

Mental Health Council of Australia – Newsletter



November 2009

The Mental Health Council of Australia is the independent, national representative body of the mental health sector in Australia.

Ph:(02) 6285 3100

Fax:(02) 6285 2166

Email:admin@mhca.org.au

www.mhca.org.au

WORLD MENTAL HEALTH DAY FORUM 8 OCTOBER 2009

On 8 October 2009 the MHCA held a special forum at the National Press Club in Canberra as part of WMHD activities.

Titled: *Does Doctor Know Best? - Making the Most of Primary Mental Health Care*, this forum was an attempt by the MHCA to deliver a more innovative and interactive way to engage with the sector, consumers and carers during Mental Health Week.

The theme for World Mental Health Day is established by the World Federation for Mental Health. For 2009, their theme was "Mental Health in Primary Care: Enhancing Treatment and Promoting Mental Health". This provided an opportunity to focus on the role primary care plays in mental health services and treatment.

The Forum was structured around a discussion on the models of primary care in Australia and the way mental health consumers access primary health care treatment. As the MHCA advised attendees on the day, primary care is generally defined as health care that is provided by a health care professional in the first contact of a patient with the health care system. Primary care is provided predominantly by doctors, practice nurses, primary/community health care nurses and community pharmacists.

The questions we aimed to discuss at the Forum included: how do we get this team to best work together; who else should be involved and is this what mental health consumers want?

Sophie Scott, medical reporter for the ABC, facilitated proceedings. Tony Fowke AM, the first Australian to be elected President of the World Federation for Mental Health, was the guest speaker.

A special panel was established to assist Sophie Scott in the discussions. The panel members were:

- Kim Ryan (CEO, Australian College of Mental Health Nurses)
- Professor Ian Hickie (Brain and Mind Research Institute)
- Lyn Littlefield (CEO, Australian Psychological Society)
- Dr Emil Djakic (AGPN)
- Dr Caroline Johnson (RACGP)

In terms of engaging with stakeholders, this year's WMHD function was arguably the best 'interaction' we have seen at the official 'launch' (note: as WMHD fell on a Saturday, the 'launch' was held on the preceding Thursday).

Normally WMHD does not attract many carers and consumers – possibly because the 'day' is not always seen as being significant to them. This year we had 3 - 4 tables of consumers and carers attend and they provided some very challenging and informative contributions to the Forum.

Along with many carers and mental health consumers, the following organisations attended the WMHD Forum:

- Australian College of Mental Health Nurses
- Brain and Mind Research Institute
- Australian Psychologists Society
- Australian General Practice Network
- Consumers Health Forum of Australia
- National Advisory Committee on Mental Health
- Lifeline Australia
- Minister Nicola Roxon's Office
- ACT Consumer Network
- PAHMHS-Metro South District
- Carers ACT
- ACT Greens
- Medicines Australia
- beyondblue
- bluvoices
- ADCA
- AFFIRM
- Centre for Mental Health Research
- University of New England
- ACT Mental Health Policy Unit
- ACT Mental Health Community Coalition ACT
- Service Reform Mental Health ACT
- Mental Illness Education ACT
- Access and Acute Care, Mental Health ACT
- ACT Mental Health Consumer Network
- Eating Disorders Program
- Brisbane South Division of General Practice
- Mental Illness Fellowship of the ACT, MIFACT
- Alcohol and Other Drug Policy Unit, ACT Health
- CRS Australia
- Pharmacy Guild of Australia
- The Royal Australian College of GPs
- ACT Division of General Practice)
- Pfizer
- Eli Lilly
- ACTAGL
- ASDEFCON
- Department of Veterans' Affairs
- Primary Communication
- Butterfly Foundation
- MacDonal Wells Consulting Pty Ltd
- ANMC

The MHCA has always aimed to raise awareness and create interaction as part of WMHD. This year's Forum achieved these goals and we believe continued engagement and interaction of this style creates better linkages and stakeholder engagement than a traditional 'launch' involving speeches and lectures.



MHCA Chair, Rob Knowles and Sophie Scott



The Panel: Ian Hickie, Lyn Littlefield, Kim Ryan, Emil Djakic and Caroline Johnson – with ABC medical reporter Sophie Scott.

THE WORLD MENTAL HEALTH DAY FORUM.
By Wayne Chamley, MHCA Board Member

One of the various activities and events that were staged around World Mental Health Day this year was a Forum, organised and supported by Mental Health Council of Australia.

'Does Doctor Know Best? – Making the Most of Primary Mental Health Care' was held at the National Press Club in Canberra. The hundred plus who attended were first welcomed by Mr. Tony Fowke AM, the first Australian to be elected President of the World Federation for Mental Health; then the panel members took their place and each was introduced by the facilitator, Ms Sophie Scott, ABC TV and radio medical reporter.

Sophie proposed a hypothetical about a young woman called Amanda - her age, social and living circumstance etc. Amanda had been worried and anxious and these feelings were getting worse. She had decided finally to seek professional advice and possible help. Each panel member was given the chance to respond.

It was very pleasing to have each of the panel respond in a frank and direct way, indicating what might be the problem, what priority information was needed, how they would go about interacting with Amanda. At times, Professor Ian Hickie made additional and more general observations about the system that Amanda had entered. This provided more opportunity to put the range of responses and positions into perspective.

What became clear to me was that each had a different approach and that this was a reflection of the individual's education, training and experience. Each approach might result in some positive outcome(s) for Amanda and all of the factors that could be contributing to her state of mental health might not be addressed. No panel member intended to ask Amanda about other professionals that she might be attending. Also, it was never clear whether panel members would have much professional interaction about Amanda.

At various points in the presentations, Sophie Scott asked for comment from the audience and a number of consumers and carers were prepared to enter into discussion and debate with the panel. By the closure of the Forum I was left with the impression that a better model of primary care might evolve although its evolution is going to take some time. Significant obstacles include:

- Limitations imposed by the referral system.
- The Inflexibility of the "fee for service" system.
- The skewed distributions of medical, allied health and psychiatric nursing professionals across communities.

- The enduring problem of getting the right intervention in place at an early stage in the person's life.
- The poor state of and resourcing of community mental health services.
- State governments (and their agencies) pre-occupation with acute mental health services.
- The absence of good links and understandings between many professionals and those who manage and can deliver "non-medical" supports like housing, employment, respite etc.

I feel that the professional groups that were represented on the panel are interested and willing to move towards more integrated and more holistic ways of responding to the Amanda's' who may seek advice, treatment and care. Whether they will be able to and allowed to remains to be seen.

BEACON SITE LAUNCHED AT PARLIAMENT HOUSE

As part of WMHD/Week, the MHCA partnered with AFFIRM and the ANU Centre for Mental Health Research to launch the Beacon site at Parliament House on Tuesday 6 October.

Originally Health Minister Roxon was to launch the Beacon website, however Parliamentary matters meant she was unable to attend and Senator Kate Lundy stepped in.

David Crosbie, CEO of the MHCA acted as MC. The Beacon Site was displayed and discussed by Professor Helen Christensen (ANU Centre for Mental Health Research), then Senator Lundy, on behalf of Minister Roxon, officially launched the site. Approximately 50 people attended the launch, which was covered by TV, print and radio.

Each year, the MHCA tries to launch something of national importance during Mental Health Week. Linking research and mental health and the internet in a world first was a very significant event, and within the sector was seen as an important contribution to mental health.

About the Beacon Site

Access to mental health services is of vital importance to ensure members of the community receive treatment and support from professionals.

Empirical research has increasingly shown that online 'ehealth' programs provide an effective method of treating mental health disorders and quality of life. Further, these programs are often free, user-friendly and can be completed at the convenience of an individual at any time of day. However, these

resources are often developed in university settings and may not be well known throughout the community despite their efficacy in treatment numerous mental and physical health problems.

'Beacon' is a new online database developed by the Centre for Mental Health Research at the ANU. It is a compilation of online mental and physical health programs from all over the world and provides consumers, health professionals and members of the community with information about these programs and how to access them in one location.

To date, the database includes 100 programs in the categories of depression, bipolar disorder, suicide ideation, post-traumatic stress disorder, obsessive-compulsive disorder, generalised anxiety disorder, panic disorder, specific phobia, social anxiety, claustrophobia, stress, eating disorders, encopresis, positive psychology, resilience and others. These sites include a mix of therapy, psychoeducation and support. Researchers at the Centre for Mental Health Research at the ANU have rated the websites in terms of their available peer-reviewed evidence to help visitors decide which websites work and which ones are best suited to their needs. Visitors to Beacon can also rate the programs they have visited to gain an additional perspective on their efficacy.

LAUNCH OF ADVERSITY TO ADVOCACY

Adversity to Advocacy: The Lives and Hopes of Mental Health Carers was launched at the Mural Hall in Parliament House on 21 October 2009.

This landmark report, funded by the Department of Families, Housing, Community Services and Indigenous Affairs, was officially launched by the Hon. Jenny Macklin during Carers Week at a breakfast function organised by the MHCA.

Adversity to Advocacy represents the first attempt to monitor, measure and record the experience of mental health carers. The report is based on over 100 workshops conducted by the MHCA across Australia.

Over 1500 mental health carers attended these workshops, which were held in every state and territory, with approximately two thirds of the workshops held in rural, remote and regional Australia. The issues emerging from these workshops were discussed at the breakfast, which was an opportunity to hear from those involved in this project.

David Crosbie (CEO of the MHCA) was the MC. Tony Fowke – President of the World Federation for Mental Health and an MHCA Board Member, spoke about carer issues and the importance of this report. He was followed by the compelling Loretta Fogerty, an Indigenous carer, who captivated the large audience with her story as a carer.

Linda Rosie, whose tireless efforts and patience enabled this incredible project to work so successfully, delivered a passionate and inspiring overview of the Carers Engagement Project before handing over to Minister Jenny Macklin to official launch *Adversity to Advocacy*

This national survey, designed by carers at the workshop, will be repeated each year to assist the government in understanding the carer experience and to monitor if things are getting better or worse for mental health carers.



Minister Jenny Macklin launches *Adversity to Advocacy*



David Crosbie, Linda Rosie, Jenny Macklin and Loretta Fogerty



Tony Fowke address the Parliamentary Breakfast at the launch



**NATIONAL MENTAL HEALTH
CONSUMER & CARER FORUM**

NMHCCF LAUNCHES 'SECLUSION AND RESTRAINT' STATEMENT AT TheMHS

The National Mental Health Consumer and Carer Forum (NMHCCF) launched their first position statement – *Ending Seclusion and Restraint in Mental Health Services* – at TheMHS Conference in Perth on Wednesday 2 September 2009

Originally, the Hon Dr Graham Jacobs, the Western Australian Minister for Mental Health, was to officially launch the *Statement*, however the WA Minister was unable to conduct the launch. ALP Senator Claire Moore, a well known and passionate advocate of mental health, stepped in at the last minute and helped launch the Statement.

Senator Moore was joined by MHCA Communications Director Simon Tatz; Isabell Collins, Consumer Co-Chair and Eileen McDonald, Carer Co-Chair of the NMHCCF.

For mental health consumers and carers, the practices of seclusion and restraint - and in particular the way that they are carried out – are extremely traumatic and emotionally damaging. Seclusion and restraint often causes significant short and long term emotional damage as a consequence of the way these practices are implemented. Clinicians and medical staff also grapple with the use of involuntary seclusion and restraint and until recently have not been fully aware of the evidence that debunks these practices as therapeutic or even useful.

Key points from the Statement:

- The use of involuntary seclusion and restraint of mental health patients is an everyday occurrence in Australia's public acute inpatient facilities.
- Seclusion and restraint of people with mental illness is a human rights issue.
- Seclusion and restraint of people with mental health problems is avoidable and a preventable practices. The use of seclusion and restraint highlight a failure in care and treatment when they are used.
- Seclusion and restraint should never be used as first line interventions in mental health care
- Secluding and restraining people experiencing a mental illness or episode can cause short and long term emotional damage.

- The NMHCCF is calling for the immediate implementation of strategies to address the reduction of seclusion and restraint be undertaken in the context of a systemic culture change for mental health services in Australia to prevent the further abuse of patients' human rights.

A full copy of the NMHCCF Seclusion and Restraint Policy Paper can be viewed at: www.nmhccf.org.au

ISOLATION AND DISCONNECTION – THE MENTAL ILLNESS EXPERIENCE

David Crosbie
CEO, Mental Health Council of Australia
(This article appeared in the *Canberra Times* on 6/10/2009)

Would you allow someone with a mental illness to babysit your child?

This is one of the questions regularly asked in New Zealand to measure the level of stigma against people with a mental illness. Their anti stigma campaign has increased the positive response to this question from around 25% to 35%, not a massive shift, but certainly significant.

In Australia we are increasingly reading about high profile people who have begun to accept that their struggle to cope with the demands of day to day life might be more than an attitude problem. We talk more about mental illness now, but beyond the footballers, politicians and celebrities all coming to terms with relatively high prevalence mental health disorders, there is an ongoing tragedy unfolding in the Australian community. It is the same story, reflected time and again by carers and mental health consumers: a story of lost potential, confusion, false expectation and quiet desperation.

All too frequently the sterile fluorescent blaze of a crowded hospital emergency department is the welcome door. What lies behind is a journey demanding patience and courage in equal measure. Many make the journey and get where they need to go. Some never arrive. Some take carers on a journey with them; others leave them behind.

Like many of my fellow mental health and alcohol/drug workers, I have been to too many funerals. I find it is not the deaths that sting the most, tragic as they are. Sometimes they bring their own troubled release. What hurts more is the loss of opportunity to recover, something we all own a part in.

Mental illness ranks number three in the listing of top ten diseases impacting on Australians – behind cancer and cardiovascular disease. This ranking is achieved largely because it is the disease responsible for the highest years of life lost to disability. Mental illness is more likely to impact on people when they

are young. It is the leading cause of disability in Australia for people aged 15 to 44.

In this context, disability is really about disconnection – from work, school, housing, recreation, family and friends.

And this highlights our real challenge: mental illness is the disease of isolation and disconnection.

Given what we know, you would think our response to mental illness would focus on ensuring there was support to help keep people engaged in work, school, housing, families, relationships, meaningful activities. You would think we would try and orient our services to young people.

Unfortunately that is not the way our health system works. Mental health treatment tends to be a series of episodic one-off interactions in specialist consulting rooms or hospitals wards. These places are often completely detached from where people live their lives, and are foreign to most young people.

A limited number of under resourced community mental health providers link people with social supports, housing or employment options, but the health system itself is almost invariably separated from these services.

People with a mental illness are not welcomed in housing (they often languish on public housing lists), employment agencies (only around 28% of people with a mental illness are in employment compared to an OECD average of over 50%), in alcohol and drug agencies (despite the very common overlap), or in many parts of the health system itself.

What reinforces the isolation is our attitude to people with a mental illness. We may no longer insist on locking people away in asylums, but we still politely shun those living with a mental illness. It is not just that we don't want people with a mental illness babysitting our children, we also do not really want them in our workplaces or living next door. If you had a mental illness, would you tell your boss, or try and cope as best you could? The caricature of the crazed violent schizophrenic may be a long way from reality, but it seems to be alive and well in the psyche of many Australians.

There are many fine documents with wonderful sets of words about how these issues will be addressed – repeated calls for anti stigma campaigns, better linkages between health and social services, more support for carers and those providing community based services. The bottom line is that the words seem to evaporate into vacuous clouds, briefly casting a shadow before fading into irrelevance.

Mental illness is still veiled in misconception, informed by ignorance and stigma.

What emerges more and more clearly is that until people with a mental illness can have real hope, expectation, and the capacity to demand and receive the

services they need, the system we have will continue to do what it has historically done for so long: offer a set menu focused on containment of symptoms.

It is World Mental Health Day this Saturday 10 October 2009. The theme is primary care and there are many events throughout this week that people can get involved in.

The real message is that we need to change the way we respond to mental illness in Australia, and we can all play a part.

I would hope this week might encourage some people to take the time to reflect on their own attitudes and to acknowledge one very important fact: it is the way you and I respond to people with a mental illness that determines the level of disability they experience.

MENTAL HEALTH CARE NEEDS MORE THAN JUST TINKERING

Sebastian Rosenberg
Senior Lecturer, Brain and Mind Research Institute
Deputy CEO, Mental Health Council of Australia

(This article appeared in the *Canberra Times* on 3/11/09)

“Plus ca change” the French say – the more things change, the more they stay the same. That is the justifiable concern among many in the mental health sector as the Federal and State Governments contemplate the recommendations of the National Health and Hospital Reform Commission.

In mental health, the status quo just isn't an option.

Ten years of so-called mental health reform has seen Australia fail to lift the rate of access to care for people with a mental illness – 38% of people with a mental illness were in care in 1997 and 35% in 2007.

So debates about concepts like Medicare Select take on particular significance. For areas of health that are well serviced, the old axiom not to fix something that ain't broke may well apply. Rates of access to care in other chronic illness are more like 70-80%, with the majority of people getting the care they need.

This is clearly not the case in mental health and has spurred calls for fundamental reform. It is no surprise that some of the leading proponents (occupying a telephone booth near you) of Medicare Select highlight mental health as a key potential beneficiary of a new approach.

But the motivations underpinning their support vary. For some, Medicare Select represents a chance to promulgate an individualised approach to health care,

taking funding decisions out of the hands of health professionals or the nanny-state, and giving choice instead to each consumer. These supporters talk of 'cashing out entitlements' and giving each consumer 'leverage' to buy tailored packages of care. This is certainly a model which exists in the construct of packages of care for the support of profoundly disabled children, though the extent to which these packages are really based on understanding the costs of care is debatable. What is clear is that in such situations, governments work with families to develop packages of care that can be worth hundreds of thousands of dollars in order to enable health, community and other services to be available. These packages are regular features of disability support but, of course, there aren't lots of them.

So what are the entitlements of a person with a mental illness? While there is plenty of evidence about what treatments, services and programs work, what is the right package of care for a young person showing early signs of psychosis? How much does it cost? How will a person with a mental illness know what to buy? And who will ensure they get what they pay for?

Other mental health supporters of Medicare Select seem to come from a more secular school. They would simply point out that we need more money and more services provided in new ways to new clients. Attracting some of the missing 65% into care will almost certainly cost more than the mental health system currently spends. And much of this spending will not be in the 'health' system but more broadly, in a range of community services, some clinical, some psycho-social.

Medicare Select is seen through this lens as being a vehicle by which to drive a general argument that business as usual won't wash and this is completely understandable.

But would establishing Medicare Mental Health Select, by pooling funds (however calculated) really drive the establishment of new models of service provision? If we build it, will they come?

This question really requires more analysis. It is a business question as much as a health question. The New England Journal of Medicine again published evidence of the benefits of collaborative care and the drawbacks of fee-for-service medicine. Would a Medicare Select approach to funding drive new models of employment and payment for health professionals to work collaboratively? Would it end the cycle of fruitless incentives which have failed to entice mental health professionals out of metro areas and into the bush? Which organisations or new collaborations can we identify who might be willing to take on the business of meeting the holistic needs of people with a mental illness? What happened in Holland – did new mental health service providers emerge?

Despite the recent prominence of mental health as an issue, its consideration by CoAG, the Reform Commission and repeated investigations by the Senate and others, it is still reasonable to suggest that Australia remains in crisis. Unless the Federal Government decides to pursue fundamental reform arising

from the Commission's recommendations, then some tinkering of responsibilities between the Federal and State Governments is the likely minimalist outcome of current deliberations. It is ironic that is the precisely the community-based mental health services that are most critically needed that fall right into the grey area of responsibilities now. There is some evidence that some state governments may be withdrawing from this field in anticipation of a Federal takeover.

Perhaps the real allure of a concept like Medicare Select is that it could end the often tragically disconnected series of services that passes for our mental health 'system'. The programs which work in health offer integrated care. Financial planning services offered to parents in children's hospitals, employment officers working in psychiatric wards of a Melbourne hospital. These are exceptional glimpses into a system of care that attempts to manage a whole person, rather than just a limb or a symptom.

I am quite sure that mental health consumers and carers don't care a jot for who holds the money or which level of government runs which type of service. The current debate about health reform needs to be about more than this. In mental health it needs to be about establishing evidence-based sustainable models of community care in which health, employment, education and other services each play a role.

For mental health in Australia, 'plus ca change' just isn't an option. And if Medicare Select can drive reform then it deserves support.

NEW MHCA ASSOCIATE MEMBER ORGANISATIONS

ACT Mental Health Consumer Network (ACTMHCN)

ACT Mental Health Consumer Network (ACTMHCN) is a consumer-led, community-based peak organisation advocating for the interests of people with experience of mental illness in the ACT.

ACTMHCN supports the development of agency amongst mental health consumers and seeks to accurately represent consumer interests in all levels of Government and the community. The Network is committed to social justice and the inclusion of people with experience of mental illness as respected citizens of the community and valued contributors to the economic, social, cultural and creative life of the ACT. It has particular interest in supporting the continuing development of high quality, safe and appropriate community and clinical mental health services.

ACTMHCN operates a Consumer Representative Program that recruits, trains, values and supports consumers of mental health services to represent the views and interests of all mental health consumers in mental health policy

development, service planning, delivery and evaluation through various advisory and decision-making bodies. The Network conducts other projects that support individual and collective agency for consumers in accordance with its Strategic Directions.

WISE Employment

Enriching the Community - Empowerment through Employment

www.wiseemployment.com.au

WISE Employment is a not-for-profit (NFP) community organisation with branches across Victoria, New South Wales, Tasmania and the Northern Territory.

WISE is one of the leading specialist employment services in Australia and we provide cost-free assistance to employers and job seekers under the Disability Employment Network (DEN) and Job Services Australia (JSA).

Tel: 1800 685 105



Topo Foundation for Education

The Topo Foundation for EDUCATION (TF4E) is a community-based charity NGO founded in October 2007 by Triple Rugby Union International Enrique “Topo” Rodriguez and a group of his friends. TF4E is dedicated to promoting social responsibility and ownership of mental health issues in the community. TF4E is committed to:

- **Promoting** mental health **AWARENESS** through education!
- **Neutralising** the **STIGMA** of mental illness through education!
- **Promoting** **SUICIDE PREVENTION** through education!

TF4E Objectives are:

- *To promote tolerance and a better understanding of mental health issues, thus reducing the stigma.*
- *To promote an early diagnosis of mental illness.*

- *To promote our “message of hope” primarily in NSW, albeit responding to wherever we are requested or invited.*
- *To deliver mental health education through a team of trained and experienced “Consumer Advocates”.*
- *To reduce the incidence of mental illness and suicide in our community.*

We deliver our “Message of Hope” to the community through:

- 1) Carefully planned Mental Health Education Forums,
- 2) Educational Talks to high schools students, teachers and staff
- 3) Education & Information sessions to executives and employees at workplaces.

For further information visit our Website on: www.TF4E.org or Email: info@TF4E.org

The Dulwich Centre Foundation

The Dulwich Centre Foundation is dedicated to responding to groups and communities which are facing mental health difficulties as the result of significant hardships (trauma, violence, drug and alcohol issues, grief and loss, poverty, racism, discrimination, dispossession, and so on).

Our work involves:

- direct counselling and community work with individuals, groups, and communities
- developing respectful, effective, and culturally-appropriate methodologies to respond to community mental health issues and collective trauma
- working in partnership with local communities to engage with children, young people, and adults using these methodologies
- building the capacity of local mental health workers/community members to address mental health issues in a range of contexts
- working with communities to develop their own ways of working which we then document and circulate to a broader audience. We have found this process to be considerably empowering of local workers, groups, and communities.

For more information, visit: <http://www.dulwichcentre.com.au/dulwich-centre-foundation.html>