Hello everyone and welcome to the Summer edition of our Head 2 Head magazine. In this edition we are celebrating Recovery.

Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of their choice, while striving to achieve their full potential.

In our strategic policy Mental Health 2020: Making it personal and everybody’s business we have defined recovery as ‘a personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles; a way of living a satisfying, hopeful and contributing life’.

Recovery is not a linear process marked by successive accomplishments. Recovery is an attitude, a way of approaching the day and facing challenges. It is the urge, the wrestle, and a series of small beginnings. Recovery is a journey which not only benefits individuals with mental illness by focusing on their abilities to live, work, learn, and fully participate in our society, but also enriches the texture of our community life.

This edition looks at ways in which we as a Commission and as a sector are journeying together. Several stories communicate the varied experiences of individuals, families, carers and staff. We also cover many great things that have happened since the last edition – the launch of Mental Health 2020, the Good Outcomes Awards, Mental Health Week 2011 and the launch of the Draft Mental Health Bill to name a few.

I am looking forward to 2012 - the introduction of the Mental Health Bill to Parliament, focusing on outcomes for people and service reform in the sector, the 10 year anniversary of the Good Outcomes Awards and individualised community living becoming a reality.

As a Commission we are proud of what we have been able to achieve in the last 22 months but we do not rest on our successes. Together, much more can be done to better the lives of fellow Western Australians and we look forward to sharing the journey.

Eddie Bartnik
Commissioner for Mental Health
Recovery is all about discovery

The great American thinker and poet, Ralph Waldo Emerson said, “Sow a thought and reap an act, sow an act and reap a habit, sow a habit and reap a character, sow a character and reap a destiny”.

This is the ordinary process of development for the human mind. Mental illness is an advanced stage of that same process gone wrong.

When we are physically unwell or have been injured, we think nothing unusual about ‘recovering’ – to do what we need to do get back to where we left off. This may entail taking medicines, physiotherapy, change in diet, rest or exercise or seeing specialists. Physical recovery can include a variety of ‘get well’ measures which the majority of us are happy to do. We can see or feel the results when we are ‘recovering’ and others can see it too.

Mental ill health is not necessarily approached in the same way. I am not an expert on the medical/clinical side of mental health. But I am an expert my own life, as we all are.

I am QBE, qualified by experience. Fortunately mine is a ‘recovery’ experience. My breakdown became a breakthrough to better living. Through my recovery journey I used the Recovery Model – a model which placed me in the centre of a myriad of treatment options.

The Recovery Model, as it applies to mental health, is an approach to mental disorder (or substance dependence) that emphasises and supports each individual’s potential for recovery.

Recovery is seen within the model as a personal journey, that involves developing hope, a secure base and sense of self, supportive relationships, empowerment, social inclusion, coping skills and meaning.

“The Recovery Model, as it applies to mental health, is an approach to mental disorder (or substance dependence) that emphasises and supports each individual’s potential for recovery.”

Recovery oriented service provision and community based care departs from the idea that institutionalisation is the best way to treat people with mental illness. Since the time of institutionalisation, where people with mental illness were thought to either maintain or worsen in condition, it is now seen that people who live with a mental health problem and/or mental illness can make positive steps towards recovery and live fulfilling and empowering lives within the community.

It is a holistic approach to illness that addresses all aspects of an individual’s life, including psychological and physical needs, as well as social, economic, education, employment, housing and other needs at the same time. The focus is on the person and their needs first, with the illness (which is only one part of the person) second. Recovery orientation is not merely about being symptom-free or off medications, it is about seeking satisfaction with daily life.

In fact, the Recovery Model is not a new concept and has been around since 1935. It started in America with Alcoholics Anonymous and was centered on spiritual and character development, using a 12 Step program. The 12 Step approach has since grown to be the most widely used in dealing with not only alcoholism, but also drug abuse and various other addictive or dysfunctional behaviours. Recovery Inc. was founded in Chicago in 1937 by psychiatrist Abraham Low, using principles in contrast to those popularised by psychoanalysis.
Fundamentally, Low believed that adult life is not driven by instincts but guided by will. Low’s program is based on increasing determination to act, self-control and self-confidence.

Here in Australia, ‘recovery’ was founded in Sydney in 1957 by Father Con Keogh after experiencing his own mental ill health. The first founders initially sought help through the AA meetings and after learning about Recovery Inc in America, integrated its processes into their own program. A name change to GRÖW in 1975 came about in order to meet the increasing demand for services in prevention as well as rehabilitation – to expand even more broadly as a program of personal growth. Approximately 25% of people with no mental health diagnosis or illness attend GROW. There are 32 groups here in WA, with over 250 Australia wide. New Zealand and Ireland also have numerous GROW groups, based on the Australian model.

I think the following words by Duane Sherry really say it all about recovery:

“Recovery is not managing illness
It is discovering wellness.
Recovery is not fixing what’s broken.
It’s finding wholeness, meaning, and purpose.
A love for life.
Recovery is a journey.
A reconnection to self, others, nature, and Spirit.
A willingness to forgive, an openness toward reconciliation.
A search for peace...”

Louise recently joined the Mental Health Commission as a Consumer Advisor. Her primary role is the development of policy and programs at the Commission from a strategic consumer perspective. Louise was previously branch manager for GROW WA, for over 5 years. Louise has also worked in the social services sector as a workplace trainer and assessor in commercial cookery and is a qualified chef.
My recovery journey

Carole Heslop recounts her personal story of recovery and how joining the support group GROW helped her on her journey.

I can honestly say I owe my life to GROW. At 24 years of age, I struggled emotionally after the birth of my second child. I didn’t know what was wrong with me but I felt ‘down’.

I went to my family doctor and was told I was fine and didn’t need medication.

Later my world seemed to crash in around me when we sold our family home so my husband could work part time and study.

I tried spirituality, psychology, isolation and read every self help book I could get my hands on to help.

Finally, I was diagnosed with anxiety and depression. During this time, I would have periods of feeling well. Then my anxiety would rise with any stressful situation until eventually life seemed hopeless and I was admitted to hospital for my own welfare.

I felt I needed more support in addition to visits to my doctor. Even though friends and family tried to be supportive, I needed to talk about things that I knew they just would not understand.

I remembered seeing a GROW meeting near where I worked many years earlier, and even though I was sceptical, decided to give it a go. I wanted a quick fix at this stage and was frustrated this wasn’t going to happen, but with the fear of being admitted to hospital again, kept attending.

I have learnt many things through GROW, including ‘to accept things going wrong’ and ‘feelings are not facts’. This was a huge learning curve for me. I had suppressed my feelings for so long that I had gone the other direction – and was ruled by my feelings.

As I learn the program of GROW my old irrational thoughts have gradually been replaced with new productive ways of thinking. I’m now a person – not an emotional reaction.

As well as replacing my negative self talk, I have made some amazing friends through the program. GROW states that friendship is the key to mental health and I am truly blessed to have these people in my life.

“My life is full. I still have moments of anxiety, but there is an acceptance of this, and I no longer run from it. I know that if I keep my thinking true, and continue doing the right thing, it will pass.”

My relationship with my family has improved and I feel I can again be the mother and wife I want to be. I am better equipped to help my children as they manoeuvre through life. My friendships are deeper and I am at peace with my own personal spiritual walk. I work four days a week and regularly attend the gym where I do yoga.

My life is full. I still have moments of anxiety, but there is an acceptance of this, and I no longer run from it. I know that if I keep my thinking true, and continue doing the right thing, it will pass.
Grant for Arts and Disability in Esperance

Disability in the Arts, Disadvantage in the Arts Australia (DADAA), which provides support and social inclusion for people with disabilities or a mental illness, has received a grant of $90,000 from the Mental Health Commission.

The grant is in line with the Western Australian Suicide Prevention Strategy, Mental Illness Prevention and Anti-stigma initiatives.

In her trip to Esperance on 14 February, the Minister for Mental Health Helen Morton announced the funding at the Cannery Art Centre.

“As a Government we are committed to working with the community sector towards a Western Australia where people with disabilities, mental health problems and/or mental illness have increased access to programs and activities, to build a good and satisfying life,” Mrs Morton said.

“The grant will help people living in Esperance to develop collaborative regional arts programs designed to meet the needs of people experiencing a disability or living with a mental illness.

“DADAA is a worthy recipient because they are committed to engaging regional Western Australian communities, through the development of targeted Arts and Disability programs designed to respond to the changing needs of West Australians who experience disabilities and/or are living with a mental illness.

The grant will help increase access to new long-term community arts and skills development programs that will have a sustained day activity and respite impact, and improve social inclusion and access to innovative self-advocacy communication tools, through training in and the development of locally derived social media strategies,” she said.

DADAA’s programs are tailored to expose people with a disability or mental illness to a wide variety of arts activities and creativity. The programs empower people by teaching them new skills, enhancing self-esteem and encouraging social engagement and friendships by providing fun, educational and inclusive activities.
Get your skates on

Taking on an exciting new sport has brought surprising mental health benefits for skaters in the full contact sport of roller derby.

The exercise, the camaraderie and volunteering in the running of the club and events combine to deliver a strong mental health dividend for the women involved.

Roller derby involves teams of women skating against each other and using hips and shoulders to push each other over as they travel around an oval track. The objective for a team is to get its own point-scoring player (or jammer) through the pack more times than the opposing jammer during two minute periods of play. Months of training go into preparing new skaters for safe full contact play, which happens in public bouts several times a year. Yet while the skating itself is serious, it is a sport with a strong tendency to poke fun, with an example being the pseudonyms that skaters, referees and even some officials adopt, to the delight of spectators.

Derby girl Autumn S Prime (aka, law student Belinda Giles) enthuses about the sport’s positive impact in her life.

“I have never participated in a more physically strenuous, enjoyable, or social sport. The sense of belonging is truly unique,” Autum S Prime says.

“Derby helps me stay positive. After a stressful week, there is nothing better than going to training to skate (and hit) out my frustration! It is such a healthy way to vent.”

For fellow derby girl Kat Ache’lysm (psychologist Shelley Taylor outside derby), the mental health effects gained from actively participating regardless of level, are tangible.

“It provides more than physical benefits. The sense of belonging and fun from being surrounded by friends and fellow skaters, on and off the track, really supports recovery and mental wellbeing.

It helps manage stress and provides a strong sense of achievement and a healthy outlet for emotions,” Kat Ache’lysm says.

WA Roller Derby welcomes interested derby skaters of all abilities (women over 18 years), as well as skating and non-skating referees and officials (male or female), and prides itself on its inclusive and welcoming ethos.

For more information visit warollerderby.com.au

Now friends,
I was lost and I was lonely
Like a wheel with no air to roll
I was hungry for a game
That could ease my pain
And put the fear o’ woman in my soul
Go go roller girl
Look at that girl roll
Roller derby saved my soul
‘Roller Derby Saved My Soul’

Uncle Leon and the Alibis
Getting the ball rolling in Aged Care …with Wii

Aged care residents enjoy a wellbeing program with a difference.

Residents of Amana Living aged care facilities are enjoying the benefits of an innovative program to boost physical, cognitive and emotional wellbeing.

In 2009, Amana Living supplied each of their 15 residential services with Nintendo Wii equipment. To ensure the benefits of the equipment were realised, they engaged a part time Wii Project Officer, Kylie Mathieson, who set up a program focused on making the equipment accessible, easy to use while still ensuring it was a social and fun activity.

Wii gives older people the chance to successfully enjoy activities they can no longer do in ‘real life’ and presents an opportunity to cast aside physical limitations and be successful at sports they may have enjoyed when younger. This has been seen to enhance their continuity of self and boosts their connectedness with the person they have always been.

The Mental Health Commission teamed up with Amana Living during Mental Health Week to present a forum on Ageing, Mental Health and Wellbeing.

Speaking at the forum, Dr Peter McCarrey told how social isolation and a reduction in mobility can lead to a decline in mental health and wellbeing, regardless of a person’s age. He spoke about the central role that social connectedness and a sense of belonging have on one's mental health and wellbeing and noted how important it is that people have access to environments and activities that support them to form connections with others, improve their sense of belonging, and improve their self-esteem.

Kylie and a team of enthusiastic Wii coaches provide training and support to enable residents and clients to participate in Wii ten pin bowling. By making minor modifications to controllers, providing lots of hands on support and maintaining a focus on social fun and achievement, residents, clients (and staff) across 15 residential facilities, two day clubs and one retirement living facility have become involved with the program. Participants from each centre formed teams to compete in the Wii World Cup – with a handcrafted trophy and all important bragging rights the prize.

Over 1 million older Australians receive some form of aged care and support each year with services providing essential support with daily living, health and care needs being delivered in both residential and community settings.

The provision of aged care services also provides a valuable opportunity to implement broad mental illness prevention and early intervention strategies.

There is growing evidence that technologies like Nintendo Wii can assist people with cognitive and physical disabilities, including older people who may have reduced mobility and cognitive decline. The program run by Amana Living provides an additional component which benefits participant’s mental health and wellbeing, by making the activity social in nature, getting clients, family and staff together and giving them tools with which to have a whole heap of fun.

In 2012, Amana Living plan to expand the Wii program into their retirement living services with funding from the Department of Sport and Recreation. The benefits of an intergenerational initiative involving the Wii will also be explored. And of course, the Wii World Cup trophies will again be up for the taking in 2012.
Behind the smile
The journey towards wellness of Joshua Cunniffe

Joshua Cunniffe grew up as the eldest of four children in Bunbury in the South West of Western Australia. If you walked past him at Curtin University where he is now studying, you would have little idea of what this 19-year old ‘boy next door’ has been through and been able to accomplish.

At the age of twelve, Josh tragically lost a family member to suicide. Such a heartbreaking event would be hard to understand and deal with at the best of times, but imagine you are a teenage boy starting at a new school with all the angst that “teenagerdom” brings.

At fifteen, three years after this life changing event, Josh suspected that he too could be suffering from depression. He struggled with this thought for the next two years, hiding it really well. Many saw Josh as a role model, full of promise, a high achiever. He was liked and admired. He was happy, confident, friendly and fun to be around. No one knew how he really felt. He battled with his feelings in silence, uncomfortable talking about it to anybody.

‘I had never heard of anybody my age experiencing depression, and so I just assumed that nobody else had. I was scared of what others might think of me and I did not want them to think that I was weak,’ Josh said.

‘I was very unhappy, and was just trying to find the best way to escape the pain and hurt that I had been silently living with’.

Eventually feeling completely overwhelmed, suicide became a haunting thought for him, creeping slowly into his life and slowly consuming it. One night after having a fight at home and taking off into the night, he made a decision that changed the course of his life. Josh had reached a point where he felt like there was nothing to live for and suicide became a real option.

“I had been so scared for so long about speaking to anybody about what I was going through. But it turned out to be the best thing I could have done and, with the support and encouragement of my friend I was able to get the help I needed”…

He then sent a text message to a friend asking for help.

‘I had been so scared for so long about speaking to anybody about what I was going through. But it turned out to be the best thing I could have done and, with the support and encouragement of my friend I was able to get the help I needed,’ Josh remembers his initial contact with his friend.

‘This started my process of recovery. I went to the beyondblue website (www.beyondblue.org.au), used their depression checklists visited my local GP, than a counsellor and finally a psychologist.’

With the help of medical professionals and his family, Josh is in recovery and is happy to share his story with others who find themselves in a similar situation.

In September 2011, in conjunction with Lifeline WA, Josh published a book called Behind the Smile: A Hidden Battle Against Depression. In this book Josh talks openly about his battle with depression and his thoughts of suicide. More importantly, he talks about the way in which he was able to recover, sharing his experience in an open and honest way that empowers others to seek the help when they need it the most.

In launching Josh’s book the Governor of Western Australia, His Excellency Mr Malcolm McCusker AO QC said: ‘Joshua courageously decided to tell his story – openly, honestly and frankly – in the hope that it may help other teenagers going through the same destructive feelings of depression that he experienced, and encourage them to look for help, not keep those feelings bottled up in ever-increasing isolation.’
The People with Exceptionally Complex Needs (PECN) program is an example of how innovative collaboration between agencies is transforming the lives of our most vulnerable citizens by helping them to have more control in their recovery journey.

Nine individuals are currently participating in the pilot PECN program. To be included, these individuals must have:

1. had two or more conditions including mental illness, brain injury, intellectual disability or significant substance use problem.
2. pose a significant risk of harm to themselves or others.
3. require intensive support.
4. benefited from receiving coordinated services and,
5. had experienced real difficulties in accessing the services they needed.

It is estimated that less than 1% of service users meet the criteria for the program, but in the program’s short life it has made an enormous difference to the individuals concerned.

“Nearly all of the current participants have seen significant improvements to their quality of life and they are able to take much more control over their destiny and define the services they need to take an active role in the community,” Complex Needs Coordinator Amanda Perlinsky said.

Expansion of PECN

PECN brings together high level officers from relevant government departments who meet monthly. The group’s commitment is to ensure that each individual in the program receives access to the services they need.

“This structure has been able to break down and break through the obstacles faced by individuals, their families and carers,” Ms Perlinsky said.

The PECN pilot has been operating for the past two and a half years and the program is being expanded to double its capacity in January 2012, after an evaluation showed how successful the program is.

“This will see another nine people accepted into the program, an additional Complex Needs Coordinator recruited and continuing individualisation and coordination of services for this group of people, their families and carers,” Ms Perlinsky said.

The turnaround in Josh’s life has been profound and is an inspiration. He is a Lifeline WA Ambassador, holds a seat on the Ministerial Council for Suicide Prevention and works on projects advocating good mental health and wellbeing. Later this year, Josh will launch the National Youth Week in his home town of Bunbury. He was also a State finalist for the 2012 Young Australian of the Year for his work in advocating positive mental health messages.

He said that he has learned through his life experience that it is best to concentrate on the present, and not get caught in the past or worrying about the future. He tries to enjoy each day and make the most of it by doing what he can to help others. As he puts it: ‘My hope is simply to connect with that one person who may be exposed to my work and who feels like they are alone, misunderstood, that nobody cares about them. If I can communicate with that one person in an effective manner and can help them to reverse their thinking then I will have achieved what I am set out to do.’

If you or somebody you know is in emotional distress, call Lifeline WA on 131114.
For information on suicide prevention visit - www.onelifewa.com.au.
Reforming mental health in Western Australia

Taking care of our mental health is one of the most important things we can do for ourselves.

The Mental Health Commission is working hard to ensure all Western Australians lead a good life; and that there are appropriate supports and services to help people with a mental health problem and/or mental illness to stay in the community, out of hospital and live a meaningful life.

During Mental Health Week, the Commission released its ten year blueprint for mental health reform in Western Australia. The policy, *Mental Health 2020: Making it personal and everybody’s business*, aims to deliver a mix of mental health prevention, early intervention, treatment and recovery services and supports that will create a person focused, whole of government approach to mental health and strengthen the community sector.

Mental Health Commissioner, Eddie Bartnik discusses the Policy and what it means to people with a mental health problem and/or mental illness, their families and carers.

“Most people with a mental health problem and/or mental illness can live successfully in their community, among their family and friends, provided they have appropriate supports,” says Mr Bartnik.

“*Mental Health 2020* aims to create a modern and effective mental health system – where the supports and services provided are focused on the individual.

“This will create a system where people with a mental health problem and/or mental illness, and those who love and care for them, are given more choice, flexibility and control over the services they receive.”

Three key Reform Directions will guide the Commission in mental health policy, planning and purchasing, as Mr Bartnik explains.

“Everything we do over the next ten years will be underpinned by three key Reform Directions.

“We will ensure that individuals and their recovery are the centre of our focus through person centred support services.

“Connected approaches between public and private mental health services and formal and informal supports, services, and community organisations will ensure better support for individuals, their carers and families.

“And a balanced investment across the mental health system will provide a full range of support and services, such as mental health promotion and prevention, early intervention, treatment and recovery.

“Finally, to implement our three key Reform Directions, we have highlighted nine Action Areas. These include: good planning, services working together, a good home, getting help early, specific populations, justice, preventing suicide, maintaining a sustainable workforce and a high quality system,” Mr Bartnik says.

*Mental Health 2020* is the result of two years of comprehensive community consultation.

“I would like to personally thank everyone involved for investing their time and sharing their experiences with us, including people experiencing a mental health problem and/or mental illness, their families, carers, service providers, government agencies and community sector organisations,” Mr Bartnik said.

To download your copy of ‘Mental Health 2020: Making it personal and everybody’s business’ visit mentalhealth.wa.gov.au.
International resources available to Western Australia

The 2011 International Initiative for Mental Health Leadership (IIMHL) Exchange and Network Meeting was held in the USA in September. This ‘government-to-government’ initiative has been focusing on identifying evidence of best practices and services that will enable and support people who experience mental illness and substance abuse problems in their recovery.

The September 2011 leadership exchange provided valuable first-hand evidence of the power of wrap-around supports and services for young people with complex problems including mental illness. The visit also provided the opportunity to experience first hand the effectiveness of self-directed care to facilitate and support recovery for adults.

Mental Health Commissioner Eddie Bartnik participated in the leadership exchange to the Wraparound Milwaukee program in Wisconsin, along with Australian child and adolescent mental health experts from NSW, Victoria and Queensland. The 2-day visit involved comprehensive briefings on the program as well as meetings with families and staff from a wide range of agencies.

The Wraparound Milwaukee program recently won the US Presidents Award for Innovation in Government Services due to program excellence and over 15 years of outcomes and financial data indicating a high level of effectiveness for young people and their families, as well as excellent value for money. The WA Mental Health Commission hosted a visit to Western Australia by program founder Bruce Kamradt in early 2011, with an additional visit being planned for mid 2012. Further information on this multi-agency initiative and a short video is available on the Mental Health Commission website.

The formal part of the visit was the 2-day Leadership Network meeting and conference in San Francisco. This was attended by IIMHL member countries including North America, The United Kingdom, New Zealand and Australia. Of particular interest were presentations by Mental Health Commissions from Canada and New Zealand as well as a wide range of international experts. Speaking topics included Mental health psycho social support in Afghanistan; a panel on lived experience of recovery; trauma across the lifespan; the Wharerata Declaration on Indigenous leadership; persons with multiple health conditions; supporting military families; and early intervention/youth mental health. The full range of conference presentations is available on the IIMHL website at http://www.iimhl.com/.

Following the network meeting Eddie Bartnik travelled to Texas to visit the Texas Self-directed Care program in Dallas. The program is part of a national research project under the University of Chicago, Illinois. It is based on the earlier successful Florida Self-directed Care project supporting recovery for people experiencing mental illness. During his visit, the Commissioner Bartnik spent 2 ½ days visiting program participants in their own homes who were using self-directed care as part of the program.

The www.texassdc.org website has an excellent description of the program and some wonderful stories of life changing experiences written by participants.

“It was an amazing visit. Seeing high quality wraparound services that have been operating for 15 years; hearing amazing personal stories of long term recovery and the different forms this can take for different people; and then seeing the power of self-directed care in operation, person by person in their own homes – all this gives me great heart that our journey here at the Mental Health Commission is definitely on the right track”, Eddie Bartnik said.

The next IIMHL Exchange and Network Meeting will be held in New Zealand in March 2013.
New subacute services offer vital support

People with a mental health problem and/or mental illness, and their families have new support options thanks to important reforms being implemented by the Mental Health Commission.

The Commission is developing the first subacute services in Western Australia with new facilities to operate in Joondalup, Rockingham and Broome.

Subacute mental health services are an alternative to hospital admission for people who become unwell, or who are leaving hospital after an acute illness and still require care for a short period.

Judi Morris, Assistant Director for Strategic and Infrastructure Planning at the Mental Health Commission, said the services were a major achievement that would help people avoid unnecessary inpatient admissions and live successfully in our community.

“Subacute services are also known as step-up step-down services and have been operating successfully in a number of places in Australia and overseas,” Ms Morris said.

“They provide vital short term care for people with a mental health problem and/or mental illness.

This means they don’t have to wait until they are severely unwell or have an acute episode before they can find help,” she said.

The facilities will provide clinical and nonclinical services 24 hours a day seven days a week. Construction of the Joondalup facility is already underway and expected to be finished by mid 2012. It features a residential style 22 bed development with individual units.

In the Rockingham, Kwinana and Peel region, the Commission is conducting extensive consultation with public mental health staff, carers, consumers, nongovernment organisations and the General Practice Network.

“The message from these groups is that a mix of residential and home-based care for people who are able to stay in their own home will provide the best support for the community,” Ms Morris said.

In Broome, consultation has also taken place with key stakeholders for construction of a six bed subacute residential facility in the local community.

A key objective of the Commission is to promote and tailor supports to the individual, and give people real choice and control over their supports and services. These three facilities will embrace this approach. The individual, along with their family, friends and carers, will be involved in identifying their strengths, interests, aspirations and needs and be central to the process of designing their own holistic plan.

“There will be a strong focus on maintaining the links that a person has with their community – for example, to maintaining involvement with family, friends, study or work,” Ms Morris said.

“We know how important this involvement is in helping people to live successfully in our community and we want to support it much as possible.”

Subacute services are another key measure towards providing a full range of mental health supports and services for Western Australians.

Reaching out to improve mental health

St John of God Social Outreach and Advocacy Services have a strong focus on improving mental health and wellbeing.

Our community-based mental health services in WA include:

- **Raphael Centre Subiaco** – specialist perinatal and infant mental health services including assessment and therapies for anxiety and depression as well as support for parent-infant attachment.
- **Murdoch Community Mental Health** – based at Ferns House in Fremantle, this service provides adult counselling and outreach workers provide social and emotional wellbeing support for young people and families.
- **DAWN (Drug and Alcohol Withdrawal Network)** – our team of mental health nurses work across metropolitan Perth, helping people reduce or stop their drug and/or alcohol use in their own homes.
- **South West Community Drug Service Team** - works with clients across the southwest of WA to reduce the harm associated with the use of alcohol and other drugs.

Reaching out to people experiencing disadvantage to improve health and wellbeing.

Recovery from a mental health problem and/or mental illness often relies on an appropriate treatment being provided by a mental health service. People from culturally and linguistically diverse (CALD) backgrounds often confront barriers that result in a reluctance to access services.

Consider Waajedah: her first experience within a mental health service was with a clinician who assumed that due to her Middle Eastern background, she was oppressed, her husband was abusive and her cultural practices were dangerous to the wellbeing of her children. The inaccurate cultural assumptions and lack of appropriate help heightened her distress and she spiraled into a state of psychosis with thoughts that suicide was the only way out.

The newly launched National Cultural Competency Tool (NCCT) for mental health services aims to enhance the ability of mental health services to work transculturally.

The Tool is for all mental health services of all sizes including public, private and nongovernment organisations. It is a practical and easy to use self-assessment package designed to progressively embed culturally competent practices into organisational processes.

The UWA Community, Culture and Mental Health Unit (CCMHU) has commenced a statewide program to assist mental health services to implement the Tool. The Mental Health Commission has endorsed and funded the initiative that will help to ensure that mental health services are able to meet the National Standards for Mental Health Services, the National Mental Health Policy 2008, and the 4th National Mental Health Plan, in relation to cultural responsiveness. Interactive and practical training, as well as ongoing support, will be provided to mental health services across WA.

“I am extremely excited that there is now a tool which may minimise and preferably eliminate experiences like my own,” Waajedah says.

“It will encourage professionals to incorporate cultural practices into treatment which will help recovery.”

Implementation of the Tool by mental health services will increase the confidence of services to work transculturally. This will have a positive influence on the recovery journey of CALD consumers and lead to better mental health outcomes for all concerned.

Please contact Community, Culture and Mental Health Unit, School of Psychiatry and Clinical Neurosciences, UWA at ncct-spcn@uwa.edu.au or call 9224 0289 for further information or to register your interest.

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1 Project Team: Professor Aleksandar Janca, Gillian van der Watt, Ayla Potts, Nikola Horley, Maranda Ali. Consultants: Dr Alex Main, Dr Bernadette Wright.
Draft Mental Health Bill

In what circumstances should a person experiencing mental illness be treated involuntarily?

Answering this question involves balancing conflicting imperatives: respect for basic human rights such as liberty and autonomy in decision making; the state’s responsibility to ease suffering and distress when citizens are too unwell to make decisions in their best interests; and the protection of the community.

These judgements play out in the clinical and legal domains on a daily basis. Medical practitioners, mental health practitioners and psychiatrists are required to use their expertise to arrive at factual judgements about the person’s condition and ability to make decisions. The practical consequences of these clinical judgements are dictated by the Mental Health Act, a set of rules that aims to reconcile the various interests affected by involuntary treatment decisions.

With the release of the draft Mental Health Bill for public comment, the vexing dilemmas associated with involuntary treatment move beyond the legal and clinical domains and into the public sphere.

Launch and Consultation

The Minister for Mental Health, the Hon Helen Morton MLC launched the Draft Mental Health Bill at a morning tea attended by around 100 consumers, carers, medical professionals and politicians on 16 December 2011.

Minister Morton encouraged everyone to provide feedback on the Draft Bill: “Please take the time to read the Bill and make sure of three things.”

“Firstly, make sure that there are no restrictions to the rights of people with mental illness, that are not required for their safety, treatment, or the safety of those around them.

“Secondly, there are no clauses in the Bill that will not lead to a better life for someone with mental illness.

“Thirdly, there is nothing missing from the Bill, where legislation could lead to a better life for someone with mental illness.”

To assist people in making an informed comment about the Draft Bill, the Mental Health Commission organised several community forums and briefings with clinicians, general practitioners, carer and consumer organisations around the State.

The Commission also consulted with the Mental Health Review Board and the Aboriginal Health Council of WA.

The consultation period will end at 5.00pm on 9 March 2012 and it is anticipated that the final Bill will be introduced in Parliament in mid 2012.

All submissions will be published on the Mental Health Commission’s website www.mentalhealth.wa.gov.au unless authors specifically request otherwise. In general, organisations, but not individuals will be identified.

You can find the Draft Mental Health Bill, Overview of the Bill and Explanatory Guide on the Commission’s website. If you wish to provide feedback, please:

- email the Mental Health Commission on contactus@mentalhealth.wa.gov.au
- mail your comments to GPO Box X2299, Perth Business Centre, WA, 6847.
History tells us that opportunities to reshape the legislative landscape occur infrequently: the existing Mental Health Act has now been in force for over 15 years.

During this period, community attitudes toward mental health have evolved considerably. Progressive concepts such as recovery and personalisation are becoming increasingly mainstream and are now recognised in official Government policy. Central to these concepts is the importance of balancing expert medical input with a fuller appreciation of the role of family, friends and community in promoting wellbeing. These ideas do not sit comfortably with mental health legislation, the primary purpose of which is to enable the state to make decisions on behalf of those who are unwell.

The current Mental Health Act does little to temper the paternalism inherent in substitute decision making. Potential opportunities to involve patient, family and community perspectives in decision making, such as collaborative discharge planning and support for the use of advance health directives, are not supported.

The Mental Health Review Board, a quasi-judicial body charged with reviewing involuntary treatment orders, is required to include a community member (ie a person who is neither a lawyer nor a psychiatrist) on review panels. However, the scope of the community member’s influence is limited by the Act’s requirement that the Board ‘have regard primarily to the psychiatric condition of the person’.

Social circumstances – presumably the area the community representative is best placed to address – are relegated to a second tier consideration. Without legislative support for the standing of patient, family and community perspectives, the mental health system will always struggle to demonstrate the normative legitimacy of decisions rooted in clinical and legal judgements – even where those decisions are made in the best interests of the patient.

The current consultation process represents a rare opportunity to ensure that the State’s mental health legislation provides as clear a sense as possible of the community’s current standards and expectations relating to the care of people experiencing mental illness. Does the draft Mental Health Bill achieve this? Perhaps. The proposed introduction of a charter of rights, tangible support for the role of carers and families, and new treatment, support and discharge planning requirements are among the changes that seek to redress the imbalances and inadequacies of the current legislation. Ultimately, however, this is not a question for the Mental Health Commission to answer. It is your turn to tell us.
Mental Health Week – “Let’s Talk About It”

What a fantastic effort the Western Australian community achieved for Mental Health Week in 2011! Mental Health Week seeks to raise awareness, educate and reduce the stigma of mental illness.

Participation is encouraged from everyone throughout Western Australia – organisations, companies, schools, universities, community groups and individuals. The interest, passion and enthusiasm this year was exceptional as was the creativity shown by the community in creating their events.

Mental Health Week is coordinated by the Western Australian Association for Mental Health (WAAMH).

It was officially opened by the Hon. Helen Morton MLC at a family event in Hyde Park, with special guest speakers Ryan Campbell and Tony Serve. Guests relaxed and listened to the music of Spirit of the Streets Choir and members of the WA Youth Jazz Orchestra.

This year, WAAMH highlighted the issue of employment for people with a mental illness coming out of hospital care. They organised a seminar and various workshops on the Individual Placement and Support (IPS) Supported Employment Program, an evidence based model which assists people who have a mental illness. International expert Dr Gary Bond from Dartmouth University and Dr Geoffrey Waghorn from the University of Queensland presented to people from across the community, mental health sector and specialist employment agencies. This was followed by specialist workshops located in Perth, Rockingham and by video conference. It included high level meetings with people from relevant State and Federal government departments.

These presentations resulted in great interest and enthusiasm about the possibility of establishing the IPS model in Western Australia.

Some of the other activities included art exhibitions, church services, youth events, forums, seminars, mental health first aid events, quiz nights and a ball.

Exhibition at Murdoch
Catriona McNee, St John of God Hospital, Murdoch

To celebrate Mental Health Week at St John of God Hospital, Murdoch two displays were compiled, each containing a blank white canvas and relevant information and resources for ‘passers by’.

On each blank canvas, ‘passers by’ were encouraged to take their time and answer a question posed to them by either writing or drawing their answer. The questions
‘How do you feel right now?’
‘How do you look after your mental health? ’

The response received was tremendous. The completed canvas’ will be added to the artwork collection currently on display at Ferns House.

Blue superheroes from Albany
Anna Wilson

Blue superheroes from Albany Regional Hospital’s Dynamic Day Procedure Unit turned Blue 4 A Day to promote the importance of employee wellbeing and reduce the stigma associated with mental illness.

Stress Less Day
Carly Blomfield, Edith Cowan University

The aim of ‘Stress Less Day’ was to increase public awareness of mental health, decrease the level of stigma that is present in society while providing
education and flyers on some common mental illnesses, early warning signs and contact details of organisations available for those who require additional help.

We included strategies for de-stress such as how to make stress balls, a relaxation tent where people could sit and chill out, soft tissue massage, natural therapies such as aromatherapy, meditation, financial management, a guess who game to provide awareness that celebrities suffer from mental illness too, and cupcakes with health affirmations. It was also a chance for people to discuss life stressors and strategies to detect early warning signs to prevent stress from occurring.

Mental Health Week in Bunbury
A community barbeque was held in Bunbury. The day was attended by agencies and other events in Bunbury included artwork, painting activities, drumming and a lunch time Walk-a-Block for mental health with the Act-Belong Commit mascots.

Talking heads
An art installation and competition entitled “Talking Heads” was the ‘voice’ to raise awareness about Youth Mental Health in the mid west, as part of their Mental Health Week celebrations.

The installation was held in the lead up to Mid West Youth Mental Health Awareness Day “Act Belong Commit – No Health Without Mental Health”, at the Geraldton Foreshore.

The Arts and Cultural Development Council and the Youth Coordinating Network, Youth Mental Health Group, worked together with youth who creatively expressed their thoughts about mental health by painting or decorating life-sized cardboard cut-out heads on sticks. Each piece was displayed at the Foreshore and at participating venues.

The competition attracted 75 people aged between 12 to 25 years who expressed their thoughts about mental health.

Sponsored by the Geraldton Community Bank, categories included “artistic merit”, “most innovative mental health message” and the “people’s choice award”. Winners received great prizes including vouchers and an iPod.

Mental Health Week Closing Event
Over 100 people assembled at Cottesloe Beach for the Mental Health Walk of Pride. The sunset stroll was a statement against stigma and marked the start of Carers’ Week and the end of Mental Health Week. The annual mental health Walk of Pride is growing around Australia and attracts mental health carers and consumers, mental health groups, caring members of the community, children and community service groups.

The event was hosted by mental health carer association Arafmi. Key speakers included Mental Health Minister, Helen Morton, Arafmi patron and mental wellness advocate, Estelle Dragun and Arafmi youth ambassador, Jamie Kennedy-Fillery.

Bell-Vista is proud to support the John Da Silva Carers Award in the 2011 Mental Health Good Outcomes Awards

Bell-Vista is proud to support the John Da Silva Carers Award in the 2011 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 and international offices, Allstates Mauritius and Allstates Liquor Wholesalers, a liquor importer and Allstates Agricultural Products Pty Ltd, an importer of fertiliser.

Bell-Vista supplies premium produce to major hotels, restaurants and caterers in the city as well as country towns and remote mining operations throughout Western Australia. Allstates Marine and Food Services provides all the requirements of cargo and passenger vessels calling at Australian ports.

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.
Good outcomes awarded

Excellence was rewarded at this year’s Good Outcomes Awards, where eight awards were presented to individuals or mental health services recognising their outstanding work in the field of mental health.

Since the Awards were first held in 2003, the Mental Health Commission has celebrated some inspiring role models at a local, regional or statewide level who have faced the challenges of living with a mental health problem and/or mental illness, or have helped others on their recovery journey.

Eight awards were presented at the gala breakfast with the winner of each category receiving a cash prize of $1,000, a framed certificate and a commissioned piece of art with a commemorative plaque created by DADAA (Disability in the Arts, Disadvantage in the Arts, Australia).

A growing partnership with DADAA
The Commission was delighted this year to partner with DADAA in the creation of meaningful and memorable trophy art for each winner of a Good Outcomes Award.

Each trophy has been created by consumers and carers at DADAA in Midland and has a mental health journey behind it.

One example was the trophy for the Recovery focused service or program Award. In this trophy the hand is holding a key and there is a lock on the hand itself. To the artist, recovery is about unlocking a door, recognising that there is key and the journey is to discover what that key is and how to operate the lock. It is a great story of hope and of individual self awareness and management.

This approach aligns with the Commission’s definition of recovery – people building a meaningful life for themselves, with or without the continuing presence of mental health symptoms, based on the ideas of self-determination and self-management, emphasising the importance of ‘hope’ in sustaining motivation and supporting expectations of a fulfilled life.

DADAA is a not-for-profit community cultural development organisation. DADAA is a catalyst for the development of an inclusive approach to the arts and culture of Western Australia for more than twelve years.

Their focus is to create opportunities and social change for people who have a disability or mental health issue living in communities throughout Western Australia.

And the winners are...

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<th>Award</th>
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<td>GESB Partnership Award</td>
<td>South Metropolitan Community Drug Service and South Metropolitan Mental Health Service</td>
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<td>Edith Cowan University Prevention and Early Intervention Award</td>
<td>Rural Community Support Services</td>
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<td>Dr Mark Rooney Award for Improvements in Child and Youth Mental Health sponsored by the Commissioner for Children and Young People</td>
<td>Therapeutic Family Services</td>
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<td>John DaSilva Award for Consumer and Carer Participation</td>
<td>Ms Margaret Doherty, Mental Health Matters 2</td>
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<td>Freehills Mental Health Employee Award</td>
<td>Mr Mark Morton, Joondalup Health Campus – Mental Health Unit</td>
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<td>St John of God Award for Recovery Focused Service or Program</td>
<td>Horizons Armadale Community Mental Health Rehabilitation Service</td>
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<td>Curtin University of Technology Health Innovation Research Institute Aboriginal and Culturally and Linguistically Diverse Mental Health Award</td>
<td>Mr Angelo Scala and Bunbury Pathways Well Ways Indigenous Pilot Group</td>
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<td>McCusker Charitable Foundation Award for Excellence</td>
<td>Associate Professor Jonathan Rampono</td>
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Awards

Freehills Mental Health Employee of the Year Mark Morton

This year’s winner of the Freehills Mental Health Employee Award, Mark Morton, is a nurse therapist at the mental health unit at the Joondalup Health Campus. He works as part of a multidisciplinary team that treats people with acute mental health problems.

Although he is based in Rockingham, Mark says he chooses to undertake a daily 140km round trip to Joondalup because of the great team approach at the Campus.

Much of Mark’s work takes place in group settings with at-risk people. This means that cultivating respect and creating a safe place for these people is paramount to the success of the program.

Mark’s peers say he is noted for his outstanding ability to show respect and compassion.

Mark strongly encourages clients to involve their family and carers in their treatment, in an effort to build a caring and supportive environment, and works carefully and patiently with them to help them understand how to do this.

Mark has completed extra training in drug and alcohol care and treatment approaches, cultural awareness and mindfulness to broaden his expertise.

“\nI believe in fostering optimism, setting up networks of support and focusing on the person as being their own expert on the road to recovery. For these beliefs to be recognised at one of the states most prestigious awards is a truly humbling experience,” Mr Morton said.

Edith Cowan University Prevention and Early Intervention Award – Rural Community Support Services

The Commission is pleased to recognise this year’s winner of the Edith Cowan University Prevention and Early Intervention Award, Rural Community Support Service, for the work they do in regional and remote Western Australian.

A rural primary mental health service, their focus is on building resilience, reducing the stigma associated with mental health issues and providing effective primary mental health services to communities that have limited or no access to mainstream health services, private counsellors and GPs due to geographic location.

Suicide is the leading cause of death for young men in rural Australia. A key objective of the Service is to break down the stigma associated with men seeking help or support, while still enabling them to be suitably equipped to modify their behaviour to improve their emotional wellbeing. Through their own initiatives and extensive interagency collaborations, they work to make rural and remote communities become resilient, remain connected (to self and community) and become equipped to prosper and grow.

Their initiative – A Day in the Shed – aims to cultivate resiliency for communities, families and self... specifically addressing the social and emotional needs currently faced by drought affected rural communities.

“People in rural areas are often more seriously affected by depression, but are less likely to talk to someone about it. In our rural communities people don’t often talk about their problems. They just get on with things and [say] ‘I’ll be right mate’,” Ms Drayton said.
Champion of mothers and babies honoured

Associate Professor Jonathon Rampono has been successful and personally responsible for achieving a range of significant changes in the field of perinatal mental health that has changed the lives of women and their families.

For over 20 years, Associate Professor Jonathan Rampono has championed the need for appropriate clinical care and treatment for women suffering from perinatal mental health disorders. This year, he was awarded the Mental Health Good Outcomes Award for Excellence.

He is the Chair of the Women’s Health Clinical Care Unit and is the primary clinical leader for the Western Australian Perinatal Mental Health Services and Sexual Assault Resources Centre located at King Edward Memorial Hospital for Women.

He is the primary reason for the development of a purpose built eight bed inpatient unit for mothers (and babies) with perinatal mental health conditions (located on the campus of King Edward Memorial Hospital for Women) which now leads Australasia in both facility design and clinical models of care.

Additionally, he has been instrumental in the acceptance to plan and build another Mother and Baby Unit at the Fiona Stanley Hospital, personally influencing the final design of both units and ensuring that consumer involvement and viewpoints came first.

The growth of the perinatal services at King Edward has been a career highlight for Dr Rampono – seeing it grow from a very small department in the mid ’90s to, what he describes as a “wonderful arrangement in Western Australia where we have primary services (the women’s perinatal mental health unit), secondary services (Psychological Medicine Department) and tertiary services (Mother and Baby Unit) all situated in the one place.”

Dr Rampono ensures every woman arriving at King Edward Memorial Hospital for Women is screened for perinatal depression – and due to this commitment and passion, the percentage of mothers screened in Western Australia is the highest per population in Australia.

Dr Rampono sees perinatal mental health as a family matter with fathers and grandparents being as involved as they want to be – sleeping at the unit and having their own support groups and education.

He works tirelessly to educate medical and other health practitioners in the clinical management of women with mental health disorders in the perinatal phase.

Despite being a perinatal psychiatrist, he has also championed the needs of children and adolescents in his role as chair of the Psychological Medicine Clinical Care Unit (PsMCCU). He was influential in achieving the current changes in the governance system and unification of all child and adolescent mental health services in Western Australia.

He has represented Western Australia in the beyondBlue initiatives since 2005. The four year national beyondBlue perinatal depression initiative that commenced in 2009 was modeled on the services framework established in WA under Dr Rampono’s direction and leadership.

One issue he is particularly passionate about is how at times practitioners can act in a punitive manner to patients with a mental health disorder. He continually educates all concerned on this issue and is always trying to encourage people to reflect on their own behaviour when this occurs.

His “mantra” which is heard almost daily is that the “patient comes first” and “always do what is best for the patient”.

Associate Professor Jonathon Rampono has been successful and personally responsible for achieving a range of significant changes in the field of perinatal mental health that has changed the lives of women and their families.
Music Feedback Arts and Health Foundation Award

The Mental Health Commission’s continuing commitment to promote a mentally healthy Western Australia was recognised recently at the State Australian Business Arts Foundation (AbaF) Partnering awards.

The Commission, in partnership with the West Australian Music Industry Association (WAM), was presented with the ‘Arts and Health Foundation Award’ for the WAM Song of the Year program.

The award recognises the innovative partnership that has developed over the years between WAM and the Commission, in its efforts to reduce mental health stigma among the Western Australian youth with their Music Feedback campaign.

Music Feedback, which targets young people aged 12 to 24 years utilises popular music and musicians to encourage young people to talk about mental health issues, seek help early and promote opportunities for community engagement and social inclusion. This is mobilised by the slogan, ‘Music talks about mental health. So can you.’

“Music is an ideal way for every person to express feelings and emotions,” Paul Bodlovich from WAM said.

“The WAM Song of the Year program does a great job in engaging young people and encouraging them to express positive thoughts and feelings about mental health through music and song,” he said.

“Music is cathartic… it’s also an outlet for people listening and you can provide a level of empathy. It's important that conditions like depression are talked about openly. If your friends are having a difficult time, talk to them about the issues that are worrying them. They need to know it’s OK to look for help.”

JAKE STONE, LEAD SINGER, BLUEJUICE

WAM, a not for profit organisation that helps to develop the Western Australian contemporary music industry, first became involved in this partnership when it sponsored the annual Song of the Year competition.

Since then, the partnership has blossomed through the inclusion of a mentally healthy category in the competition for songs that touch on mental health issues, and the inclusion of a collaborative CD and DVD featuring musicians encouraging young people to talk openly about mental health.

Many popular national, international and local musicians and bands have been involved in the campaign since the campaign’s initiation in 2009, including Dan Sultan, The Panics, Mumford and Sons, Art vs. Science and San Cisco.

Music Feedback is now a dynamic multiagency partnership between the Commission, Ruah Community Services, WA Department for Communities’ Office for Youth, the Western Australian Music Association (WAM), Inspire Foundation and headspace.
The WA mental health sector is entering an era of opportunity, with new money, a newly established Mental Health Commission and clear political commitment.

New Zealand was in a similar position ten to twelve years ago but our golden years are over. I urge you to seize the opportunities while you have them.

As one of three commissioners at New Zealand’s Mental Health Commission, I helped lead the development of a recovery approach nationally from 2000 to 2007.

Recovery is at its core a personal journey, which requires services to foster our personal resourcefulness, reconnect us to our natural supports and facilitate our equal opportunities. In other words recovery based services support the restoration of a person’s existential ‘being’ and social ‘belonging’ after these anchors have been cut adrift by mental distress.

Sadly, all western countries have a legacy of institutionally based services that by their very nature have inhibited the restoration of being through a focus on deficits and narrow standardised interventions. They have also severed belonging by removing people from their communities, disabling the potential of communities to respond and by becoming magnets for community stigma and discrimination.

New Zealand has the most deinstitutionalised national mental health system in the world. We closed all our hospitals in the 1990s and sold most of the land and buildings. No-one misses them, though there was plenty of resistance to their closure from powerful unions, hostile communities and fearful families.

Our hospital based services now comprise of acute wards attached to general hospitals, a small handful of longer stay wards, and inpatient forensic services. There are moves to downsize the acute wards and to increase home and community based acute services.

Thankfully, the longer stay wards are also dwindling. Nor do we have large community based institutions such as hostels; virtually everyone lives in ordinary houses in ordinary streets. Around a third of New Zealand’s mental health funding goes to inpatient services, a third to community based clinical services and another third to community support services run by nongovernment agencies.

I was a patient in some of New Zealand’s psychiatric hospitals and I later worked in one of them as an advocate.

I have also visited a number of psychiatric hospitals in Australia and elsewhere in recent years, and every time I have wept at the way they diminish people’s hope and life chances, especially those who live in them for many months or years. The only reason any decent human being would want to keep these hospitals open is that they cannot imagine or dare to hope for anything better. The people of WA can now start to expect better. You have an unprecedented opportunity to close your psychiatric hospital and to reduce inpatient beds in other hospital settings, then to plough the savings and the new mental health money the into the creation of a humane recovery-oriented community-based system that restores rather than diminishes people’s being and belonging.

The institutional base has been dismantled in New Zealand. It can be dismantled in WA too.

Grass Roots Festival – Bicentennial Park, Bunbury

Saturday, 14 April 2012 from 12 noon to 11pm, 2012

National Youth Week will be launched.

This FREE music festival is sponsored by the Mental Health Commission in partnership with Department of Communities, City of Bunbury, Investing in Our Youth Inc., Shire of Dardanup and other community groups and the corporate sector.

For more information visit the Department of the Communities website www.communities.wa.gov.au > Youth > programs > National Youth Week
Lights, camera, mental health media action

A group of motivated consumers and carers recently completed media training so they can be part of efforts to break down stigma around mental health.

The training, which is funded by the Mental Health Commission, is designed to equip participants with the skills and confidence to express the voice of people with who have a mental health problem and/or mental illness in the media.

Viola Laki Wani who works at the Sudanese Australian Youth Association was one of 18 people selected for the course which ran over four half days and covered television, radio, print and social media.

“It made me realise I can help people with problems like bullying or violence, not just by talking with them, but by writing a letter or ringing and talking on the radio,” Ms Laki Wani said.

Many participants are now looking for ways to put their new found skills to work. They have set up an email network to brainstorm media opportunities and support each other. This has included writing letters to a local newspaper in response to an article about a new mental health facility, taking part in the mental health double page spread for Mental Health Week in The West Australian newspaper and calling talk back radio.

Breaking down stigma is a major priority of the Mental Health Commission. The training has helped to increase the pool of people able to effectively engage with positive as well as negative media coverage.

The Commission is committed to raising community awareness of mental health issues and changing the public conversation about mental illness.

Most people with a mental health problem and/or mental illness experience one off or intermittent occurrences of poor mental health and are able to live successfully in the community with the right supports.

We want to raise community awareness of mental health issues and to change the public conversation about mental illness…

It is important to challenge the negative stereotypes. The consumers and carers who participated in this training will have a powerful impact in reducing stigma in the WA community as they implement what they have learned here with their personal stories and insights.

One of the highlights for participants was a visit by Channel 10 presenter Narelda Jacobs and the opportunity for each person to practice an on-camera interview.

Establishing relationships with media personalities helps journalists to better understand mental health issues and contribute in a positive way to community debate.

Some of the participants are working on their personal stories so look out for them in the near future on the Mental Health Commission website www.mentalhealth.wa.gov.au.
Yarns of the Heart

CAN WA in association with Western Australian Museum Presents ‘Yarns of the Heart’ – An exhibition of over 70 handmade Noongar dolls from the Southern Wheatbelt

What began as a series of doll making workshops in the Wheatbelt has culminated in a major exhibition at the Western Australian Museum.

More than seventy exquisite handmade dolls, which tell the traditional dreamtime and contemporary stories for the women who made them, take pride of place at the Yarns of the Heart exhibition.

Community Arts Network WA (CAN WA) and the WA Museum are proud to present the exhibition which also marks the return of the creative spirit of doll making to the Museum after a sixteen year hiatus.

“The art of doll making has provided the Noongar community with a forum for engagement, dialogue and unity, creating a wonderful feeling of communion and healing when the ladies are sitting sewing and talking,” says Geri Hayden, CAN WA Aboriginal Arts and Culture Coordinator and doll maker.

Filmed as part of ScreenWest’s Indigenous Community Stories program, this exhibition and accompanying behind the scenes documentary, follows the stories of the doll makers and their unique dolls, which encapsulate their connection to family, culture and community.

This project is supported by Lotterywest, the Town of Narrogin and the Wheatbelt Development Commission through the Royalties for Regions scheme.

Date: 16 September 2011 to 31 January 2012
Venue: Mezzanine Gallery, WA Museum, Perth Cultural Centre

For more information visit www.canwa.com.au
As we are all aware, the journey to positive mental health begins at conception and is affected by a broad range of factors. These include attachment, relationships with parents and carers, engagement in education, integration with community and culture, peer relationships, physical health and risk taking behaviours, among others.

In her role as Commissioner for Children and Young People, Michelle Scott has legislated responsibility to monitor, promote and enhance children and young people’s wellbeing and look into any area which may be affecting the wellbeing of the State’s under 18 year-olds.

Since her appointment in December 2007, the Commissioner has prioritised several areas of children and young people’s wellbeing which directly or indirectly concern mental health issues.

Of particular importance is the Commissioner’s Inquiry into the mental health and wellbeing of children and young people in Western Australia and the resulting report which was tabled in the Western Australian Parliament in May 2011.

The following reports are a valuable resource for government and non-government agencies working in the mental health sector as they provide children and young people’s views on particular issues, and their ideas for improving services for them.

**Speaking Out About Wellbeing**
This report was based on research with nearly 1000 children and young people. A loving supportive family was identified as critical to their wellbeing and family conflict, alcohol-related violence and bullying were significant areas of concern.

**Speaking Out About Reducing Alcohol-Related Harm on Children and Young People**
Nearly 300 young people aged 14 to 17 years participated in this research about what influences their decisions around drinking alcohol and what they believe would be effective strategies in reducing the harm associated with alcohol consumption.

These publications and many others are available from the Commissioner’s website ccyp.wa.gov.au or contact the Commissioner’s office on 6213 2297.
Teenage Depression – Warning Signs
Michelle Ferry and Janette Philp
By Rebecca Zapelli

Suicide has a devastating and profound impact on the lives of family, friends and others left behind. Authors Michelle and Janette have used their personal journeys with mental illness to create a resource that empowers parents, carers and adults to identify the signs of depression in teenagers sooner and to take action and get help before problems become too severe.

While this coffee table book does not claim to ‘fix’ the problems of young people, or replace the support of therapy or counselling, it does shine a light on an important issue and goes some way to dispel the stigma surrounding depression. It encourages families to be aware of the issues and promotes discussion in a way that is both positive and supportive.

This is a Call: the life and times of Dave Grohl
Paul Brannigan

He has sold over 40 million albums. He’s been in bands that have changed popular music forever. He saw his best friend commit suicide. He starts supergroups. He’s the nicest guy in rock. From Nirvana to Foo Fighters, from brotherhood to bitter rivalry, from breathless highs to lifeless lows, this is an unparalleled, intimate and extraordinary account of the life and times of Dave Grohl.

Growing to Maturity: ‘A Potpourri of Readings for Mental Health’
Ann Waters

Ann lives in Hawaii and has attended GROW groups for recovery and growth. Ann found listening to others, thinking of her own weaknesses and things that helped her, allowed her to better understand herself and others.

Practical topics such as Motivation for Living: Writing your own Story, Some Tips on going to Work and Working as a Volunteer after a Breakdown are specifically aimed at people who have experienced a mental health crisis.

Anne bravely includes topics such as Anatomy of Violence, Some thoughts on Pornography, Sexual Maturity and Spirituality.

Ann acknowledges we each have our own unique story and unique insights and you don’t have to be a genius or a great writer to share something that can help another.

Secret Squirrel Business: A Guide to Mental Health Recovery is a practical and empowering book for people with enduring mental illness and is available for free.

Readers who want to take charge of their own health and recovery will find in it the tools to help them heal, as well as create the road to the heart of their intrinsically healthy self.

The Western Australian based author, Jenny Middlemiss, who lives with a form of schizophrenia, opens with a discussion of the nature of wellbeing, illness and recovery in which readers are invited to contemplate the nature of their own life and how the choices they make determine who they are and what they are becoming.

Throughout the book, these choices are placed in the context of the life experiences people living with enduring mental illness are likely to face. Being diagnosed, dealing with the mental health world and the possibility of spells in psychiatric hospitals are just one set of experiences. Managing one’s psychological and physical health; handling friends, family and intimacy needs; finding optimum solutions to housing, money, work and recreation issues are all described in detail to provide a holistic foundation for recovery.

The Secret Squirrel Business book is supported by the latest research in mental health and its wide ranging practical advice is extended by workshop exercises. By the end of the book, the readers have a whole array of tools to help them act from the authenticity of their own inner being, giving a solid platform from which to tackle life’s future struggles and challenges.

The book is beautifully illustrated by Roy Husdell and Michael Leunig and it includes photographs by Robert McFarlane. There is also an array of stories, capturing how different individuals have charted their way to recovery.

When the book is launched in April 2012, it will be complemented by a highly user-friendly website. The website will provide an online copy of the book, a forum for discussion as well as moving personal video stories and information on services that are able to help in the recovery journey.

Secret Squirrel Business is presented by Ruah Community Services and has been supported by the WA Mental Health Commission, Lotterywest, Paterson Family fund, a sub-fund of the Australian Communities Foundation, and the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs.

To register interest in obtaining a hard copy of the free book, email administration@ruah.com.au or phone 08 9485 3939. The book and website will be launched on 26 April 2012 and a representative from Ruah Community Services will contact you after this date to advise where you can obtain your free copy of the book.

Mental health research at Curtin University.

With one in five Australians suffering from a mental illness at some point in their lives research into this field is critical. Curtin’s mental health researchers are working on projects that promote the mental health and wellbeing of the community and improve the quality of care through better assessment, diagnosis and treatment.

Our areas of expertise include:
- mental health services research
- mental health promotion
- consumer and carer engagement
- better understanding illnesses such as depression
- developmental health
- Indigenous mental health
- elderly mental health issues and addiction and drug abuse to name a few.

For further information visit chiri.curtin.edu.au or call 9266 4583.

Make tomorrow better.
Recovery seminar series
27 March 2012, 9.30am to 12.30pm (registration from 9.15am)

By the end of this half day workshop you will be able to:
• discuss the concept of recovery
• examine the elements of recovery
• engage with recovery as an individual, ongoing and nonlinear process.

Venue: Richmond Fellowship of WA, Training Room, 32 Burton Street, Cannington
Cost: $66 (waged) $22 (unwaged)
For more information or to enrol: W: rfwa.org.au E: trf@rfwa.org.au

Training @ DAO
All events are free-of-charge. Numbers are limited for each event.

For detailed information and registration about these events and all other events on offer please visit the Drug and Alcohol Office website at www.dao.health.wa.gov.au

Enquiries: Workforce Development Administrative Officers, telephone 9370 0368 or 9370 0327, email DAO.education@health.wa.gov.au

Preventing drug problems: What does it mean?
• 2-3 April 2012, 9.00 am – 4.30 pm
Professor Steve Allsop, NDRI, Curtin University and Prevention staff, DAO
Preventing AOD problems is often challenging for people working in the AOD and mainstream sectors.
This workshop will provide an overview of what prevention is; what makes a difference and various models, approaches and principles. Topics will include social marketing including community education; community action; alcohol control including liquor licensing and funding sources.
Target audience: Professionals working with communities affected by AOD problems.
Application deadline date: 16 March 2012

Everybody’s business
• 30 April-1 May 2012, 9.00 am – 4.30 pm
Department for Child Protection (DCP) staff
The Department for Child Protection recognises the crucial role that workers have in supporting AOD using clients and their families.
This workshop will provide information to support workers where child protection issues are present. Topics include understanding abuse and neglect; the Signs of Safety child protection practice framework; rights and responsibilities – legislation and legal issues; contact and reunification; family support services; and understanding DCP processes.
Target audience: For health professionals working with AOD using clients.
Application deadline date: 13 April 2012

Engaging the disengaged
• 14-15 May 2012, 9.00 am – 4.30 pm
Peter Slattery, Therapist, Educator, Trainer
Working with young people means catching their attention, firing their imaginations, doing something’ so they will connect with what is happening and how it is happening.
This workshop will explore practical and interactive ways of engaging and working with young people, either individually or in groups. The strategies include the use of talking and non-talking; with image or physical movement; with imagination and using what is to hand; with time constraints; and in circumstances that are not ideal.
Target audience: For health professionals working with young people.
Application deadline date: 27 April 2012
**Induction training for new AOD workers**
- Event 1 – 12-16 March 2012, 9.00 am – 4.30 pm
- Event 2 – 18-22 June 2012, 9.00 am – 4.30 pm

**Workforce Development staff, DAO**
This training aims to equip new alcohol and other drug workers with the foundation knowledge and skills required to work effectively with clients presenting with AOD problems.

For information on the range of topics included in this training, go to the Training@DAO calendar on the DAO website at [www.dao.health.wa.gov.au](http://www.dao.health.wa.gov.au)

**Target audience:** New workers in the AOD sector who have a role in responding to AOD issues with clients.

**Application deadline dates:**
Event 1 – 24 February 2012
Event 2 – 1 June 2012

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**First Aid training**
- 20 March 2012, 9.00 am – 1.00 pm

**St John First Aid accredited trainers:** Christine Lethlean & Robynne Stark, Workforce Development, DAO
This training provides the knowledge and skills in ‘Basic Life Support’ to assist in the first response to emergencies using the St John Ambulance Action Plan (DRSABCD).

Please note:
- The revised 2011 Australian Resuscitation Council guidelines will be used.
- Comfortable clothing is suggested as there will be a practical component to the training involving physical exertion.

**Target audience:** Workers wanting to develop their knowledge and skills in this area

**Application deadline date:** 5 March 2012

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**Front desk and beyond: Training support staff**
- 6 June 2012, 9.00 am – 4.30 pm

**Colette Wrynn, Workforce Development, DAO**
Support staff in the AOD sector play a key role in interacting with clients, families and significant others, and consistently manage confidentiality, boundaries and self-care issues in the workplace. This workshop aims to build the confidence and capacity of frontline workers and includes examining values and attitudes towards alcohol and other drugs; models for understanding drug use, information on drugs and their effects, as well as strategies for dealing with challenging situations and behaviours.

**Target audience:** For reception, administrative and other non-clinical AOD staff.

**Application deadline date:** 22 May 2012

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**Blood borne virus yarning**
- Event 1 – 23 February 2012, 9.00 am – 4.30 pm
- Event 2 – 16 May 2012, 9.00 am – 4.30 pm

**Ursula Swan & Christine Lethlean, Aboriginal Alcohol and Other Drugs Program, DAO**
This culturally appropriate training aims to increase workers’ knowledge and skills to reduce the harms and transmission of BBVs when working with Aboriginal people who inject drugs.

Participants will be provided with culturally appropriate resources to use with clients.

**Target audience:** Workers who have Aboriginal clients; Aboriginal workers are encouraged to attend.

**Application deadline dates:**
Event 1 – 8 February 2012
Event 2 – 1 May 2012

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**Ways of working with Aboriginal people**
- Part 1 – 7 March 2012, 9.00 am – 4.30 pm
- Part 2 – 2 May 2012, 9.00 am – 4.30 pm

**Wendy Casey & Cliff Collard, Aboriginal Alcohol and Other Drugs Program, DAO**

**Part 1**
This training forms part of the Strong Spirit Strong Mind series. It explores the impact that history has had on alcohol and other drug use in the community and provides broad intervention frameworks based on empowerment principles.

**Part 2**
To attend Part 2 training, participants are required to have attended Ways of working with Aboriginal people – Part 1.

This session builds on culturally secure concepts and models, and introduces resources to respond to Aboriginal alcohol and other drug use.

**Target audience:** Workers who have Aboriginal clients: individuals and families. Aboriginal workers are encouraged to attend.

**Application deadline dates:**
Part 1 – 21 February and Part 2 – 17 April 2012
Music to Open Your Mind
at Kings Square, Fremantle

A fun-filled family day
Raising mental health awareness

Sunday 25th March 2012
12.30pm - 5pm

free live music and children’s activities
market stalls and delicious food
information about mental health

featuring live music from: Split Seconds
Ruby Boots
Big Old Bears

Kings Square
Next to the Fremantle Town Hall

Music to Open Your Mind is proudly sponsored by Healthway
to promote the Smoke Free WA message.