

MENTAL HEALTH COUNCIL OF
AUSTRALIA

**NEWSLETTER
OCTOBER 2010**



**M E N T A L
H E A L T H
C O U N C I L O F
A U S T R A L I A**

www.mhca.org.au

Contact:

Ph: (02) 6285 3100

Fax: (02) 6285 2166

Email: admin@mhca.org.au

Promoting the mental health of all Australians



**WORLD MENTAL HEALTH DAY FORUM – 7 OCTOBER
2010,
NATIONAL PRESS CLUB, CANBERRA.**

Mental Health - a Roadmap for Reform

To celebrate WMHD 2010, the MHCA once again hosted an open Forum at the National Press Club in Canberra. This year, unlike previous years, we have seen the emergence of a new consensus from the Federal Parliament in its support for mental health reform across Australia. So, for the very first time, the MHCA brought together the Minister for Mental Health (Mark Butler), the Shadow Minister for Health (Peter Dutton) and the Greens Health spokesperson (Senator Rachel Siewert).

These politicians were joined by Nick Glozier, the Associate Professor at the Brain and Mind Research Institute and Isabell Collins, Consumer Co-Chair of the National Mental Health Consumer & Carer Forum.

At the WMHD Forum, all three political parties agreed the current failures in our mental health system are unacceptable. Importantly, all three acknowledged mental health is a priority area and funding must be increased, especially in community care and early intervention (see *Sydney Morning Herald* excerpt below).

Most attendees would agree that Isabell Collins was the star of the Forum. Her forthright and passionate call for action resonated with the many mental health consumers and carers in attendance. Isabell read an extract about what it is that mental health consumers want:

They want to be treated like everyone else, they want you to hear them, they want their mental illness to be secondary to the personhood ... and they want a life free of discrimination and stigma.

They also want access to individualised and holistic services and not have to wait until they are in dire straits. They want the services to fit in with their needs and wants, not vice versa. They want meaningful work and permanent, appropriate and affordable housing. They want a home, not just a room.

They want transparent responses when they make a complaint and they definitely don't want bureaucratic responses to the letters they write to services, government departments and politicians. They want to be able to make



friends and enter into relationships and not have their mental illness get in the way of the attitudes of others.

They want to be treated with respect and dignity. They want to have fun. They want people to listen to them when they express concern about the side effects of medication and be willing to do something about it. They want to be seen and treated as an equal partner to the community in which they live and at the same time recognise the normality of their desire to retain contact with and to use psychiatric disability services.

They want to be discharged from services when they are ready, not when the service is. They want more focus on the quality of service delivery rather than throughput and outcomes.

They want their lived experience of mental health recognised as an equal area of expertise to that of service providers and essential for respectful and responsive service delivery.

They don't want models of practice, or theoretical ideas to override their unique humanness, so that they get lost in the model, or the theoretical principle. They want involuntary detention and treatment to cease being a habit of practice, but rather only used as an absolute last resort.

They want you to talk with them, not at them.

The 2010 WMHD Forum was an outstanding success in terms of bringing together politicians, consumers, carers, advocates and mental health professionals. The big question now is whether this new consensus will result in a properly funded and resourced mental health system.



***Speech by Tony Fowke AM,
President of the World Federation
for Mental Health-
World Mental Health Day WMHD 2010***

Firstly I acknowledge and pay my respects to the Ngunnawal people the Traditional Owners of the land on which we gather together and to their Elders past and present.

This is the second year I have been privileged as President of the World Federation for Mental Health to be part of this function to celebrate World Mental Health Day.

World Mental Health Day was first observed on 10 October 1992. It was started as an annual activity of the Federation by the late Dick Hunter who was as a volunteer Deputy Secretary General for the Federation from 1983 until 2002. Dick's vision was that World Mental Health Day should be a global and unified effort to promote greater public awareness and understanding of mental health and mental illness.

This vision continues to be realized each year on 10 October and is now celebrated in over one hundred countries. This year is somewhat unique in that the Day is on the tenth day of the tenth month of the tenth year in the current century. One of the activities around the globe is a walk of pride and some are in parts of Australia. In WA we are starting the walk at 10am.

In the early days World Mental Health Day did not have a specific theme and its aims were to generally promote mental health advocacy and education of the general public on relevant issues. Since that time however the Federation has chosen a particular theme to be promoted in its planning kit each year. The theme for this year is a continuation of the one on integration of physical and mental health from last year, with a specific focus on the relationship of mental health with chronic physical illnesses. Whilst this has not been a focus at this Forum this year I am sure we are all aware of that relationship. There is no health without mental health.

A position that the World Federation for Mental Health is promoting in international forums is the need for inclusion of mental health in the emergent and growing emphasis being given to non-communicable diseases. Mental health is intimately tied to the Millennium Development Goals. As these goals are reformulated, the Federation is trying to ensure that mental health is prominently represented. The burden of mental illnesses is well documented. As I have already said this year we are underlining the intimate and bi-



directional relationship between mental illnesses and chronic physical illnesses including diabetes, cancer, heart disease, respiratory diseases, and obesity.

WFMH is developing a program – the Great Push for Mental Health – to ensure that mental health is given priority in all countries. The connections between physical and mental illnesses, and the relationship between these illnesses and human productivity and mortality, are key to such prioritisation. The Federation often gets confused with the World Health Organisation but the two organisations are quite distinct although we do work in cooperation. WHO is financially supported by country donations but the Federation relies in a small part upon membership contributions from national organisations, most of which have suffered as a result of the Global Financial Crisis. The main financial support for the Federation is from corporate bodies which again have experienced financial downturn especially the United States where the Federation is located.

I need to mention at this point a report launched by WHO on 16 September on mental health and development called “Targeting people with mental health conditions as a vulnerable group” as this fits in with the Great Push. It is not surprising that the report states the challenge is enormous.

An estimated one in four people globally will experience a mental illness condition in their lifetime. Mental health conditions are responsible for a great deal of mortality and disability, accounting for 8.8% and 16.6% of the total burden of disease due to health conditions in low and middle income countries respectively. Depression will be the second.



Consensus close but funding gets in the way
By Mark Metherell, Health Correspondent,
Sydney Morning Herald,
Friday 8 October 2010

IT came close to a political embrace on mental health funding. But the would-be partners shrank back at the prospect of a serious proposal to do something.

At a forum on mental health yesterday, the government and Coalition frontbenchers, Mark Butler and Peter Dutton, spoke supportively of each other's plans for a big boost to community-based mental health services.

Mr Dutton said the two main parties and the Greens agreed on the need for much more funding for early intervention programs for young people at risk of severe mental illness.

Mr Butler, the Minister for Mental Health and Ageing, said Mr Dutton was "right" and there was an opportunity for both sides of politics to take mental health more seriously.

"The community is telling all of us it demands we pay much more attention to mental health than in the past," Mr Butler told the forum, staged by the Mental Health Council of Australia.

But when they were asked when they would meet to hammer out an actual plan of action, the political rivals reverted to the old paradigm. Mr Dutton said: "Mark has the cheque book, I am waiting."

Mr Butler said political circumstances now did not mean that there would no longer be debate between them although "I think we should seek to get a level of consensus".

Pressed on when the government might move on the mental health issue, Mr Butler said it had to consider other spending priorities promised at the election. These included its health reforms and the \$450 million e-health plan which the Coalition had dumped to finance its \$1.5 billion promise on mental health. He said he was also planning a series of consumer forums to learn more about community needs.



Australia's failure to provide equitable mental health services comparable to those available for the physically ill had "broken the hearts" of consumers, said Isabell Collins, the co-chairwoman of the National Mental Health Consumer and Carers Forum. She said she was sick of governments promising yet doing nothing.

WORLD MENTAL HEALTH DAY AWARENESS CAMPAIGN

**Simon Tatz - Director of Communications
World Mental Health Day 10 October 2010**



The MHCA initiated a more visible and widespread awareness campaign to promote World Mental Health Day (WMHD) in 2010.

We started with a couple of huge billboards at Australia's two busiest airports: Sydney and Melbourne. There were also bus shelter displays and television adverts screening as community service announcements. A new range of T Shirts and posters were sent to members, stakeholders and government departments. Further, there were adverts in some metropolitan newspapers.



As young men are the least likely to acknowledge mental health problems, let alone seek help, we decided to use the face of a young man as the image of WMHD. In focus testing, especially with young consumers, this was supported and endorsed.

These awareness ads – billboards in some cities, bus shelter versions in others – deliberately did not feature either the MHCA or Australian Government logo. This was done in consultation with the Department of Health and Ageing. We know that some young people will not go near something that says 'mental health' or 'government', hence the idea of a simple message that was not directly linked to a government campaign. This awareness campaign has only one objective in mind: to raise awareness of WMHD on 10 October.

This was not an anti-stigma message or a call for action, funding, help seeking or addressing a particular condition. It was designed purely so that people driving into/out of an airport at 60 km/h (or going past a bus stop) would see a sign that screams out 'World Mental Health Day' and 'October 10'. I know that at best, all some people will retain is the image of a young man, a health message and a date. If that resonates with even a fraction of the population then I reckon it's worth it.

There is a website that forms part of this campaign – www.1010.org. Again, the idea is to separate the message from a 'mental health council' or government website. It is designed to provide a site that young people might go to and find information and advice.

DoHA and the MHCA Pharma Collaboration generously assisted in supporting MMHD activities.

Not everyone will necessarily like this style of awareness raising for WMHD. My experience in formulating this campaign (with the advertising agency Arconline) is that what resonates with some young people and young consumers might be viewed differently by other consumers, advocates and carers.

I don't believe there is any one way to promote WMHD, or indeed mental health awareness in general. That said, I have received very positive feedback from people who have seen the billboards and ads, and I trust that if the message gets to young people that there is a 'day' promoting mental health and that they need to be aware of their own health and well-being, then we have done a good thing.





Pics:

Top: A WMHD bus shelter poster.

Bottom: Panel discussion at the WMHD forum.



Mental health input to PBAC decisions

Consumers and others are invited to provide input to the Pharmaceutical Benefits Advisory Council (PBAC) to consider in its deliberations about funding for new medicines under the Pharmaceutical Benefits Scheme (PBS). This can be done through an online feedback form at http://www.health.gov.au/internet/main/publishing.nsf/Content/PBAC_online_submission_form.

The November 2010 PBAC meeting information will be online at <http://www.health.gov.au/internet/main/publishing.nsf/Content/PBAC-Meeting-Agenda-and-Consumer-Comments-lp> from 22 September 2010, with comments on the agenda items due by 6 October 2010. It is unclear at this point if there will be any mental illness-specific medicines on the agenda for this meeting, so if you are interested keep an eye on this website.

More information about PBAC, its membership and process is also available at the above website.





**NATIONAL MENTAL HEALTH
CONSUMER & CARER FORUM**

Supporting and developing the consumer and carer identified workforce – a strategic approach to recovery

The National Mental Health Consumer and Carer Forum (NMHCCF) has recently developed a position statement to alert governments, employers and employees to the benefits and support needs of the mental health consumer and carer workforce.

The call for action

The mental health consumer and carer identified workforce, or peer workforce, is playing an increasing role in Australian mental health service delivery. Research shows that effectively using the skills of consumer and carer identified workers can improve health outcomes and the quality of service provision and provide significant cost savings.

With the revision of the National Mental Health Workforce Strategy and a real need to focus on this workforce to assist implementation of recovery approaches in mental health, the NMHCCF calls on governments to use the Position Statement's recommendations to support and develop this workforce.

The position statement

The NMHCCF Position Statement makes five major recommendations including undertaking a comprehensive national audit of current consumer and carer identified workers; investigating their roles; working conditions and experiences; and the development of a National Consumer and Carer Mental Health Workforce Strategy.

Also detailed are a list of proposed areas of consideration by prospective employers such as job design; remuneration arrangements; stress minimisation; performance management; training and professional supervision; implementing processes to support independence; managing privacy and disclosure of information; and addressing perceived role conflict.



Although most of the peer workforce is engaged by public mental health services, the NMHCCF has also identified a real need for the expertise of mental health consumer and carer identified workers in Centrelink, departments of housing and the justice system and the community sector. These roles will be crucial for ensuring that day to day support needs of mental health consumers and carers are better met.

The launch

Senator Claire Moore (QLD) launched the Position Statement to a large audience at the TheMHS conference in Sydney on Thursday 16 September 2010. This is the second NMHCCF position statement launched by Senator Moore, and her commitment to the mental health sector and to the NMHCCF is appreciated.

The NMHCCF also released a media statement about the launch and Radio 2SM interviewed NMHCCF Consumer Co-Chair Isabell Collins at length.

Copies of the Position Statement are available on the NMHCCF website: <http://www.nmhccf.org.au/workforce> or by contacting Kylie Wake, NMHCCF Executive Officer on 02 6285 3100 or kylie.wake@mhca.org.au.



Pic: NMHCCF Co-Chairs Isabell Collins and Keiran Booth at the launch.



Media Release: NMHCCF launches mental health consumer and carer workforce paper

A position statement on supporting and improving the mental health consumer and carer workforce in Australia was released at The Mental Health Services Conference (TheMHS) in Sydney by the National Mental Health Consumer & Carer Forum (NMHCCF).

Consumers and carers are increasingly being employed – particularly in mental health services – as peer support workers, advocates, consultants, research officers, experts and advisors, however they are not being properly supported.

“The future of the mental health consumer and carer identified workforce is at a critical point in Australia,” said Isabell Collins, Consumer Co-Chair of the NMHCCF.

“In many places there is a lot to be done to bring the human resource management support of these workers up to a basic standard. This is obstructing the ability of these workers to operate effectively.”

“Unless managers and staff are knowledgeable about recovery approaches and working with consumer and carers, these workers are increasingly overworked, underpaid – or not paid at all!

The NMHCCF has found that no one actually know how many consumer and carer identified worker roles exist in Australia. As a result opportunities for using their expertise are not being effectively monitored or exploited in mental health services.

“Imagine the quality of the services that we could have if these positions were being used effectively, not only in mental health services, but in the wider community, in agencies like Centrelink, in housing, as court support officers and more broadly in the criminal justice system,” Ms Collins said.

The NMHCCF urges governments to consider the recommendations of the NMHCCF Position Statement and act.



MHCA WMHD Photography Competition



The Mental Health Council of Australia held its first World Mental Health Day photography competition throughout the month of September 2010.

Entrants were asked to take a photograph depicting physical and mental wellbeing and tell us in 25 words or less why they chose the image. With close to a hundred entries it was very difficult for the staff to choose a winner.

We were very pleased to have the winner, Krystle Seville, attend the WMHD Forum, where she was presented with a framed version of her photograph and other prizes.

Congratulations again to Krystle and thank you to everyone who assisted in distributing information or entered to competition for 2010. We look forward to planning next year's WMHD competition.

Picture (L to R): David Crosbie, Krystle Seville, Senator Rachel Siewert and Hon Rob Knowles.



Ombudsman's report **By Liz Ruck, Policy Officer**

In October 2009 the MHCA provided a submission to the Commonwealth Ombudsman on its Own Motion Investigation: Engagement of customers with a mental illness with the social security system. This can be found at <http://www.mhca.org.au/submissions>.

The Commonwealth Ombudsman has now produced a report of its investigation called *Falling through the cracks Centrelink, DEEWR and FAHCSIA: engaging with customers with a mental illness in the social security system*. The report can be read at http://www.ombudsman.gov.au/files/Falling-through-cracks_customers-with-mental-illness.pdf.

The report details 11 recommendations, targeting Centrelink, the Department of Education, Employment and Workplace Relations (DEEWR), the Department of Families, Housing, Community Services and Indigenous Affairs (FAHCSIA) and the Department of Human Services (DHS) about improving their services to mental health consumers and carers.

The Ombudsman's office has advised the MHCA that the process of developing such a report targets selected issues and focuses on some key wins to ensure that the process can progress with good will and success. The MHCA understands that the report is therefore aimed at being able to fix some key system problems rather than providing for a radically enhanced system.

It is heartening that the government departments involved acknowledged problem areas and agreed to nearly all of the recommendations of the report. These departments will be making six monthly progress reports about their performance in these areas.

It is clear that the recommendations will go some way to ensuring that these agencies will better meet the needs of mental health consumers and carers. They include such activities as:

- Expanding existing service delivery procedures to providing better communication strategies with customers including special contact arrangements and additional supports and referrals, considering different procedural arrangements for specific requirements.
- Progress and updating of the Guide to Social Security Law so that it appropriately supports special procedures for assessing customers



who are unwilling or unable to provide medical evidence about their condition.

- Provision of improved information products and staff support materials to support improved communication between staff and customers.
- Provision of enhanced training packages to improve communication processes, offering tailored advice and support and identifying and implementing appropriate referrals.
- The collection of information from customers who identify as having a disability about the impact that their disability has on their capacity to engage effectively with the system.

However the MHCA is also concerned about a number of aspects of the report. The language of the report and the narrow way in which some of the problems are defined and solutions proposed make it clear that the Commonwealth Ombudsman and the government departments involved are in need of better advice or improved understanding about mental illness, the disabilities that can result from mental illness and what mental health consumers and carers might consider to be natural justice.

The MHCA will be providing the Commonwealth Ombudsman with some comments on its concerns with the report. If you would like to contribute to this process please contact Liz Ruck on 02 6289 3100 or liz.ruck@mhca.org.au over the next few weeks.

Disability employment issues update **National Disability Employment Forum**

On 29 July 2010, MHCA was represented at the a national disability employment forum *Disability Employment – It's Our Business*, hosted by ACE National Network, and the Department of Employment, Education and Workplace Relations (DEEWR). ACE is the peak body representing Australia's Disability Employment Services.

The aim of the day was to talk with and listen to employers who employ or are eager to employ people with a disability about what barriers they encounter. The format of the day included panel discussions, presentations and working groups of attendees. Attendees numbered about 70 and included national disability organisations, a few consumer



and carer representatives from a range of disability areas and representatives of a diverse range of employers such as McDonalds and Crown Casino.

The group were addressed by Senator Mark Arbib, then Minister for Employment Participation, the Hon Bill Shorten MP, then Parliamentary Secretary for Disabilities and Children's Services as well as Mr Bob Ansett, business entrepreneur and Ms Suzane Colbert, Executive Officer of the Australian Network on Disability, who are a group of employers that are already employing people with disabilities and are keen to share their knowledge.

The issues raised on the day included:

- People with disabilities who were at the meeting expressed concern about the abilities of some Disability Employment Networks to meet their individual needs. This was especially true for people in regional areas who felt that the expertise needed was not available in their area. This is an important issue because although the groups represented just a small cross section of people with disabilities (no mental health consumers and carers were represented), it underlines the need for Disability Employment Services to be monitoring their performance by asking their clients if they are delivering the right services. The NMHCCF highlighted this concern with the new Disability Employment Services in its submission to DEEWR in July 2009 on the Exposure Draft of the *New Disability Employment Services and Employer Incentive Scheme 2010-2012 Purchasing Arrangements*. Input to this draft has really been the only opportunity to date for consumers and carers to provide input to the operation of Disability Employment Services. This can be accessed on the NMHCCF website at <http://www.nmhccf.org.au/submissions>.
- Local arrangements for this input may exist but we do not know if they are monitored or if the outcome of this information is being compiled and used nationally to inform policy development.
- This issue also underlines one commonly encountered in mental health where consumers and carers, for a range of reasons, find it difficult to access care that addresses their specific needs. There may be learnings on this in the mental health sector that could be useful to the broader disability sector.
- Disability Employment Services need to get better at targeting their services to and communicating with business. It is clear that these services need to be focussing on providing this sort of support to their employees.



- Employers are concerned about the potential of mental ill health to compromise their workforce productivity. This came across several times during the day and was particularly highlighted by a group of private consultants who provide expertise on disability issues in workplaces. They noted that they had been approached on a number of occasions for expertise in mental health, but did not have the skills to take up this work. This sounds like a good business opportunity for suitably qualified mental health consumers and carers!

We hope that as one outcome of this meeting there will be more opportunities for consumers and carers to provide direct input into the operation of Disability Employment Services and the MHCA will continue to promote this as an important strategy in delivering effective services.

DEEWR Innovation Fund

At the Disability Employment Forum described above, Senator Mark Arbib also announced that \$1million would be available as part of the DEEWR Innovation Fund to be allocated to projects that support employers to employ and retain people with disability.

The Innovation Fund provides funding for innovative projects designed to address the needs of the most disadvantaged job seekers and assist them overcome barriers to employment.

There has been no call for submissions as yet but it is anticipated that once details are finalised, announcements regarding funding availability will be made on the Innovation Fund website
<http://www.deewr.gov.au/Employment/JSA/Pages/InnovationFund.aspx>.

This \$1million is additional to the \$3million announced by Senator Arbib on 18 June 2010. This funding for the Innovation Fund will be used for social enterprises focussed on assisting job seekers with a disability.

Further information on the Innovation Fund is available on the above website or by emailing innovation.fund@deewr.gov.au.



MHCA Office Bake-off

On Friday 17 September 2010 the MHCA office held a cake bake-off with other organisations sharing our floor: The Mental Health Professionals Network and The Australian College of Mental Health Nurses.

The idea for the bake-off arose from a challenge to see which organisation could make the best logo-shaped cake. Obviously, the MHCA's Natalie Soar was the winner, with her superb gluten free chocolate Flannel Flower cake.

It was a great morning that left everyone feeling very full and slightly sick for the rest of the day! We were very lucky to have the Reverend Tim Costello in the office to judge the competition, announcing MHCA as the winner!



Top: The cakes.

Bottom: Rev. Tim Costello, Natalie Soar and the winning cake!

