The vision of the Mental Health Commission is for a Western Australia where everyone works together to encourage and support people who experience mental health problems and/or mental illness to stay in the community, out of hospital and live a meaningful life.

This has been my focus in my three and half years as the Commissioner for Mental Health and I am confident that the good work of the Mental Health Commission will continue and will grow as former Under Treasurer Tim Marney becomes Western Australia’s second Commissioner for Mental Health.

We have much to look forward to in 2014 - the passage in Parliament of the Mental Health Bill 2013, the amalgamation of the Mental Health Commission and the Drug and Alcohol Office, implementation of recommendations from the Stokes Review, the inclusion of people with a psycho-social disability in the National Disability Insurance Scheme launch site and the release of Western Australia’s 10 year Mental Health Services Plan.

In this edition of Head2Head we look at diversity – diversity in population groups, ethnicity and sexual orientation and we celebrate the rich tapestry of Australian society.

From ‘Solid in Culla’, a suicide prevention strategy for young Aboriginal men to ASeTTS which works with people from a diverse range of cultural and linguistic backgrounds, the mental health sector continues to work to meet the individual and specific mental health needs of all Western Australians and those who love, care and support them.

We have profiled a number of the Mental Health Good Outcomes Award winners and highlighted some of the celebrations connected with Mental Health Week.

I am very proud of our collective efforts and achievements so far and thank everyone involved. I wish the sector well for the next stage of development with the new merged organisation combining the Mental Health Commission and the Drug and Alcohol Office.

I hope you will be inspired and encouraged in 2014 to continue to strive for excellence in mental health – personally and in your workplace.

Eddie Bartnik, Commissioner for Mental Health
In April 2013, the Youth Affairs Council of Western Australia (YACWA) developed a collaborative partnership with Balga Detached Youth Work Project (BDYWP) to develop capacity and facilitate initiatives, which supported suicide prevention amongst transient young Aboriginal men. The young men who led this project affectionately named it ‘Solid in Culla’.

Craig Comrie, YACWA Chief Executive Officer, said the partnership with BDYWP initially developed out of a common desire to avoid suicide contagion among a group of transient young men as a result of the suicide of a local Aboriginal artist who had been connected to the local community-based program. Workshops were held which explored reasons why this group felt it shameful to seek help for their suicidal ideation.

A key feature of this cooperative arrangement resulted in seven staff members being equipped with the Applied Suicide Intervention Skills Training (ASIST). The group also included a young person with lived experience of mental illness who is now a mentor on the program. The training has now been embedded within all casework practice and has been employed on relevant occasions when dealing with vulnerable young people who are contemplating or have attempted suicide.

“All staff reported increased awareness acquired through the ASIST framework. This afforded staff more understanding, confidence and structure when responding to suicidal young people within the community,” notes Mike Dixon, Manager at BDYWP.

Beyond staff development, opportunities also presented directly for the young people through collaboration between BDYWP, Youthlink’s Aboriginal clinical team and the Cullacabardee Aboriginal Community. The group of nine at-risk and transient young men took on a leadership role with this project and worked through an awareness-raising program from the Cullacabardee site.

To complement the project, Youthlink was engaged to promote holistic personal development in these young men as well as to address barriers as to why this cohort was generally reluctant to access counsellors and other ‘helping’ professions. Youthlink staff attended the program to immerse themselves within the group and commence yarning about topical mental health issues, which drew connections to their expertise and also enabled the formation of trust and culturally-appropriate interventions with the young people.

The outcome of this activity further heightened awareness among the young people around mental health and suicide prevention and resulted in numerous young people linking in with ongoing mental health counselling and support. The project also culminated with the young men building, designing and painting an arts piece at the centre of the Cullacarbadee community, as a talking point to increase awareness of the prevalence of suicidal ideation and encourage access to culturally appropriate supports.

For further information on YACWA visit www.yacwa.org.au or freecall 1800 670 231. For further information on BDYWP call Mike Dixon on 9342 9669 or email bdywp@iimetro.com.au.
Imagine starting a new life in a country where you don’t know the language, have little understanding of its culture and systems, and are carrying with you trauma and grief from your refugee experience. As well you may have to contend with racism and other cultural or religious discrimination which simply compounds the impact of previous trauma.

A significant number of people ASeTTS serves have suffered torture and the great majority have experienced profound and prolonged trauma, grief and loss due to war and persecution resulting in severe mental health problems.

Providing effective treatment and services to people who have had these kinds of experiences requires the expertise to respond to the specific psychological impact of such experiences, as well as the necessary competencies to work effectively and empathetically across cultures, religions and languages.

To facilitate recovery, and therefore improve the quality of life and well-being, ASeTTS has developed a model of recovery, based on the Framework of Recovery utilised by member agencies of the Forum of Australian Services to Survivors of Torture and Trauma (FASSTT). The recovery goals that ASeTTS aims for in its work encompass, broadly, the restoration of fundamental pillars of mental health - safety and control, attachment and connections, meaning and purpose and dignity and value.

ASeTTS successfully works with people from refugee backgrounds because its work is premised on respect for human rights; recognition of the strengths of people who have shown extraordinary resilience in surviving their refugee experience; cultural competence in service delivery; working holistically with individuals, families and communities; and providing multiple pathways through which people can engage with ASeTTS.

Embedded in this approach to service delivery is awareness of the multiple cultural, religious, linguistic, social and economic backgrounds people have, the impact of their refugee experience, and the need to be mindful of how these factors can influence attitudes towards, and responses to, services.

Community development is an important aspect of ASeTTS’ work because strong, healthy communities provide the individuals and families with valuable support. Belonging to a community can help to strengthen people’s sense of identity, retain connection with their language and culture, reduce isolation and provide a sense of belonging. This is very important to people who have endured the loss of family members, friends and place through traumatic events.

A major focus of ASeTTS is building community capacity

From little things big things grow at ASeTTS
to support efforts to address community needs. Through working in a positive and concrete way with communities, service providers such as ASEETTS also learn much about their concerns, aspirations and experiences which informs service delivery.

Communities, particularly those made up of people who have experienced conflict and persecution, can also exert significant control over people’s behaviour including accessing services. Through working with community leaders and others of influence, ASEETTS increase its understanding of mental health issues and services which is an important strategy for reducing the barriers to service access.

ASEETTS also has a consumer group known as United Voices. Membership of United Voices is drawn from past clients and family members. The group meets regularly and its main role is to provide ideas and feedback to ASEETTS in relation to its services. It has a representative on the ASEETTS’ Board with full voting rights.

ASEETTS helps reduce the disabling effects of fear and anxiety through establishing an environment that is socially and emotionally stable. The organisation aids in the restoration of attachments and connections and addresses trauma at a depth and level appropriate to the individual’s psychological coping ability, enabling grief to be expressed.

By assisting people to recreate a sense of meaning and purpose and responding to the associated effects of trauma, ASEETTS helps to restore people’s dignity and self-worth, and aids in reducing excessive shame and guilt, through building and encouraging adaptive coping responses.

ASEETTS was recognised at the Mental Health Good Outcomes Awards for its significant contribution in the area of human rights equity and diversity, aiming to meet the mental health challenges of people who have arrived in Australia as refugees.

For further information on ASEETTS visit its offices at 286 Beaufort Street, Perth, online at www.asetts.org.au or call 9227 2700.

A personal story

I was living a good and wealthy life running my own business and a shop but in 2004 the militia kidnapped me and held us for three to five days and severely tortured us. Because of the horror I witnessed during this period – seeing people slaughtered and killing happening in front of me - I had to undergo three years of psychological treatment.

At the end of 2006 and early 2007 I was threatened with being killed and extortion. My car was burnt and a bomb placed in my home, then removed, just for the sake of frightening and threatening us.

I was kidnapped again and the kidnappers requested US$80,000 ransom. With the help of US and Iraqi forces we were released. The reason for the kidnapping was because my business was cosmetics and because of a misunderstanding of religious law this kind of business was seen as against religion.

We left Iraq as asylum seekers, me, my wife and our four children then aged 13, 12, 7 and 3 years old. We went to Turkey because we couldn’t live in peace in our country. After we left for Turkey all my property was confiscated and I lost absolutely everything.

We stayed in Turkey for four years under the UN with all the suffering and hardship involved in a refugee camp. The only thing we had was a safer life than in Iraq.

We finally came to Australia in 2011 where we are very happy and very well supported by the Australian government. I am looking forward to somehow return to Australia all the support and help we have received from this country that we love.

* This story was provided by the client through an interpreter and his counsellor. This short summary cannot adequately capture the traumatic and harrowing experiences this client and his family endured over a number of years.
Three years ago, a small group of young people started an organisation called Befriend Inc, to enrich lives through social connection.

Befriend believes it is a basic human need to belong, to share life with good people. Befriend aims to create welcoming, inclusive opportunities for individuals seeking new connections, and to influence a culture of social inclusion.

Befriend initially started with one social club, hosting regular social events to bring people together. Events include barbecues, picnics, rock-climbing, art days, movie nights, social sports games, and the annual Befriend Ball. The uniqueness of Befriend is found in its inclusive ethos, which has attracted a diverse member base.

In three years, Befriend has grown to form a diverse community of more than 1400 people, including newcomers to Perth, FIFO and shift workers, retirees, students, young professionals, full-time workers, aspiring athletes, single parents, and business owners. The Befriend Team has hosted more than 350 events of all shapes and sizes that bring people together, to have new experiences and form new connections.

Nick Maisey, Founder/Director of Befriend Inc., commented that the largest growing demographic of Befriend members is people who are new to Perth. "We’ve had almost 500 new members join Befriend in the past 12 months through our online communication channels. Most of these are people who have recently moved to Perth due to work or family commitments, and just simply don’t know anyone here yet. Befriend social events create easy, welcoming opportunities to get together with others on the weekend, form new connections and just have a fun, social weekend,” Nick said.

Befriend also runs a program called eFriends, which teaches people how to use technology to increase their social connections. eFriends trainers have supported more than 150 people to connect with family and friends, all over the world.

Emily Scarff, eFriends Project Manager, spoke about a recent eFriends participant, who has just learnt how to Skype her family in India. “This elderly lady was initially very nervous around technology, and was scared to turn the laptop on, let alone Skype on her own! It’s great to see the changes in confidence and skills that empower people to strengthen their social connections.”

What’s next for Befriend? Nick commented, “We want to continue to find more creative ways of bringing people together, creating opportunities for new experiences and new connections, and to influence a culture where everyone is welcome and included, anytime, anywhere.”

To sign up with the Befriend Social Club or volunteer to help host events, visit www.befriend.org.au, email rsvp@befriend.org.au or call the Befriend Team on 0404 831 201.
Australia’s pioneers of transcultural mental health service delivery

The Transcultural Mental Health Service is a state-wide specialist tertiary unit providing consultation, liaison and cultural expertise to complex case referrals where culture had been identified as an impediment to successful treatment of the mental health needs of Culturally and Linguistically Diverse (CaLD) communities.

The service, centrally based within the Department of Psychiatry at Royal Perth Hospital, works with consumers, carers, families, and communities from many cultural backgrounds.

Referrals to the service have reflected the different waves of migration and patterns of resettlement influenced by economic and political pressures across the globe.

Originally referrals were still for the main migrant groups from the immediate post-World War II and post-Vietnam war period, for example, Italians, Vietnamese, Bosnians, Croatians. Now the main demands for the service are from Iranians, Iraqis, Sudanese, Afghans, and Burmese who have arrived under the Humanitarian program or as asylum seekers.

Calls come in from metropolitan and country areas, from government departments and the non-government sector requesting advice on how to negotiate cultural nuances in mental illness presentations of clients and consumers from ethnically diverse backgrounds.

Given the exposure to working transculturally with each wave of new arrivals, staff are afforded invaluable opportunities every day to learn about different cultural beliefs and values that may influence the presentation of a mental disorder from one culture to the next.

Staff seek innovative strategies to be culturally responsive and sensitive in service provision, with knowledge gained from active clinical work informing specialised training on cultural competency.

In maintaining this connection between its training program and clinical work, the service ensures training material is realistic, relevant, topical, and applicable.

Engagement with community organisations and their members is an essential element of the Transcultural Mental Health Service’s work. Over the years, staff have forged and maintain solid relationships with community and religious leaders with whom they consult and collaborate. These relationships are integral in the service work to reduce stigma, increase mental health literacy among ethno-specific communities and maintaining an updated understanding of the mental health needs of these communities.

The service produces resources to facilitate culturally responsive engagement. These include the Directory of Bilingual/Bicultural Mental Health and General Practitioners which has proven to be a valuable tool to assist clinicians in their cultural assessment of mental health problems. It includes a compendium of culturally validated tests and inventories and the training curriculum for community trainers to reduce stigma amongst ethnic communities. The service remains the key centre of expertise for transcultural mental health in Western Australia.

For more information contact the Transcultural Mental Health Service on 9224 1760.
When it comes to mental health, people from culturally and linguistically diverse (CaLD) backgrounds experience the same risk factors as other community members. However, Australian studies show that CaLD communities may experience higher rates of depression and anxiety due to pre and post migration factors. Refugees are particularly vulnerable to economic disadvantage, poor housing and lack of social support, with lower utilisation of health services.

The treatment and management of mental illness in people from CaLD backgrounds is further complicated by different terminology, stigma, and lack of trust around western health care and medicine. Service barriers include limited knowledge of available supports, cultural or religious insensitivity, and limited access to professional interpreters and translated information.

A key approach to addressing equality is embedding cultural competency into mental health care. Culturally responsive, integrated services contribute to greater access, less delays in seeking treatment, improved communication, better standards of care, and optimal mental health outcomes.

To enhance cultural responsiveness and communication, DiverseWA provides free online training to all state and local government employees. The online training can be started, paused and recommenced at anytime, anywhere, at the user’s pace. It was developed by the Office of Multicultural Interests with input from the Mental Health Commission and the Public Sector Commission.

The Department of Health, through the Cultural Diversity Unit, now offers complementary Cultural Competency Training for the entire WA Health workforce. Training covers effective cross-cultural communication, engaging consumers and providing a better health service to CaLD populations in hospital and community-based settings. Guest presenters include CaLD consumers and carers, and service providers such as the Metropolitan Migrant Resource Centre, Humanitarian Entrant Health Service, Transcultural Mental Health Service, Health Consumers Council and interpreters.

Feedback has been positive with one nurse stating: “I learnt how important it is to incorporate cultural competence across the four dimensions of the system, organisation, profession and the individual.”
A team of researchers from Curtin University in Perth is conducting Australia’s first study into the mental health of transsexual and transgender people.

Principal Investigator Dr Zoë Hyde said the aim of the study funded by beyondblue, is to gain an accurate picture of the mental health of transsexual and transgender people in Australia.

“Transgender and transsexual people are a population that has received limited attention from public health researchers, planners and practitioners,” Dr Hyde said.

Much of what is known about this population is informed by research conducted overseas and few studies in this area have been conducted in Australia.

“In a previous study conducted by the researchers in Western Australia, 32 per cent of transsexual and transgender people had been diagnosed with depression in the past year, compared to six per cent of the general population.

“This new study will investigate whether mental health problems are similar across Australia, and try to understand the reason behind higher rates of depression and anxiety in this population.”

Dr Hyde will be collaborating with Curtin University colleagues from the Department of Sexology, the School of Psychology and Speech Pathology, the WA Centre for Health Promotion Research, and the University of Western Australia.

To find out more about the project, visit www.transoz.org
People who are in the middle of refugee status processing who have been released into the community present to mental health services issues that are not unique, but perhaps, significantly more intense.

If we consider their journey from their original homeland to a new home in Australia we can see potential for mental health issues to emerge. When people arrive at Christmas Island by boat – often a perilous journey - they are jubilant about having survived the first phases of their refugee journey. They then wait in the community for their refugee status to be determined. This is where the real test to their mental wellbeing begins.

Before arriving in Australia, they were constantly moving and what little control they had over their fate they exercised to achieve their goal of getting here. Their preoccupation was simply getting to the next country to get them closer to Australia. Now, as community detainees, their travel itinerary ends and their preoccupation becomes an overwhelming feeling that perceived total control over their own and their children’s destiny now belongs to an external force. Whether or not their journey will have been in vain, should their claim be rejected, becomes chronic uncertainty. This often paralyses parents’ capacity to maintain basic family routine. Family priorities become confused as distress becomes acute and dysfunctionality emerges.

When time passes without hearing any new developments, the silence concerning their claim for protection can be deafening and an inherent anxiety can begin. People often also begin generalising all professionals who are involved in their case. Based on anecdotal information, many in community detention will not willingly be referred to a mental health service because of the risk of being diagnosed with a psychiatric disorder. There is a general belief among community detainees that any psychiatric diagnosis will jeopardise their visa application.

For those who do access mental health services, concern over the outcome of their visa application overrides any concerns they may have of their own mental health. In this environment clinical engagement can be challenging and regular communication is critical between all service providers involved in the patient’s case to monitor their wellbeing. This allows swift action should mental health deterioration reach a critical state.

For more information contact the Transcultural Mental Health Service on 9224 1760.

And what of the mental health of ‘community detainees’?

Dr Sam Febbo Head of Royal Perth Hospital’s Transcultural Mental Health Service looks at another aspect of the refugee debate.
Jack and the Cowboys – the name suggests a rural connection, Country and Western music and the presence of someone called Jake – none are true.

This rock/pop band of predominately ex-Trinity College boys, none of whom are called Jake are a living, singing, visual of modern Australia – made up of an Aboriginal vocalist who works at the Children’s Court, a Malaysian lawyer/guitarist, a bass player/civil engineer with UK heritage and Australian-born Anglo Saxon drummer in mining information technology.

Formed in 2009, the band has won a number of grants and awards including the 2012 and 2013 WAM Indigenous Song of the Year Award, and were chosen to play for the Queen at a barbeque at Langley Park – one of four chosen bands. They are one of four bands interviewed and 19 bands featured, on the 2013 Music Feedback CD/DVD.

“Identity is really important to help you feel happy and secure,” says vocalist Jarred Wall.

“Born on the River which is featured on the 2013 Music Feedback CD/DVD looks at remembering where you come from, who to turn to for support and how to work through adversity by going to where you feel safe.

“Lots of our songs look at identity and the wholeness we can find in acknowledging and celebrating who we are and where we have come from.

“My mum and her siblings were part of the Stolen Generation and they have found healing by focusing on their identity rather than on their past at Sister Kate's Children's Cottage Homes in Queens Park.

“I have been fortunate to come from a strong and positive family and have had some great opportunities opened to me.”

Jarred finds sport and music help him maintain his mental health. Prone to anxiety, Jarred works hard at reminding himself to keep calm and trying to put things in perspective.

The band hopes to be a role model for all young people as a living, breathing example of cultural cohesion.

To listen to the band talk about mental illness or to order your FREE copy of the 2013 Music Feedback CD/DVD visit www.musicfeedback.com.au. For further information visit www.jakeandthecowboys.com.
Mental Health Week is celebrated every year in early October to coincide with World Mental Health Day on 10 October (10/10).

Mental Health Week is funded by the Mental Health Commission and coordinated by the WA Association for Mental Health (WAAMH) which this year launched a new website dedicated to the Week, with a record number of events registered through its online calendar.

Many events during Mental Health Week focused on music, poetry and art, embracing the theme Celebrate, Connect, Grow. Bowls, basketball, walking and paddle boarding were a few of the physical activities.

This year the Week kicked off with the WA movie premieré of *The Sunnyboy*. More than 180 people watched singer/songwriter Jeremy Oxley’s 30-year struggle with schizophrenia unfold through an inspiring story of hope, survival and the healing power of unconditional love. The documentary producer, Kaye Harrison, flew to Perth and responded to questions from the audience on her involvement with the family and production of the documentary.

In the lead-up to Mental Health Week schools and students were invited to create artwork under the theme *A healthy body + a healthy mind = a happy and healthy me*. The response was overwhelming. Winning artworks were printed on post cards and distributed during Mental Health Week.

A range of speakers at Central Park, St Georges Terrace, provided opportunities to find out how to look after your mental health as well as how to recognise and support colleagues. 10 tips for mental health at work were released during these seminars (visit www.waamh.org.au to view).

Sharing personal experiences is one of the most significant things we can do for our own mental health and those around us. To encourage this, Amy Coombe, Joshua Cunniffe, Peter Schupp and Heath Black joined former sports broadcaster and 2013 Mental Health Week Ambassador, Glenn Mitchell, and Minister for Mental Health, the Hon Helen Morton MLC at events held throughout the State, sharing their journey and encouraging others to prioritise their mental health. To celebrate World Mental Health Day *Turn Blue 4 A Day* was held in the Murray Street mall. The event was an opportunity for the public to access information on mental health and wellbeing. A surprise appearance from a barbershop quartet and music and song from Spirit of the Streets choir delighted the crowds.

A number of regional events were held during the Week. In Bunbury, Pathways SouthWest presented a forum on teenage depression which was attended by nearly 200 people. The audience heard personal accounts of mental illness, stories of life as a carer, and heard of bonds created by connecting with family, friends and the broader community. During the forum Dr Tessa Cleradin presented an enlightening and at times humorous account of ‘Navigating Teenage Depression’ from the Black Dog Institute.

In Esperance an array of events were held throughout Mental Health Week to educate, promote and celebrate the achievements of the mental health sector.
the Week including a Ball of Hope. The Ball was coordinated by OneLife volunteer Natalia Scott, to promote positive mental health and through the support of the community.

“It is important for people to attend these events to learn about what mental health is. Mental health often has a negative connotation, it is hardly ever viewed positively”, Natalia said. “Mental Health Week is a celebration of being mentally healthy, celebrating life, connecting with people and having a great time.”

Mental Health Commissioner Eddie Bartnik joined families, friends and staff for an afternoon of memories, revisiting the historic hospital, Heathcote during Mental Health Week. The site was officially closed 20 years ago in 1994.

“I firmly believe remembering and acknowledging how people with mental illness have been treated, stigmatised and categorised in the past is an important step towards healing, recovery and reform,” Mr Bartnik said as he thanked the families and friends for their ongoing understanding, support and contributions.

Surprised shoppers in Joondalup were reminded to ‘Don’t Worry, Be Happy!’ by a flash mob of 40 participants. You can view the dance and all the reactions at www.mentalhealth.wa.gov.au.

The week closed with an art exhibit by the Arts and Mental Health Network at the Perth Town Hall with the theme Celebrate Connect Grow. Five personal stories of journeying with mental illness were also launched at this event.

For more information on the 2013 Week, and for information on how to get involved in 2014 visit www.mhw.waamh.org.au.

Bell-Vista is once again proud to support the John Da Silva Award for improved outcomes in Aboriginal social and emotional wellbeing in the 2013 Mental Health Good Outcomes Awards

John Da Silva CitWA JP is the Managing Director of the Bell-Vista Group of companies which consists of Bell-Vista Fruit and Veg Company, one of Western Australia’s largest fruit and vegetable wholesalers; Allstates Fruit and Vegetable Merchants, a growers agent; Allstates Export, fresh produce exporters; Allstates Marine and Food Services, ship suppliers; Allstates Liquor Wholesalers, liquor importers; and Allstates Agricultural Products, seed and fertiliser suppliers.

Bell-Vista supplies premium produce to major hotels, restaurants and caterers in the city and to country towns and remote mining operations throughout Western Australia. Allstates Marine and Food Services supplies cargo and cruise liners including the QE II and the Queen Mary 2 calling at ports around Australia.

If you would like to know more about this diverse group, log on to www.bell-vista.com.au or contact us at sales@bell-vista.com.au
Assistant Professor Tony Henderson has made a sustained and outstanding contribution to mental health, demonstrating respect, compassion and care towards all people with mental illness, their families and carers and was the worthy recipient of the 2013 Mental Health Good Outcomes Award for Excellence in Mental Health.

His career in mental health began in 1967 as a student mental health nurse at Claremont Hospital. He is passionate about mental health reform, particularly in the area of education, training and consumer engagement.

While working as the coordinator of Armadale Living Skills, Tony established HORIZONS Community Mental Health Rehabilitation Service, which aims to improve the quality of life, social and interpersonal skills and self-esteem of consumers by giving them more control over their lives.

Tony currently works with the School of Psychiatry and clinical Neuroscience at the University of Western Australia and has many published works.

At a recent international Schizophrenia Conference, Tony met Subhashini Gospal from the Schizophrenia Research Foundation in Chennai, India, discovering they had independently conducted research into consumer perceptions of recovery in their own countries.

This meeting prompted Tony and Subhashini to ask the question - how do consumers from different cultures construe recovery?

They found that consumers in both India and Western Australia see recovery as being symptom-free, regaining social role functioning, regaining cognitive processes and social inclusion. Differences occurred for consumers in India who included empowerment and a healthy lifestyle in their concept of recovery, whereas consumers in WA included self-esteem, peace of mind, and a focusing on being mentally healthy.

Tony and Subhashini suggest a cultural perspective of recovery sees recovery as regaining the ability to fulfil one's sociocultural responsibilities.

Their research highlights three important questions that need to be considered in terms of transcultural understandings of recovery: recovery from what, recovery of what, and recovery to what?

With over 40 years of experience in the mental health sector, Tony is well placed to look at these important questions and it is hoped that the answers will inform service delivery and raise mental health awareness in the community.

At a breakfast to announce and celebrate the 2013 Mental Health Good Outcomes Award winners, Eddie Bartnik, Mental Health Commissioner said Tony was an “example and role model of what can be achieved through hard work, passion and dedication.”
The Tuart tree is a uniquely Western Australian tree and was the inspiration behind the name of this innovative, people led organisation, because ‘when given appropriate care and nurturing, the Tuart tree can stand strong and care for itself even through hard times’.

Tuart Place offers a place of safety where participants can rebuild trust in themselves, in each other, in staff, and in an organisation. People often come to Tuart Place with a relatively ‘safe’ request - such as a letter of support for a Department of Housing application, or help with accessing personal records and once trust is established, they may choose to engage in other services such as counselling, support groups and social activities.

Many people describe their involvement with Tuart Place as ‘life-changing’. Typically, the greatest improvement in wellbeing is experienced by those who engage in several different areas of the service, and particularly those who begin to ‘give back’ via volunteering and peer mentoring. ‘Helping others, helping ourselves’ is the focus of Tuart Place peer leadership and mentoring activities.

Tuart Place offers person-centred clinical and professional services including: support groups; counselling; topic-specific life-skills workshops; family tracing; supported access to records; computer skills and literacy classes; assisted referral to mainstream services; advocacy; newsletters; and access to pro bono services such as a visiting dental service.

Tuart Place provides opportunities for people to improve their own quality of life and wellbeing through being involved in peer mentoring, leadership and support. Participant-led activities include social activities, outings, community awareness-raising initiatives, celebrations, reunions, regular luncheon meetings, fundraising, a participant-created newsletter, and participant-led initiatives such as art and craft.

One person who engages with Tuart Place is Alice. Alice lived in institutions since the age of six. She says she felt she was blamed for everything, and she blamed herself. “Together we’re building trust. What that means to me is that I can finally trust people to tell my story to knowing that I’ll be listened to and be believed. I feel here we have built a great trust in one another and we don’t feel different or alone anymore”, Alice said.

All services at Tuart Place are free of charge. Services are available to people who experienced any form of out-of-home care in Western Australia.

Tuart Place is the worthy recipient of a 2103 Mental Health Good Outcomes Award for Improved outcomes in seniors mental health. This award acknowledges the high standard and ongoing commitment demonstrated by those involved in innovative and effective programs, services and partnerships which address key mental health issues at a local, regional or statewide level in Western Australia. The aim is to encourage individuals and organisations to continue to strive for excellence in their daily work and to enhance their skills and experience within the mental health field.

For more information on the work of Tuart Place visit their website at www.tuartplace.org, call (08) 6140 2380, Freecall 1800 619 795 or drop in at 24 High Street, Fremantle on Mondays, Wednesdays or Thursdays.
Community views incorporated in 10 year mental health plan

Consultation with the community has been important in the development of a 10 year plan for mental health services in Western Australia. The Plan, which is being developed in response to recommendations prepared by Professor Bryant Stokes in the Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia (Stokes Review) (July 2012), will provide a “roadmap” for Government investment in mental health services over the next decade.

Western Australia is as varied in its demographics as it is in geography and the project management team has been working to ensure consultation is extensively undertaken. Mental health really is everybody’s business and it is important that the diversity in our community is reflected in the Plan.

A series of consultation forums have occurred around the metropolitan and regional areas with more than 150 people from regional areas consulted through regional forums.

In addition stakeholder briefings and expert reference group workshops were conducted around the following themes: Consumers, Families and Carers, Older Adults, Infant, Children and Adolescents, Aboriginal people, Youth and Forensic.

The publication of a community survey and a webpage with information about the Plan was launched during October. With more than 740 responses received to the survey – 634 online and 108 hard copy – the community response has been very encouraging and demonstrates a strong interest in mental health services in WA. Major themes expressed by respondents focused on a lack of services, including perceived poor staffing levels and difficulty in accessing services.

It is expected that the final Plan will provide the blueprint for the reform of Western Australia’s mental health system over the next ten years resulting in a connected approach that provides the correct types of services in the right quantities in the right places for our varied and diverse population.

For further information write to Mental Health Services Plan, Reply Paid 2299, WA 6847, email MHSP@mentalhealth.wa.gov.au or visit www.mentalhealth.wa.gov.au.

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MercyCare, supporting Mental Health in Western Australia

MercyCare is proud to announce the launch of Stepping Stones, a new Family Mental Health Support Service which will begin in January 2014.

The service will provide early intervention support to assist vulnerable families with children and young people who are at risk of, or affected by, mental illness, as well as supporting parents to reduce family stress and enable children and young people to reach their potential.

Stepping Stones works within the City of Stirling and is a free, confidential and voluntary service that offers both long and short term support. Referrals can be made by other agencies and people can self-refer.

This service is funded by the Department of Social Services.

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Chair eager to help

As Chair, Barry MacKinnon AM brings a wealth of knowledge, skills and experience to the Mental Health Advisory Council.

The Mental Health Advisory Council (MHAC) provides high level, independent advice and guidance to the Mental Health Commissioner on major issues affecting people with mental health problems, their families, carers and service providers.

When asked why he thinks he was appointed as Chair of the MHAC by the Minister for Mental Health in 2011, Barry says with a smile, “You would need to ask her why she appointed me as a chair person.

“I was a Member of Parliament for 17 years which gives me a good understanding of government and government process. I’m a former Chairperson of the Disability Services Commission, the Fire and Emergency Services Authority of Western Australia, the West Australian Football Commission, and the Speech and Hearing Centre for Deaf Children.”

He said he was keen to make a contribution to the dynamic range of reforms currently underway.

“But mental health reform is also a cultural transition process which won’t happen overnight. In my opinion it can take years for change to really become effective and adopted in mainstream services.

“The MHAC was established to assist with that change. Members are individuals from across a range of sectors relevant to mental health care and outcomes, who are appointed by the Minister on the basis of their experience and ability to contribute to change management.

“I am delighted with the makeup of the MHAC – in age, ethnicity and types of experiences, we are a diverse group of people who value and respect diversity, work in an inclusive and accessible way, advocating for the most unheard voices, exploring innovation in mental health, seeking out the best practices and promoting hope for recovery.

“Our focus for 2014 is on the Mental Health Bill and the implementation of the recommendations from Professor Stokes’ Report. I am chairing the Implementation Partnership Group to oversee coordination of implementation. This gives the MHAC a good linkage into current issues and what is happening with implementation and mental health reform in WA.”

He said the MHAC was also developing its communication strategy to make sure that it was well connected with the broader community.

“There is a broad range of issues that we are focusing on such as education, peer development, ageing population and the workforce. We want to visit the communities, talk to them and get their voices heard. We need to be aware of issues that affect all Western Australians if we are going to be able to advise the Commissioner sensibly,” Barry said.

“Our role is to provide balanced and confidential advice to the Commissioner for Mental Health. To be able to do so, we not only discuss issues of real concern, but also invite groups and individuals from the mental health sector to attend our meetings and give us briefings on various state and national issues

“We always encourage families and carers to come and talk to us, tell us what they think. Anyone can contact us via email on MHAC@mentalhealth.wa.gov.au and we will respond as soon as possible and act accordingly.”

MHAC members meet 11 times each year, on the second Thursday of each month, except January. The minutes of meetings are published on the Mental Health Commission’s website www.mentalhealth.wa.gov.au.

The Mental Health Advisory Council members

(l to r) Victoria Hovane, Dr John Edwards, Pamela Gardner, Barry MacKinnon, Margaret Doherty, Pietra Liedel, Dr Judy Edwards, Lindsay Smoker, Dr Bernadette Wright, John Hesketh.

Absent: Prof Dianne Wynaden Joe Calleja, Janelle Ridgeway, Dr Alexander Welborn.
The Mental Health Act 1996 (the current Act) includes a provision requiring review of that Act five years after commencement. Recommendations arising from formal reviews, expert advice, and community consultation found that the current Act does not reflect community expectations and needs to be modernised to reflect good practice and ensure adequate safeguards for people experiencing mental illness.

Importantly, the 1996 Act fails to include any special protections which reflect the additional vulnerability of children, and Aboriginal and Torres Strait Islander people. Families and carers are also not recognised under the current Act.

The new Mental Health Bill was introduced on 23 October 2013 and, if passed by the State Parliament, will replace the 1996 Act.

One of the real innovations of the Bill is the inclusion of the Charter of Mental Health Care Principles. This was developed in a 2011 forum coordinated by the Mental Health Commission.

The forum comprised a diverse group of over 30 mental health consumers. The Charter has since been refined to take into account feedback on the Exposure Draft Mental Health Bill 2011 and Green Mental Health Bill 2012.

The Charter contains 15 principles, including a principle on diversity which states: A mental health service must recognise, and be sensitive and responsive to, diverse individual circumstances, including those relating to gender, sexuality, age, family, disability, lifestyle choices and cultural and spiritual beliefs and practices.

The Charter also requires a mental health service to have regard to co-occurring needs including physical and intellectual disability. If a person feels that the mental health service has not had regard to the Charter, they can complain to the service and the Health and Disability Services Complaints Office, which can investigate to resolve the matter.

Specific provisions throughout the Bill acknowledge the additional vulnerability of Aboriginal and Torres Strait Islander people. These include the involvement of Aboriginal and Torres Strait Islander mental health workers and significant members of the person’s community including elders and traditional healers. Further, the Charter requires recognition of, and respect for, cultural and spiritual beliefs and practices.

The particular needs of people who do not speak fluent English or have co-occurring physical or intellectual disability are also taken into account, with an overarching requirement for communication to be in a language and form of communication that the person is likely to understand. This may involve the use of an interpreter or different means of communication. If this is not complied with, there is recourse to a Mental Health Tribunal.

Other advancements in the Bill include special provisions for children including shorter timeframes for detention and reviews of involuntary status and more timely advocacy support.

The role of families and carers is recognised, with mental health services required to provide them with information and to involve them in decision-making.

The Bill provides opportunities for the use of audio-visual communication in rural and remote areas when a face-to-face assessment or examination is not practicable.

Once passed, it is expected that aspects of the Bill will take a year to implement. For further information or to get involved, visit the Mental Health Commission’s website at www.mentalhealth.wa.gov.au.
Leaping across from one thing to another - together

The ability to leap across from one thing to another is a life skill we develop over time – it's called transilience.

Transilience is tested during stressful and difficult situations – when bush fires destroy our homes, when war or poverty dislocate us or when death, grief and loss come. How we leap, even one step at a time, into a new reality or state of being is determined by our level of transilience.

Transilience was the key word at the Grief and Loss Symposium held in Bunbury during Mental Health Week 2013. This inaugural symposium, an initiative of the One Life Suicide Prevention Strategy and supported by the Mental Health Commission, brought experts and local ‘heroes’ together to better educate and support the south west community on suicide prevention and how to work with and support people who have had a sudden loss, trauma or are experiencing grief.

More than 300 people attended with many others using webcam technology to link in. Participants gained some measure of understanding of their own and others' reactions to grief and loss, how to help others, how to look after themselves better and how to talk about grief and loss as a community.

Celebrity chef Matt Golinski spoke of the grief and loss he experienced at the sudden deaths of his wife Rachel and daughters Starlia, Willow and Sage in a house fire on Boxing Day 2011.

Matt, a regular for eight years on the popular TV show Ready Steady Cook, said he finds help in running and setting goals. Matt uses running like a meditation – concentrating on one foot in front of the other.

“For me, running is a meditative thing – it clears my head, keeps the adrenaline rushing, producing endorphins and all of that is an important part of keeping me mentally healthy, staying happy and sane,” Matt said.

An important part of Matt’s journey has been setting goals – both physical and emotional.

“It is important for me to remind myself that I can control some things and there are things that are beyond my control. By setting goals such as running for a certain distance and achieving that, has kept me focused, mentally healthy and helped me avoid being depressed,” Matt said.

“It's about helping yourself physically so your emotional side can follow.
"The way I look at it, it’s like driving along a road and there are speed bumps ahead of you, you know they are coming, so you need to slow down to get over them easily without knocking your car apart, getting yourself ready for them.

“When you have suffered grief and loss you know bad times will come and you can’t avoid them, there will always be triggers that set you off and send you into a spin. If you can acknowledge these triggers and be ready for them then you are going to get through them a lot more easily than if you just speed on through and go crashing over the speed bump.”

Matt believes there is power in being with other people who are going through the same issues and experiences and said he gained more out of the symposium than he put in.

If you are suffering from grief or loss it is important to find people to talk to. Visit the One Life website at www.mcsp.org.au/one-life-strategy and click on I NEED HELP to find a list of services that can help.

Volunteers needed at Graylands

Graylands Hospital Volunteer Service is seeking dedicated volunteers with fresh and innovative ideas and an interest in bettering the patient hospital experience. Volunteers’ are charged with a range of roles and duties include:

• helping with the ‘comfort trolley’ that provides patients in Graylands Hospital’s closed wards with the opportunity to purchase a variety of goods.
• helping in the Apparel Shop where Graylands Hospital patients can purchase pre-loved clothes and accessories at very attractive prices.
• coordinating and supervising the Do Drop In Café and a patient disco; and
• planning for patient birthdays, arranging transport for patient outings and fundraising initiatives that benefit the hospital and its patients.

Ideally, volunteers should be available for one shift a week for the comfort trolley (2.5hrs) and/or the Apparel Shop (3hrs) and/or once a month for the Do Drop In Café (2.5hrs).

If you, or anyone you know, may be interested in volunteering for this valuable service, please contact Faye Halma on 9347 6693 or email volunteers.gh@health.wa.gov.au.
Subacute services helping people stay out of hospital

Step-up, step-down services, also known as subacute services, are community-based mental health services providing support for people who are at risk of becoming unwell and for people leaving hospital who may require additional support before returning home.

‘Mike’ (not his real name), 48, was born in Croatia and currently lives with his sister and parents. Mike was diagnosed with chronic paranoid schizophrenia and over the years has experienced a number of acute episodes, including an attempt to take his own life.

Recently, Mike’s parents returned to Croatia for a family holiday and he came to stay at the Joondalup step-up, step-down service for additional support in managing his mental health in order to remain well.

As English is Mike’s second language, he often experiences social isolation and has difficulties developing and maintaining relationships. Underpinning the programs and services provided by the Joondalup step-up, step-down service are core recovery focused principles and practices and a person-centred, strengths-based approach with consumers. A key component of this approach includes cultural competence and acceptance of and respect for diversity and difference.

While at Joondalup, Mike was able to participate in culturally appropriate programs that helped him develop an individual health and wellbeing plan which assisted Mike to identify life skills he wanted to develop further, such as improving his language skills.

The Joondalup step-up, step-down service understands the challenges that people from diverse backgrounds experience and was able to support Mike to increase his confidence communicating and connecting with others in both group and individual settings.

Individuals from diverse backgrounds find acceptance and are supported in a way that acknowledges each person’s existing values, strengths and diversity – whether cultural or other diverse background.

The service supports people to draw on their individual strengths to help manage their health in both the short and long term. Stress factors that may contribute to their vulnerability are identified and ways to monitor and respond to these are developed.

Individuals are supported to manage episodes of acute illness when they occur, but most importantly, the step-up, step-down service works with them to encourage use of personal support networks and to develop strategies to prevent them becoming unwell.

During his time with the step-up, step-down service, Mike’s level of engagement with the Optimal Health Program and self-confidence improved noticeably. He received one-on-one support in between group sessions and this helped him to improve his language and other life skills.

Mike’s time with the Joondalup step-up, step-down service has assisted him to develop the skills and strategies necessary to prevent acute distress and the need for hospital admission. He has developed positive links with community and clinical support networks as well as discovered a talent for drawing. These factors all assist him to better manage his mental health and to stay well.

For more information visit www.neaminational.org.au
CoMHWA’s vision is for a world where people are self-empowered, self-directed, respected as people and connected to communities.

A critical role in achieving this vision is enabling the voice of people who need and access supports to be heard within mental health services and the wider community, both as an ongoing principle of how we do things, and as a method for ensuring people can most benefit from times of planning and change.

CoMHWA is led by people with a lived experience of mental health recovery, in order to be a safe and accessible point of contact for people to have a voice in, and advocate together for, the types of services, supports and attitudes that are important to their mental health and wellbeing.

In my former roles in community services and also the health sector, I have learnt the importance of taking the time to listen, learn from and respect marginal voices, and to recognise how effective advocacy draws on the perspectives of many.

Marginalised people have the greatest and least understood advocacy needs and unheard wisdom to share. So inclusion of these voices is vital to make certain that services work for everyone and that our communities are safe and welcoming across our diversity.

What is particularly promising is the presence of some generally shared directions in the sector that involve mutual learning and solution building and which therefore clearly start from a principle of equal partnership with people, families, communities, services and policy makers. Some of these include:

- Recovery approaches that can weave together mental health recovery, physical health, trauma healing, and substance use recovery;
- Self-directed approaches that recognise the importance of choice, and that draw upon the strengths and resources for wellbeing that exist within everyday people, families and local communities;
- Rural, regional and remote community inclusion and equity in planning;
- Partnerships for individuals, families, communities and services to overcome complex situations, barriers and under-met needs, as key steps for recovery;
- Supports that respond to people in context – taking into full account cultural backgrounds and their social, family and financial situations;

The momentum for these things to happen rests on active and committed partners, openness to learn across perspectives, and the political will to design, fund and evaluate services for recovery and wellbeing.

Everyone is on a journey and aspires to reach their potential, and this is supported by our work in partnership for the shared reach and potential of these new mental health approaches, where mental health is no longer understood as illness in isolation, but instead as wellbeing in connection.

For further information on work CoMHWA is engaged in contact 9321 4994, email admin@comhwa.org.au or visit www.comhwa.org.au.
Mental health agenda is well set

There is now wider recognition that good mental health in young children is fundamental to their healthy development and future wellbeing into adulthood. Importantly, many more people now understand that it is possible for very young children, and even babies, to experience mental health difficulties.

My sponsorship of the Dr Mark Rooney Award, a category of the Good Outcomes Awards, aims to contribute to an increased focus on children’s mental health needs.

This award showcases the many outstanding achievements of individuals and organisations that, true to the legacy of the late Dr Rooney, deliver innovative mental health services for children and adolescents.

This year’s winner, not-for profit organisation Youth Focus, provides a range of free mental health services and counselling to support vulnerable young people and their families with the aim of preventing youth suicide, depression and self-harm.

As a community we are now talking more openly about mental health and mental illness and have gone far to dispel many myths and stigmas.

We must recognise the bravery of individuals and families who, by publicly sharing their challenges with mental health, show the human face of this illness.

We must also acknowledge the many agencies and individuals working with the Minister for Mental Health the Hon Helen Morton and Mental Health Commissioner Eddie Bartnik to improve mental health services and programs for children, young people and families.

Considerable progress has been made implementing changes recommended in my 2011 Mental Health Inquiry. This includes the 16 planned Child and Parent Centres on school sites; the mental health and diversion pilot program at Perth Children’s Court; and the opening of the refurbished Bentley Adolescent Unit.

I also acknowledge the extensive consultation in the development of the Mental Health Bill 2013, and the improved safeguards for children now incorporated.

We are moving in the right direction but more investment in mental health services and programs for children and young people is still needed, including for those with specific needs. And it needs to be sustained over the next decade.

Future priorities include resourcing the Infant, Child and Adolescent Mental Health Service adequately to provide comprehensive early intervention and treatment services across the State, and a dedicated forensic mental health facility for children and young people who have contact with the criminal justice system.

Michelle Scott was the State’s inaugural Commissioner for Children and Young People. Her six years in the role concluded on 9 December 2013.
Alison Xamon was the first Greens member to have been successfully elected to represent the East Metropolitan Region in the Western Australian Parliament.

A lawyer with a background in industrial law, Alison was a Member of the Legislative Council from 2009 to 2013.

Alison is also a mother of three. Her eldest finished Year 12 in 2013 and the other two are in primary school.

“I am very blessed to have three beautiful children and a very supportive husband who are my top priority – they keep me grounded,” she said.

“Some people find joy in jogging, walking on the beach or painting – for me it is my kids – family time is very important to me.”

A passionate social justice advocate, Alison has sat on numerous boards within the community and social justice sectors.

With a strong experience in mental health, Alison was the perfect choice to assist WAAMH to expand its advocacy role into the wider community.

“Mental health has immeasurable overlaps and connections and I am keen to develop connections and networks with other sectors to improve the lives of Western Australians with mental illness,” Alison said.

“Often we are dealing with the same issues such as accommodation and housing, justice issues, disability and child protection issues.

“At WAAMH we are consolidating our role as the peak body for mental health services and looking towards the wider community to make mental health everybody’s business.”

WAAMH’s focus over the next 12 months includes the passage of the Mental Health Bill to ensure its successful implementation; the drafting, consultation process and implementation of the Mental Health Services Plan; the National Disability Insurance Scheme/My Way trials and the merger of the Drug and Alcohol Office and the Mental Health Commission.

“We are on the cusp of significant reform in Western Australia and WAAMH is well placed to ensure high level advocacy within and for the mental health sector,” Alison notes.
Hurting bird soars at WAM Song of the Year

Originally from a little town called Wellstead, 476 kilometres south west of Perth, quirk-folk songstress Rachel Gorman was this year’s winner of the Mentally Healthy category of the 2013 Western Australian Music Industry Association Song of the Year competition. This category celebrates songs that have positive messages relating to mental health.

Rachel won the award for her song Hurting Bird which speaks of love and hurt, darkness and light and true honesty.

Music is a very personal expression for Rachel. “As humans, many of our experiences are universal. When someone tells me a song of mine helped them to put their own experience into words, I’m reminded of how powerful music can be.

“Music can help people to articulate, and really FEEL their feelings. For people feeling isolated, music can also remind them they are not alone, thinking and feeling the way they do,” Rachel said.

One of Rachel’s earliest musical influences was her Uncle Matthew, a gifted jazz pianist who has schizophrenia.

“I think that empathy is the most important thing that people need to remember, because at the end of the day, we all have a mind, and whether it be through genetic disposition, a chemical imbalance or environmental factors, we could all find ourselves in a position where our mental health deteriorates,” Rachel said.

Rachel believes it is important to educate yourself about mental illness to help take better care of your mental health, and to provide support to loved ones.

“I've come to learn over the years to value balance in my life. As a reflective person I'm constantly monitoring how well I'm coping, and making changes when I need a break. I've not always been a good communicator, so I'm consciously working to improve that as well" Rachel said.

Rachel is no stranger to success having won the 2010 WAM Folk Song of the Year for her song The Silver Yacht and was nominated in 2012 for Old Brown Piano.

"It's been an interesting experience winning the Mentally Healthy category, because I've felt a degree of stigma from people wondering whether that means I must suffer from a mental illness. I will admit I'm afraid of that, because our society still approaches mental illness with an element of fear," Rachel said.

“We need to get to a point where we can talk openly about our mental health, and to treat positive mental health strategies as a routine, as important as exercising or brushing our teeth.

All the nominees and winners songs can be heard by visiting http://www.wam.org.au and clicking on the Nominees and Winners tab.
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If you or someone you know needs help with mental health, the best place to start is your local GP or call after hours GP Helpline on 1800 022 222. A range of other mental health professionals can also help.

If you feel someone is at risk of harm or in an emergency call 000.

For mental health emergency assessment, support and referral call Mental Health Emergency Response Line (MHERL)

- MHERL metro - 1300 555 788
- MHERL Peel - 1800 676 822
- RuralLink - 1800 552 002

Alternatively, go to your nearest public hospital emergency department.

If you need someone to talk to contact:
- Crisis Care Helpline - 1800 199 008
- Kids Help Line - 1800 551 800
- Lifeline - 13 11 14 or online chat at www.lifeline.org.au
- Suicide Call Back Service - 1300 659 467
- Youthbeyondblue 1300 224 636
- Men’s Line Australia - 1300 789 978
- Gay and Lesbian Community counselling - 9420 7201
- Samaritans Crisis Line - 135 247, Youth Line - 1800 198 313
- headspace - www.headspace.org.au
- Reach Out - au.reachout.com
- Youth Focus - www.youthfocus.com.au

For a detailed list of mental health services and supports visit the Mental Health Commission’s website at www.mentalhealth.wa.gov.au