inBalance

Mental Health Association of Central Australia Inc

quarterly newsletter

14th edition

April - June 2007

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Lifeline - 13 11 14

A True World Leader

The 2nd annual Happiness & its Causes conference was held 14-15 June at the Sydney Convention Centre. Rita Riedel reports ...

WHAT a buzz to be attending such an interesting conference with a wide range of high quality speakers. The highlight was without a doubt special guest, His Holiness the 14th Dalai Lama (more on this shortly!), who lead a group of over 50 national and overseas speakers ...

Attracting a crowd of around 3,200 people, the conference provided a stimulating forum for presentations and discussions around the universal theme of 'What is happiness, and how can we create and maintain it'. We learnt about the influence of Western psychology—including the emerging field of positive psychology—and the unique contribution of Buddhist psychology, and topics such as: the art of happiness, human flourishing, becoming your own therapist, balancing life and work, creating better relationships and dealing with life's challenges. The atmosphere was inviting, warm and friendly, and the conference inspiring and well-organised, a real credit to host organisation, the Vajrayana Institute.

cont. page 24

"Kindness, love and compassion lie at the heart of human happiness and wellbeing."
His Holiness, the Dalai Lama (photo courtesy Vajrayana News July 2007 & Wisdom Publications 1990)

inBalance

is the quarterly newsletter of the Mental Health Association of Central Australia

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P&R Officer - Raymond Campbell
LPP Coordinator - Laurencia Grant
LPP Officer - Kristy Schubert
LPP Officer (Tennant Creek) - Vacant
Training & Promotions Officer - Rita Riedel
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committee

Chairperson - Mardijah Simpson
Deputy Chair - Trish Van Dijk
Secretary - Jill Deer
Treasurer - Lindsay Morley
Public Officer - Maya Cifali
Org. Rep - Vacant
Org. Rep - Jenny Black, Salvos
Consumer Rep - Leo Welin
Consumer Rep - Steve Kent

committee meetings

Are held on the 2nd Wednesday of each month. If you have any issues you would like to place on the agenda please contact your favourite committee member at least a week prior to each meeting.

correspondence with editor

rita.riedel@mhaca.org.au

disclaimer:

Contributions to ***inBalance*** do not necessarily reflect the views of MHACA.

erratum

inBalance may feature photos of deceased persons. MHACA apologises unreservedly to the family, friends and co-workers of the deceased for any unintentional distress that may occur as a result.

general manager's update

Claudia Manu-Preston, Manager

Hello and welcome to the 14th edition of our quarterly newsletter, *inBalance*. This issue includes a wide range of updates and interesting articles, including a 6-page feature on Schizophrenia (see page 16). The last three months have again been a busy time, with MHACA's ongoing involvement in the COAG mental health reforms and some new initiatives (listed below), in addition to our regular day-to-day work.

Staffing & Recruitment

Within the past three months we farewelled Christine Boocock from the Pathways Program (who was acting in Joanne Ruby's position), our Administrative Assistant, Helena Lardy, and Life Promotion Officer, Coral Aston. I wish to thank all of them for their dedication and hard work, and would particularly like to acknowledge Coral for her work in developing the Life Promotion role in Tennant Creek throughout the past year.

In turn, welcome back to Jo Ruby and congratulations to Rangi Ponga who has won the Service Manager's position. Welcome also to Tanya Vaughan, our new Administrator, and to Chris Kam, our new Administration Assistant and friendly face at reception. They both bring a range of experience and fresh enthusiasm.

Project Update

- The Policies & Procedures Manual Review is close to completion and the updated manual is expected to be endorsed by the Management Committee in early August. This has been a huge task and the Policy Subcommittee and consultant Donna Cross have done an excellent job.

- The Consumer Peer Support Project literature review has been completed —also facilitated by Donna Cross— and consultation with the reference group has commenced. The broader consultation process with consumer's will be advertised shortly.

- Review & Update of the Strategic Plan: Consultant Donna Cross has also been recruited for this process and will commence the development of MHACA's 2007-2010 Strategic Plan in early August.

New Community Program

MHACA has secured funding for the Alice Springs "Day to Day Living in the Community Program" (D2DL). The national program provides $46 million over five years to improve the quality of life for people with severe and persistent mental illness. Aims of the D2DL program include:

- to increase the ability of people with severe and persistent mental illness to participate in social, recreational and educational activities;

- to offer structured day programs for people experiencing social isolation through severe mental illness; and

- increase community participation by assisting participants to: develop new skills or relearn old skills; develop social networks; participate in community activities; develop confidence and accomplish personal goals.

The new drop-in-service will be run by GROW and the activities will be provided using a collaborative model with other allied services. We hope to launch the program in September.

MHACA's stall at the Alice Springs Show

Tanya, Claudia, Mardijah and Rita at the Show

Tanya, Maya, Laurencia and Donna updating our *Policy & Procedures Manual*

Support for young people

On 25 June youth mental health advocate, Sarah Chunys, and I met with the Youth Inquiry Commission on Homelessness. We talked about: • the need for additional resources that should be provided in a youth-specific model; • the need to expand the range of supports, especially youth specialist inpatient support; • the definition of 'youth homelessness,' a term that means a person has inadequate access to conventional and safe shelter, in particular at night. This is a major concern for some youth in central Australian and impacts on mental health.

MHACA is also a consortium member of Headspace (see page 15) and has been involved in consultations to develop the Headspace submission for Central Australia. We continue to advocate for additional support for young people in this region and see the Headspace process as an opportunity to improve capacity for young people using a one-stop-shop health service model, where mental health support features as one aspect of the proposed service. I encourage stakeholders to be part of the consultation and this project.

Core Service Agreements & Joint Database

On 31 May, Laurencia, Rangi and I flew to Darwin to discuss our new Service Agreements (2007-2010) with the Dept of Health & Community Services, who have confirmed that all our programs will be refunded. In preparation for this, senior staff also put a lot of work into developing the new financial year's budgets.

While in Darwin, we also met with Team Health to discuss our joint database project. This customised software will enable both services to better collect client information, including assessment outcomes and a human resource package for administration. MHACA wish to acknowledge and thank DHCS for providing much needed funds to purchase this software and for the ongoing funding of our Service Agreements.

MHCA Policy Forum

In June I attended the Mental Health Council of Australia (MHCA) Members Policy forum on behalf of the NT Mental Health Coalition in Canberra. The annual forum provides MHCA members an opportunity to provide input to and influence the organisation's strategic direction and priorities. As part of this meeting, I was able to attend the first Grace Groom Memorial Lecture held at the National Press Club where Professor Ian Hickey (Brain & Mind Research Institute) spoke about successful mental health reform and the need for structural change. The three points that resonated with me were: the need to ensure evaluation—"to collect the appropriate measures of health and disability-related outcomes" to form an evidence base, and the need for improved accountability and early intervention programs (see page 14 for more details).

MHACA & CAMHS Teambuilding Workshop

On 16 July, 22 staff attended a joint workshop facilitated by Mark Leahy (from Accrete Training in Darwin). Mark did a great job in facilitating the workshop and I think everyone valued the opportunity to talk openly and share ideas for better collaboration. Both services are committed to strengthening our relationship to provide more effective mental health services and quality support to our clients.

As we continue to grow—and hope to move into new premises in August—we are in a period of transition and therefore also opportunity. In closing, I would like to leave you with a quote by Mahatma Gandhi: "The future depends on what we do in the present."

Kind Regards, Claudia Manu-Preston

TheMHS Conference

MHACA is again funding a consumer to attend this years TheMHS conference on 4-7 September (see page 33). Contact Rangi on 8950 4602.

Helen Glover Training

Helen will be visiting Alice Springs again on 30-31 August to provide training for staff & consumers. Stay tuned for more info.

A penny for your thoughts ...

... from the editor

THE YEAR keeps rolling by and we continue to plant seeds and tend to our crops. Sometimes, it can be frustrating when I can't see the seeds sprouting, or wonder if the fruits will indeed ripen . . . So I keep on trusting and tending …

One of the juicier fruits of the last three months for me was going to the Happiness & Its Causes conference in Sydney in June. As mentioned in the cover story, there were many inspiring speakers, and I have summarised some of the main insights (see page 24). As I reflect on these, it is clear that 'there are many paths up the mountain.'

There is no single 'one right way' to live our life. While several guest speakers spoke about meditation and 'knowing our mind', others focused on understanding our emotions, the importance of building community and long-term positive functioning. Life is a unique journey for each of us, with each life equal, valid and important.

Sometimes, there is so much to remember, I feel overwhelmed just thinking about it all!! When we first start to look for answers it can be helpful to turn to others for guidance —to get ideas, to learn from others' experiences. But there also comes a time when we each have to turn within and trust ourselves—to progress from student into master: 'to tend to our own crops.' Mental health consumer and consultant Helen Glover calls this 'getting back in the driver's seat of your life.' The Dalai Lama refers to it as 'mastering your mind', while others (such as in Reiki Tummo) focus on the wisdom of letting our heart guide us.

Rita Riedel, Editor / Training and Promotions Officer

What I valued about being at the conference was hearing first-hand accounts of real people's stories. The wisdom shared by Linda Burney (MP, NSW, former Dir. Gen. NSW Dept. Aboriginal Affairs) spoke to me strongly:

"In the past few years I have experienced deep personal tragedy, and through this I have created three personal rules: 1) It doesn't matter how bad a situation is, ask yourself, 'What can I learn from this that will assist me in the way I live with others?" 2) Live at peace within yourself. I no longer stress or unrealistically strive to make changes that I can't make, I make peace with where I am at. 3) Appreciate the gift that life is every day. Give daily thanks for what you do have."

It became clear: there is no magic pill for creating good mental health ...

Feeling well—and living well—requires day-to-day commitment: to looking for the good in life—in ourselves and in each other. It requires making wise choices and taking action, small steps one after the other in the direction we want to go, often when we least feel like it or think we can't go on. It also requires being humble and believing in something greater than ourselves … remembering that we are all one tiny spark in a giant universe of stars.

There were many delightful and unexpected surprises at the conference and one of the best was, indeed, saved til last. Energised, inspiring and full of good humour, Dr Craig Hassed (Senior Lecturer, Dept of General Practice, Monash Uni.) summed it up well:

Mental illness can be confusing.
Getting help isn't. 1800 18 SANE.
Call 1800 18 SANE (7263) or email helpline@sane.org
www.sane.org
sane AUSTRALIA

Contributions Welcome!

Email rita.riedel@mhaca.org.au
or send to PO Box 2326,
Alice Springs NT 0871

by 14 Sept 2007

"Happiness equals awareness—we need to wake up. When we're not 'paying attention,' our mind snaps to our default setting, usually either worrying or daydreaming [escaping into fantasy]. We need to re-collect our wandering minds."

Craig believes that happiness is about learning to integrate our life: our career, family life and personal growth … that self-care and personal growth don't compete with our career performance but underpin it. He has a mnemonic which he teaches to his university students—called ESSENCE:

- **Education:** the importance of knowledge and reflection
- **Stress management:** the importance of mental health through meditation and mindfulness techniques
- **Spirituality:** the role of meaning and/ or spirituality on coping, health, illness
- **Exercise:** the importance and application of physical activity
- **Nutrition:** the role of healthy nutrition and the influences of eating patterns
- **Connectedness:** the role of social support for wellbeing and healthcare
- **Environment:** creating a healthy physical, emotional and social environment

Craig concluded, "The cultivation of strategies leading to wellness [such as meditation, education, compassion] is simple and in our hands, but it needs patient nurturing and constant support over time for it to truly flower."

Until next time, tend gently to your mental garden.

Rita

committee update ...

A big thank you to all the staff and committee members for all the work that has been achieved over the past three months.

Mardijah Simpson, Chair

Policies & procedures

A great deal of work has gone into updating and revising MHACA's Policies and Procedures Manual guided by Donna Cross, our consultant. This exercise has been an opportunity for everyone to really explore what we do and how best we can do it. The changes that have been made highlight the changes that have also come about as MHACA grows and develops as a community organisation. This process of updating and revision will continue as the manual is a living document and a guide to best practice.

Committee members

On the committee we have welcomed Steve Kent, our new and enthusiastic Consumer Representative who has joined Leo Welin, both ably mentored by Christine Burke. We have missed Trish van Dijk over recent months as she has been away in Melbourne where her husband has been having medical treatment. They have just returned and we welcome them back whole heartedly. We said goodbye to Trish Fernley who has moved to Melbourne with her husband and wish them well. Trish's steadfast support will be missed and we await meeting her replacement at Mental Health Carers NT.

New home

At long last things are moving positively towards MHACA getting a bigger and better home. As everyone knows, we are bursting at the seams in our current premises—our service is growing and we are really looking forward to moving into a new space with adequate room for all staff and a more inviting place for clients and the wider community.

Community vacancies

With many MHACA committee members coming and going (working out bush, travelling or leaving town) we need to take up the opportunity to co-opt new committee members to serve until MHACA's AGM in November. Since we changed our constitution (a big thank you to Maya Cifali for all her work) we now have two extra places that can be filled by interested community members. This offers a good opportunity to get to know the programs and support services MHACA offers and meet the staff. So, if you are interested, or know someone who might be, do contact Claudia Manu-Preston, our General Manager and get an information kit and consider what you might be willing to contribute.

The mental health of the community is everyone's responsibility and we all have something unique to offer.

Mardijah Simpson

Steve Kent
New Consumer Rep

Hi there,

I've been living in Alice Springs since 1986. I like it here a lot, it's a very nice place (though I'm not too keen on the summers!!)

I'm originally from Sydney way, I was born in Liverpool. I used to help build tennis courts. Then I moved to the central NSW coast where I worked as a barman, then moved to Mt Morgan near Rocky where I had a cleaning business.

I worked there for a fair while, that's when got my illness. I've got multiple sclerosis, which I've had since 1984. So I decided to travel around Australia for a year or so … and then landed in Alice Springs in 1986.

I've thoroughly enjoyed my time here. And 13 years ago ended up getting married.

I heard about MHACA from Disability Services. I've been coming to some of the group activities for a few months, and then went on Matt Deer Camp. I thoroughly enjoyed this, it was fantastic. I find it's very good to join in, the people here are very nice to talk to.

Then Tim told me about the committee opening and I was interested. I've only been on the committee a short while but I'm learning a lot. I hope I can be of some help.

Steve

Offering choices ...

The Pathways to Recovery Program offers rehabilitation and outreach services which provide recovery-focused living-skills training and support. We assist people with mental health issues to set & achieve goals aimed at independent living and integration into the community.

Activities ...

- Personal goal setting with regular 3-monthly reviews
- Basic living skills: cooking, budgeting, shopping, personal care
- Access to vocational education, training and employment activities
- Become a volunteer
- Social and recreational activities
- Regular groups & outings
- Counselling services
- Access to resources and other support services
- Information on mental health issues and a variety of topics
- A cuppa and a place to chat with others who understand

For further info call:

Tim MacDonald on 8950 4611
Joanne Ruby on 8950 4606
Gina McAuley on 8950 4607
8.30am – 4.30pm Monday to Friday

Pathways Program

Promoting Independent Living & Recovery-based Rehabilitation

Pathways Officers: Timothy MacDonald, Gina McAuley, Joanne Ruby

update

What's been happening…

We have said goodbye to Christine Boocock and extend a big thank you to Christine for all her work and unique input into the Pathways program over the last year. We have welcomed back Joanne Ruby to Pathways after 12 months maternity leave and are pleased to have her back on board. To keep our program current we have been re-examining our services to work more effectively with our clients. We are also keen to consolidate the groups we are running as well as the individual work with clients.

New Groups

Jo is back on board and organising the new Women's Network Group on every 2nd Wednesday. The women have decided to do more of a variety of activities including art exhibitions, contributions to the beanie festival and other cultural activities.

The Disability Advocacy Service is keen to recommence a Consumer Forum with MHACA. This will be an opportunity for consumers to develop new skills, including public speaking, interacting in meetings and self advocacy. Come along and have your say at the next consumer lunch. For more info contact Jo on 8950 4606.

Matt Deer Camp 2007

The annual Matt Deer Camp was well attended and enjoyed by all who participated—see page 34 for a full report. The consumers who took part are more than keen to participate in the next camp. A big 'Thank You' to Danielle and Coral for their support in helping to make this camp run so smoothly.

Group activities

Consumers have been involved in many group activities, including playing 8-ball, going to the movies, tie-dying, making chocolate moulds and jewellery making. We took part in the latest Reclink activity of 10-pin bowling and had a great turn-out with 13 clients attending. Pathways also organised a consumer & staff volleyball game in late June which was a lot of fun.

After attending the Watoto Children's Choir at Araluen Arts Centre one evening in June which everyone really enjoyed, the Pathways Program will be planning other activities outside normal work hours.

Community Forum

Several Pathways staff attended a free forum on Schizophrenia presented by Professor Scatts on 25 May. It was very informative in helping staff understand how research is slowly pin-pointing the exact nature of schizophrenia. Prof. Catts also emphasized the importance of clients being involved in psycho-social rehabilitation in addition to using medication to effectively help them to function in society. For more info see page 15.

Counselling Service

Twelve clients have taken up the opportunity to receive counselling support and there has been some positive feedback about this new service. Interest from other agencies has slowly increased over time. For more info please contact Tim on 8950 4611.

Tim MacDonald, Pathways Officer / Counsellor

On the road to Kings Canyon for the 2007 Matt Deer Camp

Joint Women's Group - Creative & Welcoming

MHACA runs a Joint Women's Group in partnership with the Toward Independence Program of The Salvation Army (TIPAS) each Friday morning. Gina from MHACA and Robyn from TIPAS have been coordinating the weekly program which has been popular with women from both organisations.

The women who attend the group share their own art and craft skills with each other, including activities such as ceramic mosaics, tie-dying, beading, jewellery-making and different forms of painting.

Recently the focus of the group has steered away from art & craft and allowed the women to enjoy other activites, eg. a BBQ at the Telegraph Station, a trip to the Bower Bird Tip Shop, and cooking and video mornings. These were all suggestions from the women themselves in order to create more variety each week and to maintain interest in the group.

When the group began MHACA and TIPAS wanted to provide an opportunity for the women to socialize outside of their existing network. Gina and Robyn believe this goal has been achieved which is evident by the relaxed, non-threatening and multi-cultural environment created by the group. **For more info contact Gina on 8950 4607.**

High on the Kings Canyon trail ... everyone really enjoyed it

Women & Group Work:

a 'Strengths' Approach

On 18 May, Gina and I attended a free workshop at the Alice Springs Women's Shelter by Kylie Agllias, a visiting Associate Lecturer in Social Work from the University of Newcastle.

We both found her talk relevant and exciting and felt that the small group exercises gave us enthusiasm and new energy to put back into our group work practices at MHACA.

Within the talk we learnt about the main principles of a strengths approach to group work:

1. Focus on the strengths of people within the group

2. Trauma, illness and struggle may also be a source of challenge and opportunity: Recognise the hardship that people have faced; and have a strong belief in resilience and the dignity of survival

3. Assume that as workers we do not know the upper limits of the capacity to grow and change

4. We best serve clients by collaborating with them: there needs to be belief in equality and reciprocity

5. Every environment is full of resources

6. Respect for human dignity: to have hope and to be caring.

We also learnt the **CPR** of group work. This focuses on:

C = competencies, capacities, courage, character
P = promise, purpose, possiblity, positive expectations
R = resources, resilience, resolve, relationships, resourcefulness, reserves

Kylie Agllias was a great speaker and we hope the Women's Shelter bring her to town again to do further workshops.

Jo Ruby

Life Promotion Program

Addressing Suicide and Suicidal Behaaviour in Central Australia

Coordinator: Laurencia Grant ● LPP Officer: Kristy Schubert

Aim

LPP aims to collaborate with others to develop strategies to address the high rates of suicide and suicide attempts in Central Australia.
A community-development focus identifies community-owned and developed initiatives as a means to help reduce the rates of suicide and suicide attempts and their impact on families and communities.

How can this work & what is our role?

- LPP facilitates an Interagency response to suicide that helps to identify who has been affected by a suicide and supports available
- LPP staff work with others to deliver Applied Suicide Intervention Skills Training (ASIST), first-aid training for workers who come into contact with people at risk of suicide
- LPP keeps in touch with current suicide prevention research so that strategies are evidence based
- LPP facilitates a steering committee (of govt and NGO reps) to ensure transparency and gain ideas & support from other organisations and community representatives
- LPP is working in partnership with Waltja on the "Strengths Project" addressing the issue of suicide in 3 remote communities

For further info call:

Laurencia Grant on 8950 4608 or
Kristy Schubert on 8950 4609 (AS)
Monday to Friday 8.30am – 4.30pm

update

LPP Suicide Awareness Program

Kristy and Laurencia have been trialling a newly-developed program on suicide awareness in Tennant Creek, Hamilton Downs and Alice Springs and have received feedback from local and interstate Aboriginal and non-indigenous workers. This program has adapted the concepts from other suicide awareness workshops into a program that acknowledges the problem of suicide in the local context of Central Australia. For it to be most effective it needs to be owned and delivered by local Aboriginal people.
The program acknowledges that:

- every Aboriginal family in Central Australia has felt the affects of suicide
- English is not a first language for many Aboriginal people in Central Australia
- safety, trust, small groups and time flexibility allow for better learning outcomes
- more visuals, meaningful images & symbols, and less text are useful learning tools
- story-telling and listening are important teaching and learning tools
- Aboriginal families and workers have been supporting one another after a suicide occurs and when people are in a crisis of suicidal behaviour for as long as the problem has existed for them
- Aboriginal people want to help reduce the worries and stress on their people and stay strong

Life Promotion & Remote Nurses

Life Promotion ran an interactive information session on suicide prevention as part of two days of training for remote nurses from clinics throughout Central Australia. Some of these nurses expressed a lot of frustration. They feel that there is not enough structural and systemic support available to them to even consider addressing the issue of suicide.

ASIST Training in Ali Curung and Tennant Creek

During April and May, ASIST training has been presented in both Tennant Creek and Ali Curung. The majority of participants were local Aboriginal people who are showing initiative by gaining further skills to support their families and communities and help to prevent further deaths by suicide. Ali Curung is the first remote indigenous community in Central Australia apart from Ernabella in SA to receive ASIST training. This is a credit to those who initiated this training for their community.

Life Promotion wish to thank Richard Garling, who has driven from Darwin to Tennant Creek to help out with the ASIST training, and Christine Palmer, who has more than enough to do in Alice Springs but squeezed in a trip to Tennant to support the training there. Both trainers were a valuable addition to the team and offered a supportive and relaxed experience for all those who attended. We'd also like to thank Duanne Fraser and LT from Anyinginyi for their efforts encouraging participants to come along.

Laurencia, Richard, Christine and Coral delivering ASIST training in Tennant Creek

Running an info session with Remote Health Clinic Managers on 21 March 2007

Remote Health Zone Meeting

Coral was involved in a Remote Health Zone Meeting at the Old Policeman's Waterhole where she ran a session focusing on suicide awareness. Women from Murray Downs, Canteen Creek, Eppenarra and Ali Curung camped for three days, together with the regional and remote health team, and invited guests.

Coral found this a good example of how, collectively, women can adapt and be resilient under adverse conditions, which are excellent strengths for coping and skills for life. She was impressed by the efforts of the organiser Julia Hardaker, *Grow Well* Project Coordinator from the Regional and Remote Health team.

Inaugural Australian Postvention Conference, 24-26 May 2007

Coral attended this 3-day event organised through Suicide Prevention Australia, the Salvation Army and the Dept of Health & Ageing. The focus of the Conference was on those who have been bereaved by suicide and the sharing of knowledge and experiences that can inform postvention (support after suicide).

The understanding that suicide can lead to complicated bereavement for those affected and that the impact can be long-lasting and across generations, is significant. Recognition of the needs of different groups of people who are bereaved and that a 'one size fits all' approach is not suitable, requires development of better support services. Support groups have been identified as helpful, however further exploration of indigenous bereavement and culturally-appropriate support needs to occur.

Aboriginal Suicide Prevention & Capacity Building Workshop

The Life Promotion team were involved in this 3-day event held on 12-14 June at the Alice Springs Convention Centre—see page 29 for a summary.

Laurencia Grant, Life Promotion Manager

Participants at the ASIST training in Tennant Creek April 2007

"The Strengths Project"

George Peckham has taken up the challenge to work as the Project Officer for the 'We Know Out Strengths project" and we welcome him on board.

George gained valuable experience working with the Council for Aboriginal Alcohol Program Services (CAAPS) in Darwin and the Reconnect Program in Alice Springs focusing on youth homelessness and case management. George is based at Waltja and will be liaising between the three identified communities of Santa Teresa, Titjikala and Mt Liebig.

Coral's Farewell to the NT

This will be my final contribution to *inBalance* as I am returning to my home in Victoria in mid July. Thank you to both LPP Manager, Laurencia Grant and co-worker, Kristy Schubert, for their combined knowledge, expertise and support in setting up the Program in the Barkly region. Thank you also to the MHACA staff for their encouragement and friendship and to the LPP Committee who have supported and given me guidance in establishing the Program.

Thank you to the Barkly community who have shared their stories, invested their trust and had a willingness to face head on the issues around suicidal behaviour. Finally, thank you to the people who have become my friends and helped make my time here a memorable and happy experience.

Best wishes to you all for the future in this great Territory.

Coral Aston, LPP Officer signing off

Subacute care

- A way forward with identified supports that reduce the likelihood of admission when it may be best offered at home or in a residential environment
- A way forward that keeps you in touch with coping, understanding and meeting your needs during discharge from care

Support offering ...

- To assist in keeping yourself and family strong through an uncertain time of change in your mental wellness
- To keep you in touch with those things that may need extra effort to achieve during this time of possible uncertainty
- To share clinical and non-clinical support options, which include identified community services

What happens?

- A referral from CAMHS to MHACA will request shared mental health supports for when you are ready to be discharged ... or before a possible admission
- We will be guided by you and your family to meet your needs

For further info call:

Rangi Ponga on 8950 4602
Raymond Campbell on 8950 4603
Danielle Noble on 8950 4604
8.30am – 4.30pm Monday to Friday

Prevention & Recovery Program: "A Safe Way Forward"

Services Manager: Rangi Ponga ● P&R Officers Danielle Noble, Raymond Campbell

update

Staffing

Welcome back to Raymond Campbell who is working part-time across both the Prevention & Recovery and Life Promotion Programs—see column on opposite page. As an Indigenous worker Raymond brings attributes unique to his own people and already the program has benefited by his presence in a short time.

MHACA acknowledges the challenges that people face when they work directly with members of their own family and culture. It is important to remember that some clients prefer to talk with people from their own culture, while others feel there may not be the understanding or respect for confidentiality. Either option is available.

The program continues to seek Indigenous staff to work alongside the community. If you are interested please contact me for an interview.

Program Management

My duties as the initial Coordinator for the P&R program have been incorporated into the new fulltime Services Manager position which I recently took on. As Coordinator, my role was to develop and implement a collaborative set of protocols and policy guidelines between MHACA and CAMHS—which has now been achieved. In my new role I continue to manage the program as well as the Pathways to Recovery Program.

New Interim-Respite Accommodation Facility

The P&R program has recently expanded to include an interim-respite unit with NT Housing, a 2-bedroom unit which will be available for referrals for women or sole parents within the next two months. When clients access the program, respite accommodation is available for 'time out' (to reduce the need for admission to hospital) or as part of transition back home. The Salvation Army Alice Springs Men's Hostel (ASMH) continues to provide respite accommodation for MHACA clients.

Thank You to those people who have contributed donations to furnishing our new unit, particularly to Mats, Mats & More Mats. Donations are still being accepted—you can contact me on 8950 4602 to arrange a collection.

Research Evaluation

In late June, Debra Rickwood of University of Canberra visted Alice Springs to complete the final research stage of the P&R pilot program. Debra spent three days completing interviews with consumers, carer's and allied mental health services who have contributed to and participated in the program. The final report will provide an analysis and recommendations on how the program has contributed to the Alice Springs community and how it can be improved and better utilised.

Independent program evaluator
Debra Rickwood

Rangi, Raymond and Leanne team up for subacute-care supports

Client Database

Another visit to Darwin's Team Health Office in May with Claudia and Laurencia gave us all a better indicator of what is required for our new database which both services will use. This database will assist us with streamlining the record-keeping of client files and all statistical information. For management and staff this has been an important exercise in improving supports for client services and ensuring transparent accountability.

Project Consultant

Donna Cross has been appointed to complete two projects for MHACA: 1) updating MHACA's Policy & Procedure Manual and 2) establishing the perimeters of the newly-approved Peer Support Group Program. Donna is part of two reference groups which are looking at needed requirements. Reviewing the Policy and Procedure Manual has been an onerous task and is now almost complete. The new Peer Support Group Program is in its early developmental stages—stay tuned to future editions of *inBalance* for an update.

Donna Cross

MHACA Inservice training Day

A monthly in-service training morning is offering opportunities for the Pathways and P&R teams to spend time with each addressing their ongoing training and self-development needs. These mornings provide a time for refining our Boston recovery-based practice, exploring new models of working and strengthening the team. The training includes regular consumer input to assist staff in gaining insight into how consumers perceive and relate to the world of mental health. We extend an invitation to allied mental health providers to introduce their different skills / roles in the community

and how we can better improve our working relationships.

Accessing the Subacute Program

For any enquiries on how to access the Subacute Program contact either myself on 8950 4602 or your CAMHS case manager.

Rangiwhiua Ponga, Services Manager

Welcome back Raymond ...

Hello, I'm back at MHACA after leaving the Life Promotion Program several years ago. Since then I have worked at Tangentyere Council on the Safe Families Program, where it was good experience working in a different area to suicide and mental health. After this I worked at Congress' Social Emotional Wellbeing program as a casual counsellor and then applied for the Aboriginal Mental Health Worker position which I worked in for about 7 months. Following this I had a year off to look after my health.

I am now employed as a permanent part-time worker at MHACA with both the Prevention & Recovery and Life Promotion Programs. I will be floating around to help all programs with clients and anything else that I can help with.

I have applied to do the Aboriginal Health Worker Training apprenticeship with the NT Government to add to my Mental Health Certificate, so I will be with MHACA until August. I would also like to do some casual work with MHACA in the future.

One of the reasons why I left the Life Promotion Program was that I had lost too many family members to suicide. It was hard, too, because I spoke about LPP to an uncle and he suicided while I was doing men's business at the time.

Today I feel a lot stronger mentally and spiritually to help the Life Promotion program and other areas within MHACA.

Raymond

Administration Update

- Administrator: Tanya Vaughan - phone 8950 4610
- Administration Assistant: Christine Kam - phone 8950 4600

update

Two New Faces in the Admin Team

The Admin Team has recently undergone a makeover and we now have two new faces within the team. I joined MHACA as the new Administrator in late March and Chris Kam as the Administration Assistant in early April (see opposite column and also staff profiles on page ?). With the recent commencement of both myself and Chris it has been a busy time learning the ropes and getting a good understanding of the MHACA processes. I think we have both accomplished this well and have been taking on some bigger projects within the last three months.

Relocation

Our main focus has been MHACA's relocation to a new premises—to find a suitable office location that can house the entire team. After reviewing a number of sites we have found our preferred property, the old Panorama Guth on Hartley Street. We are currently entering into negotiations and hope to have a positive result by the end of July, to relocate the team in early August.

Housing Support Program—New Unit

The Admin Team has also been involved in the purchase of a new 2-bedroom unit to add to our Housing Support Program. We are excited about the purchase and look forward to making the unit available to a client in the near future.

WorkChoices

With the recent implementation of the WorkChoices Legislation and changes to employment conditions I arranged for a guest speaker from the Dept of Employment & Workplace Relations to provide an overview for staff on topics such as hours of work, leave entitlements and wage classifications. Leanne Cull provided an informative one-hour session, as well as valuable reading material around WorkChoices.

Looking ahead

Plans ahead for the Admin Team are the relocation of MHACA, the finalisation of the new financial year annual budgets, a visit to our sister organisation in Darwin, TeamHealth, to obtain an overview on how their organisation is run and the renovations of our 2-bedroom unit.

I would like to thank Claudia, MHACA staff and the Management Committee for the warm welcome both Chris and I have received.

Tanya Vaughan, Administrator

Tanya with Leanne Cull from WorkChoices

Our New Administrator

Tanya Vaughan

I moved to Alice Springs in February from Central Queensland where I was working in a remote coal mining town of 2500 people. My background is in Administration and Human Resource Management and I have previous experience in recruitment, performance management, financial management and working as a Personal Assistant to several Senior Managers.

What sold me about MHACA was the friendly staff and the good cause behind the Association and I am delighted to be a part of it.

I am enjoying the challenges and successes I am achieving as part of my role and am learning a lot more about the mental health sector; the exposure and interaction with clients has been great for my learning experience. ✠

Our New Admin Assistant

Chris Kam

I was born and raised in Sydney and drove up to Alice Springs in August 2006. It has been a big change from city life and I am enjoying the beautiful surrounds and laid back lifestyle that Alice offers.

Previously, I have worked at a hardware store, a place that makes prosthetic arms and legs, a child care centre, a photo shop, a florist and a kitchen. Now I am happily working at MHACA and enjoy the work and people I am meeting.

Thank you to the MHACA staff and consumers for the friendly welcome I have received and I look forward to getting to know you all better. ✠

Training & Promotions Update

Training & Promotions Officer: Rita Riedel - phone 8950 4613

update

Mental Health First Aid

In my first week on the job as MHACA's new Training and Promotions Officer I attended the MHFA Instructor's course in Melbourne 19-23 March (with about 22 others) which was a great experience. Betty Kitchener and Tony Jorm who developed the course have been working on two more instructor courses—'MHFA for ATSI People' and 'MHFA for Young People'—which are being offered later in the year.

Coordinating and running local MHFA courses is a core part of my job and these continue to be held monthly (see page 26 for an update). The courses are co-facilitated with Sherrilee Portlock and Paul Hills from CAMHS and the remaining dates for the year are: • 18-19 September • 30-31 October and • 20-21 November 2007. For further info please contact me on 8950 4613.

Schizophrenia Week 21-25 May

During this week, CAMHS psychiatrist Dr Marcus Tabart and I visited year 10-12 students at Centralian Senior Secondary College at their weekly assembly to present information sessions on "Living with Schizophrenia". Following an introductory talk we showed a short 10-minute filmed followed by questions. The aim was to help raise awareness and understanding around schizophrenia for young people. We hope to run smaller individual class sessions in the remainder of the year.

Visit from Professor Stanley Catts

A free community forum on schizophrenia research was organized for Friday 25 May with guest speaker Professor Stanley Catts, a psychiatrist from the University of Queensland (for more details see page 16). It was great to see such a good turnout (with around 30 people attending). I think we were all encouraged to hear that such positive steps are being taken to find real solutions.

Community presentations

In June I reviewed and updated our main MHACA powerpoint which visually summarises 'who we are and what we do'. Throughout the next few months Rangi and I will be meeting with a range of community and government agencies to give allied services an overview of MHACA and its programs. If you haven't already been contacted please give me a call on 8950 4613.

Rita at the MHFA Instructors course in Melbourne 19-23 March 2007

Rita, Ady and Anne at the Happiness conference

Happiness & Its Causes

On 14-16 June I was fortunate to be able to attend this inspiring conference in Sydney to gain a big-picture overview of current trends and research around 'happiness' and what influences good mental health. For a summary of highlights and some insights from the Dalai Lama see pages 24-25.

Other training I have attended includes workshops on Working with People with a Borderline Personality, ASIST 'tune up', Mind Matters and Orygen Youth Mental Health.

Network meetings

Some of the regular network meetings I am attending include the Central Australian Education & Training Network and the quarterly Community Interagency meeting at the Town Council. MHACA is hosting the next one on 15 August from 10.00am-12.00pm. We hope to see you!

Alice Springs Show

This year we again had a stall at the Show. It was a true team effort—with good ideas from several staff, and committee and staff members all helping out on the roster. It was a colourful event.

Future training

Helen Glover workshops on 30-31 August. Stay tuned for more details.

Rita Riedel
Training & Promotions Officer

Successful mental health reform awaits Structural Change

by Ian Hickie

WE HAVE NOW reached a critical point in the most recent cycle of mental health reform. For the first time we now have two of the major elements for success. Firstly, there are real new resources, due largely to the $1.9 billion Australian Government investment announced in May last year and a commitment by the states and secondly, we have the high-level political leadership required to cut through the bureaucratic and professional barriers. territories to match that investment over the next five years.

This new political and social movement has been headed by the Prime Minister and the Premier of New South Wales. Without their personal engagement little would have been achieved, and the extraordinary deficits in day-to-day care described in the 2005 *Not for Service Report* would still be accepted by health officials as everyday practice.

Unfortunately, we do not yet have the third critical element—real structural change.

What is not happening is sensible organisation of all these new services to meet the needs of the community.

The bureaucratic systems are the same, except that now more federal and state departments are involved. The public and private health systems struggle to respond to new challenges, such as the burden of mental disorders in 15 to 25-year-olds. People continue to pay large out-of-pocket expenses for care, including for the new psychology and psychiatry services.

We have no national community-based or independent body responsible for reporting on progress. In the alcohol and drugs arena, the Howard Government established the Australian National Council on Drugs so that it could get a real handle on outcomes. That body (which I have only recently joined) reports on whether government activity is having any effect on rates of alcohol and drug use and whether there has been an improvement in treatment services. In mental health, we urgently need a similar high-level body.

We must also start to collect appropriate measures of health and disability-related outcomes. Simply spending the new money in the old ways, and continuing to fail to collect the essential outcome data, will result inevitably in the same failures.

We need new competitive measures to drive the health and welfare systems to deliver more appropriate forms of care. We need to pay for genuine outcomes, not simply more activities. Being busy is easy for health practitioners. If we simply provide new Medicare funds to more and more psychologists, psychiatrists, GPs, mental health nurses and personal carers—without organising those professionals into coherent and accountable health care organisations—we have little chance of meeting the needs of those who do require integrated medical, psychological and social services.

There are now many new commonwealth and state programs relevant to the needs of those with mental health problems and their families. They are not only supported by the new mental health funds, but also by changes in general practice, new services for those with alcohol and other drug-related problems and big improvements in the support services for families and carers. What is not happening is sensible organisation of all these new services to meet the needs of the community.

Government agencies are rolling the new funds out as fast as they can to as many organisations or individuals

headspace Central Australia

***headspace** is the new National Youth Mental Health Foundation, funded by the Australian government. Its aim is to build the capacity of local communities to identify and provide early and effective responses to young people (ages 12-25) with mental health and/or drug and alcohol issues.*

headspace Submission Writer, Britt Puschak, is currently working on a funding submission for **headspace Central Australia.** The aim is the promotion, prevention and early intervention for young people with mental health and/or substance misuse issues—a 'hub' into which existing services could link up with to assist and support young people.

As part of this process Britt is consulting with key stakeholders, young people and their families to establish the gaps and needs in relation to youth mental health services:

- what needs are not being met and what are the gaps that young people are falling through?
- how can we increase early detection & early intervention with young people with mental health and/or substance misuse issues?
- how can we increase the uptake of services by young people with mental health and/or substance misuse issues?
- exploring innovative programs for young people with mental health issues and/or substance misuse

For more information or if you would like to contribute to the headspace Central Australia submission contact Britt Puschak on 8950 4814 or email headspace@cadphc.org.au www.headspace.org.au

who can complete the paperwork. A sensible framework for integration of the initiatives is largely absent.

For the new cash to deliver real benefits, we need desperately a new type of service provider—ideally, a regional or local organisation that can arrange the new money to meet the actual needs of the patient. Currently, we expect the person (or their family) to stumble unassisted through a forest of multiple, and often unresponsive, health and social services. Each office interrogates you as to whether you meet their specific criteria for service and, if you do, you then need to retell your story to their own set of practitioners. Each is funded for occasions of service—not on the basis of whether they actually help solve your problem.

Currently, there is no real competition in the mental health sector. Any service is good enough. If one state or local health service performs better than another, they receive no additional funding. If one state or regional authority works better with non-government organisations, or reorganises itself to meet the desperate need for accessible new services for those aged 12-25 years, or those who are experiencing their first major episode of illness, they go unrewarded.

Competition between states and regional health authorities for available new funds is essential. However, competition should also operate at the local or regional level. Regional organisations, such as divisions of general practice, could organise local services, hold government funds and compete with other smaller doctor-run practices or other private or corporate healthcare providers. Other not-for-profit operators from the welfare, employment, university and charitable sector may well enter the market.

However, we need to compete for quality, not quantity of services, and to reward genuine health outcomes (such as reduced suicide attempts) and social gains. Our fundamental expectation must be that services assist people to stay in school or work or get back to education, training or employment as quickly as possible. Our current system abandons people once major symptoms have resolved.

In the previous election the Opposition proposed a national body to report to the prime minister to oversee progress. That needs to be back on the agenda.

Finally, the greatest opportunity for real social and economic rewards in mental health lie with early intervention programs. The Howard Government has started to fund specific services for 12 to 25-year-olds, and some states such as NSW have begun to respond with additional funds. These initiatives need to occur nationally and with sufficient funds to achieve real outcomes.

The actual cost of such services is in the order of $300 million annually. If we organise ourselves properly, such national programs are both affordable and highly desirable. ✠

Professor Ian Hickie is Executive Director of the Brain and Mind Research Institute in Sydney. This article is based on the Grace Groom Memorial Lecture delivered at the National Press Club in Canberra last week.

Printed in ***The Weekend Australian***, 23 June 2007. Reprinted with permission from Ian Hickie.

www.bmri.org.au

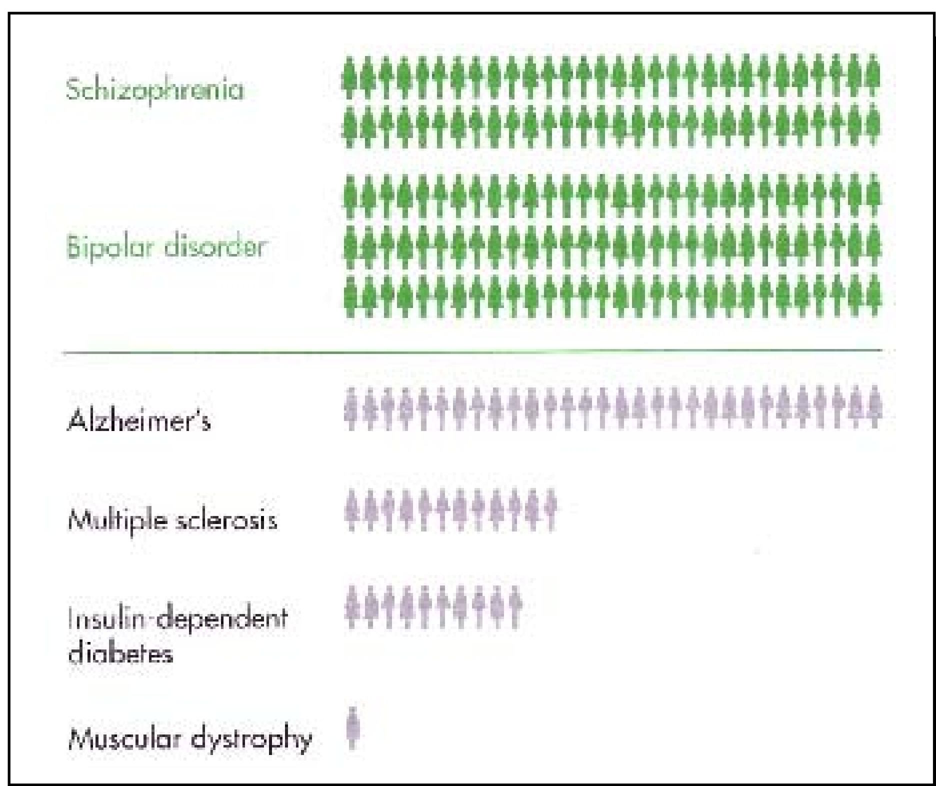
Schizophrenia:

the search for solutions

Why networking pays off ...

During Schizophrenia Awareness Week, May 2007, Professor Stanley Catts, Chair of Hospital and Community Psychiatry at the University of Queensland, travelled around Australia to speak about Schizophrenia, and spoke in Alice Springs on Friday 25 May. His talks focused on why he believes research is central to finding solutions to schizophrenia and on seeking support for a proposal called the Australian Psychosis Research Network...

WHEN A DETERMINED group of scientists and researchers with a common goal join forces around the country the scope for a breakthrough is accelerated—particularly when they have a new set of tools to work with. "There is no better place to try to prevent schizophrenia and bipolar disorder. The structure of our mental health services is ideal for approaching patients to participate in research and for carrying out clinical trials. Under-utilised analytic equipment is already available here, avoiding capital costs."



The recently formed Australian Psychosis Research Network (APRN) has a clear mission—to prevent schizophrenia and bipolar disorder. Over the past few years that goal has become tantalisingly within reach but the scientists are frustrated by the limits of existing funding.

The chair of Hospital and Community Psychiatry at the University of Queensland, Professor Stanley Catts, says science is now able to solve health problems as complex as psychotic disorders but a new way of doing research is required. "We need to catch up," he says.

The Network, described as a world first, links more than 120 leading Australian scientists from all states and territories and is seeking additional government funding.

Advances in the past couple of years in genetics—such as widening the known spectrum of human genetic variation via the haplotype map (HapMap) of the human genome —neuroscience and brain imaging mean researchers are better equipped than ever before to tackle psychotic disorders. Huge numbers needed.

"We must collect genetic information on groups of people with psychotic disorders of the size never before contemplated—ideally 10,000 people.

"To be able to analyse this much genetic data we must have access to the latest analytic equipment that can process hundreds of thousands of genes at a fraction of the cost of processing

smaller numbers," Dr Catts says. At the moment only 1000-2000 cases can be assessed.

"This research requires a much larger recruitment. We need a huge data base," he says. "The scale of this project demands a national effort and increased funding—more than $10 million per year."

Australia, with its population size, is the ideal place to collect such data.

Prof. Stan Catts presenting his research on schizophrenia on 25 May 2007 in Alice Springs

"There is no better place to try to prevent and cure schizophrenia and bipolar disorder. The structure of our mental health services is ideal for approaching patients to participate in research and for carrying out clinical trials. Underutilised analytic equipment is already available here, avoiding capital costs.

"And most importantly, our scientists have agreed to put aside some personal interest to mount a collaborative research effort against these devastating disorders," Dr Catts says.

He would like to see a nationwide adoption of the well-established system of linked health records used in Western Australia which would enable access to more complete records of mental health patients.

"At present, research efforts are largely uncoordinated, with little incentive for collaboration, resulting in piecemeal findings due to inadequate sample sizes. It provides clues for solving the problem, but not major discoveries."

Results from animal experiments across neuroscience centres must be coordinated more efficiently so that results can be understood in months not years, says Dr Catts. The Neuroscience Institute of Schizophrenia and Allied Disorders (NISAD) is already supporting this research strategy.

While diseases such as dementia, cardiovascular disease and diabetes shorten the lives of mainly older people, psychotic disorders—such as schizophrenia and bipolar— permanently disable young people at a huge cost. Schizophrenia alone costs the community $2.62 billion annually and costs government $1.7 billion annually. Australia spends $6.1 million on schizophrenia research annually.

"In spite of new medications and psychosocial treatments for serious mental illness, there is little evidence so far that these have led to reductions in disability," Dr Catts says.

Visit www.aprn.net.au

Article reprinted with permission - from *Engage* (no.7), the newsletter of the Mental Illness Fellowship of Australia
www.mifa.org.au

Prof. Stan Catts with MHACA Committee members Trish Fernley and Mardijah Simpson and General Manager, Claudia Manu-Preston

National research project

Wanted:

people to take part in sample group of 10,000

APRN are seeking 10,000 volunteers - both people with schizophrenia as well as people who don't. If enough people in Alice Springs express interest APRN will also conduct consultations here. If you or someone you know are interested in being part of this national research project please contact Rita at MHACA on 8950 4613.

(cont. from previous page)

The nature of schizophrenia:

- A chronic relapsing psychiatric disease typically commencing in adolescence and causing lifelong disability
- The characteristic symptoms are:
  – 'Psychotic' symptoms, eg, delusions, hallucinations
  – 'Negative' symptoms, eg, impaired motivation, emotional expression
  – Mood disturbance, eg, excitement, depression
  – Cognitive difficulties, eg, impaired memory, attention
- During acute relapses, almost all patients have difficulty fully accepting that they are ill.
- About 50% of patients cannot recognise that they are ill at any stage of the disease
- Patients often oppose attempts to help or treat them

Cognitive difficulties are less spoken about because of the more obvious psychotic symptoms. However, they are a core aspect of schizophrenia strongly linked to the brain changes associated with the illness. Together with negative symptoms, cognitive difficulties are major barriers to employment. 85% of patients are on some sort of disability support.

Prof. Catts' Research

MHACA has a few copies of Prof. Catts' presentation to give away. If you would like a copy contact Rita on 8950 4613. Email Prof. Catts via s.catts@uq.edu.au

Schizophrenia ...

The following are some excerpts from the research presentation given by Professor Stan Catts at the free community forum held in Alice Springs on 25 May 2007.

More common than you may think

More than 3% of the population will suffer a psychotic disorder sometime in their lives. It often occurs in young people, causing life long disability. These diseases cause great suffering: 30% of patients attempt suicide, and at least 5% die by suicide. We do not have diagnostic tests, so recognition of these diseases is a problem.

Influencing factors

A range of factors can influence the development of schizophrenia: genetic predisposition; pre-birth factors (maternal influenza infection or poor nutrition); during birth (obstetric complications) and childhood abuse are each risk factors.

Then in the predisposed young adolescent, substance abuse can play an important triggering role. Indeed, one well designed study showed that

10% of young people using cannabis by age 15 later developed a schizophrenia-type illness by the age of 26 years.

And if the combined effects of genes and environment are sufficient, the first signs of schizophrenia become evident.

But that is not the end of the story. After the illness begins, further brain changes occur, especially if multiple acute relapses occur, causing chronicity and treatment resistance. This is why early effective treatment is important.

When we talk about early intervention for schizophrenia, we are talking about treatment one year after onset of delusions and hallucinations and 5 years after the onset of earliest symptoms. When we talk about early intervention for bipolar disorder, we are talking about treatment 10 years after first symptoms emerge. About 69% of bipolar patients are initially misdiagnosed. Who knows what disability could be prevented simply by early diagnosis.

"If you think research is expensive, try disease."
(Mary Lasker 1901–1994)

Early diagnosis critical

Whilst cures for some cancers are already a reality, psychotic disorder continues to be as much a public health challenge now as it was a century ago. In spite of new medications and psychosocial treatments, there is little evidence thus far that these have led to reductions in disability. Are we satisfied with just supporting the disability, giving palliative care and never a cure?

What has research done about this situation? The most important thing is a better description of the diseases, which tells us how to go about tackling them.

With strong research-health service partnerships we can establish the world's first comprehensive translational research program for schizophrenia. In response, we have developed the Australian Psychosis Research Network. ✠

APRN
www.aprn.net.au

A personal story

Like Layers of an Onion

Rosada Simpson has lived with Schizophrenia for 13 years. Here she shares some diary-like thoughts about some of her journey. She wrote via email, "...feel free to share with whom you want to about me/my health issues. We can all help each other."

Rosada (photo by Halimah Simpson)

Cause of grief - chemical imbalance: schizophrenia.

Possibly schizo-effective (bi-polar) - so the mental heath team ask virtually no questions. If it is done, or any confrontation, it has been rare.

A workshop - focused on my one instance of conflict I could think of - questions and a whiteboard.

Months at a time in hospital in the end. Looking within when very ill. Technically I'm still psychotic, as I've hallucinated voices for years. It's calming down very recently. It stresses.

Though no longer believing in voices, so now no longer delusional or paranoid. Useful labels, but at times only labels.

Family supports me by listening. When very ill I was not given bad words by family.

Isolation for years with little memory of everything I did.

Insight suddenly got me interested. In an instantaneous brain explosion, I accepted I had schizophrenia and that no one was possibly yelling abuse or picking on me. It opened my eyes and sound to a key to my future.

Though I don't like chewing on, stress about past, present and future – it is schizophrenia.

I push myself, so do my family and friends, acquaintances and medical people, to go forward and develop my skills, my character.

I hurt. I've felt love – a sort that defies hardship.

Respirodol injections have finally reduced voices further. I feel soaring and excited.

Tired – it could be medication. I've felt off-colour on and off for months. With my insight I just have to patiently persevere and do what I can and use resources given to me at TAFE tutorial or a walk on the beach opposite my Department of Housing flat.

Ocean and blue sky, cafes – by Christmas I'll have changed and achieved.

12th June was the anniversary of my father's death.

I do art classes – I can express without words.

I love my diary. I hope my inner expression helps others.

Thankyou. Rosada

Mardijah Simpson

A mother's story

My middle child, Rosada, has schizophrenia—it first became apparent the year her father died. That was thirteen years ago. We have all learned a great deal since then; she, her brother and three sisters, all our extended family and myself. It has been a rough ride but we survive.

Nothing prepared us for this. It was not that I did not know about the condition—I had read Laing and later Anne Deveson's book about her son. Yet, at first, it did not seem particularly odd that this precious daughter kept quiet in her room and came out at night to sing in the shower. She worked and studied hard, never drank or took drugs. We were all coming to terms with the loss of her father/my husband, grieving in our own ways and allowing each other space.

One weekend I realized she had gone too far into her own world; she was not sleeping at all and was telling

us all the most bizarre things. Against her will, with her sister's help, I got her to Emergency at the local hospital. As soon as I explained her problem to the duty sister she called the mental health team and then reality dawned and some treatment started—but there was no magic bullet.

During the first ten years she refused to believe she had anything wrong with her … whilst I, believing in openness, would tell friends and acquaintances of her illness—and was surprised to learn from them, how many had family and friends with schizophrenia too.

I was thankful that my daughter was not a wanderer—I always knew where she was. When things got tough for her she would hole up in her flat. Also—thankfully over the years—she never lost her trust in me or her siblings.

I had a flash of understanding, after all the years of trusting 'the system'—I realized there were two problems: my daughter's health and 'the system' itself. There was no coordination between the Departments of Social Security, Health or Housing and, certainly, despite being a large and caring family,we were not included.

We went into advocacy mode after all the years of respecting the professionals and not wishing to disempower my daughter/their sister.

Within days—and with her agreement—the Department of Housing (three years late) found her a beach-side apartment in a quiet block, her finances were put in the hands of the Guardianship Board, Centrelink muddles were sorted out and meetings with the chief doctor on the psych' ward occurred.

I had a flash of understanding, after all the years of trusting 'the system'—I realized there were two problems: my daughter's health and 'the system' itself.

Everything changed about nine years ago. She only took medication as she was on a community treatment order (CTO). The interstate clinic treating her rang one day apologising that they had forgotten to make the six-monthly application to renew her CTO in time! It was allowed to lapse despite our best efforts.

Over the next six months everything changed: she refused all medication or visits to the clinic, her life got even more chaotic, no mental health workers checked up on her, she nearly got evicted from her flat and she refused to open the door to visiting family. Until one day, it was so bad her brave sister stormed into the clinic and demanded that help be given.

So the horror of scheduling, police coming with health staff and forcing her to hospital occurred. There she became a chain smoker. She was released twice—before the medication had taken affect—without any family members being informed, going back to a cold flat with nothing to eat in the fridge and virtually no money. Finally, she went into hospital for a third time and was given a bit more attention.

My daughter moved into her flat and settled in. Her medication was fine-tuned and supplemented until, to our total amazement, she finally had insight and acknowledged her health problems. She started to do things she had been unable to do for years: to get about and visit people, to go to fitness classes, to undertake TAFE courses (including claiming a training allowance and the right to have extra tutorial support!). She was placed in a sheltered workshop and paid peanuts—but managed to attend punctually and regularly. She gave up smoking all by herself in three weeks.

For two years she went to a pottery class and exhibited in the end-of-year shows. This year, she goes to a painting class each week and is rediscovering her talent for colour and design. She loves to walk on the beach and explore the parks and open spaces. She keeps a diary and sometimes writes poetry.

When I asked her if she would agree to me writing this piece—she said 'Yes'. When I suggested she could write something herself—she was happy to do so and she has.

Mardijah Simpson

There May Come a Time

Inspired by and dedicated to my teenage idol and favourite singer David Cassidy

There may come to one
a time still far from heaven,
when everything I have
will get tossed
into a wild storm.
And find,
that there are truths
in a deep thought,
that we can never go home again.
And still there,
for my first home town
ain't the same.
And on my last visit
I see the truth,
as I'll be the first to say,
never turn away
from who you call your own,
or the friends
life brought,
even for a small while.
Cos I'll be there again.
But to all dreams
that were tossed to the breeze
and I feel too, already,
so many I called 'friend',
have forgotten one
and any name.
But all I need
to see me through,
is you my maker
and love we share.
And that's all
I'll ever need,
to never say 'goodbye'.

Leo Welin

Schizophrenia Can Happen Anywhere, Anytime...

Overseas visitors share their story about schizophrenia

WE WERE visiting Alice Springs from Switzerland and staying with a friend who is involved with the mental health care system [MHACA committee member, Maya Cifali]. She asked whether we would share the story of our own experience to coincide with Schizophrenia Week [in May]. This is our story.

Our son, today aged 34, started at about the age of 27 to show a behaviour most confusing and unusual for a young adult already living independently, with part-time employment and studying at the same time, in the process of writing his final treatise.

The worrying and escalating symptoms we could observe went from an inability to keep his small apartment clean and tidy as it used to be, forgetfulness, giving away his job and studies and lack of personal hygiene, to losing all sense of reality, hallucinations and delirium, feelings of constant fear threat and persecution, withdrawal and isolation, people-phobia, and to violent aggression against people and things, such as deciding to change the place of the kitchen sink and pulling it out by mere force.

most importantly, today, is our son's self-determination to give up all drug consumption and his decision to attend a rehabilitation centre

We later learnt that at about that time in his studies and under the stress of writing his thesis, he started using cannabis, first occasionally and then more and more regularly.

The behavioural change that we were progressively witnessing was most alarming and distressing to us as parents, as we could not understand what was happening to our boy and did not know how to react to it.

After a first voluntary admission to a mental health ward in Geneva, we held consultations with his psychiatrist, mental health nurse, social worker and got to accept that his condition was of schizophrenic type. He was fortunately cooperative and accepted to take regularly his medications.

However, more crises were occurring and his illness was becoming more difficult to control, as he had by then become addicted to continuous consumption of marijuana that he was smoking all day long. He was convinced that this was helping him to cope with his feelings, when in fact it was aggravating his mental condition.

Recently he has started a non-clinical long-term psychotherapy in order to find a path to re-integration into social living and eventually get a job. His friends and close family have never let him down—taking him for outings, helping with housework, making sure he was eating properly—but we all had to learn that we could not become obsessed with his condition and needed to allow for some objective external support so as not to become overwhelmed ourselves.

For seven years we have managed alternating periods of crisis and normality. The greatest support we have received has been from an association for family and carers called Le Relais in Geneva, similar to Alice Springs' Mental Health Carers, where we are assured of complete confidentiality and can talk freely about our concerns with people affected similarly to us. No guilt and no shame. Don't be afraid to ask for help.

Most importantly, today, is our son's self-determination to give up all drug consumption and his decision to attend a rehabilitation centre. The path to recovery is long and difficult but we keep hope for permanent stabilisation.

Sandro and Anne-Marie, Geneva

NT Health Direct:
It's your call
1800 186 026

*NT Health Direct is a free * and confidential health advice and info line 24 hours, 7 days a week. Registered nurses trained in telephone triage will provide immediate guidance on health concerns, where to go to receive treatment and what callers can do until they can receive medical attention.*

*Charges apply for calls from mobile phones, consult your service provider.

Rita, Helena and Tanya at Helena's farewell

Laurencia and Karen at ASIST training in April

Always some action at MHACA

Raymond at Tim at Helena's farewell

Happy Birthday Peter! Celebrations on the patio

Pat and Margie from ADSCA at Mental Health First Aid

Sarah with JulieMcCrossin at National Rural Alliance conf

Participants from L J Hooker, CASA, Women's Shelter & Division of Primary Health Care at MHFA training in April

The LPP team - Coral, Laurencia and Kristy - at the Aboriginal Suicide Prevention and Capacity Building Workshop in June

LT, Coral and Duanne Fraser at ASIST training in Tennant Creek in June

Julalikari workers at ASIST training in Tennant Creek in June

Kristy and Coral ASIST training with young women

Dedicated members of our Committee: (B): Jill Deer, Trish van Dijk, Leo Welin, Trish Fernley, (F): Maya Cifali, Jenny Black

Half-day ASIST workshop in Alice Springs with Laurencia & Karen Reval

Claudia presenting the 'free raffle' prize from our stall at the Alice Springs Show to lucky winner, Alex Birch

Morning tea on the patio for Helena's farewell

HAPPINESS & its causes

2nd annual conference

an initiative of the Vajrayana Institute

14-15 June 2007 at the Sydney Convention Centre.
Training & Promotions Officer ... by Rita Riedel

Some insights ...

There were many inspiring speakers at the conference and a full copy of the proceedings as well as DVDs of 'live footage' are available (see page 41). Here is a brief summary of some of the main insights:

♦ Happiness involves functioning well as well as feeling good

While short-term 'highs' temporarily feel good, if we are not functioning well in the long-term (flourishing) we are more likely to become ill. Positive psychology advocates that to create a strong foundation for long-term wellbeing we need to reinforce and practice 'positive functioning'—developing self-acceptance, relationships with others, personal growth, purpose in life, social integration and social contribution.
Dr Corey Keyes (see also related story on page 39)

♦ Meditation (knowing our mind) creates a strong foundation

To achieve happiness (wellness, peace of mind) knowledge and awareness of our mind and mental system is essential. For strong emotional and mental health we need a strong foundation in the mind. We need to develop awareness and wisdom —through meditation, through becoming familiar with the reactive patterns of our mind. *The Dalai Lama*

♦ Becoming our own therapist: self-awareness & self-responsibility

Self-reflection lies at the heart of our wellbeing. The main causes of our suffering come from our mind— where we develop cravings, aversions, reactions, delusions and neurosis. By becoming familiar with our negative patterns (reactions, neurosis etc.) we can let them go. A big challenge is freeing ourselves from the prison of our mind. *Venerable Robina Courtin*

♦ The absence of illness does not mean wellness

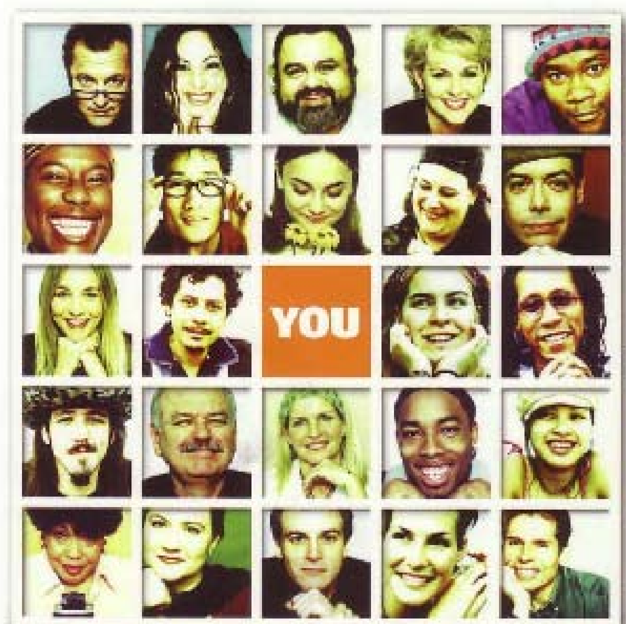
Our approach needs to be more on 'flourishing' and nurturing what keeps us strong, than just on 'repairing what is wrong'—promoting quality mental health and reinforcing 'positive functioning.' "Mental illness is rising because too few of us are flourishing." *Dr Corey Keyes*

♦ Attitude influences outcome

How we positively or negatively think about and relate to a situation has a great influence on how we experience that situation. The key is not to let our emotions control us but to have control over our responses. A predictor of happiness is 'how' we deal with our emotions. Lasting wellbeing is a process (an attitude) as much as it is an outcome.
Professor David Matsumoto

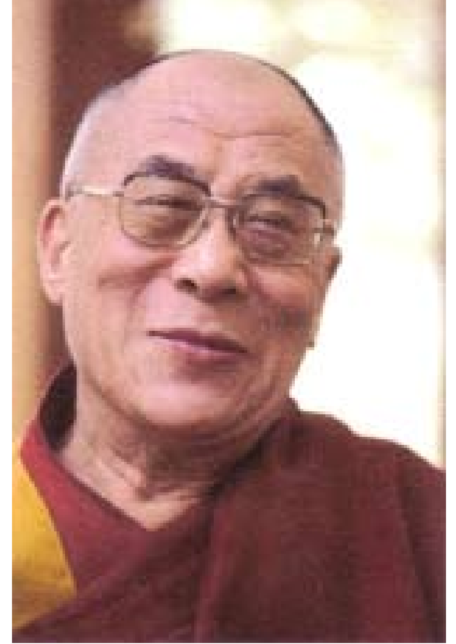
♦ Kindness is central to happiness

Two things greatly reduce our experience of wellbeing:
1) a lack of belonging in the community—social isolation;
and 2) a lack of trust between people—alienation. Developing compassion & kindness (empathy and understanding for others) helps us to establish connections with others and is central to happiness & wellbeing. *Dr Howard Cutler*



A 4-disc DVD set of the conference is now available.
Check out 'Resources' on page 42 for more info.

Words of Wisdom ...
from the Dalai Lama



THE HIGHLIGHT of the Happiness & its Causes conference was hearing words of wisdom from His Holiness, the 14th Dalai Lama. As the chair-person, Craig Hassed, graciously acknowledged,

"If one wished to understand the nature of a thing, such as the nature and cause of happiness, then it makes sense to ask an 'expert'. Such a person would surely be one who is renowned for happiness in their own life and leads others to greater happiness in their lives. An expert would not just be happy when circumstances are easy, but is happy even in the most difficult of circumstances … This is an extraordinary opportunity to hear from a true world leader in the field."

What struck me most about this very holy man was his deep sense of humility, his respect for others, his clarity of conviction yet gentleness, and, perhaps most of all, his playful sense of humour and unabashed cheekiness! Thankfully, having a true experience of contentment, wisdom and wellbeing doesn't mean always taking ourselves too seriously.

The Dalai Lama included a conference paper—available in the conference proceedings. Here I would like to include a few of the insights he shared in person ...

The Dalai Lama speaks slowly, partly, I think, because he has inner peace, but also I think because of the language barrier (he takes an interpreter with him wherever he goes). He makes profound truths seem 'simple'—yet these clearly reflect deep thought and wisdom (as well as, at times, real mischievousness!).

"All humans share the same basic desire: to be happy. Yet, because of our sophisticated intellect—our mind—our pleasure and pain is also more sophisticated. We also have memory and imagination ... we remember the pain of the past and imagine the future, often with anxiety, fear and worry.

Because of our mind, on a mental level we have much desire—attachment for ornaments (nice jewelry, clothes, cars, houses). We desire comfort related to our senses … which is more about material value than internal value.

Many children today are growing up with a lack of human affection, in an atmosphere of fear and insecurity. Those with loving parents feel peace and security.

What is important? We need to provide an education of warm-heartedness—to focus on inner value, not external value.

But what is the meaning of happiness for most at the human level? Satisfaction at the sensory level! (which costs money!!)

Our emotions … can be constructive and destructive. The negative ones usually come automatically, no need for training or practice here! [laughs]. These are commonly biased, reactionary, limited, destructive.

Compassion, on the other hand, is positive: respecting others' rights, seeing others as similar to ourselves. Having genuine compassion—being kind, loving, caring, showing empathy and understanding—is unbiased, shows thought and reasoning, is caring and helpful. We need a lot of training to be positive!

When people have strong hatred, 90% of this is projection. The object [other person or thing] looks 'ugly' because of our own hate. We desire a new car [or person!]. First, it is beautiful … but not long after, it is ugly! In the world, there is so much mental projection!!

Positive emotions result in peace of mind. They help us deal with difficulties in life. But a disturbed mind—full of fear, suspicion, jealousy, anger, hate—brings unrealistic unhelpful attitudes.

Also, good physical rest is important. You must have good sleep! … so the mind can be clear.

Knowledge and awareness of our mental system is very essential. This we can achieve through the practice of meditation, which helps to reduce stress and unrest.

Our mind—consciousness, made up of our thoughts and emotions—goes very deep. It is much superior [to other animals] and serious, therefore to understand it and become aware we also need to go deeper. ✠

Copies of the Conference Proceedings are available from the Vajrayana Institute for $25. Phone (02) 9798 9644 or email office@vajrayana.com.au

MHFA trainers Sherrilee Portlock, Rita Riedel and Paul Hills

Mental Health First Aid

Training Update

FOR THE past three months Sherrilee Portlock and Paul Hills (from CAMHS) and I have been providing monthly MHFA courses which have continued to be well attended. Participants have included staff from a wide range of organisations around Alice including CASA, Aboriginal Hostels, L J Hooker, Holyoake, Alice Springs Women's Shelter, ASYASS and Hetty Perkins Aged Care. Thank you also to Margie Smith and Pat Corpus from ADSCA for providing information on local Drug and Alcohol services.

As the new MHFA trainer on the block, this has been a challenging as well as exciting time for me. I went to Melbourne in mid-March to complete my MHFA Instructors course and have been on a rapid learning curve ever since!

I'd like to extend a big 'thank you' to both Paul and Sherrilee who have been a joy and a privilege to work with. Both are experienced trainers and are passionate about working in the mental health field ... which makes the teaching of this course so much more meaningful, both for myself as a fellow trainer and for the participants.

Why Mental Health First Aid?

There are many reasons why people need mental health first aid training:

Firstly, mental health problems are common, especially depression, anxiety and misuse of alcohol and other drugs. The National Survey of Mental Health and Wellbeing found that one in five Australian adults will suffer from some form of common mental health problems in any given year.

Therefore, it is highly likely throughout the course of any person's life they will either develop or come into contact with someone who does have a mental health problem.

Secondly, people often feel embarrassed and reluctant to seek help due to the stigma attached to mental health problems. One of the aims of Mental Health First Aid training is to reduce this stigma via educating the community and providing them with a greater awareness about mental illness, how to recognize signs and symptoms, how to provide initial help and how to go about seeking professional help when necessary.

Finally, professional help is not always available. At these times a helper's actions in a crisis situation could be vital in providing help essential for recovery.

5 basic steps

Mental Health First Aid training teaches participants five basic steps. These steps are useful with mental health problems such as depression, anxiety, psychosis and substance use disorder.:

1. Assess risk of suicide or harm
2. Listen non-judgmentally
3. Give reassurance and information
4. Encourage person to get appropriate professional help
5. Encourage self-help strategies

For further enquiries please contact Rita on 8950 4613 or Sherrilee on 8951 7710.

Participants from CASA, Salvation Army, Aboriginal Hostels and ASYASS at MHFA training in May 2007

NT Mental Health Coalition

by Phil Dempster, Project Officer

The NT Mental Health Coalition is the state peak body recognised by the Minister for Health and Community services representing non-government organisations that provide services to people with mental health needs. It operates as a sub-committee of NTCOSS. The Coalition also holds a seat on the Mental Health Council of Australia (MHCA), the national peak body for mental health, and Claudia Manu-Preston is our representative at this forum. Claudia also represents the MHACA on the Coalition.

Introduction

For those who don't know me, my name is Phil Dempster and I have just taken on the role of Project Officer for the NT Mental Health Coalition.

My background is in frontline Mental Health Service Provision with GROW as their Senior Fieldworker in the Northern Territory. Prior to this I worked as a supervisor in the external student support area at Charles Darwin University for seven years.

I have previously worked with the Coalition in my capacity as Fieldworker for GROW so I know a little about the function of the Coalition, but am still getting my head around the intricacies of the role and the National Scene.

Mental Health Week

We are currently gearing up for Mental Health Week 2007 and our first meeting of the steering committee is being held in Darwin on 19 July.

We are hoping to change things slightly from last year and have a few less activities than we did previously—we will look at the things that worked well and try to repeat this performance but also look at changing things that didn't work as well.

We are also looking at getting more input from individual organisations this year by perhaps providing some funding for them to run their own events. We are also looking at getting a high profile speaker and providing some training sessions on some very relevant issues.

Please get involved in this years' Mental Health Week. I am sure you will have a lot of fun and learn some things as well.

National Scene

I am still very new in this area but there are some big things happening this year. This includes the National Peaks getting together to put forward some input (gained from consultations that were run by an independent agency which were put out to community mental health sectors in each state by their peak body representatives). This feedback will go to the Senate's New Mental Health Inquiry process and will hopefully give the inquiry some valuable information with which to work.

An introductory teleconference with all the state peak bodies was held on 10 July and I look forward to reporting to you all on the progress of things to come.

That's all for now.
Cheers,

Phil Dempster,

Project Officer,
NT Mental Health Coalition, NTCOSS
PO Box 1128, Nightcliff NT 0814
p: (08) 8948 2665 f: (08) 8948 4590
m: 0400 798 619
e: mental.health@ntcoss.org.au
w: www.ntcoss.org.au

Hot tub for the mind

"Imagine a hot tub for the mind. That is what meditation is; it can bathe your mind in relaxing thoughts." Eknath Easwaran

With today's fast pace of life, too many of us don't have any sense of how it feels to be free of stress. It's difficult to relax if we have physical pain or irritation, strong negative emotions or scattered, worrisome thoughts.

The practice of meditation helps us find the peace within that is so elusive in our outer world.

"Sometimes the most important thing in a whole day is the rest we take between two deep breaths, or the turning inwards in prayer for five short minutes." Etty Hillesum

Farewell to Peter Maher

The staff of the Mental Health Association of Central Australia would like to extend our sincere condolences to the family of Peter Maher. Sadly, Peter passed away on Friday 11 May 2007.

Peter's funeral was held on 18 May and was attended by approx. 150 people. Tribute was paid by the Hermannsburg Choir who sung soulful Gospel songs, by Shauna Hartig who sang Western Blues, and by Temo Ponga who read a Healing Prayer.

We are grateful for Peter's contribution to MHACA and would like to thank Anne and the rest of the family for their ongoing support. Peter has been part of MHACA for 19 months and has been a great blessing to the other consumers who have been at MHACA during this time. He regularly attended the Men's Group and particularly enjoyed the outdoor activities as he always had a close affinity to the land. Peter joined us on the Matt Deer Camp in 2006 and his knowledge of the land and camping was invaluable.

Peter had a keen sense of humour and often brought smiles and laughter to others through his quick wit. He also cooked a wonderful BBQ. Peter was a keen musician and loved to listen to music, particularly country music. I was fortunate to be able to work with him last year and saw him eagerly anticipate the opportunity to sing at his son's wedding. It is with great sadness that we say goodbye to Peter.

We would like to continue to offer our prayers and thoughts to the Maher family throughout this difficult period. MHACA is keen to continue to provide practical support to Peter's family however and whenever this is needed most.

"A life spent in making mistakes is not only more honorable, but more useful than a life spent doing nothing." *George Bernard Shaw*

Hey Girl

It's not the way I thought,
so many years ago,
like a life-time gone,
that I wish I could say to you
how sorry I feel.
Can I know you never loved me,
though for a moment
you made me feel special,
never knowing
the fall I understood
I was heading for in '74.
And if I had the chance
to see you, just long enough
to tell you,in glimpse
where I went wrong.
And for all mistakes
and that there's no one
to blame, but the one here.
For looking back
I remember you still,
like it was yesterday,
through your letters
I lost in time.
And if I could have one prayer,
I could wish come true,
is to just say, 'Forgive me,
how I gave you up,
for all the hurt
and confusion in '74."

Leo Welin

Next Quarterly Interagency Meeting

Wed. 15 Aug. 2007

10.00am-12.00pm

Andy McNeill Rm
AS Town Council

Aboriginal Suicide Prevention & Capacity Building Workshop 12-14 June 2007

Guest speakers Mick Adams and Prof. Ernest Hunter

Hosted by the Australian Govt Dept of Health & Ageing (DoHA) in collaboration with Suicide Prevention Australia (SPA) and an organising committee.

The Alice Springs Convention Centre was a fairly "flash" venue for our gathering on the sad but serious issue of indigenous suicide. It proved to be a welcome shelter, however from the cold desert climate of June. If the 3-day event wasn't a conference, then what was the idea behind this smaller, invitation-only "workshop"? With a very short lead-up time consensus about the intent of the workshop was essential.

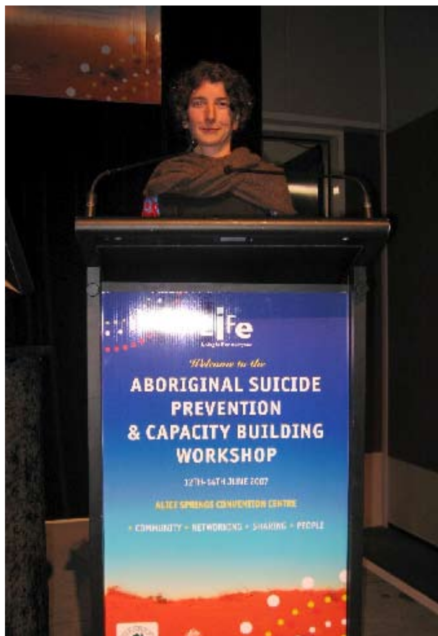
A need for more support

Since DoHA announced the most recent round of funding for suicide prevention activities in October 2006, concerns had been aired that so few funded projects addressed indigenous suicide in remote regions of Australia, in particular the Northern Territory. In the NT, Waltja's "We Know Our Strengths Project" was the only major project funded. The NPY Women's Council received a small amount of funding for a significant project working with Anangu people.

It was agreed that it would be a useful exercise to bring people up to speed on the current thinking of some of the experts in the field of indigenous suicide prevention. It was also agreed that sharing local and interstate knowledge and current practises with each other would be worthwhile.

It was also a priority for DoHA to inform the audience as to the means to source funding and the necessary skills of submission writing, project management, reporting and financial accountability.

Laurencia speaking at the workshop



Suicide: a complex issue

Mick Adams of the Yadhiagana people of Cape York and ties to indigenous communities in the NT was welcomed as our personable and engaging workshop convenor. Mick has spent many years speaking out on issues related, in particular, to men's health and well-being, suicide, family violence and sexual abuse.

Professor Ernest Hunter talked of "communities at risk" and "high risk life-styles" that lead to high rates of suicide in Aboriginal communities. He claimed that this problem emerged in these communities in the late 1980s among young men in particular.

Citing the work of Michael Chandler (2003), Hunter spoke of reduced suicide rates in indigenous communities where there is true community control in self-government, land claims, education, health, policing, and cultural facilities. Also, where there are more women in positions of power, there is reduced vulnerability in indigenous communities.

Keeping warm around the fire on day 3 at Williams Well

He encouraged us to assist "black cloud communities" to see and discover solutions.

Dr Rob Parker from Top End Mental Health and Sarah ORegan, NT Government Suicide Prevention Coordinator provided a picture of the NT and the magnitude of the problem we are hoping to address through a wide range

of strategies. I was struck by the complexity of the issue and the sad reality of the current statistics.

Dr Jo Robinson of ORYGEN Research Centre in Victoria informed us that many projects previously funded were poorly evaluated or did not report on the outcomes. There were some successes also.

Liz Archer of Waltja threw convention to the wind and presented a moving slide show of photographs depicting local Aboriginal people engaged in the activities that keep people strong, backed by the words and music of Patty Griffin. This was a powerful means of introducing the "We Know Our Strengths Project" to the audience.

Gerard Waterford and Christine Palmer of Congress' Social and Emotional Wellbeing spoke of the link between suicide and meaningful and sustainable employment pathways for senior Aboriginal community members, improved fathering skills and culturally appropriate ways to address Aboriginal grief and loss.

I listened as information was shared about new projects from the Kimberleys, Nth Queensland and the Western Riverina district of NSW. Tools and resources that had been developed in other regions are worth knowing about

but the diversity among indigenous communities will drive the development of local resources that reflect local knowledge and local environment.

The workshops were held on the third and final day and, unfortunately, some were not well attended. I was pleased with the turn up to Life Promotion's trial run of the suicide awareness training. It was well received as a more appropriate means to discuss the issue of suicide with Aboriginal people.

Cultural events

Cultural events were held over the three days. MK and Amelia Turner warmly welcomed us all to this country and to the Irrekelantje Learning Centre. A performance by Drum Atweme, a feed of kangaroo curry, a tour of the arts centre and a cultural talk by MK was a highlight for many in attendance.

The Oliver family hosted us for the afternoon on the final day at their home at William's Well. A cold wind blew threw the camp as we huddled around fires clutching cups of tea. Others ventured onto the backs of Marcus's camels that afternoon while some chose to stay for a 5-day camel trek to Santa Teresa.

There was a good feeling among those who had spent the last three days together. SPA did a terrific job organizing the event in record time, and DoHA proved to be open to the last minute suggestions from the committee and should be commended for their commitment to this issue. For some of the local Aboriginal men, there was not enough new knowledge. Their contribution to numerous discussions at various forums over many years was not reflected in this three day event.

Some suggestions …

Hopefully, next time we meet on this issue:

- it can be hosted in a remote community and talk will happen around fires and under trees
- the data can be presented sensitively
- people who have developed programs that are working to alleviate the "climate of risk" from the drug and alcohol and family violence sectors, remote health, youth work, arts and media, and sport and recreation will all be invited to share their learnings and successes in remote communities
- there will be less of the 'being talked at'
- more Aboriginal people in remote communities can share their stories and learnings. ✠

For more information contact Laurencia Grant on (08) 8950 4608

Chinese Territory Medicine

Chillout Sessions

Ear Acupuncture & Meditation

Acupuncture and Meditation both help to re-establish balance and harmony in the body and mind—in combination they can be deeply relaxing and calming.

In a small group we use five acupuncture points in each ear plus simple meditation techniques designed to help relieve stress, anxiety and depression. People tend to feel calm and focused, experience better sleep and generally feel more comfortable.

This treatment can also help with some chronic pain management and is safe to use with other therapies and medications.

Sessions are for one hour a week, in blocks of four weeks.

Time: Thursday 5.15pm
Place: 24 Chewings Street
Cost: $80 for 4 weeks

For further information or to book a place contact Sharon Follett on 8953 8805

Cowboys, Med Students & Powerful Women …

An Advocacy Memoir

Sarah at the launch of *A Taste of Country,* for which she wrote the Foreword

Country artists band together to support rural mental health

This year began with a Yee-Ha! I ended up in the country music capital of all places—no, not Nashville … Tamworth! I would never have dreamed of attending an annual cowboy festival … but, when else would I get the opportunity to go? Cowboys need good mental health too (they do always seem to be singing about their problems-blues-the one that got away!).

I was in Tamworth to attend the launch of "A Taste of Country", a charity cookbook for which I had been asked to write the Foreword. Proceeds of the launch concert were going to the Australian Foundation for Mental Health Research. This was during the time when NSW farmers were doing it tough in drought-stricken conditions (a time when a farmer died as a result of suicide too frequently).

Backstage at the concert, I found myself rubbing shoulders with Nikki Gillis, Felicity Urqhart, Col Finlay, Cat Southern and Channel 7 presenter Kevin Anderson, who MC'd the event. Many country artists had bandied together to support rural mental health. One male artist's original song about his mate's suicide particularly stood out in my mind.

Any preconceived ideas I'd had about country-music artists and country folk quickly vanished as I realized that mental illness is bound to touch most of us in some form during our lives (one in five people) no matter what our background. Country music may not be for everyone but mental health and wellness definitely is.

People are more important than textbooks

In March, I flew south to Albury for the National Rural Health Network (NRHN) forum for young people. The small plane was packed with Uni students my age.

"So, are you Med or Nursing?" the guy next to me inquired. "Neither," I replied and continued reading my magazine. "What are you studying then?" he probed. "I'm not studying anything," I replied, wary of his superior tone. I waited for the inevitable question. "So why are you at the conference then?"

I paused, thinking of what to say. I decided on the truth. "I'm a keynote,"

(cont. next page)

Sarah with other participants at the Women & Depression conference

Earlier this year Sarah arrived back in Alice after a stint in Townsville for Uni. She is back on board at MHACA as the "permanent office temp", the extra pair of hands (and extra voice!) around the office, but most importantly, as your fellow mental health advocate. For more info or to book Sarah for your school, community group or function, visit

www.sarahchunys.com.au

Sarah with fellow guests at the fundraising launch of *A Taste of Country*

I said matter-of-factly. His eyes widened as if I was having him on. A few moments passed. "Aw yeah, so how long have you been doing this speaker stuff?" he asked intimidatingly. "Since I was 18," I replied. He paused again. "So what qualifications do you have to speak at conferences?"

Apart from QBE*, I had to admit, he had me there. "You'll hear at the presentation," I said. "You must be a Med student," I added. "How did you know that?" he asked. "Oh, let's just say you seem very … qualified."

Indeed, he was qualified—in ageism and stigma! Not only was he discriminatory against a young person (not to mention a young consumer) being a keynote but also pretentiously implied that you have to have a formal 'piece of paper' in order to be qualified.

Words are powerful tools, and during my presentation I wanted to use my tools effectively. The conversation on the plane had me especially fired up … either that or it was the fact that I'd watched Rocky Balboa on my connecting flight.

My message to the future medical practitioners was simple: "Chuck your text-books out the window! You don't build relationships with text-books—you build them with your patients. Uni and text-books will only teach you about text-book things. But people don't live in textbooks. You have to learn about your patients by listening to them. This is especially important for mental health practitioners."

The NRHN Forum was also fun. We participated in a clown-doctoring workshop facilitated by a professional 'clown doctor' from the US who has worked with Patch Adams. It was refreshing to hang out with other conference delegates around my age.

Intimidating plane conversations aside, the future of our medical profession appears to be a bright one.

Power women speak out about depression

In May, I was a keynote speaker at the Women and Depression Conference in Sydney. The presenters at this conference were powerful and inspiring. I think the fact that it was only women made it feel particularly comfortable. The conference was the brain-child of Anique Duc from Herwill Creations, who states:

"We live in times when the light of informed reason and compassion seem to be dim indeed. However, when we gather as women in this way, we all generate and co-create a new energy, which goes out into the world to create healing and positive change."

Among the presenters was an African-American woman who talked about depression in her community and a Muslim woman who was the first in her community to attain a PhD. It was the first time I'd seen such a diverse group of people packed into one venue.

The cultural struggles of a range of women were explored which made me feel very privileged to live in Australia. It both saddened and angered me to hear Shokufeh Kavani's story about living in Iran, a difficult male-oriented and -controlled society.

Yet, without women like Shokufeh Iran's laws will never change … in the same way, that without the voices of consumers the mental health system will never change by itself. I believe people, not governing bodies, are the major driving force behind change.

I never realized how much pressure society puts on women. With all the pressures and the things that can go wrong with our endocrine system, it's no wonder women are prone to depression! It made me feel quite proud, knowing that we're capable of taking on many roles (though I'm not sure about childbirth yet!).

After I finished speaking, I sat down to find a letter under my bag addressed "To Sarah's Mum" (her first piece of fan mail!) A letter to my mum, from a stranger, about how privileged she was to hear her daughter speak and how proud she must be. I phoned mum that night and said, "You've got mail. By the way thanks for giving birth to me!" "What are you on?" She wanted to know. I suppose I was just high on the power of being a young woman.

I'll definitely be back next year. In the meantime, I have a lot of sleep to catch up on. ✠

**QBE – Qualified by experience. A term often used by people with a lived experience of mental illness.*

you don't build relationships with text-books—
you build them with your patients

Sarah at a book-signing in Tamworth

TheMHS 2007 Conference

4-7 September

Melbourne

2020 Vision:

Looking toward excellence in mental health care in 2020

Conference themes

1. Building a mentally healthy society where we aim for attainment of the highest possible level of mental health for all people. **2.** Promoting empowerment and recovery for people experiencing mental illness through focusing on strengths rather than deficits, and developing consumer-led services and research. **3.** Innovation and best practice: what are the most effective new developments and approaches? **4.** Trends in mental health care: opportunities and challenges that will face us over the next years.

Funding for consumers

The Mental Health Services Conference is pleased to offer a limited number of bursaries to consumers from Australia and New Zealand to attend the 17th annual TheMHS conference. Priority is given to consumers who are presenting a conference or forum paper, workshop, symposium or poster and who would have difficulty attending the conference due to financial reasons. Carers/families may also apply, but will be considered after consumer places are finalised. The bursaries include airfares and free registration, but exclude accommodation and meals.

For more info visit:
www.themhs.org/p.aspx

Post or email your application to:
Bursary Coordinator: TheMHS Conf.
PO Box 192, Balmain
NSW, Australia, 2041
P: (02) 9810 8700 F: (02) 9810 8733

MHACA is also funding a consumer to attend. Please contact Rangi on (08) 8950 4603.

MMHA National Multicultural Art Competition

As part of Australia's annual Mental Health Week, Multicultural Mental Health Australia (MMHA) is launching a national art competition for people from culturally and linguistically diverse (CALD) backgrounds, who have migrated to Australia during the last 5 years. The topic of the competition is: "I Identify - My Identity ". You may want to consider how you identify through your culture or how your culture influences how you see yourself. Entries close 15 August 2007.

For more info call MMHA on (02) 9840 3333 or email admin@mmha.org.au

Cruising to Kings Canyon...

MHACA's annual Matt Deer Camp was held on 3-5 May at Kings Canyon. Eleven people attended and a good time was had by all, as Tim MacDonald reports ...

Heading out ...

We left MHACA at 9:45am and drove towards Erldunda, stopping at Stuarts Well on the way to have a close look at some of the camels. This was followed by a tasty lunch of salad rolls and fruit at Mt Ebenezer. The weather was cloudy in the morning but cleared up towards the afternoon.

In the afternoon we played some games in the car and had general discussions about trips we have previously been on. After setting up tent around 4.30pm (everyone chipped in and it only took about 20 minutes to set up two tents) a group of us went to get firewood while the others went about cooking dinner and unpacking.

We tucked into dinner as dusk rolled over the horizon - each night we saw beautiful sunsets, particularly as the clouds diffused the warm colours. As we ate our salad and steak and Roland commented, "This is much better than what I eat at home." (I'd have to agree!). After dinner we sat around the fire with lots of good conversations flowing. Most of us were in bed by 10:30pm.

Early start

We woke up early on Friday morning and enjoyed toast, cereal and coffee for breakfast (Laurent holds the record for the most pieces of toast: 7! Go Laurent).

After cleaning up, ten of us headed to the Canyon while Steve decided to stay behind and read. We arrived there at 9:30am (after playing a game of Chinese whispers in the van which worked well - the end result was very different from the beginning!).

Six people decided to do the longer more scenic 3-hour Kings Canyon walk while four of us did the more leisurely valley walk. I did the shorter walk - where we

had plenty of time to talk about the unique flora and joined in listening to a guide who described the history of the Canyon. We then strolled back to the shelter, and I went on to join the other group for the last 30 minutes of their walk. Roland told me that he had helped build the Kings Canyon track about four years ago - where they mostly had to work at night as it was too hot during the day.

The group headed back to the campground about midday where we made some burritos for lunch ... which tasted just great!!

Afternoon activities

In the afternoon we played some games including frisbee, cricket, bike-riding and Yahtzee. Coral and Steve were a bit more adventurous and decided to go for a helicopter trip. Everyone got involved in the games and those of us who went down to the helicopter pad got plenty of good photo opportunities. Danielle taught myself and Seli how to make damper which turned out pretty well and was enjoyed by everyone later that night.

Danielle also prepared a wonderful dinner for us that night. It was apricot chicken cooked in a camp oven which slowly cooked in the fire until the chicken literally fell off the bone, it tasted very tender. Thanks Danielle! We also baked potatoes in the fire and some vegetables in another camp oven. After dinner we cooked the damper, which everyone enjoyed – we really did eat well throughout the camp. For our final dessert, we toasted some marshmallows (of course!).

Heading back

On Saturday morning we got up a little later and had a large breakfast (as we had a lot of food to try and finish). We were going to have pancakes but had unfortunately used up all the firewood. Everyone chipped in with packing up the tents and we were ready to go by 9:00am.

We headed back via Kathleen Springs where we walked down a short track to the Spring. Along the way we saw a number of ruins which had been left by farmers who had previously mustered cattle there. We took one

last group photo at the Spring before starting on our trip back to Alice Springs around 11.00am.

We made a number of stops on the way back, including at Mt Ebenezer (where we had lunch and I got to kick a footy with a couple of local kids), Erldunda and Stuarts Well. Coming back there were some more interesting discussions in the Hilux about things like the nuclear debate, how to fix the drought (!) and the lack of stability in trucks travelling at high speed.

Both cars returned to Alice just after 5.00pm in the afternoon. There was a noticable reluctance for people to part company and some phone numbers where exchanged which was a great thing to witness.

High marks

Feedback overall, both formal and informal, was very positive. An evaluation form was handed out at the completion of the camp and nearly everyone gave high or very high marks for the food, accommodation, enjoyment, teamwork and preparation.

Half of those on the camp said they would like a longer camp next time as they had had a great experience. Those who said this also commented that they would be happy to contribute more to the next camp if it was longer. Suggestions were also made for a few other places we could go next time.

More detailed feedback was provided by staff which similarly suggested that overall things went very well. A few clients in particular have really benefited from the camp, with a noticeable change in behavior since the trip - demonstrating more energy, self-confidence and motivation.

Not everyone has the opportunity to be able to organise more involved trips such as this one which have many positive benefits. The 2-3 day camps are a great opportunity for people to 'get away', relax, get to know others, be part of a team, have some fun and generally feel good and enjoy themselves.

Thank you to everyone who came along. I know I had a great time and look forward to going on the next MHACA camp.

Tim MacDonald

DASA

drugs and alcohol services association

Outreach Worker Geoff Miller

The Outreach Program

Earlier this year, the Drug & Alcohol Services Association (DASA) successfully obtained recurrent funding for its Outreach Program which has been running for two-and-a-half-years. Now funded by the Office of Aboriginal and Torres Strait Islander Health (OATSIH), the new phase of the Outreach Program was launched on 3 April 2007 by the Honorable Tony Abbott, Federal Minister of Health.

Background …

DASA's Indigenous Outreach Program was conceived and developed in response to a growing demand for follow-up support to people with long-term drinking problems.

The Program operates from the Sobering-Up Shelter (also known locally as SUS), a busy 26-bed facility which has provided a safe haven for intoxicated people for 22 years.

The Shelter has been a welcome alternative to sleeping off the grog in the police watch-house or on the streets. Shelter clients get a bed, clean clothes and a meal when they wake up, and supportive and caring staff look after their basic needs. Staff may engage in some valuable brief intervention work with clients but this is limited.

Although the Sobering-Up Shelter staff have provided an excellent caring service to vulnerable individuals in the short-term, they have had limited capacity to provide follow-up support for more chronic drinkers with troubled lives.

Personal hardships

Over 100 clients were identified as recurrent users of the service: a few clients used the service four times a week while others five or six times a month. Many were originally from remote communities but had become 'stuck in town'.

These people have suffered a great deal of personal hardships—such as malnutrition, abuse, violence, personal injury, family dislocation, chronic health problems and personal grief. In fact, most have been living in very precarious and rough conditions and drinking hazardous amounts of cheap alcohol. Binge drinking is often the norm, with the drinking lasting until the collective funds run out.

Life on the banks of the Todd River or the parks and reserves in town is a rough existence. These impromptu camps (separate to the town camps) have very few comforts—a campfire, an acrylic blanket and a cask of cheap port—making them an unsafe solution for finding warmth on a freezing winter's night in Alice.

Generally, among Shelter clients, there has been a lack of understanding about the effects of alcohol on personal health and family and the broader social

... every attempt is made to link clients in with existing town services, as well as their community of origin.

Outreach Worker Marie White

DASA's Outreach Program helps people who have problems with alcohol and/or other substances. Supporting people on an individual basis, the Program also advocates on their behalf and provides follow-up services for people who have been in the Sobering Up Shelter.

problems it can cause. For some Shelter clients, counselling and information available through mainstream 'alcohol and other drug' services, proved hard to access and could not meet their needs.

Others found it hard to access mainstream services. This was made harder if English is not the first language and if people did not understand western systems (which are hard enough to understand for those of us raised in a Western culture).

As a result, many people have not been linked to town services, where navigating the health, social security, banking and justice systems is often confusing, if not intimidating. Some individuals have become stuck in town simply because they could not navigate their way out. Increased alcohol abuse often meant that, as time went on, they would lose the motivation to make positive decisions about their lives.

It was against this backdrop that DASA's Indigenous Outreach program was developed.

Reaching Out

The Outreach Program initially uses the DASA Sobering-Up Shelter as a base, but most of its best work takes place 'outside': in town camps, private homes and the hospital, and in the parks, streets and reserves in town.

On a daily basis, workers go to the places people frequently hang out and check to see how they are fairing and if they need anything. They also follow up on DASA or Shelter staff reports regarding people who haven't been going too well; for example, if someone needs medical attention.

Good networks

The Outreach Team have good links to networks in Alice Springs and remote communities, and every attempt is made to link clients in with existing town services, as well as their community of origin. This includes linking people to medical services, the justice system, government services (such as Centrelink) and alcohol and other drug services, including DASA services such as the Detox program. The team has also assisted many individuals in returning home to their community of origin.

The Team

The Outreach Workers employed with the program are Geoff Miller and Marie White who both provide a range of supports.

The team may work intensely with clients for short-term periods: linking them to services, assisting with day-to-day issues, problem solving and life skills, and supporting them in their efforts to remain alcohol/drug free or help reduce intake to safer levels. As clients become more settled and develop established support systems the level of support is reduced.

Other clients may only have one or two interventions—the support depends on individual need. For instance, staff might encourage clients to reduce the harm by cutting down on the amount they drink, changing from monkey blood (tawny port) to beer. They may tell stories about the dangers of binge drinking, the long-term damage it can cause to kidneys and how someone could end up on dialysis like Uncle Harry. Everyone is encouraged to drink plenty of water and have a meal before a session; bottles of frozen water are handed out by the Outreach Team, particularly in summer.

Most of all, guidance and support is genuine and constant. The Outreach Program staff are well known and respected for the work they do.

Until recently, the future of the program was tenuous as the funding was running out. However, the positive work and impact of the Outreach Team has resulted in recurrent funding for phase three of the Program.

Reaching out

Personally, I think alcohol abuse causes the greatest harm in Central Australia—to individuals, families and whole communities. It affects everyo[ne] and permeates the very fabric of our community; there would not be a woman, man or child who is not affec[ted] in some way.

I believe there is a great need for the Outreach Program to be expanded in Central Australia. Because many Centralians may find it difficult to access town-based services, we need to think outside the square and aim to get support services out to where the people are.

DASA Director, Paul Finlay, with Rachel Van Oosten, Assist. Dir. NT-OATSIH and Hon. Tony Abbott at the launch of the Outreach Program, Phase 3

I would like particularly like to thank Geoff and Marie for the work they have done so far. Outreach work is never easy, but they have proven it can be worthwhile. ✠

DASA
4 Schwarz Crescent)
PO Box 3009
Alice Springs NT 0871
Phone (08) 8952 8412/9
Fax (08) 8953 4686
Email: admin@dasa.org.au

happiness:

more than the absence of mental illness . . .

AT THE Happiness & its Causes held in Sydney in June, conference guest speaker Dr Corey Keyes highlighted the importance of 'functioning positively' to a lasting experience of happiness and wellbeing (see box on next page). A school in Victoria is to 'become the first in the world to incorporate positive psychology into its curriculum'…

by Anne Fawcett

A revolution at one of the country's premier schools aims to produce children ready for any challenge.

Literacy and numeracy may be the acknowledged benchmarks of a successful education in the schools of the developed world but a new discipline is working its way into the classroom: learned optimism.

At Geelong Grammar School in Victoria, construction is well advanced on a $16 million Wellbeing Centre, a building at the crux of an approach to teaching and learning that is attracting worldwide attention. The school is to become the first in the world to incorporate positive psychology into its curriculum.

"[In 2007] we have an expectation that every-one can read and write but we can see now that that's not enough," says principal Stephen Meek. "The head and the heart need to be added to our curriculum.

"The current educational model ... is no longer equipped to deal with the issues that face the modern student," he says. "We need strategies that will help our students take a productive approach in dealing with the issues that will confront them throughout their lives."

Early next year the father of positive psychology, Professor Martin Seligman, author of Authentic Happiness and a former president of the American Psychological Association, will lead a team of positive psychologists training Geelong Grammar staff in learned optimism. Teachers will be trained to help children recognise and argue against "catastrophic thoughts".

During part of this induction period Seligman will live at the school's senior campus, assisting teachers to incorporate the tenets of positive psychology into all subject areas, as well as pastoral care and boarding facilities.

The positive psychology movement was born in 1998, when Seligman called upon psychologists to explore the conditions that enable human beings to flourish and give meaning to life.

"[As a psychologist] I'd spent 35 years of my life working on misery," Seligman says. "Psychologists knew something about how to measure depression and how to alleviate it. What we didn't know about was what makes life worth living."

On what he admits were the rare occasions that he did eliminate all of the anger, anxiety and depression from a patient, Seligman was surprised that the result was simply an empty person, rather than a happy and fulfilled patient.

Happiness, he realised, was more than the absence of adversity or **mental** illness, so he began to concentrate on studying what made people happy. He says that positive psychology is not mere "happiology", nor is it to be confused with the "flighty self-help movement". "I'm a crusty old academic so I believe in measuring things using random-assigned placebo control tests," he says.

That is appealing but, as many critics of positive psychology ask, how does one measure happiness?

"Happiness is a scientifically unwieldy term," Seligman says. "In the world of positive psychology we dissolve the term, so there are three distinct routes to happiness."

These are positive emotion and pleasure, engagement (being immersed

as participants' capacity to direct their attention to the present moment, their mindfulness, increased, their levels of depression, anxiety and stress started to fall

We should see decreased rates of depression, decreased anxiety, increased physical health and fewer sick days ...

in whatever you're doing at a given time) and meaning (achieved by using one's personal strengths for a higher goal).

It is easy to attain a certain level of happiness by pursuing pleasure (hedonism). But according to research conducted by Seligman and his colleagues, the happiest people are those who use all three routes.

Unlike the claims of self-help books, the interventions recommended by positive psychologists—many of which resemble interventions recommended in the self-help literature—are backed up with scientific evidence. One of the key tools used to measure the efficacy of interventions is the absence of depression.

Seligman and his colleagues at the University of Pennsylvania have tested and researched several interventions. The most effective intervention is a "gratitude visit".

In Seligman's study, participants were given one week to write and hand-deliver a letter of gratitude to someone who had been kind to them but had never been properly thanked.

Surveys revealed that participants were measurably happier and less depressed one month later, although the benefits of this intervention appeared to dissipate within three months.

In a second study, participants completed an online questionnaire (try it at www.authentichappiness.org) which determined their five "signature strengths". They were then required to use these strengths for a week.

For example, one of Seligman's friends, a waitress, found that social intelligence was one of her signature strengths. She implemented that by aiming to make every customer's encounter with her the highlight of their evening.

"Her work became light, she enjoyed it more and the tips were bigger," Seligman says.

He found that using signature strengths resulted in increased happiness and reduced depressive symptoms for about six months.

A further study found that having participants document three positive things that happened to them, and why, in a journal each night for one week had the same outcome.

These results have been replicated in studies around the world. Sydney psychologist Dr Gordon Spence is interested in how positive psychology can improve life-coaching techniques - one way is applying the academic rigour of psychology to bolster claims about the benefits of coaching.

"The coaching industry is unregulated and there are a lot of people who claim all sorts of marvellous things without a shred of evidence to

Ways to Build or Maintain a Flourishing Life ...

Stop defining yourself & others by material possessions & pursuits

Wealth is like health: it's utter absence breeds misery, having it (or any circumstance we long for) doesn't guarantee happiness.

Take more control of aspects of your life

Happy people feel in control of their lives, often aided by mastering their use of time.

View things from both sides

Our thoughts are our frames of our feelings and lives. Optimism, hope and the view that life is a challenge all make us more resilient and happier in the long run.

Restore your energy

Happy people live active vigorous lives yet reserve time for renewing sleep and solitude.

Nurture your spirituality

For many people, faith provides a support community, a reason to focus beyond self, and a sense of purpose and hope.

Care, and do, for others

Reach out to those in need. Happiness increases helpfulness but doing good also makes one feel good.

Prioritise close relationships

Intimate friendships with those who care deeply about you can help you weather difficulties. Confiding is good for body, mind and soul.

Do things that engage & extend your interests

Happy people are often in a zone called 'flow' – absorbed in a task that challenges them without over-whelming them.

Be physically active and exercise

An avalance of research reveals that aerobic exercise not only promotes health and energy, it also is an antidote for mild depression and anxiety.

Cultivate gratitude

Those who pause each day to reflect on some positive aspect of their lives (their health, friends, freedom, environment etc) experience heightened wellbeing.

This list is digested from David. Myers, The Pursuit of Happiness (Avon Books, 1993) and from Keyes and Haidt, Flourishing: Positive Psychology and the Life Well-Lived (APA Books, 2003).

back it up," Spence says.

He studied the effect of mindfulness training, essentially developing the ability to be engaged in the present moment, on mental health and goal attainment. As participants' capacity to direct their attention to the present moment, their mindfulness, increased, their levels of depression, anxiety and stress started to fall.

Spence is aware that positive psychology has its critics. "I think a lot of psychologists bristle at the idea because positive psychology comes with the connotation that what psychology has been about up until then is negative.

"I think what positive psychologists are saying is that psychology has been dominated by a focus on the negative, illness and dysfunction. It doesn't mean they haven't been conducting positive research."

Aside from causing vigorous debate in the psychology community, there are those who say that, at worst, positive psychology is harmless …

However, Geelong Grammar's Stephen Meek is confident that using positive psychology to invest in the wellbeing of students will yield lasting results.

"Students will feel that they can control their lives, that they're not victims of society," he says. "When things get difficult they'll be able to say I have seen this before, I recognise there is some science here. For me the result will be a mindset that a student can take steps to enable them to counter whatever problem they're about to encounter—and be able to help their friends when they are under pressure."

Seligman agrees. "We should see decreased rates of depression, decreased anxiety, increased physical health and fewer sick days ... students who go through this program will be less likely to suffer from depression across their lifespan." ✠

Reprinted with permission from Anne Fawcett, story in the *Sydney Morning Herald*, Thursday, 8 June 2007 page 8

people profiles …

Chris Kam

Position: Administration Assistant

Qualifications: Cert III in Business Administration

What I like about working at MHACA: It's about helping people, not making money.

Why I like living in Alice Springs: Beautiful scenery, no traffic jams.

Things I enjoy doing: Road trips, eating and markets.

Favourite colour: Black.

Qualities I like in people: Openness, honesty and kindness.

Qualities I dislike in people: Narrow mindedness & selfishness.

A favourite movie: *Serendipity.*

If I could go anywhere in the world on vacation: Somewhere hot, sunny and with a beach.

One thing that would improve my life right now: My partner living in town.

Tanya Vaughan

Position: Administrator.

What I like about working at MHACA: The friendly staff, the responsibility I am given, the challenges within my role, and the long-term goal for the Association of helping out within the community. I also value that MHACA is a non-profit organisation and here for the community, not to make a profit.

Why I like living in Alice Springs: Wow, where do I start ... the people are so friendly, the warmer weather, the view as I drive to work everyday, the camping destinations and no traffic!!

Favourite colour: Red.

Things I enjoy doing: Dancing, dining out, watching TV, shopping and walking.

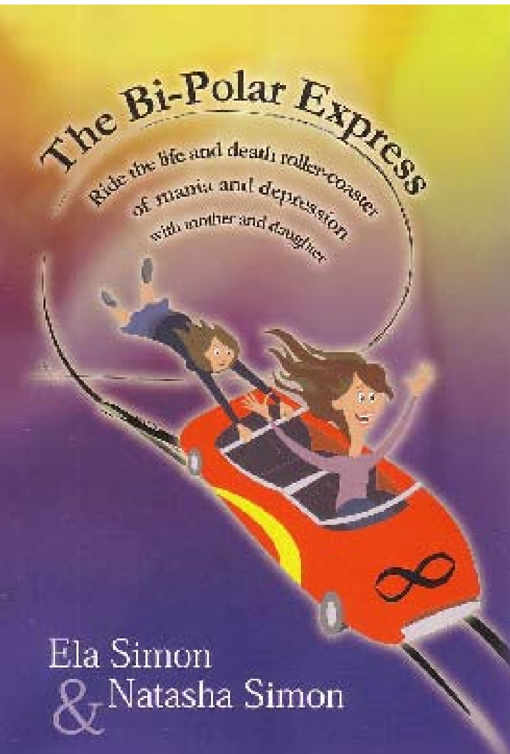
Qualities I like in people: Honesty, humour, caringness, helpfulness.

Qualities I dislike in people: Unorganised, people who talk over the top of others, dishonesty and exaggeration.

A favourite movie: *Strictly Ballroom.*

If I could go anywhere in the world on vacation: Japan —because I studied Japanese when I left school and would like to attempt to speak the language with the Japanese people and I love their culture.

One thing that would improve my life right now: Getting married (waiting patiently)!!!



The Bi-Polar Express

Ride the life & death rollercoaster of mania and depression with mother and daughter

Natasha's Ride ...

I always knew I was different, things never worked out for me, I'd either get depressed for no reason or be hyper-active. As you read my book always keep one thing in mind: you can put the book down and get off my rollercoater ride ... I can't.|

Ela's Ride ...

This is a funny, sad story of a mother's search from childhood, through the teenage years and beyond, for the correct diagnosis for her 'different' daughter, while desperately trying to battle with her daughter's alienation, dramas and crises.

This book is for all people who know someone, a friend, relative or acquaintance with a mental isorder - and that's just about everyone

Available online at:
www.the bipolarexpress.com.au

Where there's smoke

A report released by the Mental Health Council of Australia at the end of last year confirms there is a substantial and growing body of evidence on the relationship between mental illness and cannabis.

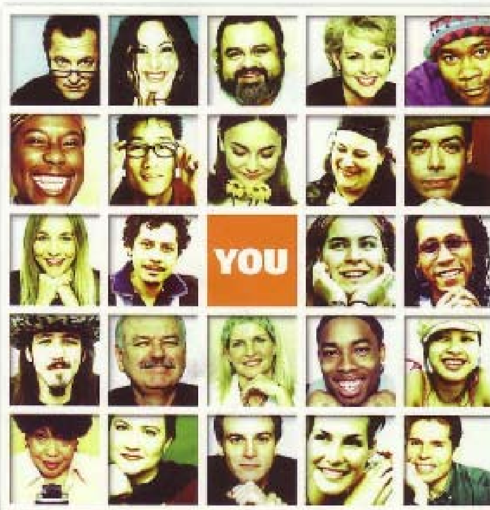
The report, *Where There's Smoke: Cannabis and Mental Health* found evidence suggesting that regular cannabis use, particularly by those who begin using at a young age, increases the risk of mental illness. The Council's report found that:

- Cannabis use increases young people's risk of mental illness, particularly those with a family history of psychosis
- Cannabis makes almost any mental illness worse
- Cannabis use is associated with other adverse outcomes such as poor education and employment outcomes.

Where There's Smoke brings all the evidence together and the research shows that people with a mental illness or predisposition to mental illness are at risk if they use this drug. The evidence shows that:

- Cannabis use precipitates schizophrenia in people who have a family history of mental illness
- More frequent cannabis use is associated with higher relapse rates for people with psychosis and more severe symptoms were associated with increased risk of cannabis relapse
- Cannabis can induce schizophrenia-like symptoms in otherwise healthy individuals

Download a copy from: www.mhca.org.au/Publications



Happiness & its Causes

Conference Proceedings & DVDs

Copies of the Conference Proceedings are available from the Vajrayana Institute for $25. Phone (02) 9798 9644 or email office@vajrayana.com.au

A 4-disc DVD of the conference is now available for $99. It includes 10 hours of footage of all the speakers and panel discussions from the 2-days. Go to the Happiness & Its Causes 2008 website and click on the DVD icon:

www.happinessanditscauses.com.au

8th International Mental Health Conference

17-19 August 2007
Gold Coast

The conference streams will include;

- Policy initiatives
- Primary interventions
- Promoting recovery
- Preventing relapse

Contact:
Conference secretariat
AST Management
Ph: (07) 5528 2501
Email: health@gcimh.com.au
www.gcimh.com.au

17th Annual THEMS Conference

Looking Toward Excellence in Mental Health Care in 2020

5-7 September 2007
Melbourne

See page 33 for more info.

Contact: TheMHS Conference
Ph: (02) 9810 8700
Email: info@themhs.org
www.themhs.org

33rd Annual International Conference of the Australian College of Mental Health Nurses

Mental Health Nursing: Making Waves

8-12 October
Cairns

The Conference coincides with Mental Health Week in Queensland.

Contact:
onference Secretariat
AST Management
Phone: 07 5528 2501
Email: acmhc7@ astmanagement.com.au
astmanagement.com.au/ anzcmhc7

For a comprehensive list of the latest conferences visit the Auseinet Conference website
www.auseinet.com/stateinfo/diary/index

"Every lesson is a widening and deepening of consciousness. It is a stretching of the mind beyond its conceptual limits and a stretching of the heart beyond its emotional boundaries. It is a bringing of unconscious material into consciousness, a healing of past wounds, and a discovery of new faith and trust." Paul Ferrini

YOU ARE NOT ALONE ARAFMI

Mental Health Carers NT

(formerly ARAFMI)

Carer's Morning Tea
1st Tuesday of each month
10.30am - 12.00pm

at Mental Health Carers NT Office,
Salvos Upstairs, Stuart Tce, Alice Springs
Phone (08) 8953 1467
Email: mentalhealthcarersnt@iinet.net.au

Carers NT Meeting

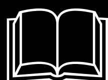
(jointly run with MH Carers MT)

3rd Thursday of every month
5.30-7.30pm

At Carers NT we work together with each carer to offer a range of services that specifically cater to them and their situation. Support is offered through referral to the Carer Respite Centre (right next door) and other appropriate services, counselling, support groups, advocacy, information, education and training.

For more info contact Carers NT on 8953 1669, PO Box 4929, Alice Springs

"In the confrontation between the stream and the rock, the stream always wins— not through strength but by perseverance." *H. Jackson Brown*



Mental Health Diary . . .

Date	Time	Description	Location	Contact	Phone
Every 2nd Friday	12.00-3.00pm	Men's Group	MHACA office	Tim	8950 4611
Every Friday	9.30-11.30am	Women's Group	MHACA office	Gina	8950 4607
Every Wednesday	10.30am-12.30pm	Women's Network Morning	MHACA office	Joanne	8950 4606
Every last Tuesday	12.30-1.30pm	Consumer Lunch	Salvation Army	Rangi	8950 4602
Every 2nd Wed.	5.30-7.30pm	Committee Meeting	Salvation Army	Claudia	8950 4601

"If you want to know your past—look into your present conditions. If you want to know your future—look into your present actions." *Chinese Proverb*

MHACA Membership

(please photocopy)

To become a member of MHACA - and receive a copy of our quarterly newsletter *inBalance* and be kept informed about what's happening in the mental health sector - please send us your details:

Membership fees *(please tick)*:

Individual	$15	☐
Concession	$5	☐
Organisation/Corporate	$40	☐

Do you, or your organisation, represent any of the following?

Consumers ☐ Carers ☐ Indigenous ☐ Rural Remote ☐

Name:____________________

Organisation/Dept (if applicable): ____________________

____

Address: ____________________

____________________ Code __________

Phone:____________________

Mobile (if applicable): ____________________

Fax:____________________

Email: ____________________

Date:____________________

Please complete and send with cheque or money order to MHACA, PO Box 2326, Alice Springs NT 0871

MHACA . . .

Building a Better Community

The Mental Health Association of Central Australia (MHACA) is a non-profit community-based organisation that endeavours to:

- provide non-clinical support to people with a mental disability
- offer psychosocial rehabilitation that is recovery-focused
- assist community understanding of mental health issues
- provide support and training in relation to mental health first aid, suicide and suicidal behaviour
- reduce the stigma attached to mental illness and suicide

Pathways Support Program:

offers rehabilitation and outreach services which provide recovery-focused living-skills training and support. We assist people with mental health issues to set and achieve goals aimed at independent living and integration into the community.

Prevention and Recovery Program -

provides intensive support to consumers experiencing a relapse of a mental illness to reduce hospitalisation. It seeks to reduce the impact of an acute episode through the delivery of individualised care packages.

Life Promotion Program -

works with Central Australian communities to find solutions to help reduce rates of suicide and suicidal behaviour. The LPP team have a range of resources to help agencies, individuals and groups learn more about issues related to suicide.

Training & Promotions -

MHACA offers a range of services to help raise community awareness about mental health issues. These include training in Mental Health First Aid, the newsletter, community stalls and forums, and the MHACA website.

Advocacy & Participation -

MHACA advocates on behalf of consumers, carers and other stakeholders at local, state and national levels. We support consumers' participation on advisory committees (to influence government policy making & service provision), recruitment panels and on the MHACA management committee.