



6 Successful Years at Linwood PARC

INSIDE THIS ISSUE:

| | |
|--|-----|
| 6 Successful Years at Linwood PARC | 1-2 |
| Executive Director's report | 2 |
| In Brief | 3 |
| ARAFEMI Victorian Carer Advocate Evaluation Report | 4-5 |
| The Joyful Art of Keeping Busy | 6 |
| From the Library | 7 |
| Events | 8 |

The Linwood Prevention and Recovery Care (PARC) program was one of the first in Victoria when it was established in 2004. It was the product of a successful partnership between ARAFEMI and the Eastern Health Adult Mental Health Service. Linwood PARC acts as part of a wider network of mental health services in the Eastern metropolitan region of Melbourne.

Now into its sixth year of operation, Linwood PARC continues to provide intensive one-on-one support and recovery care for both consumers in need, and those families and carers who support them. Linwood PARC offers rehabilitation within a caring home-like environment, and focuses on individualised strengths based recovery as best practice for consumers and their families.

Linwood provides recovery care to people between the ages of 16-64, living within the municipalities of Whitehorse, Manningham and Knox.

Those who seek Linwood's services range in need from those requiring only a short period of targeted support to help maintain mental health and prevent relapse; to those experiencing a mental health crisis and whose usual living arrangements and supports may be at risk of breaking down.

Linwood supports people who have more intensive needs requiring 24



hour support to avoid a hospital admission.

Most people who come to Linwood find great benefit after just 1-2 weeks, though it all depends on the individual's circumstances;

there may be a need or desire for people to stay up to 3-4 weeks. The anticipated length of stay is established on entry by looking at the individual's needs.

Linwood PARC employs practitioners with wide ranging skills drawn from psychosocial rehabilitation staff from within ARAFEMI, and clinical staff from Eastern Health. The combination ensures people with



Linwood PARC

additionally complex recovery care needs such as alcohol and other drugs, dual disabilities and physical health issues, can receive care.

Specialists from ARAFEMI and Eastern Health work collaboratively

Continued on page 2



Executive Director's Report

Meeting someone else who can understand and come from a place of lived experience is a unique and valued experience. Peer work is fundamental to so

much of ARAFEMI.

Since the last newsletter, we have launched the new Centre of Excellence in Peer Support which aims to inform and support the development of peer roles across Victoria.

The Centre of Excellence is a joint project by a range of organizations which delivers peer services across Victoria. It features a website that draws on the expertise of many peer workers and service providers to share their knowledge and experience to help others and also connect people up when they need help. In addition, we can provide skilled support and mentoring to assist people to work through their ideas and develop peer initiatives.

We thank the William Buckland Foundation managed by ANZ Trustees for their generous support of this project.

Also launched was the Charter of Peer Support which was written by people who have experienced significant life changing events or mental illness. Both of these projects highlight, once again, that the sum is far greater than its individual parts.

Turning to another corner, we are also working closely with consumers, carers and other services to address the important housing needs that many people face. We hope to bring together people who are facing the need to make decisions about housing and who would like to explore innovative and personal initiatives to plan for the future. If this sounds like you, stay tuned for our upcoming 'think tank' events or get involved in our housing action group or email frances.sanders@arafemi.org.au

While contemplating the exotic nature of this Victorian spring (early daffodils, rainbows, sunshine and rain) I hope you enjoy your ARAFEMI news in a safe and warm place.

Frances Sanders
Executive Director

with consumers, carers, and treating teams, to assist in reaching the individual goals identified in personal recovery plans.

Dedicated to best practice Linwood PARC offers:

- its own clinical team dedicated strictly to PARC members
- an on-site psychosocial team ensuring individual's ease and comfort in access;
- a flexible psychosocial program, structured to make the consumer's personal desires and needs paramount;
- a well established and valued relationship to the community surrounds.

According to Martine Moor, Manager at Linwood PARC, "Linwood PARC is preventative in its outlook, and places a high priority on access to our services through its strong community relations.



Martine Moor,
Manager at Linwood PARC

This preventative focus has garnered excellent results; with 80% of referrals from the community reaching our support prior to the need for hospital admission.

A stay at Linwood has seen consumers positively transition back into their community and personal lives.

A service wide evaluation conducted in 2010, reviewing 5 years of consumer feedback revealed that consumers believed Linwood provided a safe environment where they could recover. This was its most important feature for carers, consumers and staff".

Consumers, families and carers, other agencies and private practitioners are all welcome to make a referral to Linwood PARC. There are two possible ways to gain a referral:

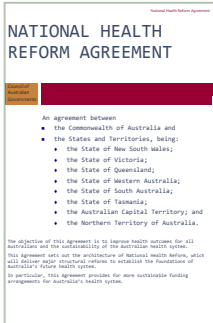
- Professional health staff can refer to Linwood by telephoning the Koonung Clinic at Box Hill Hospital on 9843 5800, business hours are 9am to 4pm, Monday-Friday.
- Consumers, families and carers can discuss interest in Linwood PARC with their health care professionals, who will then be able to organise a referral to a Linwood PARC clinician based at the Koonung Clinic. Linwood PARC clinicians receive and action referrals during the hours of 9am to 4pm, Monday to Friday.

Linwood PARC is located in Mont Albert.



In Brief

National Health Reform Agreement signed by all states



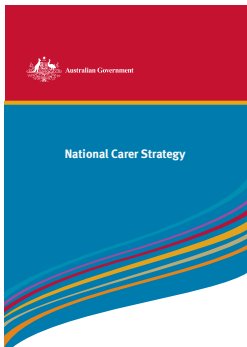
The Federal Government announced the new National Health Reform Agreement. According to the Government, the National Health Reform Agreement will improve access to care, drive improved efficiency, increase public information to enable comparison of health service performance and ensure

more transparent funding of public hospitals based on services delivered and the efficient cost of delivering those services.

This agreement includes all states and territories, meaning Australia now has a genuine National Health Reform Agreement which represents a national partnership between all Australian governments.

For more information about the National Health Reform go to: www.yourhealth.gov.au

National Carer Strategy released by Federal Government



The National Carer Strategy sets out how governments, business, health and community professionals as well as the wider community will work cooperatively together to achieve this vision. Prepared after wide consultation with a number of groups including Carer Australia, the aim is to

provide carers with services and supports that are coordinated, flexible, appropriate, affordable, inclusive and sustainable. Expenditure within the strategy is \$60million. The National Carer Strategy contains six priority areas for action:

- recognition and respect
- information and access
- economic security
- services for carers
- education and training
- health and wellbeing.

To read the full report go to www.carersaustralia.com.au

Brainwaves radio show now podcast



Brainwaves, Melbourne's drive-time radio show

giving voice to people with mental illness, is now available by podcast. Brainwaves is sponsored by the Mental Illness Fellowship Victoria and is produced and presented by people with lived experience of mental illness. Brainwaves is on 3CR, 855AM. For more information go to: www.3cr.org.au/brainwaves

Remembering Margaret Frances Lukes



It is with great sadness that we inform you of the death of ARAFEMI founding member and NSW patron - Margaret Frances Lukes, OAM. Margaret passed away peacefully on the morning of June 29th, 2011.

Margaret was the founder of the Association of the Relatives and Friends of the Mentally Ill, and had a great passion for the welfare and support of families, relatives, friends and carers of those with a mental illness. It was in Margaret's role as a social worker with the Mental Health Association of NSW that she formed ARAFEMI - now represented and respected across the whole of Australia and beyond. The other states and territories, including ARAFEMI Victoria, followed on from her seminal work in NSW over 35 years ago.

Margaret was a dedicated and passionate individual, whose compassion and pioneering work within mental health was appreciated by many. On behalf of the loved ones and carers of those with a mental illness, along with members from ARAFEMI across Australia, we offer our sincere condolences on the passing of a truly special lady.



ARAFEMI Victorian Carer Advocate Evaluation Report

The state-wide Carer Consultation conducted by ARAFEMI in 2007 revealed that many carers felt they were not able to advocate successfully at all times. They identified that the impact of care giving, the dual nature of dealing with the behaviors/symptoms of mental illness and trying to access services was at times overwhelming and exhausting - they felt unable to advocate and be heard.

Systemic gaps in advocacy for carers, paucity of available individualized advocacy supports and service boundaries on access to carer supports (service/ region specific) were further seen as limiting carers ability to have their needs heard.¹ In summary, there was a strong desire and need for available, independent, individualised support and casework advocacy to assist mental health carers with complex advocacy issues. Further support was needed to:

- advise, support or 'walk alongside' carers when needed.
- provide a voice to the concerns and issues experienced by carers and families.
- provide specific advice in relation to rights & advocacy.

Consequently, ARAFEMI, with strong consultation with carers and the carer field implemented a pilot Carer Advocate position that sits within a broader multi-faceted range of carer supports (Helpline, Support Groups & Carer Education) and builds on multiple levels of carer involvement.

Model for Carer Advocacy Program

The program provides a free state-wide casework advocacy service to carers across all areas of mental health and includes both the public and private system. The role is service-neutral, in that ARAFEMI is not

¹ <http://www.arafemi.org.au/uploads/downloads/CarerConsultationFinalReport2.pdf>

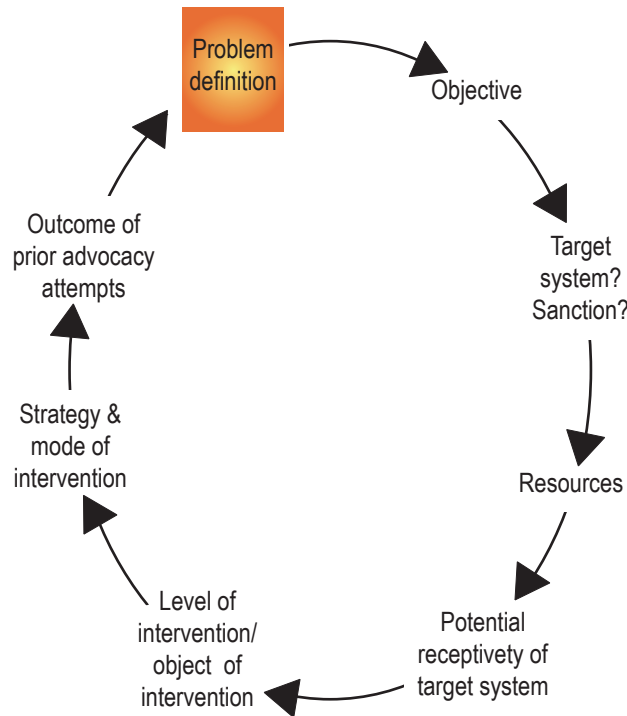
attached to any particular public or private mental health service, and provides an objective perspective with few opportunities for conflict of interest.²

It enhances - existing systemic advocacy structures and compliments group, individual and systemic advocacy approaches by offering access to a service neutral carer advocate who is able to provide individualised case work services and supports to mental health carers.

The following flexible casework model of advocacy has been adopted. The model has evolved over the past eighteen months, based on practice learnings, research, feasibility data and input from the expert reference group that guided

the project. Whilst the model incorporates key goals of the initial research brief, components were incorporated as different advocacy issues emerged. Not all components of the model are utilised at any one time. The flexible model provides a 'tool box' to be accessed when addressing particular advocacy issues. Some components such as the human rights/social justice framework underpin the model at all times.

Case Work Advocacy Process



| Core components of the model include: | Tool Kit: |
|--|--|
| <ul style="list-style-type: none"> • Conflict resolution framework • Non-adversarial approach • Human rights/social justice framework • Empowerment approach • Strengths-based approach | <ul style="list-style-type: none"> • Independent representational advocacy • Casework advocacy • Supportive counselling |

² NASW (1987),p.92



ARAFEMI Victorian Carer Advocate Evaluation Report

| Main Identified Issues for Carers | Carers N= |
|---|-----------|
| Communication difficulties with mental health service | 22 |
| Lack of carer involvement in discharge planning | 11 |
| Formal complaints against services | 10 |
| Accessing appropriate supported accommodation (for consumers) | 10 |
| Accessing appropriate services (for consumers) | 10 |
| Centrelink difficulties | 10 |
| Carer financial difficulties | 10 |

Findings and Recommendations

- The results support a service neutral casework advocacy service that provides individual assistance with complex issues.
- Clinical mental health services also experienced positive benefits in resolving complex carer issues.
- Interventions were not limited to mental health services. Interventions in other service systems included Centrelink, the Education Department, the criminal justice system, VCAT, State Trustees and the Victoria Police. Capacity to work across service systems is essential.
- The ability for services to make referral provided positive engagement and better outcomes for carers.
- Identified benefits at individual level and improved workforce capacity of services.
- Early intervention utilizing a non – adversarial model generally reduced the need and costs associated with involvement at higher levels.
- Advocacy models employed mediation over adversarial models – these enhanced outcomes from service and carer perspectives – reducing conflict, distress and cost.
- In contrast to expected beliefs - Carers and consumers are often aligned with agreed advocacy needs – therefore flexibility to work with the carer and the consumer, or consumer bodies is essential to the role.
- Referral flow data supports that the Carer Advocate is best placed within a suite of carer support services to enhance appropriate use of services and further support to improve carer wellbeing.
- Placement of a service neutral carer advocate within a statewide carer support service, best utilizes resources to ensure targeted and cost effective interventions.

Method:

The evaluation of the pilot period draws data from the following sources:

- Statistical analysis of service data
- Thematic grouping of presenting issues
- Post-vention service satisfaction survey (carer)
- Community survey / evaluation (service network)
- Reflective analysis and supervision.

Additionally, project progress and systemic outcomes were monitored and evaluated against key project performance indicators.

Results:

Achievements against key project performance indicators:

- ✓ Research and development of an articulated advocacy model for Victorian Carer Advocate
- ✓ Implemented and evaluated a 1:1 service neutral Carer Advocate program in Victoria
- ✓ Enhanced access to advocacy to carers using lifespan approach
- ✓ Development of a set of recommendations to inform the mental health, carer and policy sector about carer needs for advocacy
- ✓ Build and strengthen cross sectoral dialogue & partnerships
- ✓ Reduce stress / conflict in carer – service conversations
- ✓ Developed reporting processes to inform statewide systemic work.

To read the full Victorian Carer Advocacy Report email chandi.piefke@arafemi.org.au

ARAFEMI Membership

Become an ARAFEMI Member and you and your family can access the ARAFEMI library. Also receive the quarterly ARAFEMI Newsletter.

| | |
|---------------------------|---------|
| Cost: Wage earning | \$20.00 |
| Non wage earning | \$10.00 |
| Organisation | \$30.00 |

For more information call **(03) 9810 9300**



The Joyful Art of Keeping Busy

By James Kelso - ARAFEMI Consumer Consultant

For many people with mental health issues, particularly if not working, or working part-time, quite often the question is raised – ‘What am I to do with my day?’

The answer to this question is – Well, it doesn’t matter much, so long as you are doing something. I could clarify this by saying that it can help to be doing things that are meaningful, necessary, and purposeful, i.e. goal-directed.

At present, mental illness rates in some Western societies are alarmingly high. For a variety of reasons, people with mental illness in Western societies may not express the same nature of recovery, or the speed of re-inclusion in society, as those from more non-Western societies¹. One reason for this may be vocational, household or community activity – how does one answer the question – ‘What am I to do with this day? What really drives, and motivates, me to do anything at all?’



Not having enough to do with each day – sometimes almost every second – invites an opportunity for feelings of mulling, doubt, fear and depression to harbour and grow. Although it is not the entire solution, a key step in overcoming these feelings is to fill our thoughts with other things – like our present activity at hand.

So, what can we do? To start with, there is basic human hygiene, necessary functions and care. We all have to sleep, wake, feed, bathe and clothe ourselves. These can actually take up quite a considerable part of our day.

Secondly, there are the almost essential duties – such as housework. For most of us to be happy, we need to keep our living spaces in a reasonably neat and orderly condition. I think that performing household duties reasonably well can be a key giver of wellbeing in a person – and keep us active!

Another feature of life which can give some structure, purpose, and meaning may be work. Part-time or voluntary work can be of great benefit. Although it may not seem so at first, interest and action in the workplace, even if it is voluntary, can be a very good way of showing work readiness for when a paid opportunity arises.

However, paid employment is not an option for everyone. So, what are some other ways of usefully structuring a day in recovery?

Maintaining friendship networks can be a very good way of developing social skills, gaining mutual support opportunities, and getting out of the house and being active. How about meeting a friend for a coffee once a week, or going on a walk together?

So, where is it possible to meet friends in the first place? Maybe at a course of study in which you are enrolled. Maybe at a book group, or a sports club. Maybe at a short course at a Neighbourhood House. Maybe through friends of friends, or family, or at a religious centre. At all of these places, others who experience mental illness may also visit. You never know, you may become friends.

When usefully choosing tasks for the day, I ask people to consider the following questions occasionally:

- Do I like doing this – does it move, inspire and motivate me?
- Why am I doing this – what do I hope to get from it? Where will it lead to?
- Does this task or duty fulfil a necessary function in my life – something that develops my skills, contributes to my better existence, and carves out a future for me?

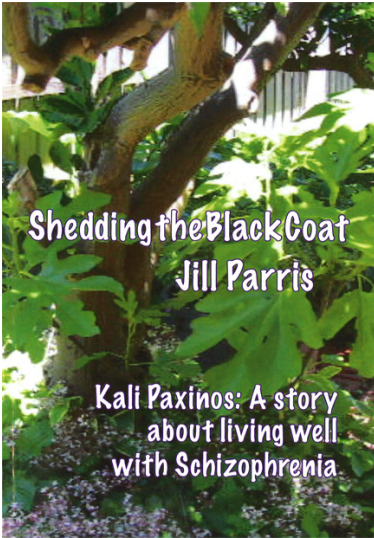
Obviously not every task or duty will fulfil such lofty aims. There has to be some relaxation. Some will just be done to enjoy and refresh ourselves in the present. But some will fulfil the more strategic or forward-looking aims. For anyone’s life, if well-lived, it pays to consult broader questions, plan, and act on them.

Of course, not everything will be achieved at once, there will be compromises and complications. There will also be setbacks. But everyone experiences this, and through staying true to the ‘big picture’ in our lives – being fully aware of our humanity and to an extent our limitations – we can make progress on our big picture and get there one day. Step by step, stone by stone, journey by journey. You can do it!

¹ Lefley, Harriet P., ‘Culture and Chronic Mental Illness’, Hospital and Community Psychiatry, vol.41 no.3 March 1990



From the Library



"Shedding the Black Coat" is a new book by Jill Parris that chronicles the history of schizophrenia within an eccentric Greek family 'The Paxinos'.

Shedding the Black Coat captures the hereditary aspects of mental illness and the differing cultural contexts of its experience. It also

offers detailed insights into the illness through the use of varied viewpoints that come into contact with the individual experience of mental illness, to offer a vivid picture of the mechanisms through which families and carers cope and offer support.

The book is divided into two parts. The first part of the book focuses on the history of the Paxinos, offering insight into the hereditary aspects of mental illness, as well as how it was managed in the Greek context. The second part of the book offers a three hundred and sixty degree view of the illness through the presentation of the varied experiences of the consumer, his loved ones, and the health care professionals they connect with for support.

Woven throughout the book is a description of how Kali, a Greek mother, has learned about schizophrenia and built on this learning to support and advocate for other people from culturally and linguistically diverse communities within the mental health system and beyond.

The author, Jill Parris, is a psychologist who worked for twelve years in management of counseling and welfare services, before moving back to counseling with the Ecumenical Migration Centre to focus on supporting refugee settlers in Australia in 2007. Her work centres on issues of relationship, child and family within the specific field of settlement into Australia.

"Shedding the black coat" is available from the ARAFEMI Library. Your ARAFEMI membership entitles you to borrow books from the ARAFEMI Library. If you would like to purchase a copy of the book email chandi.piefke@arafemi.org.au for an order form

NOTICE OF AGM

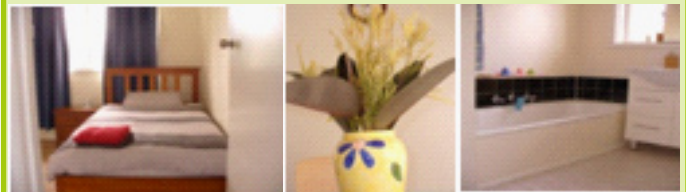
The 32nd ARAFEMI Annual General Meeting will take place on Wednesday 28th September 2011.

Date/Time: 4.00pm Wednesday 28 September

Venue: ARAFEMI Hawthorn
Ground Floor, 270 Auburn Road,
Hawthorn

RSVP: admin@arafemi.org.au or call 9810 9300

BANYAN HOUSE RESPITE FACILITY Places Now Available!



Banyan house is a respite facility and 'home away from home' where carers and care recipients can stay in a peaceful environment for time out and relaxation.

This fully furnished self contained 3 bedroom home is located in North Blackburn, close to shops, public transport and a short distance from the Melbourne CBD.

Consumers can receive up to 2-4 hours of daily outreach support from qualified mental health staff.

Short and long term stays available.

For further information email respite@arafemi.org.au
or call 9810 9300 and ask for Respite.

Disclaimer

ARAFEMI is a Statewide support agency for carers of people with a mental illness and also provides a broad range of consumer services. The ideas and views of personal contributions to the ARAFEMI newsletter are not necessarily those of ARAFEMI, its auspicing agencies, editorial committee, or management. Notices published in this newsletter regarding research does not imply the research is endorsed by ARAFEMI. All articles and artwork in the ARAFEMI newsletter remain the copyright of the artist / author.



ARAFEMI Events

Support Groups

Borderline Personality Disorder family & carers group

What: Open support and information group for carers of people with a Borderline Personality Disorder
 When: FIRST WEDNESDAY of each month 7pm-9pm (Sept 7, Oct 5, Nov 2)

Bridging the Gaps – Eastern

What: Education, information and support for parents and family carers
 When: SECOND THURSDAY of each month 7.30pm-9.30pm (Sept 8, Oct 13, Nov 10)

ARAFEMI Bipolar Consumer Support Group

What: Open support group for people experiencing bipolar disorder
 When: THIRD WEDNESDAY of each month 7.30pm-9.30pm (Sept 21, Oct 19, Nov 16)

ARAFEMI Bipolar Carer Support Group

What: A bi-monthly group supporting carers of people with bipolar disorder
 When: FIRST THURSDAY bimonthly 7.30pm-9.30pm (Oct 6, Dec 1)

ARAFEMI Bipolar Combined Carer & Consumer Support Group

What: A bi-monthly group supporting carers of people with bipolar disorder and people experiencing bipolar disorder
 When: FIRST THURSDAY bimonthly 7.30pm-9.30pm (Sept 1, Nov 3)

Supporting Carers (formerly known as Caring 4 Carers Group - High Street)

What: Open support and information group for carers of someone with a mental illness.
 When: SECOND WEDNESDAY of each month 7pm-9pm (Sept 14, Oct 12, Nov 9)
 Where: Reservoir Neighborhood House, 2B Cuthbert Rd, Reservoir (cnr of Strathmerton St)

ARAFEMI Caring 4 Carers Group - Wood Street

What: Open support and information group for carers of someone with a mental illness.
 When: FOURTH FRIDAY of each month 7pm-9pm (Sept 28, Oct 26, Nov 23)
 Where: 131 Wood Street, Preston

Northern Families & Carers of People with a Borderline Personality Disorder ***NEW**

What: Open support and information group for carers of people with a Borderline Personality Disorder
 When: THIRD WEDNESDAY of each month 7pm-9pm (Sept 21, Oct 19, Nov 16)
 Where: ARAFEMI, Lvl 2, 76-80 Turnham Ave, Rosanna

Partners Group - Rosanna ***NEW**

What: Open support and information for partners of someone with a mental illness
 When: FIRST WEDNESDAY of each month 7pm-9pm (Sept 7, Oct 5, Nov 2)
 Where: ARAFEMI, Lvl 2, 76-80 Turnham Ave, Rosanna

Education Seminars & Workshops

Healthy Boundaries and Communication

What: This workshop will assist carers develop the communication skills needed to set and maintain limits and clearly define personal boundaries.
 When: Tuesday September 20 (7pm-10pm)
 Saturday November 19 (10am-1pm)

On the Path to Self-advocacy (for carers)

What: This workshop assists carers to navigate the mental health system and effectively communicate his or her own interest, desires, needs and rights.
 When: Saturday October 15 (10am-1pm)

Recovery and Hope

What: This workshop aims to assist families & carers of people with mental health issues to understand and support recovery.
 When: Tuesday October 25 (7pm-10pm)

General Information

Cost for Support Groups: Free

Cost for Seminars/Workshops (unless otherwise stated): \$5.00

Venue: Venue for support groups and education & seminar workshops unless otherwise stated: ARAFEMI's head office, 270 Auburn Rd Hawthorn

Parking details: For parking information go to <http://www.arafemi.org.au/contact-us.html>

Booking Form: To download a booking form go to <http://www.arafemi.org.au/family-support/carer-education.html>

For further information please contact the Carer Helpline 1300 550 265

ARAFEMI Victoria

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