



# NEWSLETTER

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### ▪ **Chair's Report**

Welcome to the MHCA Newsletter.

As you may be aware, Dr Sev Ozdowski, Human Rights Commissioner and Disability Commissioner delivered an address at the National Press Club in Canberra on Wednesday 25 August 2004. Dr Ozdowski's speech drew attention to the national series of mental health community consultations currently being undertaken by HREOC and the MHCA. The following is an abstract of Dr Ozdowski's speech. The speech in its entirety is available on the HREOC website:

[http://www.humanrights.gov.au/speeches/human\\_rights/press\\_club04.html](http://www.humanrights.gov.au/speeches/human_rights/press_club04.html)

*Dr Sev Ozdowski, Human Rights Commissioner and Disability Commissioner:*

Over the last two months I have been conducting, jointly with the Mental Health Council of Australia, consultations on mental health issues. It is some 11 years since the Human Rights Commission published the Burdekin report on mental health.

So far we have listened to the people in Adelaide, Brisbane, Perth, Sydney and Canberra and in some regional centres including Bunbury in WA, Rockhampton and Broken Hill. We have also received well over 100 submissions to date.

The story that is unfolding is not a pretty one. The people consulted make two main points.

One, that there is increasing evidence that widespread use of common drugs such as cannabis, amphetamines, alcohol and ecstasy is contributing to an increased rate of mental illness among young people. In addition they are making those young people even more disturbed when they finally present for care.

And two, that in the treatment of mental illness, it is the state government services that are failing in the delivery of proper care.

It is often a tragic tale of medical neglect and community indifference. Those with a mental illness are still being blamed for being sick.

In fact the reports coming from our current consultations are horrifying and affect ALL Australians - not just refugees or children of refugees. Mental illness affects veterans from distant battlefields, it affects prominent Australians.

It affects those who care after the ill in every State and Territory. And, tragically, it affects the young.

I listened to many, many first hand accounts where alcohol and drugs were linked to schizophrenia and depression. Stories about violent behaviour, suicide attempts and endless bouts of hospitalisation or imprisonment. It makes young people "***thrash around on the wings of madness***" - to use Jo Buchanan's words, while the authorities seem unable to stem the tide.

You see, there are almost no services available to deal with both drug addiction and mental illness. Medical policy dictates that drug addiction be treated first, before the mental illness is tackled.

And this may lead to at least 20 years of life expectancy being lost.

Suicide rates in teenagers and young adults remain historically high. We were told a great many stories of preventable suicides of young people.

## ▪ **Chief Executive Officer's Report**

### *Respect and Dignity: A Basic Human Right*

*"I have seen numerous surveys of community priorities in health. They all tell very largely the same story. Whilst the community appreciates the important role of hospitals, they see mental health as today's top priority, followed by the health of children (particularly children subject to violence), and Aboriginal health. The community speaks very clearly and consistently on these issues, but they do not shape the priorities in spending. Insiders make the decisions."*

John Menadue AO, 2003 (2003)

I know that many of you would have seen this quote by John Menadue many times. But it is worth revisiting because it resonates strongly with the experience of the Council. Through our current joint MHCA/HREOC national community consultations on mental health we continually hear from the community that mental health is a priority but the system is in disarray. The community is also very clear about why the system is functioning so poorly; it is the continued neglect by governments, particularly our State Governments.

I remain at a loss to understand how our society and more importantly our health care system can so blatantly discriminate against people with a mental illness. We are supposed to be a civilised and advanced society with a world leading health care system through which we have access to the latest advances in health care technology and treatments. Immunisation rates are at an all time high and we have proudly reduced death rates from the two big killers; cardiovascular disease and cancer. Why then do we accept a substandard system of care for people with a mental illness? Think about it! As a society we would not tolerate a health system that attempted to triage patients with severe chest pain or an acute asthma attack, over the phone. We would not tell them to go home and put on some relaxing music until the pain subsided. Nor would we dream of turning away a seriously ill diabetic patient from an emergency department merely because they lived in the wrong geographic area. Why then does our society passively accept this form of “treatment” for those with a mental illness?

This is not a criticism of the many caring and hard working people at the front line of mental health care provision. Rather, it is a criticism of a severely dysfunctional system that has reduced our service providers to working in crisis mode because of an outmoded and severely under resourced system.

Perhaps most worrying is the plight of the biggest mental health workforce in Australia; carers! There is no doubt that carers have become the largest workforce in the mental healthcare system. Unfortunately, the majority of these ‘workers’ are expected to do their job with no resources, payment for duty or even basic access to information on diagnosis or treatment. They are frequently “on duty” 24/7 and feel guilty they can’t do more. Who is looking after their mental and physical health?

Our governments might have closed down the majority of the large stand alone asylums (South Australia and Western Australia remain the only states happy to continue with such an archaic and inhumane system of care) but they have failed to deliver the agreed replacement system; a strong system of effective and responsive community-based care. So where does that leave us? Actually, it leaves us with a system that continues to exploit the love of carers, neglect, humiliate, abuse and incarcerate people with a mental illness.

We recently heard reports from some consumers in Morwell in Victoria, who have utilised the latest “*triage by phone*” system only to be told they are “not for service”! What does that mean, “not for service”? If it wasn’t so terribly

tragic it would be humorous. Be honest, most of us wouldn't even accept a phone assessment of our car's need for a service so why should anyone accept a phone triage of the most complex organ in our body? This is gate-keeping at its absolute worst.

I understand that the reason the mental health system functions differently to the rest of the health system is historical. But there are many things in our history that we no longer consider acceptable; the treatment of our Indigenous people is a case in point; the incarceration of children in detention centres is another.

A month ago I attended a forum in Dandenong where a consumer pointed out that people with a mental illness are real human beings just like the rest of us and they simply want to be treated with the same level of respect and dignity that the rest of us enjoy. You might think that's stating the *bleeding obvious*, but it seems we have reached a point in time when the *bleeding obvious* needs to be stated and restated. Respect and dignity for our fellow human beings is not too much to ask. Effective, timely and humane quality care for our fellow human beings who are unwell is a basic human right. At the moment, for many people with a mental illness, it is a right that is not being met.

The Board, staff and friends of the Council have remained united in our aim to influence genuine and meaningful reform of the mental health care system in Australia. All involved have been unrelenting in ensuring governments at all levels are provided with the facts rather than the more palatable and sanitised versions of the truth that they so often receive. This has not been an easy matter for anyone involved in the work of the Council. It has sometimes required us to be critical of governments and their decisions.

The involvement and support of the Human Rights Commissioner, Dr Sev Ozdowski, has been a real boost for us all and people attending the community forums finally feel their voices are being heard. But as someone who has sat through all these forums I can tell you that these voices carry the real pain of decades of neglect and suffering. We hope we can do justice to everyone's stories by presenting a report to all governments that is sufficiently compelling to bring about the reforms we so desperately need.

If you haven't already had your say please take the time to send in a submission to the Council or to HREOC. We need as many voices as possible. Submissions can be sent directly to me by email: [grace@mhca.com.au](mailto:grace@mhca.com.au) or by post PO Box 174, Deakin West ACT 2600. The closing date for submissions is September 30, 2004.

Dr Grace Groom

## ▪ NACCO

The National Aboriginal Community Controlled Health Organisation has its origins in the former National Aboriginal and Islander Health Organisation (NAIHO). After three decades the NACCHO is now the peak body of 128 Aboriginal Community Controlled Health Services around Australia. This network, an internationally renowned good practice model, grew out of need in Aboriginal communities and has remained intimately involved in addressing and identifying the physical, social and emotional wellbeing and mental health issues in communities.

### *Current Issues - Detention of Children Seeking Asylum*

As a nation of people we are the historical and contemporary example of the impact of childhood separations and detention. The Royal Commission into Aboriginal Deaths in Custody and the Ways Forward report on the mental health of Aboriginal & Torres Strait Islander people, long ago made wide ranging recommendations aimed to reduce the incidence of black deaths in custody, through interventions in the community and in the legal and justice systems. Many of these recommendations lie in the dust whilst the rates of Aboriginal imprisonment rise, and in some states and territories so does the incidence of separation of Aboriginal children from their family.

From this living history we draw great empathy for the situation of asylum seekers. We understand the concerns on childhood detention being discussed at the MHCA meeting. On this matter the NACCHO does not assume to speak on behalf of other cultures. We recognise we play no part in the incarceration of families and children seeking asylum. We are not in control of this situation. We support strong action and advocacy from the MHCA to bring about the only acceptable outcome – not one asylum seeking child in detention in Australia.

### *Aboriginal Legal Services*

It comes as no surprise that the current government target is the Aboriginal Legal Services – part of the policy of returning programs and money to mainstream. Who will now truly represent Aboriginal people who, as a population group, remain severely over represented in the criminal justice system?

The Aboriginal and Torres Strait Islander Legal Service was set up 30 years ago to provide legal aid to Australia's Indigenous communities, which continue to be vastly over represented in the criminal justice system. Many recommendations of the Aboriginal Deaths in Custody Royal Commission specifically referred to the role of the specialist legal service. Aboriginal Legal Services (ALSs) are often misread from a distance as only participating in defending criminal matters in the court; it is often missed that many of them provide diversionary programs and other community services.

The ALSs play an important role in identifying potential and actual issues that place individuals and the family at risk, and in recommending courses of action. They work with the AMSs and Aboriginal Child Care Agencies, have

appropriate monitoring of activity and supports to the individual and family, and have the ability to provide feedback as to the effectiveness of services provided. The Health Services and the Legal Services are those at the coal face who may:

- keep Police and Prisons informed as to those within the system who may be 'at risk';
- ensure those people at risk are appropriately monitored and that they get relevant assistance within the system;
- in some cases call for psychiatric help to ease the stress and strain on the individual and family;
- if necessary, get them on a treatment regime that can be managed both whilst in the system but more importantly on the outside (in conjunction with Aboriginal Medical Services, and through mainstream collaboration); These services undertake early intervention that:
  - ensures the family unit remains intact;
  - offers alternatives to custodial sentences;
  - focuses on cultural influences and alternatives and strengths; and
  - ensures people are dealt with fairly by the justice system.

There must be a build up of capacity for Aboriginal communities to determine their own ways of addressing needs, and continued improvement in the effort on the ground through current primary health care and wellbeing and mental health activities. There is an urgent requirement for resources to build social health and intervention teams to network with the Legal Services and the Aboriginal Child Care Agencies. NACCHO services, ALSs and ACCAs have long experience in direct support of Aboriginal families and communities – they recognise the untapped knowledge and resilience which is there to build on.

#### *Better Outcomes in Mental Health Initiative*

Whilst the initiative has merit, it is GP centric, and the NACCHO considers there is a lack of inclusiveness of all allied health services, and particularly the Aboriginal Health Workforce. The initiative offers two parts. Firstly funding GP's through Medicare rebate items for case conferencing and management. not appropriate to those services which persist with not using Medicare.; and secondly paying for people with a mental health disorder to have a limited number of sessions with a 'allied health worker' (psychologist, social worker).

It also means there needs to be better services for people with a mental disorder, including those with co morbidity (substance abuse) within our ACCHS's and mainstream services. Aboriginal Health Workers and others within the ACCHS's are an intrinsic part of the primary health care and allied health workforce.

The NACCHO is in collaboration with the Royal Australian College of General Practitioners on the issue of national mental health workforce standards.

### *Moving Forward*

The NACCHO provided extensive input to the development of the *National Strategic Framework for Aboriginal & Torres Strait Islander Peoples Mental Health & Social and Emotional Well Being 2004-09*; and the *Aboriginal And Torres Strait Islander Health Workforce National Strategic Framework* through extensive consultation with its member services and state affiliates and through participation on the national Social Health Reference Group under the auspices of the *National Aboriginal & Torres Strait Islander Health Council*

We were advised on 31 March by the Department of Health & Ageing that the 'wellbeing document' was put forward to AHMAC for endorsement.

Resources are urgently required at a community, regional and state level to implement these strategies and upgrade the Aboriginal primary health care workforce and the social and emotional wellbeing teams in our communities.

NACCHO and the AMA have recently launched a landmark economic model for future Aboriginal Health Expenditure. The economic analysis known as "*Healing Hands - Aboriginal and Torres Strait Islander Health Workforce Requirements*" was done by Dr Roger Kilham of Access Economics. The report calls for an injection of over \$400 million annually.

The full text of the joint statement is at

[http://www.weftweb.net/naccho/Files/NACCHO\\_AND\\_AMA\\_ANNOUNCING\\_MAJOR\\_.pdf](http://www.weftweb.net/naccho/Files/NACCHO_AND_AMA_ANNOUNCING_MAJOR_.pdf)

and the full report is at <http://www.ama.com.au/web.nsf/doc/WEEN-63Q9J7>

Cheryl Mundy

### ▪ **WMHD – Strengthen Your Mental Muscle**

World Mental Health Day is an initiative of the World Federation for Mental Health (WFMH), WMHD takes place on 10 October each year. The World Mental Health Day theme for 2004/05 is "The Relationship between Physical and Mental Health."

In Australia, World Mental Health Day coincides with National Mental Health Week (10-16 October) and is held on October 10.

The MHCA, funded by the Australian Government Department of Health and Ageing to run WMHD activities in Australia, has developed a national campaign for WMHD called "Team Up To Strengthen Your Mental Muscle." Within this framework we hope to engage members of the broader community in the following activities:

- **team up with your family** – walk, talk and play together;
- **team up with your community** – join a sports club and enjoy it together; and
- **team up with your GP** – talk together and review your mental and physical health.

On Sunday 10 October 2004 at 10am a public walk for WMHD will be held in the grounds of Centennial Park commencing and culminating at the Main Stage for the official launch by Senator the Hon Helen Coonan, Minister for Communications, Information Technology and the Arts and Patron of the MHCA. Why don't you come and join us? The launch of WMHD will take place in partnership with the Mental Health Association of NSW as part of their national mental health week activities.

For more information on the WMHD activities please visit the MHCA website: [www.mhca.com.au](http://www.mhca.com.au)

## ▪ **Alcohol and Mental Health Education Resources**

The MHCA has been contracted to produce education resources for consumers and carers in relation to treatment in the primary mental health care setting of comorbid alcohol and mental health problems.

This work is part of a government-community-general practice partnership that has been established between the Australian Divisions of General Practice (ADGP), the Australian Governments Departments of Health and Ageing (Drug Strategy Branch) and Veterans Affairs (Younger Veterans and VVCS Branch), the Primary Mental Health Care Resource Centre (PARC) at Flinders University, and the Mental Health Council of Australia (MHCA).

The Alcohol and Education Research Foundation (AERF) is funding the ADGP to lead this project to develop and disseminate awareness, education and relevant support resources for general practitioners about alcohol and common mental health comorbidities. The target population will include people with the most common mental health problems of adjustment (to life events and trauma), anxiety (panic disorder, generalised anxiety, social phobia, agoraphobia) and depression (major depressive episode, dysthymic disorder). Their unsafe alcohol use may be at the low, medium or high risk levels, as defined in the NHMRC Guidelines, and may be episodic, binge or regular.

Up to 15 Divisions of General Practice will be funded and supported by ADGP to develop, demonstrate and embed additional initiatives such as models of shared care or improved referral pathways for this client group.

In achieving the objectives of the ADGP Alcohol and Mental Health Comorbidity project, the MHCA has been subcontracted by ADGP to coordinate the development and production of the consumer and carer education resources which are specific to alcohol, anxiety and depression in the primary health care setting.

The consumer and carer education resources will be developed for use at the 15 pilot sites. The resources may, however, be revised at a later date for wider use.

**The MHCA is now inviting expressions of interest from consumers and carers with experience of comorbid alcohol, depression and / or anxiety problems to participate in a workshop to be held on 7 October 2004.**

The workshop will be used to test and further develop the consumer and carer education resources. The workshop will involve a cross-section of 8-10 consumers and carers, so positions are limited. We will be looking to ensure we have a good balance of gender, health experience and geographic locations (e.g. rural, regional and metropolitan areas).

If you are interested in participating in the workshop please contact Mr Steve Morris at the MHCA on (02) 6285 3100 or [steve.morris@mhca.com.au](mailto:steve.morris@mhca.com.au) by **September 24, 2004.**

#### ▪ **MHCA Media Activity**

The HREOC/MHCA Mental Health Community Consultations continue to receive wide media coverage in print, radio and television in each of the States and Territories. Full details of the media coverage is available from the MHCA and includes:

- **ABC Radio News, Canberra**, "HREOC/MHCA Mental Health Consultations," Monday 16 August 2004, Dr Grace Groom
- **WIN Television**, "HREOC/MHCA Mental Health Consultations," Thursday 16 August 2004, Dr Sev Ozdowski, Human Rights and Acting Disability Commissioner, Dr Grace Groom, Ms Pat Daniels
- **The Canberra Times**, "HREOC/MHCA Mental Health Consultations," Monday 16 August 2004, Dr Sev Ozdowski, Prof Ian Hickie
- **The Australian**, "Govts 'all talk, not much action' on mentally ill" Thursday 26 August 2004, Dr Sev Ozdowski OAM
- **Drive Time with Barry Nichols ABC (Alice Springs)**, "HREOC/MHCA Mental Health Consultations," Wednesday 1 September 2004, Dr Grace Groom

The dire situation in WA's mental health care system has also received extensive media coverage with reports coming in to the Council weekly of print and talk back radio coverage. Once again, a full copy of the media coverage is available from the MHCA or WAAMH and includes:

#### ▪ **Upcoming Meetings/Events**

##### **Addictions Conference 2004**

*Crossing Boundaries: Implications of Advances in Basic Sciences for the Management of Addiction*

24-26 September 2004

Sunshine Coast, Australia

<http://www.addiction-conference.elsevier.com/index.htm>

##### **Breaking the Bonds of Child Abuse**

*2004 Seminar*

Saturday 2nd October 2004  
The Old Wocistore Apartment Hotel  
1 Macquarie Street Hobart  
9.30am—4pm

Child protection is an issue that touches the entire community. Survivors Confronting Child Abuse & Rape Inc., is committed to ensuring that children are protected from the pain and suffering that survivors of child sexual abuse have suffered. This informative workshop features nationally acclaimed speakers: Dr Freda Briggs, writer, authority and educator on child abuse and paedophilia issues, Don Owers, an authority on child abuse and the churches, and Steven Pinkus, a psychologist specialising in child abuse and the family.

Phone enquiries: 03 6423 2631 or 0417 165899

**Australian Counselling Association's National Conference 2004**

*The Modern Face of Professional Counselling and Psychotherapy in Australia*

17-17 October 2004

Novotel Hotel Brisbane, 200 Creek Street Brisbane

**Enquiries** 1300 784 333 or email [nicky@theaca.net.au](mailto:nicky@theaca.net.au)

The MHCA Newsletter is a forum to provide information to people interested in mental health matters in Australia. Contributions are sought on any topic relevant to the Australian mental health sector. Please contact Gabrielle Crowe on 02 6285 3100 or [gabrielle.crowe@mhca.com.au](mailto:gabrielle.crowe@mhca.com.au). Some articles published within the MHCA Newsletter are provided by third parties and the contents do not necessarily reflect the opinions of the MHCA. [Home](#)

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