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January 2013

A belated Happy New Year....hopefully it will be a really good one for all of us.

At our last committee meeting in 2012 we decided that our particular focus as a group, in 2013, should be on advocacy. We have invited Dr Margaret Leggatt, an 'icon' if ever there was one, to talk about the current state of mental health services at our first meeting. In the two decades since 'community treatment' became the norm, the mental health sector has suffered from excessive reports, all saying much the same. It is high time the money was spent at the coal face instead of repeating the obvious. Too many people are languishing without the support they need and their ageing families are wilting under the burden - or even worse - are being forced by their own ill-health into giving up.

12 February

Dr Margaret Leggatt
Past President,
World Schizophrenia
Fellowship

12 March

Janet Karagounis
Pahran Mission
Voices Vic

10 April

Angela Ireland
Family Drug Help
Glenhantly

**ISFAF Support Group Meetings are held
at**

**Betty Day Centre
67 Argyle St, St Kilda
2nd Tues each month at 7.30pm sharp
(tea and coffee are available from 7pm)**

Mental Health Services are constantly changing and it can be hard to track the changes so we have updated our list of

useful telephone numbers. A very good starting point for help is always:

**Commonwealth Carer and Respite
Centre Southern Region - 1800 052 222**

They have a really great understanding of the ripple effect of mental illness and what's available in our region to help.

To contact Inner South Family and Friends send us an email or leave a telephone message. There is nearly always someone in our office on a Monday and Thursday and we will respond as soon as we can. The advantage of a carer support group such as ours is the 'collective wisdom' gained over more than twenty years when so much else is changing. Other members have often dealt with similar problems and may have helpful tips. There are some good news stories and appropriate housing seems to be the key to many of them. However, sometimes it's just the acquisition of a pet, a new activity or simply any activity at all which sparks a shift towards 'recovery'.

**Respite Weekend - Eldon Park
Friday 19 & Saturday 20 April**

If you would be interested in spending a couple of nights at Eldon Park on the Mornington Peninsula with others from our group in April please contact us a.s.a.p: on **9076 4713** or by email. A tentative booking has been made for 19 & 20 April. We need an idea of numbers so as to seek funding. This could be tricky given current Govt. cutbacks.



Eldon Park is a horse stud as well as a wonderfully relaxing rural retreat. You can do absolutely nothing or take some gentle exercise to help get a good night's sleep.

**Financial Planning Seminar
Thursday 21 March 7- 9pm
at Sharc, 140 Grange Road, Carnegie**

GROW - Better Together, along with Sharc and Family Drug Help, has arranged for Lakeside Financial to run a free seminar on *Carers and Estate Planning and Trusts*. ISFAF members are invited to participate. It is a topic we have covered at past meetings but it is complex and really needs more time than we can allocate. A flyer will be available in February but numbers will be limited to 65-70 so make a diary note.

We have the template for a model trust deed for a Special Disability Trust provided by a member. Just ask if you would like a copy.

ARAFEMI

Later in the year ARAFEMI will be also holding an information session on Future Planning at their Hawthorn headquarters. Their 2013 program is attached.

Freedom from Smoking Service

Inner South Community Health Service has a free service for people looking for ways to cut down or give up smoking. The service includes:

- Individual Counselling
- Living Without Cigarettes Course
- Community Support

Courses start on Tuesday 19 February at 240 Malvern Road, Prahran. For more information speak to an Intake Worker at:

South Melbourne	9690 9144
St Kilda	9534 0981
Prahran	9525 1300

Cutbacks in Housing Services

It was reported at the end of October 2012 that the Victorian Government had cut funding to the Social Housing Advocacy and Support Program (SHASP) by 30%. In our region the program is run by HomeGround Services who say they will be forced to turn away up to 250 vulnerable people each year as a result of the cuts. Even more critical than reducing housing services is the need to increase the provision of affordable housing. Recent announcements suggest that public

housing estates are to be transformed into a mixture of private and public housing. One fervently hopes that affordability will be a key requirement in whatever 'new model' is to be provided. There simply isn't enough cheap housing to satisfy demand from people on low incomes and particularly those with mental illness. The private sector has failed to provide it unless a person is prepared to accept really squalid conditions. A year ago, ARAFEMI, the Victorian Mental Health Carer Network and CarersVic combined resources to run an excellent forum on housing. Many ISFAF members went and a *Tip Sheet on Housing for Carers of People with a Mental Illness* was put together. It can be found on the internet or we can send you a copy. In 2013 we will be advocating strongly for improved access to low cost housing. In our experience it is absolutely critical that this is available within our local region where the individual already has some social supports and is familiar with services. It is a complex and difficult issue given the strong competition to live near the City which inflates prices. Anyone with information about their own experiences (either good or bad) please let us know.

"A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention"

It is disappointing, but no surprise, that this latest report, the first from the new 'National Mental Health Commission' has been met with a degree of *'ho hum'*! Essentially it repeats the findings of a deep pile of reports going back 20 years to the one by Brian Burdekin in 1993. All have produced the same findings: mental health services are inadequate and the proportion of the health budget allocated to them is unfair; regional services are the worst and put families under unbearable strain. Minority groups are dreadfully neglected. Because services are so stretched it leads to a crisis driven sector. Most of us would prefer to see mental illness treated in the community rather people incarcerated in large institutions. However the transition should not have been allowed to become a cost cutting exercise. Services are so stretched, and affordable housing is so difficult to access, that people bounce around for years with little help - lots of

them, with no treatment at all. In the long term not only the consumer loses, but the community as a whole suffers because people with a mental illness don't recover sufficiently to make a social contribution.

'The Roadmap for National Mental Health Reform'

More trees have been felled and scarce funds spent to produce this 'Roadmap' released at the end of 2012. It promises yet more talk at COAG and has met a very lukewarm reception. Here are some comments:

Patrick McGorry, Professor of Psychiatry, University of Melbourne: *'Last year at COAG, Mental Health Council of Australia CEO, Frank Quinlan, social inclusion advocate David Cappo and I discussed a blueprint for mental health reform for over an hour with the Prime Minister and Premiers. It was agreed that a ten-year road map would be created to ensure that, by 2020, all Australians would have the same access to quality mental health care as they already have to physical healthcare. ...Since then, federal and state governments have totally failed to produce a credible road map, instead diluting recommendations down into empty rhetoric. ...Even the \$2.2bn over four years - a modest start - announced by the Federal Government last year has been delayed or stymied. Clearly we need a new process that doesn't require the lowest common denominator of COAG. And the Federal Government needs to assume leadership and control of community-based mental health care.'*

Professor Ian Hickie, Executive Director of the Brain and Mind Research Institute: *'The message is clear enough. If reform is left to a bureaucratic committee - convened by both the States and the Commonwealth - then expect no real change. Instead, we will witness more buck-passing and endless finger pointing... we have had that for 20 years - and as the 2012 National Mental Health Council report (mentioned above) so clearly indicates - it just doesn't work!'*

Prof. Louise Newman, Professor of Developmental Psychiatry at Monash: *'This is a noble vision but light on details of achievable reforms, time lines and how the process will be driven.'*

Jen Smith-Merry, Senior lecturer in the Faculty of Health Sciences at the University of Sydney:

'The roadmap calls for "collective responsibility" for mental health. In a collective, ideally everyone takes responsibility, but a common problem is that no one takes responsibility. So while it is reassuring to see a list of indicators around which to measure roadmap achievements, an important factor missing from this list is the allocation of responsibility. Indicators are also far more powerful if they are linked to targets

and time lines, but only a few of these have been identified.'

There is a sense of desperation in mental health: if we continue to mark time, or worse, allow services to deteriorate further and cutbacks to persist, we will lose whatever foundations do exist upon which to build a better system. Good people with a depth of experience will simply leave the field to find more rewarding pursuits.

Bayside Medicare Local

A recent Commonwealth Government initiative is the establishment of 'Medicare Locals'. These are not intended to undertake service delivery their job is *'to make it easier for patients to get the right care, in the right place at the right time'*. Essentially they will try to coordinate what is already available in a region such as GPs and Practice Nurses, Pharmacies, allied health services, medical specialists, community health centres etc. Bayside Medicare Local (BML) replaced three existing Divisions of General Practice covering the cities of Port Phillip, Stonnington, Glen Eira, Bayside and Kingston, a region of considerable cultural diversity. Of some 600,000 residents it is said that about 11% have a mental illness - dementia the most prominent one.

Dr Elizabeth Deveny, the CEO, is quoted saying "We need much more attention on helping people to recover from a mental illness, as it is the third most likely reason that people in our community lose years of healthy living and die prematurely."

BML is partnering with a wide ranging consortium of local mental health services in a bid for a share of the Federal Government's \$549.8m mental health program ***Partners in Recovery***.

This program is to coordinate support for people with severe and ongoing mental illness by paying *'support facilitators'* to act as strong consumer advocates. They will navigate the system on a person's behalf so they get the services they need to recover.

The Bayside consortium submitted their bid for a share of the funding before Christmas with a letter of support from us. Expressions of interest are currently being sought for the roles of General Manager, Support Facilitator and Intake Worker.
www.bml.org.au/

Most of us who went to one of the briefing sessions in December think that the funds are unlikely to benefit many ISFAF members unless we are estranged from our 'consumer'. Having an active advocate already, that is a 'carer', will almost certainly bar a client from receiving assistance from a *Support Facilitator*. Will this initiative simply add another layer of administration to the 'system'? We shall have to wait and see.

Borderline Personality Disorder

Not all is gloom! Things do happen! Spectrum, the State-wide Personality Disorder Service, is running a free group commencing 6 February. It involves 8 sessions of 2 hours each out in East Ringwood from 6.30 - 8.30pm. There will be places for 16 participants and up to 2 other members from each family. Initially places will be given to Families of Clients with BPD who are case managed within Public Mental Health. Call 9871 3900 to speak to the Training Co-ordinator.

More locally, they are running a workshop in Parkville for families on Wednesday, 29th May 2013 between 9.30am and 4.30pm. It will provide information on BPD, working with the system, how to communicate with the person with BPD and self-care. **Cost:** \$22 to cover catering plus \$6 for parking. **Call 9871 3900 to book.**

Mental Health Services in Brief 2012

We have ordered a publication for our Library from the Australian Institute of Health and Welfare which provides an overview of the national response to the mental health needs of Australians. It includes information on mental health service provision, available mental health resources and the changes that have occurred in these over time. Greater detail is available online at Mental Health Services in Australia <http://mhsa.aihw.gov.au>

Individual Advocacy - Some really good news!

With all the changes taking place in the mental health system, it sometimes helps to be able to say that our group has existed for twenty years... and must keep soldiering on! Over the summer we have had two small 'wins'.

A group member had been forced to travel overseas at short notice on a couple of occasions for reasons over which she had no control. She subsequently 'lost her job' at an Op Shop for 'letting down her co-workers' and 'for unreliability'. Deeply hurt - she has been a very loyal worker at the particular shop for around ten years - she approached us. A search of the organisations website yielded a promising email address which quickly achieved the desired result: she was telephoned and re-instated immediately!

The second incident involved persuading the Office of Housing that a blanket policy preventing tenants from installing security screens on their windows, at their own expense, was unreasonable under the circumstances. The tenant, with a family connection to our group, had been allocated a ground floor flat which was broken into by smashing a window twice. This was after she had signed the lease but before she was even able to move in! As she pointed out to the housing officers, an alarm system recommended by them (but which she would have to pay to install and maintain) would have been useless because of the heavily sedating medication she takes at night. After two meetings along with her Case Manager and the Office of Housing, we got permission for her to install the screens and then Violeta got her a Carer Support Fund contribution towards them too. Hopefully with a roof of her own and security screens this young woman will be able to sleep soundly and stay out of hospital - she claims to have been hospitalised 21 times in the last ten years.

Incidentally, she says that the secret to having been allocated the flat was 'being very, very nice!' Friends had suggested that she ring the local Office regularly to complain aggressively about her situation and the failure to meet her needs. Instead of doing this, she says she rang them every three days but was always extremely polite! She got to know everyone in the office and was able to chat with most of them on friendly terms. Fantastic result!

In a year when we are focusing on advocacy this shows that persistence is really essential. It also helps to use a very direct approach. Personal accounts allow service providers to identify with our difficulties themselves.