Hello carers, volunteers, students and staff,

This has been a very busy week for Mental Health Carers NSW Inc.! On Monday we held a book launch for ‘The Girl in the Mirror’, an autobiographical look at the experience of mental ill health in NSW by Lumi Winterson, with a special emphasis on the techniques of Open Dialogue which Lumi used in her recovery. The congratulations of the NSW Commissioner for Mental Health were warmly received by the crowd of around 45 people who attended to congratulate Lumi (who attended incognito) and her key supporter, Satu Beverley, a veteran carer. MHCN will assist Lumi in selling these books ($35 paperback, $50 hard cover), to help promote to the community the value of investing in mental health and recovery. I would like to congratulate Lumi and our own student project officer Angelica Margaritis who organized this exciting event!

Today we meet with Dept., of Education on the Wellbeing Framework for Schools and the we got a much better understanding of some of the components of this including ‘Supported Students, Successful Students’ and ‘School Excellence Framework’. We will look to provide an overview of these going forward for interested carers with our Y-PAC.

Have a great weekend!, Jonathan Harms, CEO, MHCN.
1. MHCN is currently engaged in changing our domain name from ‘arafmi’ to ‘mental health carers nsw’ to be consistent with our rebrand. This means that our website address and our email addresses will change. Our old domain name will stay active for a period of approx. 6-12 months to automatically redirect carers to our new website during our rebrand transition.

2. Collective Purpose HR Manager Cecilia Rais will be contacting each MHCN staff member individually to organize your annual performance appraisal. Please see Cecilia for advice on how to prepare for this meeting.

3. Meditation has moved to Wednesdays starting from this Wednesday 3rd August at 1.00pm—1.30pm in the Mabo Room.

4. Peri O’Shea will be completing the ‘Bloody Long Walk’ for the Mito (Australian Mitochondrial Disease) Foundation in Melbourne in October. This is a 35km walk from Yarra Bends to St Kilda. Please support her by donating $5 or $10 to the cause by clicking here.

5. Collective Purpose is organising a pool of casual staff members who are available for ad-hoc, after-hours supervision of meeting room hire. If you know of someone who might be interested, please contact Anna Heldorf. (Candidates must not be existing employees of any of the Collective Purpose Partners).


7. Meditation is Wednesdays from 1.00pm—1.30pm in the Mabo room.

If you have any further questions about staff notices or roster changes please see David Peters
E: david.peters@arafmi.org
P: 9332 0704
MHCN SURVEY ON CARER AWARENESS OF
CHANGES TO MHA 2007

The Mental Health Act of NSW was amended after extensive consultation in which Mental Health Carers NSW (formerly ARAFMI NSW) participated in 2014. These changes were ‘proclaimed’ and become legally effective on 30 August 2015. The changes strengthen the carers right to provide information and to be involved in their loved one’s care when appropriate and expands carer recognition to two classes of carer, Designated Carers and Principle Care Providers, in place of the Primary Carer previously recognised.

MHCN has been administering a survey to carers on awareness of the changes to the end of July 2016. Early results are mixed. Not all carers are being advised of these changes.

However, as at 31 July 2016:
- Approx. 31% of carers people had been advised of these changes while 64% hadn’t and 8% were unsure.
- Only 41% indicated they were clear on the differences between types of recognition.
- Approx. 15% of respondents had been recognised as ‘Designated Carers’, 19% as PCPs and 65% still had Principle Carer recognition (ending this year).
- Community managed Organisations (CMO’s) had been responsible for advising most people of these changes.

Pleasingly:
- 21% advised these changes had improved the carer’s inclusion in their loved one’s care, while;
- 75% said it made no difference and;
- only 4% said it had made things worse.

These results indicate there is still some way to go in implementing new recognition protocols. Furthermore these results are to be expected as the training around these new changes is still in the process of development (by the Institute of Psychiatry) and roll out.

MHCN has been advising MHO and the IOP on developing policy directives and training to allow Local Health District staff to implement the new rules and these are in the process of being delivered across NSW. Click here to read more.

NEW RESOURCES

All new resources can be found at J:\General/Research Reports Resources and Studies/AAA New Resources

- The Effectiveness of Services Led or Run by Consumers in Mental Health, Mental Health Commission of NSW

Assisting Families Carer Workshops

Assisting Families is a group of workshops designed to help families, friends and carers of people with mental illness build on their knowledge, skills and give the most up to date information relevant to carers. These workshops can be presented individually or in a group run over an extended period known as ‘Essentials for Mental Health Caring’. All the workshops value the experience of carers & families, are delivered in a relaxed atmosphere and can be a great place to enjoy support from others in similar situations. Click here to view what’s on in August!

VIDEOS FROM LAUNCH OF 2016 AUSTRALIAN MENTAL HEALTH AWARD

“One in five Australians will experience mental illness in any given year, with sixty-five per cent of people not accessing treatment to support them with this lived experience,” says Professor Philip Mitchell, Head of the University of New South Wales (UNSW) School of Psychiatry. “Mental illnesses are common and highly disabling. One in three of us will have a mental health issue in our lifetime.” Click here to view.
THE GIRL IN THE MIRROR: BOOK LAUNCH

On Monday 8 August 2016 MHCN hosted the book launch for ‘The Girl in the Mirror’, a novel written by consumer Lumi Winterson. “The Girl in the Mirror” gives an insightful, truthful view of what mental illness is from the author’s point of view as a victim of schizophrenia and biomedical mental health treatment. Public Mental Health Services let her down, allowing her illness to send her plummeting ‘down the gurgler’ into a private living hell. It took nearly two decades for her to find a pathway towards recovery. MHCN is proud to endorse ‘The Girl in the Mirror’ and will be assisting Lumi to sell copies of her book. Please get in contact with David Peters 9332 0707 to enquire about purchasing a copy.

REPEAL OF INSTITUTE OF PSYCHIATRY ACT: INFORMATION ADVICE

In 2013 the then Minister for Mental Health requested the NSW Mental Health Commissioner to undertake a review of the NSW Institute of Psychiatry (IoP). The review found that the IoP’s functions would be more effectively undertaken by the Health Education and Training Institute (HETI) so as to better align mental health education and other health education.

The review also recommended that the IoP under its separate Act of Parliament should not continue long term. The then Minister for Mental Health accepted the review’s recommendations. Since that time, a detailed transition plan for the IoP has been developed. The transition of IoP to HETI is well advanced, with most of the staff and functions of the IoP already transitioned. A critical aspect of the transition is HETI achieving accreditation as a Higher Education Provider from the National Regulator. This process is similarly well advanced.

The remaining activity stemming from the review, as reflected in the Transition Plan, is to repeal the NSW Institute of Psychiatry Act 1964. The Ministry of Health is looking at introducing a Bill shortly to effect the recommendation regarding the repeal. The repeal of the Act will not take effect until the transition of the IoP to HETI is complete and the HETI accreditation as a Higher Education Provider is confirmed.

These changes will be positive for mental health education and training and are expected to continue to deliver quality mental health and psychiatry training in NSW. Should you require any further information, and if you have any comment, please do not hesitate to contact me, by email at adam.phillips@doh.health.nsw.gov.au or by telephone 9391 9191, by Monday midday 15 August 2016.
PEOPLE OF MHCN—INTRODUCING:
AUDRA O’GRADY, POLICY OFFICER

I have been with MHCN for almost two years working in a variety of areas and roles. A large part of my time in the past year has been spent on the development of a number of training courses that we deliver, such as Practical Advocacy in NSW Mental Health Settings. In writing this the hope has been to help carers with pragmatic solutions to achieve their desired outcome, and also to illustrate some of the intricacies of the NSW Health system.

Other parts of my role include writing policy submissions and comments, and assisting carers with advice and support regarding health care complaints. I recently had the opportunity to co-deliver (with Peri O’Shea, CEO, Being) a lecture to psychiatrists-in-training at the Institute of Psychiatry NSW, and was able to share many carer perspectives to an open and engaged audience.

Recent submissions have included commenting on the revision of the Guardianship Act 1987 (NSW), the NSW Carer’s (Recognition) Act 2010, and the MH Wellness Plan (clinical documentation); I am currently reading (for comment) the Consultation Draft of the National Consensus Statement: Essential Elements for Recognising and Responding to Deterioration in a Person’s Mental State (ACSQHC).

I keep my eye out for news and items of interest in the mental health sector to share with my colleagues; and I also have a responsibility to consider positions and arguments we take by posing and exploring different possible viewpoints, I am MHCN’s chief contrarian!

My particular areas of interest are: mental illness and unrelated physical comorbidities; medication and mental illness; improving communication between clinicians, carers, and consumers; and the effective implementation and governance of NSW Health policies and guidelines.

Part of why I enjoy working here is the opportunity to sample many sandwiches, cakes, etc. left over from the variety of conferences held at the Collective Purpose; and I also enjoy the company of my colleagues.
FROM ACT OF TERRORISM TO MENTAL HEALTH SYMPTOM

Germany has been rattled by a series of violent attacks carried out by men with a Muslim background. Some of these were reportedly connected to Islamic terrorism, others were not. As details of the incidents unfolded, the nation’s officials and media were understandably measured; hesitant to prematurely label them as terror acts. After the explosion in Ansbach, for example, most German reporters did not disclose ethnicity or religion of the perpetrator early on.

Click here to read the article.

ALTERNATIVE FORM OF MENTAL HEALTH CARE

HOLYOKE, Mass. — Some of the voices inside Caroline White’s head have been a lifelong comfort, as protective as a favorite aunt. It was the others — “you’re nothing, they’re out to get you, to kill you” — that led her down a rabbit hole of failed treatments and over a decade of hospitalizations, therapy and medications, all aimed at silencing those internal threats.

Click here to read the article.

CHANGES IN BRAIN STRUCTURE DURING TEENAGE YEARS

Click here to read the article.

HOSPITAL CRISIS SHOW THE GAP BETWEEN HOW DOCTORS & PATIENTS PERCEIVE EVENTS

By Ranjana Srivastava, The Guardian

As a relatively young oncologist I saw a patient scheduled for surgery that morning. I didn’t know him but he was on my list because he needed chemotherapy. The story seemed routine enough but when I walked in, I found that the relatively young man looked terrible.

Since his overnight admission, he had been in considerable pain. His lips were parched and his skin sagged. He groaned from the work of making a few minutes of conversation and my gut instinct was that he must be terminally ill. But the difficulty was that I had only known him for the last minutes while the surgeon presumably knew him better and had thought him fit for the procedure he was about to have.

“Why didn’t you tell me?” he rued. I later wrote about the experience in the New England Journal of Medicine and something interesting happened when the piece was published. Doctors wrote in from all over the world, sharing their own stories, and thanking me for “courageously” illuminating an issue that also nagged at them. But since the essay was widely circulated, many non-doctors read it too and their response could be summarised by the excoriating words of one correspondent: “You were gutless to not speak up for your patient and I would never, ever want someone like you as my doctor.”

This stinging (and I thought, deserved) rebuke highlighted the extraordinary gap between how doctors and patients perceive the same set of events. And I couldn’t help but think of this as I read the damning reports of errors that recently came to light within the New South Wales public hospital system. Click here to continue reading.

PM ANNOUNCES PROBE INTO VETERANS MENTAL HEALTH

Early intervention to stop young defence personnel and war veterans slipping into a spiral of mental illness will be a priority as the federal government looks to overhaul services. Prime Minister Malcolm Turnbull on Thursday announced the National Mental Health Commission would look at the adequacy of suicide and self-harm prevention services for veterans in a targeted review.

Twelve trial sites for new services will be set up, including one for Townsville. A summit in November will bring together company chief executives and public service leaders to improve jobs opportunities for ex-servicemen and women. Click here to read more.
ADAPTING OPEN DIALOGUE FOR EARLY-ONSET PSYCHOSIS IN U.S.

Open Dialogue (OD) is a Finnish approach to crisis intervention and ongoing care for young people experiencing psychosis and other psychiatric crises. OD engages the individual and family (or other supports) in meetings, with open discussions of all aspects of the clinical situation, and in decision making. Although psychiatric assessment and treatment occur, the initial emphasis is on engagement, crisis intervention, and promoting dialogue. Finnish studies are encouraging, with excellent clinical and functional outcomes after five years. The authors conducted a one-year study of the feasibility of implementing an outpatient program based on OD principles, serving 16 young people ages 14–35 experiencing psychosis—the first study of OD in the United States. Qualitative and quantitative findings suggest that this model can be successfully implemented in the United States and can achieve good clinical outcomes, high satisfaction, and shared decision making.

First-episode psychosis programs, such as RAISE (Recovery After an Initial Schizophrenia Episode), EASA (Early Assessment and Support Alliance), and others, are finding that early effective engagement improves clinical and functional outcomes (1). Open Dialogue (OD) is a clinical model, developed in Finland, to improve functional outcomes for young people experiencing acute psychosis or another psychiatric crisis (2). OD provides services in "network meetings" that involve the person in crisis, family members, and others in the support network. When contacted concerning a psychotic crisis, a mobile, multidisciplinary psychiatric team rapidly engages the young person and the network in a meeting—often in his or her home.

To better understand the person with psychosis and promote natural crisis resolution, the team first allows for a shared understanding to evolve and focuses on engagement. The team then provides all needed care, following the person in all levels of care for as long as necessary. If clinically safe to do so, and desired by the person experiencing psychosis, antipsychotics may be delayed or used at low doses or for shorter periods than in typical U.S. practice (3). The network participates in shared decision making in all aspects of care.

Click here to read more.