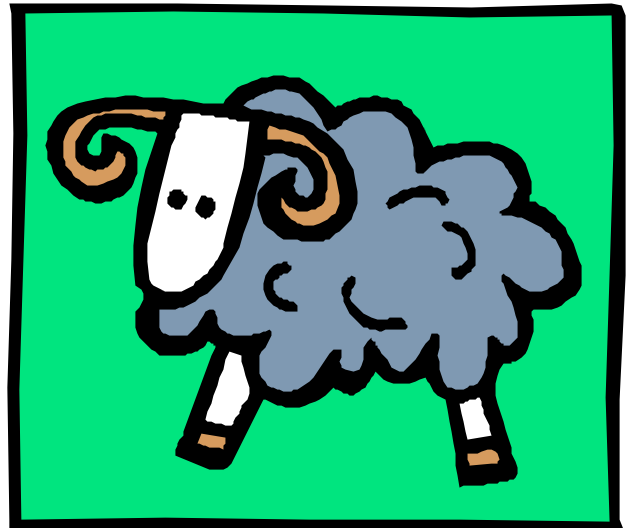
Some factors that make it more difficult for people in country areas include: “tough times”, reluctance to seek treatment and fewer services. However, there does appear to be some better coordination of services, in recent times. (Lavelle 2005).

Not only do the farmers and their families suffer the devastating effects of crises such as droughts, bushfires and falling commodity prices so do the towns that serve the surrounding farms. According to Lavelle (2005) “unemployment rises, levels of alcohol and drug use rise, violence increases and depression and anxiety become entrenched in the community.”

According to Julian Krieg, the project officer from Alive and Well, a community support program set up in Western Australia’s wheat belt, speaking with Karen Barlow (2005) on the World Today, “the depth of despair that people are suffering in drought-affected ar-

reas is misunderstood by city people”.

It also appears that people in country areas may be more reluctant to seek treatment for mental health problems than their city counterparts. According to Gilian Malone, a psy-



chiatric nurse working in the north east of Victoria, speaking at the 8<sup>th</sup> National Rural Health Conference in Alice Springs (cited in Lavelle, 2005), most people in rural commu-

*“people in rural communities are “proud of their self-sufficiency and independence”*

nities are “proud of their self-sufficiency and independence” which may also mean they are “unwilling to admit they need help – es-

pecially when it comes to mental illness”. She also says that country people see “having a mental illness as a stigma, an admission of failure” and “the prevailing attitude is, you get on with it, and pull your socks up”. She also said that people are more likely to go to family or friends than to people trained in deal-



ing with mental illness.

Mental health services are fewer in the country than in the city. Some figures from the 2003 Australian Institute of Health and Welfare study (cited in Lavelle, 2005) state that “about 4 per cent of psychiatrists, 12 per cent of practising psychologists, and 30 per cent of mental health nurses in Australia are practising in rural and remote areas. And there are fewer GPs in rural areas”. The shortage of workers in the country means that “those who are available must spend long periods travelling between treatment centres, with less time to spend with patients. For patients it means long waiting times and sporadic treatment”. In mental health crisis situations or when hospitalisation is required, often there “isn’t a mental health worker there at the time” or “a general hospital in a country area.. doesn’t have the resources” so people have to be transported large distances away from family and social networks to a major metropolitan centre.

However, there do seem to be some ways that things are improving in terms of service coordination in the country. According to Sue Patterson a psychologist and program manager for Mental Health Services in the Eyre Region of South Australia, also speaking at the 8<sup>th</sup> National Rural Health Conference (cited in Lavelle, 2005) “there’s and awareness that mental health services are more effective when delivered by networks and partnerships of mental health professionals.” She believes that overall in rural areas things have improved since the introduction of the 1992 National Mental Health Strategy, even though there is still the problem of access to acute psychiatric beds. According to Lavelle (2005) some other promising developments are: “telepsychiatry” (or videoconferencing) with metropolitan psychiatrists; more involve-



ment of allied health workers like nurse practitioners and trained mental health nurses in remote areas, early intervention programs and public awareness programs, greater involvement of others such as social workers, occupational therapists, consumer support groups, teachers and clergy.

So, what do you think? Maybe you have a story to tell about your experience of mental health issues and services in a rural area. I am always looking for stories for the newsletter.

#### References:

- 1) Barlow K. (2005) The World Today – Drought impacts on mental health of farming communities Tuesday 17<sup>th</sup> May 2005 12:18:00 <http://www.abc.net.au/worldtoday/content/2005/s1370506.htm>
- 2) Lavelle, P. (2005) Mental state of the nation – Features – Health Matters 19/05/05. <http://www.abc.net.au/health/features/mentalstate/default.htm>
- 3) Skatssoon (2005) ABC News in Science—Drought prompts new type of mental stress 24/5/05 [http://www.abc.net.au/science/news/health/HealthRepublish\\_1374921.htm](http://www.abc.net.au/science/news/health/HealthRepublish_1374921.htm)

*“some other promising developments are: “telepsychiatry”*

Other information:  
Centre for Rural and Remote Mental Health [www.crrmh.org.au](http://www.crrmh.org.au)

Yvette Cotton.



## Into the light—by Clare McCormack

It started simply with a casual comment from the real estate agent on inspection day. 'He's from Dubbo', Robyn said, 'A greenkeeper'. Just as Robyn uttered 'er', the person in question became clearly visible from my front window. His ears must have been burning. He continued down the front path. 'Right', I responded, not sure if it would aid the inspection process if I feigned some enthusiasm. He didn't really seem to be my type, but I got the impression that Robyn was making a ramshackle attempt to point out an eligible bachelor. So, for the sake of the inspection, I made a further comment 'he looks alright I suppose'. I figured it was better to keep Robyn talking whilst doing inspections – it gave her less time to play spot the difference on the rented goods. I peered over Robyn's shoulder (discreetly of course), and noted that all the boxes on her sheet were ticked. The door pulled closed and a clip clop of heels down the front steps. The dreaded day over. I thought no more of my new neighbour – the greenkeeper from Dubbo.

The next meeting was a glimpse of things to come. I walked up the path outside to see if one of the other neighbours had a chair I could borrow to use for the markets. Passing number 12 I waved, a neighbourly gesture to the new resident. He was sitting out the front in a lounge chair that even St Vincent de Paul would probably reject. He sprang to his feet to introduce himself. 'Hi, I'm Brad' he blurred the consonants, and breathed his fresh bourbon and coke breath towards me. Brad extended his hand and held mine, gently shaking it for a lot longer than necessary. After the exchange of names there was a silent moment. I tactfully rescued it by blurting 'So you're the greenkeeper from Dubbo!' Brad smiled and nodded his head – what else could he do! He was not easily distracted, however, and asked me into number 12 for a drink. Not being a bourbon and coke girl, I politely declined and replied Thanks, but I have an early start at the markets to-

morrow'. Who would have thought – a greenkeeper and a would be florist living almost side by side, separated only by bricks and mortar.

I was getting up later, but the days were getting longer and harder to fill. I was missing the casual conversations work brings and the feeling of being part of a team. I thought I



would go up to number 12 and invite the new neighbour, Brad in for a coffee. My knock on the door was opened by Brad - clad in a red towel tucked round his waist. He grinned at me, an all knowing grin of 'I know what you are thinking'... Brad said he would come down later. Good I thought. I'll have a bit of time to recover. Not too long after coming back inside, there was a polite tap on the door.

*"My knock on the door was opened by Brad - clad in a red towel tied round his waist"*

Brad stood on the front verandah in a red singlet top and black shorts. Fighting colours I thought. We walked through my cluttered lounge



room and into the kitchen. I turned the jug on and we sat opposite each other. The more Brad spoke, the more his youth became apparent. As the biscuits disappeared off the plate, he put his vulnerability on the table - a hunger to be loved, something that home made shortbreads could not offer. They would have to do for now. Perhaps there was something. Brad piped up 'This is the heaviest I've ever been. I need to lose some weight.' He stared into the dregs of his coffee mug. 'I go walking sometimes - why don't you come with me?'. So it was settled. And that was the point where two souls engaged to the point of no return.

The walks turned into visits and afternoon coffees. When Brad's mates dropped into number 12, it was beers - a well stocked fridge of Carlton Cold stubbies always ready. The smell of stale beer and cigarette smoke seeped into the lounge, carpet and empty takeaway containers. According to Brad life was good - until he lost his job. Turning up to work drunk was an instant dismissal - it was in his contract. His boss told him he couldn't operate machinery in that state - told Brad he could smell the beer on his breath. The money ran out, and the mates stopped dropping in. There was still enough money to rent DVDs, if he could be bothered to go to the shops to get them. When he couldn't be bothered it was television, and then it became television all the time. Quiz shows, documentaries, sit coms, movies - news even. Anything to stifle the insidious reality of Brad's life and the toxic thoughts and memories which ate away all the good, like vultures feeding off a dead carcass. It was like Brad was stuck in a psychological black pit, with only one small line of light.



The slit was all the way up Brad's arm a straight line from wrist to elbow. Blood dripped on my doorstep and stained the white sheet he had wrapped around it. His eyes were wet with emotion and vulnerability. I called an ambulance. I sat beside him, smiling, holding his offending

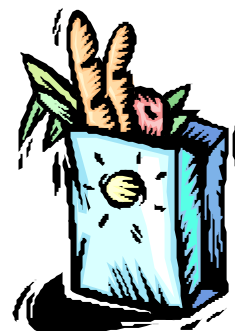
hand. My eyes were now wet with emotion too. A gulf and a bond between us. I wished that I could say it would be okay, but I wasn't sure it would be. Physically I thought he would recover, but mentally how could he when such demons lurked within.

I came home from the hospital alone. It was dark and close to midnight. The experience had taken a hold over me. I switched on the light in the lounge room, then in ever other room of the house - even the toilet. I didn't want to fall into a black pit too. I turned on the jug and put some chamomile tea into an in-

*"I remembered that someone had lent me a book on suicide prevention"*

fuser and stood shivering waiting for the jug to boil, though the room was not cold. As the tea brewed, I searched through a pile of old catalogues, papers and work notes. I remembered that someone had lent me a book on suicide prevention. Over a chamomile tea I strained my eyes looking for answers. I felt that now I was privy to this black pit of Brad's world, I needed to help let the light in. I felt I owed him at least that.

Maybe time does heal wounds. As Brad's wound closed over, there was also evidence of psy-



## Into the light (continued)

chological healing. Daily updates during Simpson's episodes – 'It's healing up at this end – the pus has gone away see?'. At least he could ask for attention now. Gradually, the house become tidier – sometimes groceries were done, the odd meal cooked and DVDs rented. Life was getting back to where it was for Brad.

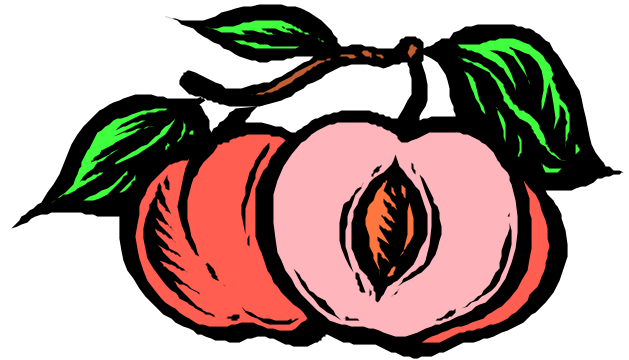
I walked up the front path to number 12, much as I did on the first day he opened the door, wearing only a red towel. I did not feel nervous today, but as I looked to the front window, my stomach started churning. The blinds were open today. They weren't usually. I wondered when there was a delay in the door being answered. Brad answered the door wearing a blue t-shirt and black shorts. He waved me in with a spatula – I could hear the sounds of a late lunch cooking in the kitchen. Brad wandered over to his electric frying pan and turned over a sausage. He then turned over all the vegetables, including pumpkin, which he didn't usually buy. It was as if this proved he listened to my insistent nagging about a healthy diet.

The sun streamed in the kitchen window, as if the Gods heard our souls' cry to be warmed. I asked Brad if he minded if I opened the back door. He smiled as though the sun really had warmed his soul, if only a little, and he told me I could do as I wished. An open invitation, it seemed to let the light come into his world again. It was a real moment between us. While Brad continued to monitor his bangers and veg, I stood with my back against the door.

From the kitchen window, the neighbour's back yard was in clear view. Overlapping onto the shared back fence, was the neighbour's peach tree. For two years in a row it had not produced any good fruit. I told Brad the tree should be cut down as the fruit had maggots from fruit fly. Brad looked at me whilst turning another sausage over. 'So you think they should cut the tree down, just

because you can't get any fruit', he teased gently.

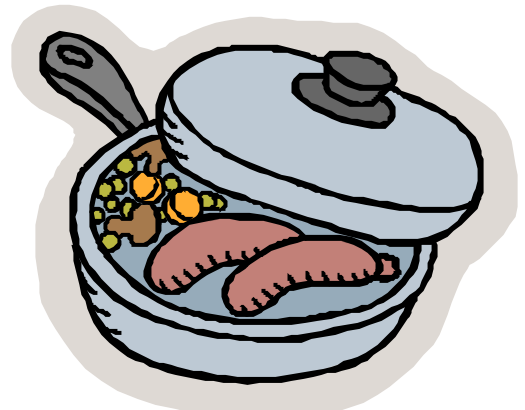
I couldn't help but think later about what Brad had said about the peach tree, and the comparison with suicide or euthanasia. How we



might let someone go, or put someone down because of their perceived worth to us. At the time I think I said that the neighbours should at least spray the tree to prevent fruit fly.

The afternoon of this day is as clear in my mind now as it was then. The tender exchange of words, the feel of the sun, and the sound of sausages frying. Signs of healing and of life – moving on into the light.

*"Signs of healing and of life – moving into the light".*



# Time Warped

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Not a care in the world, life a huge thrill  
I ran at full throttle then time stood still.  
I was running on empty– the reaper was calling and in my euphoria I felt  
myself falling.  
Into a time warp, confused and so lost, anxious, deluded and counting the  
cost.  
Adult then childlike all rolled into one.  
Learning to walk again yet yearning to run.

My bizarre new existence, with so much to take in.  
Fighting amnesia my head in a spin.  
Asking what happened and hearing hard truths.  
Paying debts as an adult then shrinking back into youth.

Remorse then hostility sorrow and pain, as the memories struck me again  
and again.  
I fought for my sanity and for all I once was yet knew that the time warp  
had hindered my cause.

What felt like a lifetime was a matter of months, swallowing reality in  
large choking chunks.  
The shock to my system caused hair loss and grief– a plunge in self-  
confidence and difficulty in speech.

The reality for me is that I truly regret, those times this disease caused me  
to forget.  
My values, family and the help from good friends  
Money lost is less important and the means to what end?

In a positive sense in I have a chance to restore, relationships brittle to  
solid once more.  
I strive to live in the present and improve every day.  
Even though the past still bites me and gets in my way.

## Time Warped (continued)

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The time warped is less relevant as the amnesia subsides.

My healing apparent with each tear that I cry.

Determined am I to move forward and give compassion to others for as long as I live.

JAX © Sept 2004

## Changes to tenancy arrangements for public housing in NSW

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Changes to the tenancy arrangements for public housing in NSW were announced on 27<sup>th</sup> April 2005. The following information comes from a background paper prepared by Craig Johnston for Shelter NSW.

“The changes fall into three broad areas.

§ Changes that will reinforce and entrench the focus of the welfare housing sector on those ‘most in need’

- o Changes to eligibility for new applicants
- o Institution of fixed-term (renewable) tenancies for new tenants
- o Rent levels at 30% of income for moderate-income earners

§ Changes to generate revenue

- o Reviews of market rents
- o Rent levels at 30% of income for moderate-income tenants
- o Increased take from family tax benefit for rent-setting

- o Water charges passed on to tenants

*“The paper goes on to describe and comment on each of these points”*

§ Changes to soften the blow

o Commitments on upgrading and re-configuring existing stock

o Improvements to maintenance program

- o Improvements to relations with other human service agencies”

The paper goes on to describe and comment on each of these points, and also presents a case study. The full paper is available online at the following address: <http://www.sheltersnsw.org.au/docs/mem05reshaping.html>



## Succeeding Together for Better Outcomes Symposium 2005

Schizophrenia Fellowship of NSW Inc. Symposium 2005 "Succeeding Together for Better Outcomes"

This symposium was held on 21<sup>st</sup> May 2005 at the Masonic Centre Sydney. If you missed it this year look out for it next year. It is always held in Schizophrenia Awareness Week. This year the theme was Youth Issues, Youth Employment, Early Intervention, Legal Issues and Drug Use.

Speakers were: Judge Frank Walker, President SFNSW; Dr John Basson, Statewide Director – Forensic Mental Health; Jenny Barga, Director Youth Justice Conferencing; Dr Gary Bond, USA; Bill Gye, Pioneer Clubhouse; Lynne Flemming, Progressive Employment Personnel; Michael Lodge, N.U.A. A; Mark McMahon, Consumer; Diana Wilson, Consumer; Nickolas Yu, "On Fire"; Deb Wilcox, NISAD; and Bradley Whitmore.

Judge Frank Walker highlighted some of the problems associated with the Commonwealth Department of Immigration, including the Cornelia Rau case, detention centres and people with mental illness in detention and boat people. He also talked about the recent budget and how it seemed strange that massive tax cuts were given out when the Mental Health System is in crisis, including shortage of beds, nurses, costs of pharmaceuticals and increases in the Medicare gaps people pay. He also highlighted the problems with universities becoming bankrupt and lack of funding for government schools. The proposed changes to the DSP were also highlighted as an issue of concern. He encouraged people to write to the politicians.

The opening address, by Dr John Basson, "Statewide Director – Forensic Mental Health" covered very thoroughly the types of forensic mental health services and projects in the state. These included: Long Bay Hospitals, Court Liaison Service, Ambulatory Services to correctional institutions, Mental

Health Screening Unit at Silverwater, Community Forensic Mental Health Project 2004, Court Reports, Forensic Executive Support Unit, Older Inmate Health Project, Research and Education, Partnerships, and the Kestral Project.

Jenny Barga, Director Youth Justice Conferencing spoke about "Diverting Young Offenders". She spoke about the process of Youth Justice Conferencing and how it was about trying to keep Youth out of "the System". She spoke of the range of actions that might be taken from warnings to parents, cautions, and youth justice conferencing, and locking youth up as the last resort. The youth justice conferencing is where all people affected including the "victims" of the crime and the offenders have a conference and it is based on the philosophy of "restorative justice".

Dr Gary Bond, from the USA, spoke about supported employment. In the USA, however the term "supported employment" refers to helping and supporting people with disabilities gain entry into what is termed "open or

mainstream employment" in Australia. He spoke about people with psychiatric disabilities. He explained how most attitudes have changed in the last

25 yrs. Twenty-five years ago it was thought that all people with psychiatric disabilities could not work, and that work was unrealistic. Some still have these views today. His talk covered several points including: that most people with mental illness want to work; most are able to work; and he gave examples and evidence of programmes that were successful in helping people to find work. Dr Bond also covered: the importance of work; what

*"..most attitudes have changed in the last 25 yrs"*



Is work or unemployment more stressful? Perhaps we need a happy medium.

## Symposium 2005 (cont.)

works?, how does it work?, and under what conditions does it work.

Dr Bond presented some research by Krupa et al (2001), which looked at how mental health consumers spent their waking hours (on average). The largest amount of time (5hr/d) was spent in 'Passive leisure', work on average was 1 hr/ d. He argued that consumer's personal journeys of recovery were often improved by work as well as other things like hope and medication, but not necessarily by things such as "day treatment" programmes. Stress is often given as reason consumers should not work but it was pointed out that unemployment is stressful also.

Reasons given why work is important included: increased income, change in self-identity, increased quality of life, reduced symptoms. Even amongst people with severe mental illness 55-70% say they want to work, but only <10% are currently working.

The "supported employment" programme in the USA is an evidence-based treatment. People find jobs at least at the minimum wage and work in settings including people without disabilities. There is no exclusion policy the only requirement is that the person wants to work. It is based on "consumer choice" about what work they want to do, and they work closely with treating professionals.

Evidence for the effectiveness of these programmes comes from conversion studies (where 6 day treatment programs were converted to supported employment) and from Randomised controlled trials. In the conversion studies it was found that there was a large increase in employment, no negative outcomes (eg. Relapse), consumers, families and staff liked the changes, clients got out in the community more.

So how do these programmes work? They are integrated with mental health treatment

teams with liaison with psychiatrists, case managers etc. Competitive employment is the goal, not voluntary work or temporary work. Rapid Job search is used. It is individualised.

This talk was followed by Bill Gye, from Pioneer Clubhouse, who spoke about "Models of Employment" and how Pioneer Clubhouse works. Next was Lynne Fleming from PEP who talked about the programme at PEP

for helping people with psychiatric disabilities find open employment. Lynne explained how PEP is usually referred clients who were more severe than those who were referred to the CRS. PEP also has some interesting programmes for school-age children who dropped out of school to help them get their school certificate, for example.

*"Changes in funding are going to make things more difficult at PEP".*



Not everyone wants the same type of work

Most of PEPs clients are males with schizophrenia. Changes in funding are going to make things more difficult at PEP.

Michael Lodge, EO of NSW Users and Aids Association spoke next about "Harm minimisation". This was followed by two excellent talks by two consumers: Mark McMahon and Diana Wilson about their personal experience of mental illness and their recovery journeys.

The final talk before afternoon tea was by Nicholas Yu from "On



Just as you can recover from a broken leg recovery from mental illness or episodes of illness is possible.

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Fire” and organisation run by volunteers for children with parents or siblings with mental health issues. Based in South East Sydney this program helps kids enjoy peer support and friendship and experience personal growth and learning through: camps; fun days and sleepovers, peer support groups, creative expression groups, skills and life groups, mental health learning groups, personal coaching program and a newsletter. It is a strengths based program, and helps kids further develop their resilience.

After afternoon tea Deb Wilcox presented an update on NISAD. She talked about some of the recent research such as some looking at the structural differences in the brain using

new scanning technology and relating this to features of schizophrenia such as trouble problem solving and planning.

The final talk of the day was by Bradley Whitmore who spoke about intervening early.

Overall it was a very interesting and enjoyable day.. and the food was good too. Look out for it next year. Check out the SFNSW website [www.sfnsw.org.au](http://www.sfnsw.org.au) for details closer to the date or get on their mailing list.

Yvette Cotton

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## New website: “LIFE” (Living is for Everyone) Website

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On Wednesday May 11, the Living is for Everyone (LIFE site) was successfully launched at Parliament House in Canberra by the Hon Christopher Pyne, Parliamentary Secretary to the Minister for Health and Ageing. The LIFE website has been developed by Auseinet as part of its commitment to facilitating networks for information exchange and learning under the Australian Government National Suicide

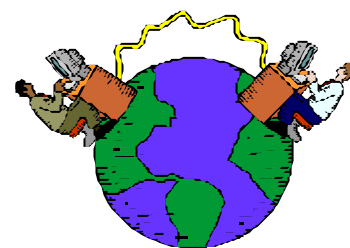
Prevention Strategy (NSPS). The site includes access to online and print based resources, Australian statistics, information about suicide prevention projects, resources related to the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples, conference listings, links to media reports, and related sites (info from Auseinet). Go to: <http://www.livingisforeveryone.com/>

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## New bipolar poetry website

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There is a newly constructed bipolar poetry website established by psychiatrist Dr Joe Dunn at Ramsay Health, Sydney. The site <http://www.bipolarpoetry.com/> is for people with bipolar disorder who love to read or write poetry. People can submit their writing through this site.



## Schizophrenia Research in the news

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In February this year there was a report on the ABC News about new research into schizophrenia using Functional Magnetic Resonance Imaging (fMRI) by NISAD researchers.

The study compared the fMRI of ten men in their first episode of schizophrenia with ten age-matched healthy control subjects. During the scanning the subjects were asked to do a "Tower of London" puzzle task, which became increasingly difficult.

Previous research had shown that people with schizophrenia had areas of the brain with a depletion of density of grey matter that was caused by the illness. What this study found was that in the men with schizophrenia the areas of the brain that had depletion of density of grey matter were also the areas that were used and recorded less activity than control subjects when scanned during the puzzle task.

Researchers are very excited about these findings. Professor Vaughan Carr, a scientific director of NISAD said on the ABC News that "the importance of this research of that it links together for the first time abnormal brain structure and function in the one image and ties that with abnormal thinking in schizophrenia"

The ABC news report can be found at [http://www.abc.net.au/news/health/sophie\\_scott/newsitems/s1305322.htm](http://www.abc.net.au/news/health/sophie_scott/newsitems/s1305322.htm)

A fuller report about this research can be found on the NISAD website <http://www.nisad.org.au/newsEvents/resNews/damage.asp>



[nisad.org.au/newsEvents/resNews/damage.asp](http://www.nisad.org.au/newsEvents/resNews/damage.asp)

The research is: Rasser P, Johnston P, Lagopoulos J, Ward P, Schall U, Thienel R, Bender S, Toga A, Thompson P. Functional MRI BOLD response to Tower of London performance of first-episode schizophrenia patients using cortical pattern matching. *Neuroimage*: in press

## Support Group Facilitators wanted for the DMDA

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The Depression and Mood Disorders Association NSW has support groups for people with bipolar disorder, depression and their relatives in Ryde, North Sydney, Sutherland and Annandale. Call the Mental Health Information Service for more info on 9816 5688.

New support group facilitators are needed to

run new groups in different areas or to help with some existing groups. Group leading is voluntary but assistance is available financially to cover costs and support is available via a monthly meetings with other support group leaders and members of the DMDA planning committee. Training in the form of a book and video is available. For more info contact: Meg Smith [m.smith@uws.edu.au](mailto:m.smith@uws.edu.au).

## Police discharged due to psychological disorders

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Nearly 200 police officers were discharged from the NSW Police Force last year after being found to be medically unfit due to a psychological disorder. The police force is trying to address this problem by introducing regular mental health checks for officers working in areas such as homicide and sex crimes. According to Gary Jackel, Director of Health Services within the NSW Police, in an interview with Julia Limb on ABC's PM programme (see link below) "It's simply an opportunity for police in these areas to sit down with a psychologist, a health professional, have a look at work, how it's affected



them. If they've had any absences in that previous quarter, are there any particular issues that are affecting them personally, and giving them coping mechanisms to deal with that". However, others such as Professor Mark Findlay, from the Institute of Criminology at Sydney University, also talking with Julia Limb, believe this testing is not the answer. He thinks that "we need to ask questions of the way the force is organised and managed". The full report by Julia Limb is available at <http://www.abc.net.au/pm/content/2005/s1375139.htm>

## War and mental illness

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War may not lead to more incidents of mental illness some recent studies have found. Judy Skatsson reported the following information in the ABC's News in Science- Health and Medical News – Families help mental war wounds heal – 24/05/05  
[http://www.abc.net.au/science/news.health/HealthRepublish\\_1374833.htm](http://www.abc.net.au/science/news.health/HealthRepublish_1374833.htm)

According to Skatsson's report people in countries such as East Timor and Vietnam had rates of mental illness that were "surprisingly low", and it was suggested that "family ties can act as buffers against mental illness". This information came from two Australian studies presented at the Royal Australian and New Zealand College of Psychiatrists congress in Sydney in May 2005. In the first study Professor Derrick Silove and clinical psychologist Zachary Steel from the University of NSW school of psychiatry screened 1500 adults in areas surrounding East Timor's capital Dili in 2004. They found 9% screened positive to mental illness, which was much lower than expected. Similarly, ac-

ording to Steel, in Vietnam, preliminary results of research have shown that the "level of mental illness is 20 times lower in Vietnam than it is in the Australian population". Questions then arise as to the value of "sending western mental health teams to countries that are recovering from conflict and disaster". However, on the topic of Australia's part in the "global mental health response to the Asian tsunami coordinated by the World Health Organisation" Ian Hickie, from beyond blue, said that the response was "measured and appropriate" and consisted of more than simply "dropping jumbo jets full of health professionals" into areas.

*"people in countries such as East Timor and Vietnam had rates of mental illness that were "surprisingly low"*





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*NSW CAG is a state-wide organisation that has 9 members, and a mailing list of over 1000 Consumers, Carers, other interested people in NSW.*

*Five members are Consumers and four are Carers. Members sit on a number of State and Commonwealth Committees including the National Consumer and Carer Forum as well as numerous state committees.*

*NSW CAG has input into policy development, service provision, and the implementation and evaluation of the National Mental Health Strategy.*

*NSW CAG is an incorporated, non-government organisation that receives funding by NSW Health.*

## Weight training and depression in the elderly

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On the ABC Health Report on 13<sup>th</sup> December 2004 Norman Swan interviewed Professor Maria Fiatarone Singh, Professor of Exercise and Sports Science at the University of Sydney on the topic of Strength Training and Depression in the Elderly.

Professor Singh described the results of her latest study looking at progressive resistance training in older people with depression. The study was a randomised trial with three groups: light resistance training (at 20% of maximum); high intensity resistance training (at 80% of maximum), which increased as the person got stronger; and GP care, where the person's GP was informed that the person had been diagnosed with depression but not instructed what to do. (In this group about a third were treated for depression and the rest not treated medically). All subjects were diagnosed with clinical depression at the be-

ginning of the study, and were about 65-75 years on average. The exercise groups trained three times a week.

The results of the study found that at the end of the eight weeks the subjects in the high intensity progressive resistance training group had a 50-70% improvement in their depression compared to about 30-40% in the other two groups.

The full report can be read at

<http://www.abc.net.au/rn/talks/8.30/helthrpt/stories/s1261215.htm>

You can also go to the ABC's website and subscribe to receive E-mail about Health topics covered on the ABC free of charge. This frequently has topics on Mental Health and Mental Illness.  
Yvette Cotton