

ARAFEMI NEWS Volume 16, Issue 2 | Spring 2010

A look at mental health policies from all sides of politics

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With the topic of mental health gaining prominence during the recent election, it's worth looking at the policies released by all sides of politics.

Labour

During the election, the Labour government committed \$277 million over four years towards suicide prevention. The government stated they will make greater efforts to prevent the tragedy of suicide by providing more frontline services including:

- \$113.9m for psychology and psychiatry services and non-clinical support including the provision of additional respite care for carers.
- \$74.3m to assist with suicide prevention and crisis intervention, including counselling services. As men are at greater risk of suicide and least likely to ask for help, more services will be developed specifically to support them.

- \$65.9m promoting good mental health and resilience in young people.

The Government also indicated a willingness to consider a five to ten year mental health plan, though only during the Government's second term.

Within the 2010-11 Budget, Labour also announced \$175.8m in mental health funding made up of:

- \$78.8m for up to 30 new *headspace* sites, and additional funding for the 30 existing sites as well as improved phone and web-based support services for young people.
- \$25.5m to expand the Early Psychosis Prevention & Intervention Centre model with States and Territories.
- \$13m for 136 extra mental health nurses in the Mental Health Nurse Incentive Program.
- \$58.5m for co-ordinated care packages supporting 25,000 people with severe mental illness.

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A look at mental health policies from all sides of politics continued...

Coalition

During the election, the Coalition committed \$1.5 billion towards mental health services. That included:

- \$440m for the development of 20 Early Psychosis Intervention Centres in major metropolitan and regional areas.
- \$832m for 800 mental health beds as well as acute and sub-acute care to support the Early Psychosis Intervention Centres
- \$225m for 60 additional *headspace* services including a one-stop-shop for 12 to 25 year olds with information and services relating to general health and wellbeing as well as mental health, alcohol and drug services.

Greens

The Green's mental health offering included:

- The appointment of a federal Minister for Mental Health.
- Focusing on primary health care, with increased funding to mental health services in collaboration with States and territories.
- Focusing on prevention models, and hospital and community-based support, assessment and suicide prevention services.
- A 24-hour community mental health service, staffed by a full range of mental health professionals.
- Expanding community-based support services and agencies to enable people with chronic mental and/or physical illnesses, and their carers, to live in and participate more fully in their communities.

After years of being faced with huge demand and limited funding, it is promising that all major political parties seem to agree that mental health is an area of need.

New Executive Director at ARAFEMI

Warren Jenkins resigns



After five years as Executive Director at ARAFEMI, Warren Jenkins has resigned and will finish on 30 September 2010.

During the last five years ARAFEMI has experienced considerable growth,

and expanded its capacity to provide support to people, carers and families affected by mental illness.

Warren has recently made a decision to step back from full time work, and will look for part-time work in the mental health sector next year.

After a short wind down overseas, you will find Warren walking on the beach, or renovating an old house on the Victorian coast over the approaching summer. He is also a carer, and is looking forward to spending more time with his family and lovely grandchildren.

Frances Sanders appointed new Executive Director



It is with pleasure that the ARAFEMI Board has appointed Frances Sanders as the new Executive Director for ARAFEMI from 1 September 2010.

The appointment of Frances follows an exhaustive search both externally and internally within the organisation. Frances has extensive and broad experience working with carers and families affected by mental illness. Over the last couple of years Frances has been both the Operations Manager and Service Development Manager at ARAFEMI.



Call for action from mental health consumers and carers

Discrimination, and the failure to provide basic human rights to consumers and carers was a major priority and election issue for members of the National Register of Mental Health Consumers, Carers and the National Mental Health Consumer and Carer Forum.

Forty-six individuals representing mental health consumers and carers from across Australia agreed that discrimination and improving the human rights of people affected by mental illness must be addressed by all tiers of government.

They called for the rights of people with mental illness to form a major component of the Australian Government's Human Rights Framework.

Tony Fowke, a spokesperson for the group, and also a Workshop Participant and President of the World Federation for Mental Health said, "Australians affected by mental illness experience discrimination on a daily basis. People with mental illness and their carers are often denied their fundamental human rights.

Discrimination begins with a lack of access to the types of health and community support services needed by mental health consumers to be treated equally in society. This is also evident in the way they are treated when they try to gain employment or insurance coverage, not to mention how people with mental illness are often referred to in the media...We call on

the Australian Government to ensure that funding allocated under its Human Rights Framework includes a major focus on the issues affecting people with mental illness."

The failure to provide basic human rights must be urgently addressed.

Leading mental health consumer and carer representatives strongly believe mental health issues should feature prominently in school and staff education programs, community engagement and public awareness campaigns, and

participation strategies including policies and statements about human rights.

According to Val Gerrand (MHCA Board Member), the following key requirements are crucial in order to produce an effective, socially inclusive community mental health system:

- Accessible and responsive services
 - > Services must be easily located by the general public, based on a 'no wrong door policy'.
 - > A single telephone number should be made available 24 hours a day to allow access to information and services.
 - > Services such as acute assessment services, crisis (personal) support, and step-up and step-down supported accommodation are also recommended to be available 24 hours a day.





Call for action from mental health consumers and carers continued...

- Comprehensive mental health services
 - > Community mental health services should be comprehensive, accessible and not discriminate on the basis of the patients' income, location, health insurance status and nature of the mental illness.
 - > 'Comprehensive' services would include mental health care from private practitioners, specialists, recovery and support services, low cost housing, access to education and training programs and paid and voluntary work.
- Locate services close to public transport
 - > Community mental health services should be located close to public transport so they are more accessible to the whole community.
- Be more consumer focused
 - > Services should be uniquely customised to consumers in conjunction with medical practitioners, family and other carers. Plans could consist of health care from general practitioners and specialists and include recovery and support.
- Be inclusive of family/carers
 - > Community mental health services should acknowledge the role of family and friends in caring for the consumer. They should actively participate in the planning and delivery of customised plans for the consumer.
- Deliver collaborative and coordinated care
 - > Community mental health care should take a collaborative approach, involving all doctors, specialists and other health care providers. The health care professional who sees the consumer on the most regular basis, should coordinate the ongoing plan.
- Be culturally sensitive
 - > Community mental health services should be sensitive to the cultural values of consumers and their families.
 - Emphasise illness prevention and mental health promotion
 - > Illness prevention and mental health promotion should be at the heart of mental health practice.
 - Be accountable for the services delivered
 - > Community mental health services should be held accountable and required to publish information annually on their performance; key indicators should include consumer and carer outcomes.
- Maintain high standards of governance
 - > Health services offered in the community should be managed by a large proportion of community members.

Community mental health services should acknowledge the role of family and friends in caring for the consumer.



The future of social inclusion

In early 2010, the Australian Government held the Social Inclusion conference in Melbourne. At this time, Julia Gillard was the Minister for Social Inclusion and launched the national statement: *A Stronger, Fairer Australia*. It set out the Government's vision—to make all Australians feel valued and have the chance to fully participate in society. It included providing access to education and training, employment, housing and participating in local activities. It also built on reforms over the last two years which included fairer workplace relations and pension reform.

A speaker at the conference, David Crosbie (CEO of the Mental Health Council of Australia), addressed how mental illness is somewhat disregarded by the Australian health system. He pointed out that mental illness affects a large portion of society yet does not seem to be treated as seriously as other illnesses such as cancer. Crosbie went on to highlight that the effects of mental illness can be life threatening and can lead to fatality. He noted that isolation is one of the biggest barriers to treatment.

Crosbie outlined a need for the following:

- A higher level of community awareness which can be achieved by a 'social inclusion' marketing campaign that focuses on feeling valued in the community
- Partnerships and linkages
- A focus on breaking the cycle of exclusion within mainstream society
- Targeting high risk groups
- A cross-sector approach.

The issues around mental health need to be addressed as it is more common than society may realise. According the Australian Bureau of

Statistics, half of our population suffers from mental illness at some point in their lifetime. What is even more alarming is that one in five Australians has experienced mental illness in the past year.

There has always been a stigma attached to mental illness which prevents consumers from obtaining the help they need. Discrimination also hinders consumers from sharing their experience with family and friends. When help is delayed, whether due to the stigma attached or discrimination, consumers may deteriorate

more rapidly. On occasion, it is the discrimination rather than the illness that has the longer lasting affects.

The key to improved conditions for sufferers of mental illness includes programs, Government advertising, public

education but most importantly, direct contact. When members of society interact with people who have a mental illness, it produces the biggest change in social attitude. The outcome includes an increased sense of empathy and understanding.

This is why social inclusion programs are so necessary in Australian society.

Programs offered by ARAFEMI are available for consumers of mental illnesses and include:

- Linwood PARC (Prevention and Recovery Care) available 24 hours a day, 7 days a week. It aims to reduce relapse and support recovery for people experiencing mental illness and their families.

Linwood PARC works with people who may be living in the community and starting to show early signs of becoming unwell, or have been

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The future of social inclusion continued...

in an inpatient ward, but require additional support before returning home. The team provides individual support to prevent further deterioration of mental health issues and offers individual and group support towards recovery.

- Flexible respite options are also available to support families and carers when they want to take time out.

To achieve goals of social inclusion, the Government stated they would:

- Work across businesses, not-for-profit and community sectors to create new collaborative structures
- Constantly evaluate the progress of reforms and pilot programs
- Set up a framework to measure social inclusion
- Give regular reports on the outcomes of social inclusion.

A 5 point plan to ensure safety for women in acute psychiatric wards

The Victorian Women and Mental Health Network have developed a 5 point action plan listing core priorities and commitments required by government to ensure the safe and gender sensitive treatment of all women while in the care of acute psychiatric units.

They have called upon the government to:

- Ensure that a policy of providing choice of single sex treatment environments is incorporated into the design guidelines for adult acute inpatient units. (As recommended by the DHS *Gender Sensitivity and Safety in Adult Acute Inpatient Units* report, 2008).

- Ensure that any new adult acute psychiatric inpatient units being built or planned, including units at the Bendigo, Dandenong, Northern and Geelong Hospitals, provide a separate women's area comprising of an adequate number of designated female rooms, a women's lounge, bathroom facilities and outdoor recreation space.
- Support the establishment of women's corridors in adult acute inpatient units where there are currently no separate women's areas.
- Restore funding for women's mental health consultants to all Area Mental Health Services and establish a state wide Women's Mental Health Coordinator position.
- Support training for mental health staff in the implementation of relevant Chief Psychiatrist and Service guidelines to ensure that a culture of gender sensitive practices becomes embedded in acute and community mental health services.

Since mixed sex wards were introduced in the 1960's many female patients have experienced ongoing problems. Intimidation, sexual harassment and assault of female patients during admission were not uncommon.

Implementation of the 5 point plan outlined here should go a long way to address these problems.

This article was published by the Victorian Women and Mental Health Network.

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Peer Support Program – 'Caring together'

There have been many articles written about the benefits of volunteering and peer support. Among them were the therapeutic effects of volunteering. We have all experienced the 'feel good' chemicals that are released when we give. It is even more humbling when we give our time to those who are in need. It assists us to combat our own stress and generally is a life changing and rewarding experience. If you are a volunteer in a peer support role it has a two-way effect. First, it offers all the benefits of being a volunteer, plus you can connect with your carer like no one else can.

The carer has a sense of not being alone; that others have also been through a similar experience. In addition to the psychological and physical benefits for the volunteer, it helps the volunteer draw attention away from themselves while focusing on others, hence the two-way effect which is positive for both involved.

When a friend or family member is diagnosed or hospitalised due to mental illness, the flow on effect to loved ones is traumatic. Confusion, isolation are often what carers need to deal with.

The 'no casserole' illness hits them. They don't feel like they can discuss their worries or concerns with their work colleges or friends. Plus the minefield of dealing with the complex mental health system can be stressful and daunting. These factors often affect the carer's mental health due to the fact they are not being heard or understood within the process.

Caring Together is a carer peer-mentoring program. It is a collaborative initiative of the Northern Mental Health Alliance and ARAFEMI Victoria. The program is looking for volunteers who have experience caring for a friend or family member with a mental illness.

If you would like to volunteer some of your time to assist other carers with peer support, please

contact Gillian on email at -
gillian.scaduto@arafemi.org.au

Alternatively, if you as a carer would like to refer yourself for one-on-one peer support through this program, please contact Gillian.

Looking for a non-medication treatment for Bipolar depression?

The Monash Alfred Psychiatry Research Centre (MAPrc) at the Alfred Hospital is accepting volunteers into an outpatient clinical trial of a non-medication investigational treatment for depression.

Participants must be aged between 18 and 70, have a diagnosis of Bipolar Disorder (type I or II) and be currently moderately to severely depressed.

Participants will receive daily active or placebo (inactive) treatment with a non-invasive magnetic device, Transcranial Magnetic Stimulation (TMS) over a number of weeks.

Participants who do not respond to the placebo will be offered the experimental TMS treatment. Participation is completely confidential.

For more information, please call Susan, Sally or Amy on **(03) 90766595**.



MONASH University



TheAlfred

MAPrc

We mend minds





A profile of Mandy Brown: Peer Support Worker



As ARAFEMI opens the doors of its new Southern office, home to its Personal Helpers and Mentor Program, and further develops its recently

funded 'Centre for Excellence' in Peer Support, we take a look at the nature of a Peer Support role.

Mandy Brown is a peer support worker with the Inner East Mental Health Services Association in Collingwood. Mandy enjoys her role as peer support worker because "you can feel what people are feeling". Suffering from a mental illness herself, Mandy can empathise with the participants she works with. This shared understanding creates a real camaraderie. Mandy believes it makes a huge difference being able to engage with participants as a Peer Support Worker, rather than as someone who has just studied these theories and not been affected by them.

In the role of peer support worker Mandy has had days that have been immensely challenging and those that have been immensely rewarding. One of the most challenging days faced by Mandy was when a participant declared he was going to commit suicide. Mandy admits, "I came back to the office very, very upset because I left him without doing anything about it." As Mandy re-entered the office with tears streaming down her face, the team immediately held a meeting to discuss the next plan of action.

The team reassured Mandy that her reaction was perfectly normal, much to her surprise. She thought that because she had a mental illness herself, she was reacting

inappropriately. Mandy was advised to contact St. Vincent's outpatient clinic and organise a Crisis Assessment and Treatment Team (CATT) and the police, to advise them of the situation. Luckily, the man was admitted to hospital.

One of the most rewarding experiences came when Mandy was able to work with a participant who was a hoarder. Mandy worked with the participant to achieve their personal goal — to de-clutter their house. After working together for months, the participant finally felt confident enough to de-clutter a room without Mandy's help.

As a part of Mandy's job, she needs to seek her own support through the aid of a psychologist; she must respect her own mental health. Since becoming a Peer Support Worker, Mandy's

level of self respect has increased. It has given her an immense sense of worth, knowing she can help people like herself.

Mandy thinks she is a good role model that participants can look up to.

The role of peer support worker requires someone with persistence and understanding. Mandy recommends it to anyone who has suffered from mental illness and wants to make a difference in someone else's life.

Mandy's belief helps foster the potential for recovery. Mental illness is not necessarily curable but it is treatable.

Our next newsletter will feature more on ARAFEMI's new Southern Office & Centre for Excellence in Peer Support.

***Mental illness
is not
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Advance Directives

The Mental Health Legal Centre is funded by the Victorian Department of Human Services and Victoria Legal Aid. Its community centres are located throughout Australia and provide legal services to anyone who has been diagnosed with a psychiatric disability.

The Mental Health Legal Centre plays a vital role providing legal advice to consumers who do not understand their individual rights as patients under the Mental Health Act.

The Centre offers services such as advance directives for mental health. An advance directive resembles a 'living will' which focuses on planning for the future. It explains the consumer's intentions if they become unwell and find it hard to make decisions.

This document will be assessed by those who make decisions regarding the consumer's care and treatment options. However, this document is a guide only and does not determine the treatment the consumer may receive.

For further details on these forms and what should be included, please visit the website: <http://www.communitylaw.org.au/mentalhealth/>

ARAFEMI Annual General Meeting

Kew Library

Corner Cotham Road and Civic Drive, Kew

Phillis Hore Room

Wednesday 22 September 2010

4.00—5.30 pm

RSVP: ARAFEMI Reception 98109300

My time at ARAFEMI

Nikol recently finished her student placement with ARAFEMI. Nikol is studying a Community Welfare Diploma at Swinburne Tafe. This was her first student placement, and this is what she had to say about it...

ARAFEMI. The organisation that gave her something she didn't expect. As a first year student of a Community Welfare course, she didn't exactly know what her student placement would be like. Would she like it? What about the people there, how would they take her? What would she do? And many more questions popped into her head before her first day there.

She opened the door of ARAFEMI and was welcomed by smiles and warm attitudes. Everyone she met that day was nice and friendly.

By opening the door the first morning, she opened her mind to new experiences. This placement and the people there gave her a better understanding of the Community Welfare work. She learned so much and was thankful for every conversation she had with the people from ARAFEMI. They know what they are standing for. They put hard work and their heart for causes they believe in. She found herself hungry for more information.

She can never thank enough all the people she met there, who passed on her their knowledge and personal experiences.

Pity that time is flying so fast and her great experience is finishing. She had the opportunity to meet extraordinary people and she will carry this great feeling for ever.

Thank you ARAFEMI.

Nikol Berankova



Government introduces new Carer Card



What is the Carer Card?

The Carer Card is a credit-card sized plastic card that will provide the holder with:

- Discounts on a range of government and community venues, activities, goods and services



- Discounts at over 700 participating private businesses
- Free travel on public transport on Sundays and travel vouchers for two free return off-peak trips within Victoria.

Why is a Carer Card being introduced?

The purpose of the card is to recognise the incredible unpaid work that carers do in our community.

Who is eligible?

To be eligible for a Carer Card an applicant must meet eligibility criteria developed by the Victorian Department of Human Services (DHS):

- A resident of Victoria and a primary, unpaid carer of a person with a disability, a severe medical condition, or a mental illness, or who is frail, aged, or who is in need of palliative care. This care must be provided in the home of the person requiring care.
- A foster, respite, kinship or permanent carer in receipt of a DHS reimbursement payment.
- A kinship carer (a relative or member of a child or young person's social network who cares for a child/young person who cannot live with his/her parents. The carer is responsible for the day-to-day care, welfare and development of the child/young person).

DHS estimates there are 140,000 primary carers who will be eligible to receive a Victorian Carer Card. Of these carers, approximately 85% are in receipt of a Centrelink carer benefit such as Carer Allowance or Carer Payment.

How do carers establish their eligibility for a Carer Card?

All Carer Card applicants must complete a Victorian Carer Card application form. On this form carers will be required to establish their eligibility for a Carer Card by providing one of the following:

- Provide their Centrelink Reference Number if they receive Centrelink Carer Payment or Carer Allowance, or
- Provide their Department of Human Services (DHS) payment advice, if they are a DHS foster or respite carer, or
- Have a health professional sign their application form.

How do carers apply for one?

Carer application forms will be available from July 1.

Carer applications can be downloaded from the website, or you can request to be sent a form by calling 1800 901 958. Online application forms will be available from mid-July on the Carer Card website (Centrelink and DHS carers only).

When can carers get a Carer Card?

Carer Card application forms will be available from 1 July 2010. The initial processing period will be approximately 4 weeks.

How long are Carer Cards valid for?

As a result of research conducted about the length of time carers spend performing primary care functions, DHS has

determined that Carer Cards will be issued for





either a 12 month or five year period on the following basis:

- Centrelink carers – five year card
- DHS foster/respice carers, kinship carers – five year card
- Other primary carers – either a 12 month or five year card, as recommended by the health professional signing the application form.

Where will carer application forms be available?

Beginning in July, application forms will be available through:

- DHS – telephone the Carer Card Information Line 1800 901 958 or online at www.carercard.vic.gov.au
- Victorian Centrelink Offices
- Disability Organisations
- Carers Victoria
- Mental Health Carers Network
- Community/Welfare Organisations.

How do carers find out about the benefits they can receive using a Carer Card?

A directory of all participating businesses and venues will be sent with the Carer Card. A searchable business directory will also be available on the website.

How do carers receive their travel vouchers and free Sunday travel?

Two free off-peak travel vouchers will be sent with the Carer Card. These vouchers will be provided regardless of whether the carer also receives free travel vouchers through a Seniors or Centrelink Concession Card. Carers who do not already have a Sunday Pass will be sent one with their Carer Card

For more information visit:
www.carercard.vic.gov.au

ARAFEMI is recruiting volunteer telephone helpline workers - Provide peer support

Helpline workers participate in the direct provision of information, support and referral services (telephone, email, face-to-face & message board) to carers and families across Victoria. The Helpline operates from Monday to Friday from 9.00am - 5.00pm.

A commitment of a weekly half-day shift for a minimum period of 12 months is required.



If you have experience in caring and you are interested in volunteering, please contact our Helpline on **1300 550 265**.

For more information and the full position description please visit:

<http://www.arafemi.org.au/get-involved/employment-at-arafemi.html>

ARAFEMI Membership

Annual membership subscription entitles you and your family to access the ARAFEMI library. You will also receive the quarterly ARAFEMI Newsletter.

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

If you would like more information please contact our office: 9810 9300



ARAFEMI events

Support Groups

Support Group for Families & Carers of People with a Borderline Personality Disorder

What: Open support and information group for carers of people with a Borderline Personality Disorder
When: FIRST WEDNESDAY of each month 7pm-9pm
Where: ARAFEMI, 270 Auburn Road, Hawthorn

Bridging the Gaps - Southern

What: Education and information sessions for parents and family carers of young people
When: FIRST WEDNESDAY of each month 7.30pm-9.30pm
Where: Family Life, 197 Bluff Road, Sandringham (Melways ref: 76,K12)

Bridging the Gaps – Eastern

What: Education, information and support for parents and family carers
When: SECOND THURSDAY of each month 7.30pm-9.30pm
Where: ARAFEMI, 270 Auburn Road, Hawthorn

ARAFEMI Bipolar Consumer Support Group

What: Open support group for people experiencing bipolar disorder
When: THIRD WEDNESDAY of each month 7.30pm-9.30pm
Where: ARAFEMI, 270 Auburn Road, Hawthorn

ARAFEMI Bipolar Support Group / ARAFEMI Bipolar Combined Carer & Consumer Support Group

What: These groups alternate monthly to provide additional support to carers of people with bipolar disorder and people experiencing bipolar disorder
When: FIRST THURSDAY of each month
 Combined group commencing 4th Feb (bi-monthly)
 Carer's group commencing 4th March (bi-monthly) 7.30pm-9.30pm
Where: ARAFEMI, 270 Auburn Road, Hawthorn

ARAFEMI Caring 4 Carers Group—Hotham Street & Wood Street

What: Open support and information group for carers of someone with a mental illness. These groups are run by ARAFEMI in partnership with NAMHS
When: SECOND WEDNESDAY evening of each month, from 7.00 pm to 9.00 pm
Where: Hotham Street - Preston Neighborhood House, 218 High Street Preston
When: FIRST THURSDAY of each month
Where: Wood Street - 131 Wood Street, Preston

Education Seminars & Workshops

What: Recovery - how to support it
When: Sep Tues 14th 10am-1pm

What: Recovery - how to support it
When: Oct Sat 9th 10am-1pm

What: Siblings
When: Oct Tues 19th 7pm-9pm

What: Relaxation & Meditation Carer Respite Activity
When: Oct Tues 19th 9:30am-4:30pm

What: Healthy Boundaries & Communication
When: Oct Sat 23rd 10am-1pm

General Information

Cost for Seminars/Workshops: \$5.00

Venue: ARAFEMI's head office, 270 Auburn Rd Hawthorn

Parking details:

<http://www.arafemi.org.au/contact-us.html>

Booking Form:

<http://www.arafemi.org.au/family-support/carers-education.html>

For further information please contact Carer Helpline 1300 550 265 or email susan.preece@arafemi.org.au

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