

MENTAL HEALTH COUNCIL OF AUSTRALIA

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M E N T A L
H E A L T H
COUNCIL OF
AUSTRALIA

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Promoting the mental health of all Australians

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MENTAL HEALTH FORUMS

THE HON MARK BUTLER, MINISTER FOR MENTAL HEALTH

Late in 2010, Kings College in London published research it had conducted across several different countries, including more than 1,000 Australians. People were asked, among other things, to name the two or three things that most concerned them about their own country.

Across the world, a common response was to nominate “the economy” and “global warming” as key concerns. Australians followed that path. Where the Australian response was unique, though, was in placing “mental health” as number three on their list of national concerns.

Thirty five percent of Australians nominated “mental health” as one of the two or three main concerns they had about Australia. The next highest rating of “mental health” was 15% in China and the average across the countries surveyed was just 10%.

There is an unprecedented level of political and community awareness around mental health. My sense is that this reflects a sense of unease Australians have felt for many years about the support given to Australians experiencing mental illness. Patrick McGorry’s tenure as Australian of the Year and his strong advocacy for mental health reform have undoubtedly given that sense of unease a shape and legitimacy reflected in today’s political awareness.

After the first Australian Federal election campaign in my memory to feature mental health as a significant issue, the Prime Minister appointed me as the first ever Commonwealth Minister of Mental Health. Julia Gillard also committed to making mental health reform a key priority for the second term of her Government.

In my first several weeks as Minister, I had many experts and service providers coming to see me to talk about the shape of reform. Very early on, though, The Mental Health Council of Australia advised me to conduct a series of forums with consumers and carers – in their communities rather than in Canberra, to be able to also hear their views.

That was good advice! Through December, MHCA representatives and I conducted forums in 14 cities and towns across Australia: as well as the 8 capital cities, in Mandurah (Western Australia), Launceston, Newcastle, Tamworth (NSW), Cairns and Atherton (Qld) During that period I also held an online forum for young Australians with Inspire.org

I found all 15 forums incredibly valuable. People were both frank and constructive with their stories, their criticisms – and, importantly, their ideas about how we can do better as a nation. All of the discussions and ideas were recorded and will be developed into a report by the MHCA and published on



their website. The report will obviously also be an important guide to identifying priorities for reform.

Without pre-empting the MHCA's report, some common themes emerged from all forums. Almost everyone reported a lack of co-ordination between the different Government and non-Government agencies they deal with on a day-to-day basis. People reported various gaps in services for people experiencing mental illness – and for their families too. Many people reported ongoing stigma and discrimination associated with mental illness.

I want to thank everyone who attended the forums for their valuable contribution and to encourage others to send in ideas through www.mentalhealth.gov.au. I also want to thank the MHCA for making the forums a success – especially to Rachelle, Simon and Kylie for their great work!

Julia Gillard and her Government are committed to the nation doing better in mental health – and for the nation to do better, the national Government needs to do more. I am honoured and excited at the opportunity to be involved in that process. A frank and constructive dialogue with the Mental Health Council and all of its members will be an important part of making that process a success!

THE MINISTER'S FORUMS
RACHELLE IRVING -
DIRECTOR OF PROJECTS AND RESEARCH

Following on from Minister Butler's round-up of the 15 forums held nationally in December 2010, we thought it might be useful to provide some background information as well as an overall summary of the forums.

When the expressions of interest to register for the forums was released just two weeks before the first forum, we expected a fair degree of interest; but the volume of responses and requests to attend was quite unprecedented. In trying to decide on the best format for the forums, our view was smaller groups would be far more meaningful and allow participants to be 'heard', rather than having large lecture-style groups. In some ways it would have been far easier for us to allow every person who expressed an interest to attend, however the most likely outcome would have been several hundred people feeling frustrated that they hadn't been able to convey their thoughts and views to the Minister.

The decision to hold these discussions with fewer attendees meant that the MHCA had to put considerable effort into deciding who would be best placed to attend. We gave priority to consumers and carers over service providers, wherever possible. Of course this was easier said than done, as for the most part the selection process was based upon only names and email addresses.



Ideally, we would have run many more forums in many more places (including rural and remote locations), over a longer period and with specific at-risk group forums as well. The reality was that we had a certain budget and the details about the 'when' and 'where' were prescribed to us with little notice, so we did what we could with the resources at hand.

We acknowledge that there were many disappointed consumers, carers and service providers who simply weren't able to attend because of the reasons already stated. What eventuated were 15 forums held nationally in every state and territory. There was a mix of attendees comprising consumers, carers and service providers but only limited CALD and Indigenous representation.

The issues raised at the forums were diverse. There were obviously specific local issues, yet there were also clear national themes which emerged. These were collated into a single report to the Minister and the MHCA will publish, by jurisdiction, a list of the issues on our website.

Overall, the forums were extremely successful and the feedback from participants was that they were very happy with the outcome and felt that the opportunity to speak directly to the Minister was something that they appreciated. It enabled people who would otherwise not be able to access the top tier of government with an opportunity to have their say and be able to communicate what they wanted in their own words and in their own way.

Certainly the Minister too appreciated being able to hear directly from the people who are living with a system that is in dire need of not only a 100,000km service, but a complete overhaul.

Of course, it is one thing to listen to these difficult stories and to hear the problems that people face when trying to navigate the mental health system; it is quite another to act upon the identified areas requiring change. We commend the Minister for taking the time to listen to consumers, carers and service providers, however now that he is armed with this information, we will be eagerly awaiting the changes that are so desperately needed in this sector.

As stated in the Minister's article, he is still keen to receive any ideas or input regarding the direction of mental health in Australia, and you are welcome to do so at www.mentalhealth.gov.au where there is further information.



THE ONGOING STIGMA OF MENTAL HEALTH

**SIMON TATZ
DIRECTOR OF COMMUNICATIONS**

In an article titled *How Labor can win in New South Wales* (ABC Online, The Drum, 3 January) political commentator and author Bob Ellis suggested that a person's mental health must be considered an issue when they are in powerful positions, such as holding political office.

In his article, Ellis perpetuated a negative stereotype and myth that mental health is a "character flaw", which is the term he used to describe the mental health of a former politician.

This form of stigma has been around for centuries and is the modern equivalent of the Salem witch hunts, albeit perpetrated with a keyboard and online access.

What Bob Ellis wrote about this former politician was offensive and ill-conceived, but brings to the fore the question of why some still think mental health issues are a barrier to 'achievement' (whatever that means) and high office.

Regarding this former politician, Ellis wrote that his mental health [is] "a flaw in his qualifications for ... [a] ... powerful job in the nation".

In response to on-line criticisms of this comment, Ellis retorted: "If, say, Obama did this [attempted suicide] it would be thought a significant [flaw] in his character, and his capacity for calm, decisive leadership. And you say it should be hidden. Why? Everyone had a go at Beazley because he was overweight, and Joan Kirner, at Howard because [he] was (allegedly) little, Stott-Despoja because she was young, Costello because he smirked, Wilson Tuckey because he had a violent past, Hawke because he drank and screwed round. When has a politician's personal characteristics not been used against him/her? Cartoonists do it all the time. How is it disgusting if I do?"

Responding to another reader who challenged this assertion (their comment: "Mental illness is not a character flaw, significant or otherwise") Ellis replied, "Yes, but it's a significant fact in politics, as it was with Hitler. Sane, or properly medicated, he might not have killed the last thirty million people. And you would have kept his mental illness a secret, would you? What a quaint little person you are."

When discussing whether the mental health of a former candidate for public office is a valid issue for criticism, Ellis added: "The argument was [the Liberal] party track record. He was a candidate, and a favoured candidate, for the third most powerful position in Australia (after the Prime Minister and the Treasurer) and he attempted suicide. This was part of the Liberal Party's track record.



And I of all people should cover it up? Why? ... His career continues, it is not over. A look at his character is merited, I think. Why is it not?"

There are so many reasons why someone's mental health, or their lived experiences, do not merit this form of so-called scrutiny.

For a start, Ellis implies that an episode – for example, a breakdown, an act of self harm, a period of substance abuse etc – remains forever as a part of one's CV or identity. In the Ellis view, if someone once experienced depression or was a drug user, then these "character flaws" warrant public discussion and scrutiny, even years or decades later.

Using the oft quoted data – one in four young people and one in five Australians will experience some form of mental illness each year – then Ellis is suggesting that over 4 million of us should have our "character" looked at if we ever want to stand for office or in a role that requires 'leadership'.

And we can presume that political office is not the only area Ellis is referring to. Any leadership role, from CEO to police officer to sports person to school teacher should, by his logic, also be subject to similar scrutiny to ensure the individual can deliver "calm, decisive leadership."

Bob Ellis' assertion that mental illness is a barrier to "calm, decisive leadership" and a character flaw that negates one's right to aspire to hold a leadership position is so misguided, wrong and offensive that I struggled to know how best to respond. Professor Ian Hickie did a better job. Ian wrote:

Mental Health is a precious commodity, perhaps even more important these days than other aspects of physical health that we have brought under greater scientific control. The tragedy of this piece of political trivia is that an Australian 'writer' should choose to try and denigrate an opponent by playing the 'mental illness' card.

What makes Australia so different to many other parts of the world is the extent to which we now accept that there is no real health without mental health, and that most people's mental health problems can not be so glibly attributed to things such as political affiliation.

Of course, Mr Ellis is aware of such things and takes the current PM to task in his most recent book for her relative failure to treat the issue of suicide, particularly among young men, seriously enough.

Even Tony Abbott has made it clear that he now sees mental health as one of the big ticket social and health issues that our country faces. In the past, some Labor politicians have led on this issue – Morris Iemma being the obvious standout.

Perhaps of greatest upset to Mr Ellis is that previous conservative leaders (notably John Howard in partnership with Morris Iemma) and Jeff Kennett,



have made real national contributions while many on the Labor side have sat on their hands or been happy to throw stones at those who are suffering.

LAUNCH OF CARERS REPORT 2010

25 NOVEMBER 2010, PARLIAMENT HOUSE

On 25 November 2010, the MHCA launched the *Mental Health Carers Report 2010* at Parliament House in Canberra.

Guest speakers at the launch were Mr Keiran Booth, the Carer Co-Chair of the National Mental Health Consumer and Carer Forum, and Senator Jan McLucas, the Parliamentary Secretary for Disabilities and Carers, who officially launched the 2010 Report.

MHCA Pharma Collaboration partners Eli Lilly, Pfizer, Astra Zeneca and Janssen Cilag, provided support to the MHCA to bring a number of mental health carers to this launch. The Pharma Collaboration have a strong record of supporting MHCA research projects, which is much appreciated.

The launch was well attended, with mental health carers travelling from interstate to attend. Linda Rosie, the Carer Engagement Project Manager, facilitated and coordinated carer participation.

The commitment of FAHCSIA also deserves special mention. Support from this government department was very important in ensuring the viability of the *Mental Health Carers Report 2010* and the entire project. FAHCSIA provided funding to ensure ongoing monitoring of the lives of mental health carers is possible, and they were behind this project every step of the way.

The launch itself was attended by representatives of the Gillard Government, including Senator Claire Moore, Ms Julie Collins (the Parliamentary Secretary for Community Services), and Ms Gai Brodtmann, the Member for Canberra, along with members of the office of Ms Justine Elliot and Ms Sharon Bird and Ms Amanda Bresnan, ACT Greens MLA.

Claire Moore has attended just about every mental health function and launch the MHCA has held and we certainly appreciate the commitment of Senator Moore and the Government to carers and the mental health sector.

By way of background, in 2009, Minister Jenny Macklin launched *Adversity to Advocacy: the Lives and Hopes of Mental Health Carers*. This was a major launch, held at Parliament House, and was the result of over 116 workshops the MHCA held throughout Australia.



Over 1500 carers attended these workshops and they came up with 15 major issues affecting the lives of all carers, wherever they lived and whomever they are – rural, suburban, remote, CALD and Aboriginal communities.

The findings from these workshops were loud and clear: some things have improved – but marginally – while other things remain resolutely the same. MHCA will continue to collect data from carers and publish a national report to see if things are improving for carers and the people they care for.

The Mental Health Carers Report 2010 provides the first quantifiable measure of the issues and concerns of Australian mental health carers.



Senator Jan McLucas and NMHCCF Carer Co-Chair Keiran Booth at the launch of the Mental Health Carers Report 2010



ADVERSE EVENT REPORTING

The Therapeutic Goods Administration (TGA) has asked us to raise awareness of their role in collecting reports of adverse events associated with medicines and medical devices.

Adverse event reporting allows the TGA to monitor, investigate and take action on medicines and medical device safety issues.

The TGA are encouraging health professionals to report all suspected adverse events, particularly those associated with new products or serious outcomes such as admission to hospital or prolongation of hospitalisation. The information collected forms part of the TGA's post-market monitoring activities and will play a key role in their work to identify potential relationships between a therapeutic good and a series of adverse events. Where the TGA establishes a link, they take action to ensure that medicines and devices meet appropriate standards of safety, efficacy and quality.

For further information, visit the TGA website: www.tga.gov.au

To report a medicine or medical device adverse event:

Telephone: 1800 044 114

Email: adr.reports@tga.gov.au

OUR CONSUMER PLACE

Our Consumer Place is a groundbreaking mental health resource centre run by consumers. They are funded by the Department of Health (Victoria) and auspiced by Our Community.

They have just released the first booklet in a series for mental health consumers in Victoria.

Titled ***So you have a 'mental illness' ... what now?*** is an introductory booklet for people who have recently been diagnosed with a mental illness and an introduction for people who have just become aware of the consumer movement or who have found recovery through fighting to make things better for those consumers who come next.

This is a very different booklet. It has been written entirely by consumers for consumers. As they say, this is information people would never be able to get from anywhere else.

There are another nine booklets due from Our Consumer Place and it may be picked up by other states.



All booklets are available in hardback in small quantities or at cost price for larger orders. The booklets can be downloaded from the website <http://www.ourconsumerplace.com.au/consumer/index> and photocopied.

STAFF CHANGES AT THE MHCA

David Crosbie

MHCA members will be aware that David Crosbie resigned as our CEO last November to take up the position of Chief Executive Officer of the Community Council for Australia (CCA).

David joined the MHCA in April 2007. He oversaw many positive changes to the MHCA structure and governance.

Chair Rob Knowles said:

"The staff have been energetic and committed under the leadership of CEO David Crosbie and Deputy CEO Melanie Cantwell, and previously Sebastian Rosenberg. We have been fortunate to have such an experienced and skilled leadership and staff team at the MHCA for the last few years."

Melanie Cantwell is currently Acting CEO and the process of selecting and appointing a new MHCA CEO is currently underway.

Toni Maxfield

After many years as Corporate Services Manager, Toni has left the MHCA to take up a senior role with Music For Everyone (MFE), an ACT community arts organisation that provides musical tuition, performance opportunities and workshops for people of all ages, backgrounds and abilities.

Toni is a singer and musician and this is an area she has a longstanding interest in.

Toni was the longest serving staff member at the MHCA, having been recruited by John Mendoza – the two of them worked together at the Australian Sports Drug Agency. Toni was an extremely popular and valued colleague and we wish her well in her new role.

Natalie Soar is now the Corporate Services Manager for the MHCA.





MHCA Chair, The Hon Rob Knowles, presented Toni Maxfield with flowers at the AGM as a token of our appreciation.

Kate Judd

Kate commenced work with the MHCA in the position of Policy and Project Officer in December last year. Kate's interest in mental health springs from her personal experience as the child of a parent with mental illness and she is particularly passionate about supporting Australian consumers and carers to increase their knowledge about mental illness and mental health service systems, and to promote a more holistic understanding of mental illness and how everyday life circumstances can impact on people's mental health differently.

Prior to joining the MHCA, Kate held both paid and volunteer positions in the ACT community mental health sector and was most recently working in the field of women's mental health.

CHANGES TO THE MHCA BOARD

In January 2011, Ms Dawn O'Neil regrettably resigned as the Deputy Chair of the MHCA Board. Dawn was a highly valued Board member, but will be taking on additional responsibilities in her new role as the CEO of *beyondblue*. The Board and staff of the MHCA would like to thank Dawn for her contribution and wish her well in her new role.

The MHCA Board will elect a Deputy Chair at the next meeting in March 2011.



MEMBERS POLICY FORUM

The November 2010 Members Policy Forum was held at Rydges Lakeside, Canberra. With 34 member organisations in attendance, the level of input was high and the key issues surrounding mental health were actively raised. The general message received from attending members was that in order to overcome issues within the mental health sector, we need to have a shared and signed statement to put forward to government. The Board highlighted common key areas to invest interest in including insurance, discrimination, housing, employment and research.



NATIONAL MENTAL HEALTH CONSUMER AND CARER REPRESENTATION

The Mental Health Council of Australia (MHCA) is committed to developing a stronger voice for consumers and carers in the mental health sector.

We provide secretariat support to two national consumer and carer representation groups – the *National Mental Health Consumer and Carer Forum (NMHCCF)* and the *National Register of Mental Health Consumers and Carers (National Register)*.

NMHCCF and National Register members have experience working as mental health consumer and carer representatives and have undergone training in leadership, advocacy, policy development, communication and a range of other relevant topics. Members have the skills and expertise to meet the needs of organisations requiring national level representatives.

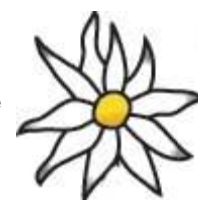
The NMHCCF / National Register Secretariat is frequently asked “what’s the difference between the NMHCCF and the National Register?” We’re glad you asked...

	NMHCCF	National Register
	The combined national voice for consumers and carers participating in the development of mental health policy and sector development in Australia	A pool of trained and supported national level mental health consumer and carer representatives
MHCA	MHCA auspices the	The National Register is a



	NMHCCF	National Register
involvement	NMHCCF There is a formal MOU between the NMHCCF and MHCA	MHCA project
Membership	24 members consisting of: <ul style="list-style-type: none"> - a consumer and a carer representative selected by each state and territory Mental Health Division/Branch (16 members) - consumer and carer representatives nominated by blueVoices, Carers Australia, Consumers Health Forum, GROW, Arafmi and Private Mental Health Consumer Carer Network¹ (8 members) 	60 members from around Australia Members are selected by a panel of consumer and carer representatives Membership was reviewed in late 2010. Through the review a 60 people were chosen for the National Register, including 37 new members.
Established in	2002 by the Mental Health Standing Committee (MHSC) in collaboration with peak consumer and carer groups MHSC set the NMHCCF Terms of Reference, and NMHCCF reports directly to the MHSC	2007 by the MHCA, with funding from the Department of Health and Ageing MHCA developed the National Register processes and procedures with consumer and carer input
Funding	The NMHCCF receives operational funding (for meetings) from each state and territory Government The Commonwealth Department of Health and Ageing provides funding, through the MHCA, for the NMHCCF [and National Register] Secretariat	The National Register project is funded by the Commonwealth Department of Health and Ageing
Members have been selected to be reps on	Mental Health Standing Committee National committees,	National committees, boards, working groups, evaluations etc

¹ Original NMHCCF membership included a representative from the Australian Mental Health Consumer Network (AMHCN), which ceased operations in 2008. The former AMHCN representative will remain on the NMHCCF until the new mental health consumer peak organisation has been established.



	NMHCCF	National Register
	boards, working groups, evaluations etc	
Meetings	<p>NMHCCF members meet 2 times a year face to face and 2 times a year by teleconference</p> <p>The NMHCCF Executive Committee (6 NMHCCF members) meets with the MHCA Chair and CEO twice a year</p> <p>NMHCCF Working Groups meet by teleconference as needed</p>	<p>National Register members who nominate to be on the Working Group for the Annual National Register / NMHCCF training workshop meet by teleconference as needed</p>
Training	<p>NMHCCF members are invited to attend the Annual National Register / NMHCCF training workshop</p> <p>The next annual workshop will be held in May 2011</p>	<p>New National Register members will attend an induction training workshop in March 2011</p> <p>All National Register members are invited to attend the Annual National Register / NMHCCF training workshop</p>
Publications	<p>NMHCCF Position Statements, Advocacy Briefs, Submissions and Media Releases</p>	<p>Annual National Register / NMHCCF Workshop Report and Communiqué</p>
Website	www.nmhccf.org.au	http://www.mhca.org.au/the-national-register-of-mental-health-consumers-and-carers

If you require a mental health consumer or carer representative to sit on a national committee, board, or in another similar role, please visit <http://www.mhca.org.au/the-national-register-of-mental-health-consumers-and-carers>.

For further information about the NMHCCF and National Register please contact the NMHCCF / National Register Secretariat – Kylie Wake and Kim Harris – on 02 6285 3100, nmhccf@mhca.org.au and natreg@mhca.org.au

