

# HEALTH MATTERS

Health Consumers' Council (WA) Inc. Magazine

Issue 4 2016



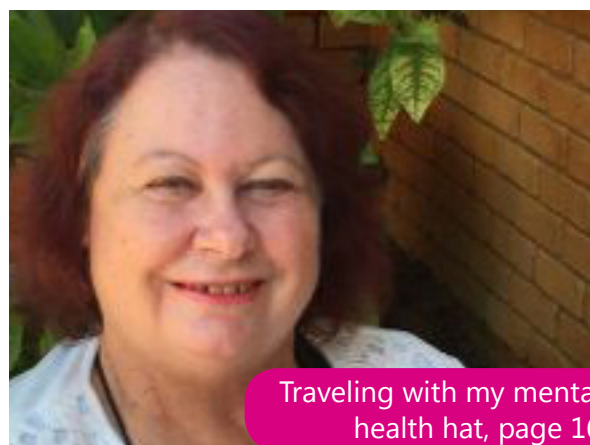
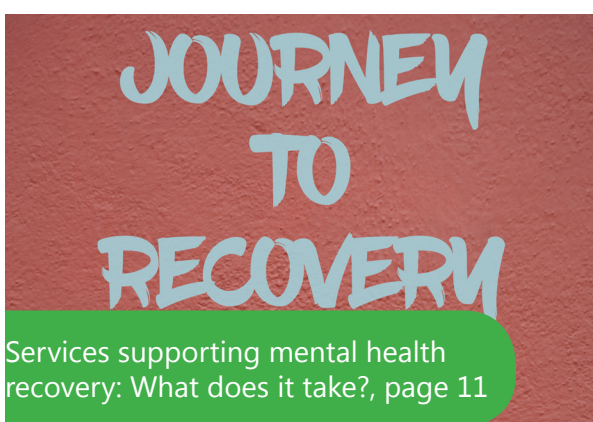
Advocacy: Voluntary mental health patients bullied by threat of involuntary detention & treatment

Services supporting mental health recovery: What does it take?

Viewing the 'voluntary patient' through a cultural lens: Are they truly 'voluntary'?

Traveling with my mental health hat

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Cover: Stock vector

# Foreword



## Voluntary Mental Health

'Consumer Engagement in the new world order. of representatives from our newly devolved health services. Including; Yvonne Parnell, the Consumer Representative from South Metropolitan Health Service; Liz Macleod, East Metropolitan Health Service's Executive Director; Debbie Karasinski, the Child and Adolescent Health Service's Board Chair; and Rebecca Brown, Deputy Director General of WA Health. Each panellist addressed the question, "What do you see as opportunities for consumer engagement in our new environment of devolved health services?"

Also at the AGM, members voted for changes to Constitution which enabled HCC to successfully obtain Tax Deductible Gift Recipient (DGR) Status. Now any donations to HCC over \$2 are tax deductible. We are still working through all the processes, but look out for a new DONATE button planned for the HCC website. DRG status now paves the way for HCC to be able to apply for grants with Gift Recipient Status as a pre-requisite.

## Staff and Student Interns

In the last issue of Health Matters magazine, we reported that Advocate Carly Parry had left HCC. We are delighted to announce she has returned to her advocacy role. We have been lucky enough to have a total of six university student placements (as part of their degree requirements). Bronte Duncan on a social science work placement, Natalie Hall and Bethany Lorian on placement from the McCusker Centre for Citizenship based at the University of Western Australia, and Joanne Lee and Stephanie Sideris, two medical students who have been volunteering with us for some time, reviewing medical records and providing a timeline for more complex advocacy cases. We also have Reginah Kirumba from Notre Dame on a Health Science placement. She has been working on our Healthcare Rights project and assisting at events.

Pip Brennan  
Executive Director  
Health Consumers' Council

## Warm weather at last...

This has felt like the longest Winter ever, and our Emergency Departments and hospitals have felt the pinch of a bumper cold and flu season.

For this edition, we are focusing on Voluntary Mental Health. This is such an important area of our health system. In November 2015, the new Mental Health Act was proclaimed, and the Council for Official Visitors was renamed the Mental Health Advocacy Service (MHAS). This statutory organisation ensures every single person who comes under the Mental Health Act as an involuntary mental health consumer has an advocate to assist them. Unless you have had an experience with the mental health system it is hard to appreciate that the basic right of being able to refuse treatment does not apply to involuntary mental health consumers. Health Consumers' Council (HCC) works very closely with the MHAS to support voluntary mental health consumers – including people who have recently gone from being involuntary to voluntary. In the last financial year mental health advocacy consisted of 40% the advocacy workload of 567 cases.

HCC are committed and passionate about the importance of supporting people to actively engage in their own healthcare and recovery. Dedicating our 4th Edition for 2016 to Voluntary Mental Health, celebrating the consumers who journey through this difficult terrain and showcasing the organisations that support them.

## Annual General Meeting – and Big News

On September 28, HCC convened our Annual General Meeting. It closed with a Q&A Panel

# Message from the Editor... & Letters to the Editor...

**Lucy Palermo** Marketing & Communications  
Coordinator / Health Matters Editor | HCC



## Message from the Health Matters Editor

Dear Members,

At some point we all come in contact with mental health issues, whether they be our own or someone we care about. It might be a family member or a friend who suffers from depression, anxiety, dementia, alzheimer's or number of other mental illnesses. It is important that we talk about mental health openly so when people need help they aren't afraid to ask for it.

Recently a member of my family spent some time in hospital being treated for depression. I'll call him 'Fred'. Fred's issues with anxiety have never been a secret, but until last week it had never been openly discussed at the dinner table.

Fred said 'although I can joke about it now, tomorrow could be a different story. I might not be able to get out of bed, I might be crippled with anxiety. It could last days, one little thing could set me off.' These aren't easy things to hear a loved one say. I learnt that talking about his issues and how they are affecting him means he doesn't have to pretend everything is ok and because Fred feels comfortable talking about it means he knows he isn't alone.

Last year Perth Fashion Designer Ray Costarella spoke publically for the first time about his battle with depression and anxiety. Throughout 2016 he has used Facebook to document his ongoing mental health issues which has led him to become a voluntary mental health patient off and on this year. Being open about his own issues has meant that others have opened up about theirs.

The messages of support on Ray's Facebook page from friends and fans is testimony of the growing public awareness of the issue. As an ambassador for Lifeline WA Ray is a champion of breaking down the stigma attached to mental illness.

If you, a friend or family member would like to speak to someone about their mental issues call Lifeline WA on 13 11 14.

If you have a story you would like to share with Health Consumers' Council please use the contact details below.

Kind regards,

**Lucy Palermo**  
**Health Matters Editor**

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Letters to the Editor aims to capture your feedback. We welcome your letters & messages. You can leave messages on Twitter and Facebook using hashtag #hconcwa\_editor, email [info@hconc.org.au](mailto:info@hconc.org.au) or post GPO Box C134, PERTH WA 6839, please include your name, suburb and phone number. Letters may be edited for legal issues, space or clarity.

## Loved the electronic version

Dear Editor,

Absolutely loved the electronic version. Very engaging and far better than the paper copy. Congratulations and well done.

**Maggie Plumb**

*Editor:*

*Thank you for your positive feedback regarding the digital format of Health Matters.*



HEALTH CONSUMERS'  
COUNCIL  
YOUR VOICE ON HEALTH

## PATIENT EXPERIENCE WEEK FORUM

Perth WA | April 27-28 2017

SAVE THE  
DATE



For more information, visit  
[www.hconc.org.au/hccpxw](http://www.hconc.org.au/hccpxw) or call (08) 9221 3422  
#hccpxw

# Advocacy: Voluntary mental health patients bullied by threat of involuntary detention & treatment

**Martin Whitely** Advocacy, Policy & Research  
Manager | HCC

Voluntary mental health patients are admitted because a psychiatrist believes the patient would benefit from treatment and the patient/guardian has agreed to (them) being admitted. A recurring issue Health Consumers' Council (HCC) advocates encounter is 'voluntary' mental health patients feeling forced into treatments they don't want. These reluctant patients frequently report receiving ultimatums from their treating team for example, "if you try to leave the hospital (or don't agree to take this medication) we will make you an involuntary patient (or put you on a compulsory Community Treatment Order)."

HCC advocates have been in meetings between consumers and their psychiatrists where these threats have been made. In other cases, when HCC advocates contact the health service on behalf of a consumer, the treating psychiatrist or psychiatric nurse have confirmed the ultimatum.

Frequently a patient's reason for reluctantly accepting treatments they perceive to be harmful, is they have been told by their treating psychiatrist that they are better off being voluntary (in name only) patients. The clear inference is that being made involuntary is stigmatising and will affect how they are viewed in the future. Ironically preventing 'significant harm' in the form of 'damage to reputation' is a ground commonly used to detain and treat (drug) involuntary mental health patients.

Many patients opt to stay notionally 'voluntary', unaware that they would have more rights and protections if they refused treatment and become involuntary. When patients are officially made involuntary, or detained against their will for assessment, they are automatically entitled to the services of the Mental Health Advocacy Service (MHAS). MHAS advocates have legislated powers to review records, ask questions and otherwise advocate on behalf of the consumers. Involuntary patients also have the right to challenge their detention and treatment through the Mental Health Tribunal.

Voluntary patients have less external oversight of their treatment when they agree, however reluctantly, to be treated or detained. HCC has also noted numerous occasions where a patient's status is changed from involuntary to voluntary as dates

for Mental Health Tribunal hearings loom, effectively exempting their treatment from external scrutiny.

Of course, there are times when for their own safety or the safety of others a patient requires involuntary detention and treatment. Therefore, psychiatrists need the power to suspend an individual's fundamental right to autonomy. However, routinely using the threat of incarceration and drugging to achieve compliance while sidestepping legislative protections, is an abuse of that power.

It would be preferable if threatening involuntary detention and treatment, as a negative inducement to accept treatment or hospitalisation was illegal. At the very least after a patient is first asked if they consent to detention or treatment and they say no, they should have immediate access to an MHAS advocate. This would not (and should not) prevent the involuntary detention of those patients when it is required, however it would address in part the obvious power imbalance between psychiatrists and their reluctant clients.

After all, people accused of criminal offences have the right to due process and representation. Shouldn't those thought to be suffering mental illness have the same rights?



**HEALTH CONSUMERS'  
COUNCIL**  
YOUR VOICE ON HEALTH

**Are you finding it difficult to navigate the WA health system?**

**Health Consumers' Council (HCC) is your GPS for health!**

HCC's Advocacy Service can help you navigate the health system and help you understand and support your healthcare rights. HCC can help you find and access health services and assist you in providing feedback about your healthcare experience. This free service is available to anyone in WA.

HCC supports voluntary mental health consumers to have a say about their care. If you are finding it difficult to be heard call (08) 9221 3422 or 1800 620 780 (Country FREECALL only) to speak to an advocate.

# Reconciling rock & religion: Dudley's story



Dudley is a musician in his 40's. Brought up in a strict Christian home, Dudley, the eldest of four was torn between his faith and love of rock music. He was diagnosed with schizoaffective disorder (a mental illness) in 1997. With a family history of mental illness Dudley's disorder was partly triggered through smoking cannabis casually 4-5 times. Dudley has been in and out of hospital and on and off medication for the last 20 years. Recently the side effects of the long-term medication use are starting to affect his quality of life.

Dudley was a quiet, introverted child with a love of music. While he was growing up his mother discovered and embraced the Pentecostal faith. At the time his parents were encouraged by the church to discipline their children with force. Dudley remembers a time when his mother caned him for a misdemeanour while shouting for the devil to come out of him. It is memories like this he believes have affected his mental health later in life. Part of his healing has come from coming to terms with these incidents and working through them. (Later his mother realised her approach was pushing him away and came to love him and his siblings unconditionally.)

'You can't love God and rock music' was the line drummed into him by the church and his mother, who asked him to read a book, 'Why Knock Rock' which described secular rock as being of the devil. He formed a band with some of his church friends with a view to doing outreach, but this was rejected by the Pastor. Dudley was finding it difficult to balance his love for Jesus and his love of rock music. This is something that would resurface repeatedly throughout his life.

In 1988 Dudley went to Sydney and undertook Bible studies. However, after a year of studying the cracks started to appear in his life and without informing anyone he drove back to Perth. In Perth he played

**Lucy Palermo** Marketing & Communications  
Coordinator | HCC

with some cover bands and eventually joined an original band later called 'Colourblind'. Their sound was a mixture of 'Living Colour' and 'The Rolling Stones'.

## Leaving Perth and church behind

After achieving some success in Perth, including supporting the iconic band INXS, Dudley and his band mates moved to Sydney in the 90's to make it big in the music industry. Dudley left behind a long-time girlfriend in Perth. In Sydney he found himself caught up in an unhealthy lifestyle of endless partying. He felt he wasn't connecting to God and as someone who didn't like late nights and drinking Dudley found this a stressful environment. Living in Western Sydney was depressing, and in 1995 Dudley again drove back to Perth, disappearing with the band's only means of transport!

On his return to Perth he reunited with his girlfriend, and they got engaged. It was during this time that Dudley had his brief encounter with pot. Feeling disillusioned with the church he sought help in the form of meditation. Taking this very seriously he meditated for an hour a day. His fiancée would drink and become verbally abusive. He responded by withdrawing, trying to transcend all his problems. Medically this is known as a catatonic state, often brought on by sleeplessness and being rundown. Dudley said, 'I didn't want to speak to anyone, and was overly sensitive to tension in my body, which would lead me to hold strange stretching poses.'

This led to Dudley's first psychiatric hospital admission (1996). He remembers the doctor saying, 'Dudley, we know there's nothing wrong with you, if you don't snap out of it, we'll give you ECT (electroshock treatment)!' This was the jolt he needed! He eventually broke up with his fiancée and decided to move back to Sydney, borrowing his parent's van and driving east to see if he could reconnect with the band.

## NSW and the road to official diagnosis

In the intervening time Colourblind had moved on and it wasn't the same. He moved in with his brother who lived in Potts Point and found work in a hifi store. Unfortunately, some of his colleagues were pot users making it difficult to stay in touch with reality. He later started helping at a drop-in centre, volunteering to support people with drug and mental health issues.

He was returning from volunteering on the train one evening and started to feel a bit weird. He decided to get off at an earlier station and call his brother, but couldn't seem to make sense of the pay phone. He thought, 'I know, I'll walk to my parent's house,' aware that his parents were on the other side of Australia but too scattered to care. He kept walking west regardless of obstacles, clambering over back fences until eventually he hit Sydney Harbour. He remembers there was a lovely winter moon (it was the middle of July) and he decided he would swim to Potts Point.

Fully clothed he started to swim. He was having an adventure and breaking the rules for once. (An authoritarian upbringing had made Dudley be overly cautious and risk adverse.) He swam under a jetty and found himself in a navy dock yard. There were a few vessels docked, and he managed to make it up the side of one, unaware that he was freezing. No one was around, everyone on the ship was asleep and seeing a big red button, he pressed it, sounding an alarm. Immediately people came rushing in and could see he wasn't well. Offering a hot shower and drink they then waited for the police.

Dudley can laugh about the absurdity of this event now, and is amazed and thankful it didn't end much worse. It would have been a different situation today with terrorism and heightened security. For Dudley this marked when he was officially diagnosed with schizoaffective disorder (half-way between bipolar and schizophrenia).

At the time of this incident there was a campaign called 'Say no to drugs'. Dudley couldn't make the distinction between illicit drugs and the medication offered, so he refused to take any medication prescribed. He was forcibly medicated in a padded cell. Regarding this period Dudley says, 'The medication helped me through a rough patch, but I haven't felt I needed to be kept on it for 20 years.' During the following years of recovery Dudley's life was broken up between bouts of Christianity and then immersing himself in rock music, a sort of 'Jekyll and Hyde' existence. During his 'Christian phase' he would sometimes 'purge' his secular rock tapes, including some master 'Colourblind' recordings, leaving his former band mates less than impressed!

### The HCC Advocacy Service

Dudley is bright and well read, and to improve his quality of life he sought help from Laura Delano, a Boston-based 'Psychiatric Liberation Activist.' She provided him with online counselling, which he cites as a turning point. She referred him to a several books, one of which alerted him to the dangers of long-term psychiatric medication.

Not knowing where to go next Dudley called Consumers of Mental Health WA (CoMHWA) for advice. They referred him to Dr Martin Whitley, Senior Advocate of the Health Consumers' Council. Martin offered advocacy and support in approaching Dudley's psychiatrist. Eventually Dudley found he could largely advocate for himself, and to his surprise his psychiatrist agreed to a slow and careful tapering of his medication.

### Volunteering at HCC

Dudley enjoyed the advocacy process and asked Martin how he could go about becoming an advocate. Martin suggested Dudley start with himself. He volunteered for a few hours a week, working on his own medical records and summarising his story. It was difficult reading about his past medical history, but there were humorous moments to recall as well, such as being locked away twice for dressing as Jesus and being 'too happy!' For the moment, he's decided to put the volunteering on hold to focus on his music and faith.

### Recovery

'When I got unwell I felt like I was the first person with a mental illness but I soon learnt I wasn't alone. A psychiatric label is with you for life, as doctors think it's an incurable disease. Unfortunately, this applies even if you're off meds and doing well, like quite a few people I've met.'

'Developing self-awareness of when I am becoming unwell has been the hardest thing. Learning appropriate behaviour and how far you can push the limits has also been a 'school of hard knocks.' There has been a spiritual aspect to Dudley's recovery process, with him attending a variety of different religious denominations and even other faiths to keep life interesting, and using mindfulness and meditation techniques to keep his thoughts calm.

He feels Jesus would have been a lot different to a lot of Christians he knows. 'Crowds wouldn't have followed a sour-puss! He wasn't afraid to hang out with the 'sinners' and down and out's.' His support network of family, friends and like-minded people has been invaluable over the years. He shows me a quote from Albert Einstein he carries with him, 'Be a loner. That gives you time to wonder, to search for the truth. Have holy curiosity. Make your life worth living.'

He has only figured out in the last 5-10 years what he wants to do with his life ('Music and God'). 'I'm eccentric. I'm happiest when I'm being myself, not trying to fit in with others' expectations. Sane is boring! I think mental illness has made me a more interesting person.'





# Statewide News

Pip Brennan Executive Director | HCC

## Update: After the Health Reforms...

The Area Health Service Boards have now been in operation for four months. The September Clinical Senate Debate saw a robust discussion on 'Clinician Engagement in the Brave New World- Health Service Boards' with a Q&A Panel of representatives from the Executive Team and the Board for all area health services.

The write-up of the September Clinical Senate Debate, and the approved recommendations haven't been finalised. However, the Area Health Service Board's engagement and attendance at both the September and November (Homelessness - No fixed address - can we still deliver care?) Clinical Senate Debates demonstrated an understanding of the influence and reform potential of the Clinical Senate.

It is also clear from reading Steven Duckett's Review of hospital safety and quality assurance in Victoria that the role of a centralised Health Department overseeing quality assurance and clinical safety is key to a better, safer health system. WA has only five Boards, whereas Victoria Health has many more, some with unpaid Board members and an insufficient skill base to capably oversee their responsibilities. If you would like to read the Executive Summary of Duckett's report, the link is available here, or contact the office for a copy. <https://www2.health.vic.gov.au/hospitals-and-health-services/quality-safety-service/hospital-safety-and-quality-review>

## Update: Clinical Senate Debate – Teaching, Training and Research

The report of the recommendations that have been endorsed from this debate are available online here: <http://www2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Clinical%20Senate/PDF/DG-report-June16.ashx>

Only two recommendations were endorsed by WA Director General of Health, Dr David Russell-Weisz to develop an integrated Learning Management System across health, and to develop Key Performance Indicators (KPIs) to ensure that research is embedded into clinical practice.

Three recommendations are with the Area Health Service Boards, and three require further consultation and development with the Boards. One Recommendation asked that Teaching, Training and

Research Budgets be quarantined. Another talked about the importance of cross sector research, and the importance of the WA Health Translation Network. Another suggested KPIs including quarantined teaching time, quality improvement activities and leadership training.

The Boards are to provide feedback on the Recommendation to establish multi-disciplinary, joint academic/ clinical appointments. Another discussed the importance of partnership to increase training capacity and opportunity in the regions.

## Mental Health Commission releases new Paid Participation Policy

During 2016 Health Consumers' Council was part of the Mental Health Commission committee working on the development of a Paid Participation Policy to support involvement of people in the Mental Health Commission's work. The document spells out both tiers, and types of activities. It assigns an hourly rate for the specific activities, with the principle being, the more complex the activity, the higher the hourly rate. It notes that attendance at forums, consultations, workshops or focus groups do not attract a payment, unless the attendee is specifically invited to participate. The whole document is available on the Mental Health Commissioner's Website. Available here: [http://www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Paid\\_Partnership\\_Policy\\_6.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Paid_Partnership_Policy_6.sflb.ashx)

Tier	Attendee (no payment)	Active Participant* \$35 p/h or part thereof	Advisor \$70 p/h or part thereof	Consultant \$**
Activity				
<b>Forums, consultants, workshops or focus groups</b>	General Attendance	Specifically invited to actively participate	Co-design & co-produce	Engaged to lead forum, consultation, workshop or focus group
<b>MHC Committees or Groups with Terms of Reference</b>	N/A	Member of a service level MHC Committee or Group	Member or Co-Chair of a System, executive or strategic level MHC Committee or Group	Engaged to provide impartial guidance, knowledge &/or expertise.
<b>Recruitment or selection panels</b>	N/A	N/A	Member	Chair
<b>Other Projects</b>	N/A	Special Projects or Duties	Special Projects or Duties	Engaged to lead the development of a policy, process, procedure, resource, etc.

## State Election

At the time of writing this there is just over three months until the State Election. The Health Consumers' Council (HCC) is finalising its health wish list, and the comparison of how different parties compare with this consumer-centred wish list.

One key focus for the Health Consumers Council is transparency – we have consistently advocated for WA Health services to sign up to Patient Opinion, which provides a transparent process of

providing feedback to a health service, publicising the anonymous patient story, the response, if the response was considered helpful, if any changes in processes are planned or implemented. So far Child and Adolescent, WA Country Health and East Metropolitan Health Service have signed up.

Please contact HCC on (08) 9221 3422 or [info@hconc.org.au](mailto:info@hconc.org.au) if you would like to find out more about HCC's 2017 Election strategy.

# National News

Pip Brennan Executive Director | HCC

## Health Care Homes

As our Deputy Chair Tony Addiscott noted in the last edition of Health Matters, Health Care Homes are coming. They are a federal reform designed to better support people with chronic conditions. Trial sites have been chosen throughout the country, and WA's trial site is Perth North. The material on the website highlights what the patient should experience through this reform: **Choosing Wisely and the Medicare Benefit**

### BENEFITS FOR PATIENTS

Better experience of care for patients through:

- **Patient-centred care** based around an individual patient's needs and preferences.
- **Improved coordination** of services, including links with hospitals, allied health and other community care providers.
- **Improved personalised care** through a more formal link with the patient nominated clinician (usually a GP) leading the care team developing and delivering their tailored care.
- **Improved access to services**, including remote support such as phone, email or video conference where clinically appropriate.
- **A long-term approach** to disease management, support, prevention and health promotion to improve health outcomes.



**Choosing Wisely  
Australia**

An initiative of NPS MedicineWise

## Schedule Review

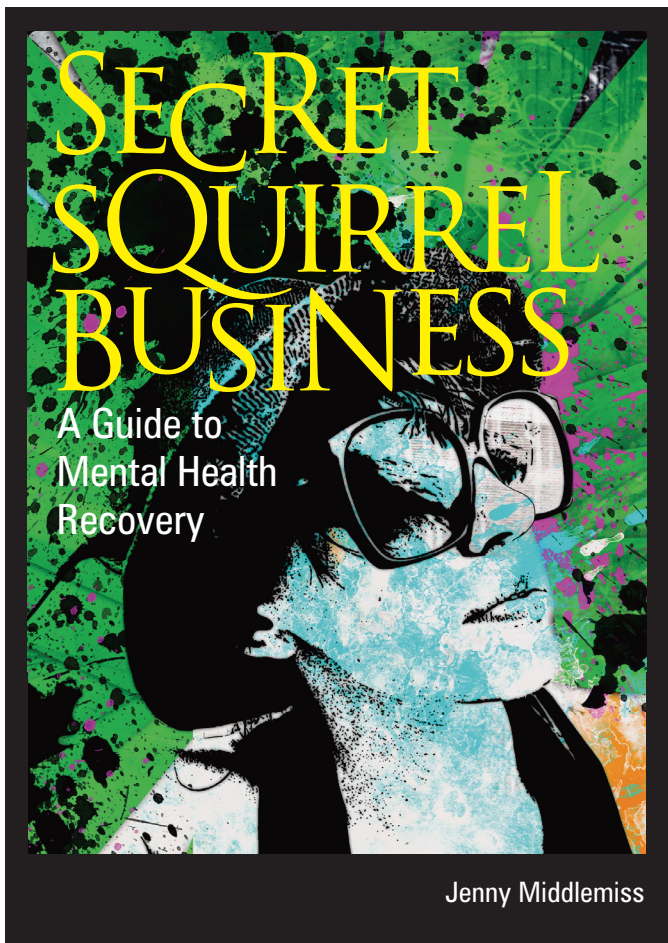
Meanwhile the parallel work on eliminating tests and procedures is being progressed through the Choosing Wisely Campaign. This is a national campaign overseen by the National Prescribing Service. All the colleges (Surgeons, Physicians, General Practitioners, Nursing and Midwifery etc.) were asked to nominate the five things they would no longer do. The concept is that if the profession nominates the procedures then they have buy-in to ensure that the procedures are no longer undertaken.

This work sits alongside the Medicare Benefit Schedule (MBS) Review which is continuing its enormous task of reviewing all MBS Review. The Health Consumers' Council recently attended a session on high value healthcare, and one of the presenters noted wryly that everyone presented on low value healthcare – the continuation of tests and treatments with either no benefit or actual harm.

It may interest you to know that the Chair of the Choosing Wisely Campaign will be our own state's Matthew Anstey who is based at Sir Charles Gairdner Hospital.

# 'Secret Squirrel Business', no ordinary self-help book

Lucy Palermo Marketing & Communications Coordinator | HCC



'Secret Squirrel Business: A Guide to Mental Health Recovery' by Jenny Middlemiss is a self-help book that offers support and guidance to those diagnosed with a mental illness. As the book progresses the chapters walk you through your mental issues towards recovery.

The book is Illustrated by celebrated cartoonist Michael Leunig who's melancholic drawings together with Les Murray's poems reveal what it is like to live with mental illness.

To quote the book, "What is 'normality' anyway?... mental wellbeing is not just about the nature of your being in relation to others. It is about growing into your own unique potential. Striving to be yourself, in all your different thriving colours, may be one of your main paths to wellness and recovery from mental illness. In other words, being mentally healthy is about being what is normal for you – not someone else."

Middlemiss sadly passed away in 2013 of lung cancer. 'Secret Squirrel Business' associated videos are available at <https://vimeo.com/user26039338>. Hard copies are available through RUAH:

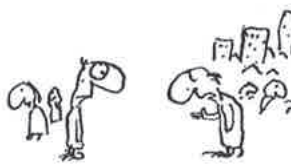
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## Summer Diary

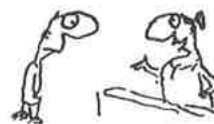
Yesterday, normality was supposed to return but it didn't.



"...it's not coming back," said a man in the street, "...It's all finished; kaput!"



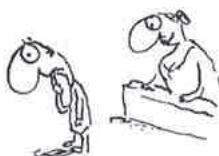
"They've stopped making it," said the lady in the shop, "...discontinued! people weren't using it, too slow!"



There was no such thing as normality," said a smart looking fellow, "it was all a bloody lie." He was so sure of himself.



I believed in it, although I couldn't really prove it existed – nor could I describe it very well...



... except to say that it seemed to hold everything together more or less. Anyway I'm going to miss normality for the time being but I'm not giving up hope. I need it.



Source: Secret Squirrel Business: A Guide to Mental Health Recovery, Jenny Middlemiss, pg 15

# Services supporting mental health recovery: What does it take?

Rhianwen Beresford Policy & Development  
Coordinator | Consumers of Mental Health WA



Since 2010, the Australian National Standards for Mental Health Services have required all mental health services to adopt a recovery approach and support people in their recovery.

The key elements of the Standards are: rights to dignity, self-determination and respect; social and community connection; valuing lived experience and people's strengths; and consumer participation.

The experiences of people using West Australian mental health services can be very far from one of choice, respect and dignity.

A significant reason for the patchy adoption of the recovery approach relates to confusion about what recovery is and what it takes.

## Understanding Recovery and Recovery-Oriented Services

Recovery is often misunderstood. It is not clinical recovery of a cure or remission of symptoms. It is not returning to the life we had before. And it does not mean seeing ourselves as broken, in order to 'fix' ourselves.

Recovery is:

"A deeply personal, unique way of living a satisfying, hopeful and contributing life" as we grow beyond the initial overwhelming symptoms, distress crisis, trauma or catastrophe.

I say 'we' with full respect for those experiencing these things, having taken a long and arduous journey myself.

Recovery-oriented services assist each person to access what they feel is important for quality of life and wellbeing, above and beyond medications and clinical treatments. They respect people's human rights and support them to identify their unique path to a fulfilling life.

# CoMHWA



And they recognise us as people first, not patients, and are committed to listening and acting on our voices, our choices, our wishes, our expectations and our hopes.

Recovery is a major shift that requires fundamental and extensive work to achieve in services. So what does it take to bring recovery into a service?

## From Sometimes to Always: Achieving Recovery Oriented Services

Consumer participation and peer support are two vitally important ways to transform mental health systems towards recovery.

## Consumer Participation

Effective consumer participation embeds our voices in decision-making across all aspects of the service design, delivery and management. It ensures the service is accountable for working in recovery oriented ways.

Consumer participation is transformed by recovery from involvement through provision of feedback which can be ignored, to equal partnerships where our views are respected.

At this time, consumer participation is often a gesture of involvement, not partnership, with more investment required to valuing and supporting consumer representatives as co-leaders of services.

## Peer Support

Peer support is a key element to recovery. Peer Support Workers are a dedicated recovery workforce available to mental health services.

To be a peer is to be an equal. Peer Support Workers bring a lived journey of recovery that enables relationships free from stigma and rich in empathy and rapport. In living well through their own recovery, they are able to walk alongside us in discovering what's important to our lives, and to explore strategies to cope and live well.

Peers also help to make everyday improvements to services through access to feedback from their peers on how we would like the service to support us.

Currently, Peer Support Workers are only available at some local metropolitan community mental health clinics in some catchments. Access to individual peer support in community mental health services can be extremely difficult. There are no Peer Support Workers at GP clinics, in inpatient settings or Emergency Departments.

## Moving Forward in Recovery

Clearly, there is much work to be done in growing and nurturing consumer participation and peer support in services in order to achieve a mental health system that promotes and respects recovery.

Consumer participation and peer support need to be championed by people working within services, and people using services, including their families and carers, advocates and consumer representatives. There needs to be dedicated investment for the peer workforce, and for mentoring consumer representatives into leadership roles.

The promise of recovery is not illness, not cure, not maintenance. It is the promise of a better life and the opportunity to lead our lives with respect and dignity as all community members have the right to do.

Six years on from the National Standards, it's high time recovery moves from a 'Standard' on paper to standard expectation and experience.

To learn more about the WA Peer Supporters' Network or mental health consumer participation, contact Consumers of Mental Health WA (CoMHWA) on (08) 9258 8911 or [admin@comhwa.org.au](mailto:admin@comhwa.org.au)

CoMHWA



## The voice of mental health consumers in WA

**Consumers of Mental Health WA (CoMHWA) is the peak body by and for people with lived experience of mental health issues in Western Australia.**

**We listen to, understand and act upon the voices of mental health consumers.**

We advance consumer rights and interests in services and the wider community, doing so in partnership other consumer, family and carer groups and organisations in the health, mental health and mental health sector.

**We work by and for people who have walked the journey, in everything we do:**

- **News & Events**
- **Speakers, Education & Training**
- **Peer Support Groups**
- **Support for the Peer Workforce**
- **Consumer Participation**
- **Advocacy (Systemic & Peer-Led)**

**New members welcome!**

**Phone: (08) 9258 8911      E: [admin@comhwa.org.au](mailto:admin@comhwa.org.au)  
Post: PO Box 176 Cannington WA 6987  
Street: 31 Manning Road, Cannington**

# WA Peer Supporters' Network

**Phone: (08) 9258 8911**

**Email: [info@peersupportwa.org.au](mailto:info@peersupportwa.org.au)**

Peer support uses the power of empathy in shared experience to grow connection, resilience and wellbeing.

It lies at the heart of welcoming communities.

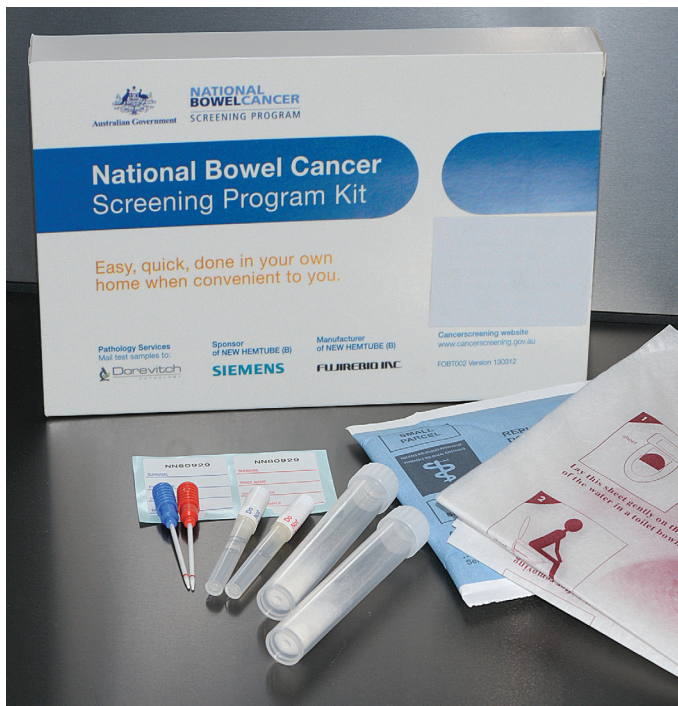
**WA Peer Supporters' Network** is a forum led by peer supporters to advance peer support and the peer support workforce.

Our news, meetings, forums & events are a space to share knowledge, develop networks, and collaborate for peer support practice.

The Network is open to everyone with an interest in advancing and practicing peer support, across all sectors and walks of life.

# Bowel scan finds cancers in time

Frank Smith | Health Matters Contributor



Pictured: Bowel Cancer Screening Kit

If you turned 70 or 74 last year you probably received an unusual birthday present – a bowel cancer screening kit, also known as an immunochemical faecal occult blood test (iFOBT) kit – in the mail.

A report on the National Bowel Cancer Screening Program (NBCSP) was published last month and for the first time we have data on the effectiveness of the program.

Nearly 40 per cent of people receiving the kit accepted the offer and returned faecal samples for analysis. And nearly three-quarters of those who previous been tested accepted the screening invitation.

If the iFOBT finds blood it could be caused by haemorrhoids, Crone's disease or bowel cancer. This needs to be checked out. This year about 35,000 Australians (seven per cent) returned a positive screening test.

Of the people who received a positive screening test, 73 per cent reported a follow-up diagnostic assessment. Of these only 1 in 32 were diagnosed with a confirmed or suspected cancer (181 and 638 respectively). Adenomas (benign growths that have the potential to become cancerous) were diagnosed in a further 3,655 participants. Removing adenomas

lowers the risk of future bowel cancers.

Bowel cancer develops slowly from benign polyps that form on the lining of the bowel as people get older. These polyps look like small spots on the bowel lining or like cherries on stalks and often leak small amounts of blood into the faeces. They are not malignant but some undergo mutation and develop into adenomas and eventually malignant cancers. Polyps are best checked out with a colonoscopy. If adenomas are removed, the risk of bowel cancer is reduced.

The development of bowel cancer generally takes many years. It usually begins in the lining of the colon or rectum. Often, very small amounts of blood, which may not be visible, are leaked from these cancers long before any symptoms develop. This blood is then passed into the faeces.

If untreated, cancers spread deeper into the wall of the bowel. From there, it can spread to lymph nodes in the area and later to the liver or lungs.

"The test is very specific with few false negatives. Blood in the faeces is not necessarily cancer. Only a small proportion are cancerous," said Colorectal surgeon, Professor Adrian Polglase. "But it is a signal to get your bowel checked out."

WA Health Gastroenterologist Dr Hooi Ee said the simple test could save your life. "Early bowel cancer has no symptoms, so those who screen for bowel cancer using iFOBT are more likely to have their cancer found at an earlier, less advanced stage, which means the treatment is less invasive and the chances of survival are better," Dr Ee said.

"I urge anyone who received one of the kits in the mail, to do the test. It might be the best thing you can do for your health."

If you missed out on the free screening test you can buy a test kit at your local pharmacy for around \$30. The National Bowel Cancer Screening Program aims to prevent 70,000 deaths from bowel cancer in the next 40 years.



# WA Association for Mental Health IMPACT Project

WAAMH



Image Source: Stock Images

The Western Australian Association for Mental Health (WAAMH) has received strong input from member organisations, people with lived experience and others on the need for WAAMH to support the sector in maturing its practice in co-production and lived experience partnership, and in building the advocacy, partnership and leadership capacity of people with lived experience.

Based on this input WAAMH is running the Increasing Member Participation: Advocacy and Co-Production Training (IMPACT) project. This project will deliver an advocacy workshop for emerging and existing consumer and carer advocates, and co-design training for organisations and people with lived experience. Funded by the Department of Finance Capacity Building Grants program, the project will run from November 2016 to July 2017.

The project is designed to further the cultural shift within the mental health sector and wider community towards co-production and stakeholder inclusion in decision making. Upskill mental health sector workers, empowering them with practical skills and tools for integrating co-production within their own contexts and foster and support a new generation

of consumer and carer advocates and amplify their voices.

The project will feature a two-day Consumer and Carer Advocacy Skills Workshop, to upskill and empower consumer and carer stakeholders to advocate effectively and participate in co-design processes. The Workshop will be co-facilitated by professional trainers and a person with a lived experience. Consumer and Carer Advocacy Workshop participants can then be mentored by an experienced consumer or carer advocate, to discuss approaches, opportunities and support needs on a small group basis. A two-day Worker and Lived Experience Participant Co-Design Training, that assists participants to understand and implement co-design. A one day Mental Health Leaders Forum, that aims to build on the work of the Mental Health Advisory Council, will focus on systemic change and resolving challenges, to further a culture of stakeholder inclusion.

For more information please visit WAAMH's website here: <https://waamh.org.au/development-and-training/increasing-member-participation-advocacy-and-co-production-training-impact-project.aspx>. We look forward to seeing you there!

# Traveling with my mental health hat

Julie Collett Grow Member | Grow



Pictured: Julie Collett

My mental health journey can be summed up in the lyrics 'I've been so many places in life and time' from one of my favourite songs 'A Song for You' by 'The Carpenters' duo (of 70s plus fame). You would be forgiven for believing I'm a geographical globe-trotter. I'd be over the moon if that was the case. However, most of the travelling I've done has been in my head.

My Mental Health Hat and I have traversed many diverse lands; arid desert of despair; hostile war zones of constant fear; the isolated outback with no help in sight for hundreds of kilometres; dense jungle areas of beauty with anxiety and the saving joy of beaches, being able to wash away the residue and start afresh. All in the quest for the Holy Grail, making sense and finding meaning and fulfilment in the complexities of life.

Sadly, due to 'wonky' brain wiring (probably thanks to family genetics) I've wasted vital time travelling extremes; dipping and diving through highs and lows; dreaming of the heights I might have reached if...; and the reality of deep depressive lows. All a flow-on effect caused by childhood trauma, poverty, alcoholism, domestic violence and sexual abuse. Finding and maintaining ordinary skills to navigate life can be so exhausting. Some people exit life early seeking release. Yes, like many I've had repetitive suicidal thoughts and plans with crises over the span of years, but somehow I endured.

I know now I had never learned to be an 'ordinary'

human being. In fact, I didn't even like the concept of being ordinary. I fancied myself as somewhat superior to those 'mundane' people who spend their lives following everyday routines, being responsible in their employment, being committed parents, etc. These people keep diaries to know where they need to be and when, they budget their income wisely, pay their bills on time, save money for emergencies, Christmas and, perhaps, an annual family holiday. They are the people who don't dramatise situations and focus too much on themselves. In short, they are good ordinary people and they just get on with life. The madness I was somewhat proud of was a skewed approach, with 'Organised chaos' my common catchcry. I know now I need to take my hat off to the ordinary people of the world who propel life forward in a necessary way. It was a shock for me to learn that 'ordinary' people don't necessarily like doing all those boring, routine chores in life, the difference is they just do it.



## Grow

The most beneficial support to adjust my 'misfit' in life came to me eight years ago, when I attended a meeting at Grow, a free small peer support group for people in crisis and/or having a mental health condition. Through Grow I have learnt and understood the many simple life skills ordinary everyday people use. The basic skills no amount of searching in books, online, in counselling sessions, via GP's and psychiatric services, hospitalisation and more, could imprint on my brain. Their 12-step program and 100 page 'Blue Book' of wise and simple life techniques helped me steady my thinking and taught me to 'compel my muscles and limbs to do the right thing despite my feelings.' By practising these skills, attending weekly meetings and undertaking small manageable tasks to propel myself forward, I would find life more manageable.

Grow has helped me through some difficult times in my life and was the right solution for me. I had only been married a few weeks and thought I'd get some tips from this support group while I was all was fresh and buoyant. I'm fortunate I did because the complexities of blending our families, employment, financial challenges and serious health issues quickly turned the honeymoon period into one of hostility. Our attitudes were so opposite we felt like we were aliens to each other. In retrospect, I missed the alarm bells warning of the danger of trying to construct a harmonious family relationship with 'The Drama Queens' (my 10-year-old daughter and I) with the 'Ocker Bachelor Boys'!

I loved my Grow group immediately. I say that Grow has a simple program for complicated people. Too much of my life has been spent overthinking and overcomplicating things. I needed to learn to simplify my way of living. Changing actions and behaviours in bite-sized pieces. That day opened a bright and hopeful doorway to learning skills effectively for a happy, healthy and wholesome life. All the group members were warm and welcoming and it was good to see there were some males as well. 'The meeting lasted for two hours and covered two 'sharing sessions' but the problems weren't an agenda for venting. The members could present one 'problem' per week, get a 'Program' from the 100

page 'Blue Book' guide, receive a simple practical task for the week and feedback following the next week. Sometimes, their problem was resolved in that week, sometimes Growers needed to expand on it. The Grow program has at its crux a 'Blue Book' which contains only 100 pages of skills to suit every dilemma. The message is 'every person is valuable in Grow and we are helping each other to gain the life skills we need'. Having a diagnosis is unnecessary for attendance. It's not important to us whether you have a 'label' or not, whether you take medication or not and what type is insignificant. Our focus is on supporting each other back to health and beyond.

One thing I loved was I was with people who 'got me', who could laugh about our embarrassing behaviours and shameful moments. It helped remove the shame and stigma of mental health issues. It was the start of 'owning' my mental health condition, of empowering myself and accepting it's ok to have this challenge. Most significantly, I learned that I am Julie, an individual who suffers from mental illness but who is not defined by it. That's why I can be open enough to write this article plus HAVE THE COURAGE TO HAVE MY PHOTO IN THE PAPER and feel ok about it. I feel honoured to be placed in a position where my voice may reach many in isolation and pain, and say 'You're not alone, there is hope. Phone Grow. Come along to one of their many groups. Come and enjoy'.

## Australians boost their 'sox appeal' to support mental health

Grow



# Grow

A proven program for mental wellbeing

Australian's expressed their 'soxiness' by pulling on their odd socks on Friday 7 October 2016 while helping people with mental illness land on their feet. The Odd Socks Day campaign raises money to expand Grow's free highly effective mental health programs which have been helping adults and at-risk youth for nearly 60 years.

With 50% of Australians experience mental illness

at some point in their life, the impact of poor mental health will affect every family, community and workplace. Odd Socks Day is also a call to put an end to the stigma of mental illness, which is preventing so many from seeking the help they need, keeping them isolated and in pain.

Anyone wanting more information about Grow can call (08) 9228 1411 or go to <https://www.grow.org.au/wa/>

# CCE: The Refugee & Humanitarian Entrant Health Research Alliance

Louise Ford Consumer & Community Engagement Manger | HCC



Pictured: Ethiopian coffee roasted over a wood fire with popcorn

I have been involved for over twenty years, in a range of capacities, with people from new and emerging communities. During this time, I have noted several ongoing areas of concern; one of these is people's experience of healthcare. For people from the above communities accessing healthcare is not always a straight forward process. Their experience of healthcare is not always positive, not necessarily because of something medically going wrong, but because of the way they are treated while accessing the system.

Imagine for a moment that you have had to flee your country due to war. You have experienced traumatic events along the way, witnessing and undergoing things that are beyond description. You have probably lost family members and known hunger and hardship. You may have spent time in a refugee camp. Eventually you find yourself in a new country where everything is different; the air you breathe, sights and sounds, language and culture. You develop a health problem and need to access a doctor. When you arrive for your appointment the doctor refuses to access an interpreter. You are well educated but have not learnt much of the local language yet. How do you tell the doctor what is wrong and how do you

understand what he or she tells you?

The above scenario is a very simplified example of what occurs on a daily basis for many people living in Western Australia. Working at HCC has provided me with an opportunity to try and amend some of the shortfalls in our healthcare system. Bringing together a group of people who have a shared interest in improving the health care experience of people from new and emerging communities. The Alliance includes community members, as the critical aspect of the Alliance is it's community driven; research undertaken will be based on the areas of concern identified by communities. Those who have agreed to participate include:

- Community members e.g. Congo, Burma,
- Academics from UWA, Murdoch and Curtin
- A Department of Human Services staff member
- People who work for NGOs e.g. multicultural resource centres including Katanning
- Department of Health staff e.g. WA Humanitarian Entrant Health Service
- Manager of the Department of Health Cultural Diversity Unit
- Representative from the Equal Opportunity Commission
- A staff member from OMI (Office of Multicultural

## Interests)

The first meeting, held in July, was attended by eighteen people representing the above cohort. As the inaugural meeting, I felt a need to celebrate. We did so by having traditional Ethiopian coffee made. If you ever have the chance to do so, try some, it's amazing. I am very excited at the thought of having an entity that will engage with communities and assist them to have a voice about their healthcare experiences via research. I am also very glad and grateful for the support and interest the concept has had from everyone I approached to be a part of the Alliance, as well as Pip, a massive 'thank you' to all concerned. Galatoomi (thank you) also to Lalese and her family for the wonderful coffee, your efforts were much appreciated.

A following meeting was held in September. Now the Terms of Reference have been drafted I am anticipating we will be able to commence some discussions about 'where to from here' as well as the how's and where's. I have been delighted with the response to the concept of the Alliance but now it is time to explore the ways in which we can work productively to improve the healthcare experience of some of WA's newest and most vulnerable community members.



Pictured: Lalese pouring the Ethiopian coffee



Pictured: Members socialising after the first meeting

To conclude it seems appropriate to use some words from Demos Krouskos, the Director of the Melbourne-based Centre for Culture, Ethnicity and Health (2008), who stated "institutions have to be reformed on a philosophy of social inclusion – that it is a human right to have equal access to health-care services. Health-care institutions are the last great institutions to be unreconstructed in this area," he said, adding: "You can have discrimination simply by failing to include people." Which is what seems to happen to a great many members of vulnerable communities and is why we must have inclusive healthcare provision that is informed by research into current conditions and circumstances.

(Source: <http://www.who.int/bulletin/volumes/86/8/08-020808/en/>)



# Aboriginal Advocacy: Mental Health Act 2014: Implications for Aboriginal & Torres Strait Islander

Tania Harris Aboriginal Advocate | HCC



Image Source: <http://www.amawa.com.au/state-govt-must-act-urgently-on-mental-health-recommendations-ama-wa/>

In November 2015, the Mental Health Act of 2014 came into effect and with it some positive additions and considerations for Aboriginal people in Western Australia. The legislation included an important additional requirement for mental health teams assessing people – that Aboriginal and Torres Strait Islander people are to be examined in collaboration with Aboriginal Mental Health workers and significant members of the person's community, for example Elders and traditional Healers, whenever possible.

The World Health Organisation recognises that Traditional Healing has played a fundamental role in the health and wellbeing of societies for thousands of years, and continues to be vital to the health of Indigenous people. Likewise, the United Nations Declaration on the Rights of Indigenous Peoples states that Indigenous people have the right to access and be treated by traditional healers and traditional medicines. It is well recognised within the health sector that a holistic approach to Aboriginal health and wellbeing is paramount, you must treat the whole person, the whole community. A Traditional Healer can work with the unwell person to diagnose problems, recommend treatments, perform healing rituals, explore the impact society community and cultural issues has on the illness and to comfort and reassure the patient. Traditional healing can and does work hand in hand with western medicine in many parts of Australia and the world, with great success.

The impact of colonisation, stolen generation and other past government policies has had a significant impact on the mental health of indigenous people in Western Australia, and the number of Aboriginal people needing the care of mental health services continues to grow. The need for culturally secure and respectful treatments will also continue to grow, and the recognition of the important contribution Traditional Healers can play in people's treatment and recovery is very welcome.

The four-year commitment to the funding of the Statewide Specialised Aboriginal Mental Health Service and the engagement of an Aboriginal Advocate at the Mental Health Advocacy Service and the many other initiatives undertaken by non-government organisations and the dedication of many more individuals working at community and family level to address the issue of mental health in Aboriginal people, combined with this new opportunity for Traditional healing, is a step in the right direction and hopefully the start of a wider acceptance and willingness from the western medical sector to engage more fully in, and learn from, the many thousands of years of knowledge and healing that our healers and elders have to offer.

## References

[http://www.mentalhealth.wa.gov.au/mental\\_illness\\_and\\_health/mh\\_aboriginal/SSAMHS.aspx](http://www.mentalhealth.wa.gov.au/mental_illness_and_health/mh_aboriginal/SSAMHS.aspx)

<https://www.creativespirits.info/aboriginalculture/health/traditional-aboriginal-health-care>

<http://antac.org.au/>

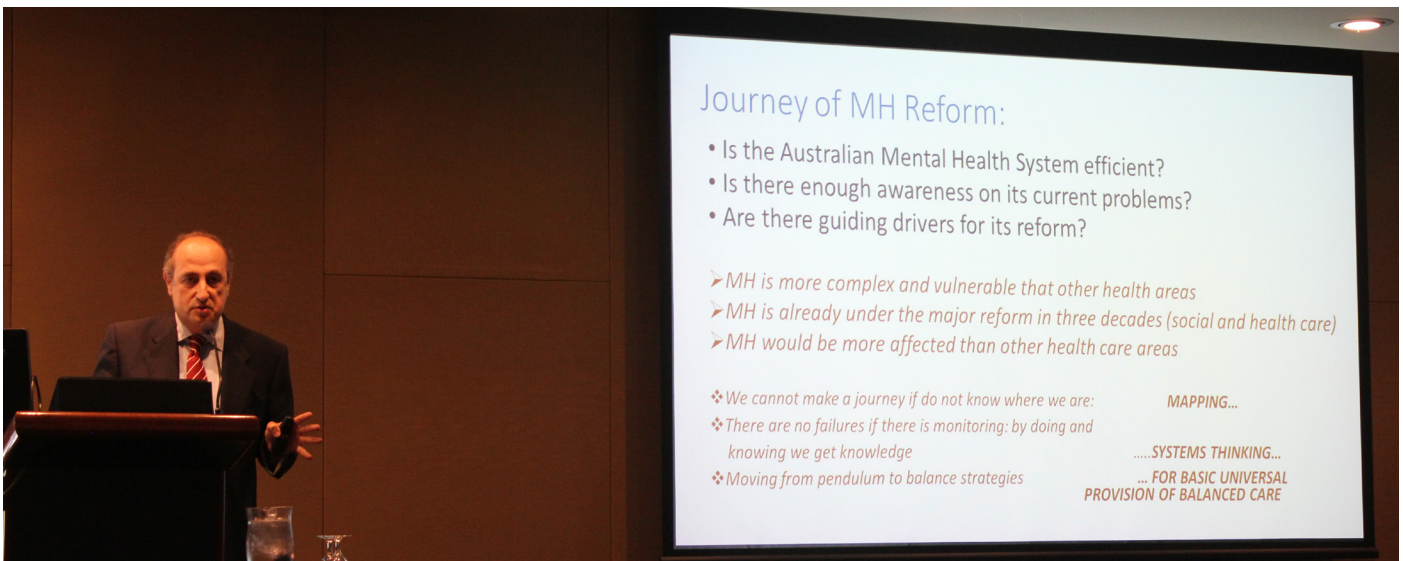
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<http://www.friendsofglenthorne.org.au/wp-content/uploads/Clarke-Vol-33-2008.pdf>

# WAPHA Mental Health Symposium

Lucy Palermo Marketing & Communications  
Coordinator/ Health Matters Editor | HCC



Pictured: Professor Luis Salvador-Carulla

During Mental Health Week I attended the inaugural *WAPHA Mental Health Symposium: Whole person, whole place, one system*. Attendees heard from WA mental health researchers about recent studies, new approaches and gaps in the current system that need to be addressed. The overarching message that each presenter agreed upon was the need for an integrated system approach. Bringing together services, whether they be medical, law enforcement, housing, education, or in the workplace to treat people on different levels. This isn't an easy task, and coordinating such an approach relies heavily on all involved sharing the same values. The presenters were under no illusions as this approach relies on a cultural shift that won't happen overnight.

The work that WAPHA have undertaken in the short time they have been around highlights the importance they have placed upon Mental Health in Primary Care. Dr Daniel Rock, the Deputy Director presented on the recently completed document, 'Mental Health Primary Care: The WAPHA framework for Integrated Primary Mental Health Care.' An integrated systems approach was outlined as a goal of the document. The WAPHA Integrated Primary Mental Health Care booklet is available here: <http://www.wapha.org.au/primary-health-networks/mental-health/>

Professor Luis Salvador-Carulla spoke about mapping our current mental health services and identifying exactly what each service is providing regardless of

their title and apparent offerings. Work has already been done mapping in Spain and South Western Sydney, providing comparative data. Mapping the service and comparing can identify what is working, the gaps and how services can improve to better serve the communities.

## The "WAPHA-way"

- Whole-person, whole-place, one system
- Integrated care
- Local by design (by default)
- Deep community engagement and involvement
- GP-led (general practice care should be the norm)
- Framed by Collective Impact
- Judged by place-based (not program based) outcomes

Pictured: Slide from Dr Daniel Rock, WAPHA presentation

To provide insight into the current situation in WA the other speakers presented data on surveys conducted covering the areas of; high impact psychosis (Professor Vera Morgan, UWA); alcohol and other drugs (Professor Steve Allsop, Curtin University); childhood mental health (Professor David Lawrence, UWA & Telethon Kids); and perinatal mental health (Professor Megan Galbally, Murdoch University).

The event closed with a panel discussion. I asked the panel, how can the goal of creating an integrated primary health system be achieved? As you can imagine this was a tricky one to answer concisely, because there isn't just one answer and it also opens





Pictured from left to right: Luis Salvador-Carulla, Professor Steve Allsop, Dr Daniel Rock, Professor Vera Morgan, Professor David Lawrence and Professor Megan Galbally.

### Mental health of young Australians

- The 2007 survey showed 25% of 16-24 year-olds had a mental health problem – the highest rates of any age group; a substantial burden of disease
- About 75% of adult mental disorders commence prior to age 25
- Mental disorders are the chronic disorders of the young
- Children and adolescents have low levels of help seeking or long delays in identifying problems and accessing services
- Mental health problems in childhood and adolescence can impact on children at key developmental stages of life which can affect their entire life course trajectory



Pictured: Slide from Professor Lawrence, 'Young Minds Matter' presentation

### People with mental health problems

Co-existing drug problems – relatively common

- Anxiety and depression: one third have AOD problem
- PTSD: three quarters have AOD problem
- Schizophrenia: approximately half have alcohol or drug dependence
- Bipolar disorders: up to two thirds
- Personality disorders: ? Up to three quarters

ndri.curtin.edu.au

**NDRI**  
National Drug Research Institute

Pictured: Slide from Professor Steve Allsop, 'Alcohol & other drug use, what's happening?' presentation

the door to more questions. The following were the responses to my question.

We need to design a primary system to:

- Learn from failure
- Place families and people at the centre of care, in a system sense
- Ask the question, what should it be? Not how we can fix it?
- Use an integrated approach to treatment and person-centred care
- Deal with stigma and discrimination
- Extend interventions to include people who wouldn't access services
- look at how we integrate our services
- Ask why do people stop needing help and how

do they stay that way?

- Ask why are more families are seeking services? Is this because there are more people needing them or is it because there are more people who know they can seek help?
- Identify how we can liaise across police, housing, etc. to provide support across the board and improve quality of life?
- That provides incentives to overcome barriers and encourage integrated care

If you would like access to the slides presented on the day email [lucy.palermo@hconc.org.au](mailto:lucy.palermo@hconc.org.au)

# Health Consumer Excellence Awards 2017

**Lucy Palermo** Marketing & Communications  
Coordinator/ Health Matters Editor | HCC



Pictured: The team from Child and Adolescent Mental Health Services (CAMHS) 2016 winners of the Health Organisation Award. Second from the left HCC Chair & second from the Pip Brennan, HCC Executive Director

The Health Consumers' Council Health Consumer Excellence Awards are now open for nominations. Since 1997 the Health Consumers' Council (HCC) has used the awards to celebrate the achievements of the unsung heroes in Healthcare in Western Australian, from the administrator to the clinician and to recognise health consumers that go out of their way to make a difference.

Often, it's not the latest treatment and tests consumers seek, but a kind smile, eye contact, the willingness for someone to ask, "what matters to you?". Health staff are often surprised to find out instead of stressing about a forthcoming surgery the patient is worried about a pet at home, not being able to care for a loved one, or a wedding they may miss. Because of this we are collaborating with WA Health to introduce a new award – Compassionate Care. Compassionate care is a zero-cost initiative and it is part of what creates a better health service.

Our 2017 Consumer Excellence Award night will be held on Thursday April 27 to close the first day of our 2017 Patient Experience Week Forum.

Nominations must be completed by close of business March 31st, 2017. For more information about the awards go to [www.hconc.org.au/hceawards](http://www.hconc.org.au/hceawards) or call (08) 9221 3422.

## Health Consumer Excellence Awards FAQ's Who can nominate?

Anyone can nominate, you can even nominate yourself or your organisation. If you think you are providing an excellent service, don't hesitate to nominate! Don't forget to ask consumers who access your service if they are willing to write a letter of support to endorse your application.

## How do I make an application?

The application forms are available on the HCC website. To avoid losing information first type your responses into a word document and then copy and paste it into the application before pressing the submit button.

## What are the award categories?

The award categories are listed on the poster on the right page. For more information go to [www.hconc.org.au/hceawards](http://www.hconc.org.au/hceawards)

## I'm not sure which award to nominate my candidate?

If you have any questions about which award would be the most suitable for the candidate you would like to nominate, contact HCC and ask to speak to Lucy Palermo.

## Can I ask for assistance to complete the application?

Yes, if you are struggling to complete your application HCC are happy to assist you.



HEALTH CONSUMERS'  
COUNCIL  
YOUR VOICE ON HEALTH

## Nominate now for the Health Consumer Excellence Awards

an **Organisation** that partners effectively with consumers to improve patient care

a **Health Professional** who has demonstrated excellence in patient care

a **Health Consumer** who has demonstrated excellence in improving the patient experience

**Rosemary Caithness, a Person** who has demonstrated outstanding service to health consumers

an **Aboriginal/Torres Strait Islander** individual or organisation who has demonstrated outstanding service to Aboriginal/Torres Strait Islander health consumers

**Compassionate care, a Health Professional or Team** who has demonstrated delivering direct patient care with compassion

Nominations close March 31, 2017  
visit [www.hconc.org.au/hceawards](http://www.hconc.org.au/hceawards)  
or call (08) 9221 3422



# HEALTH CONSUMERS' COUNCIL

YOUR VOICE ON HEALTH

## **Health Consumers' Council**

GPO Box C134, PERTH WA 6839

Phone (08) 9221 3422 | Fax (08) 9221 5435

Country Freecall 1800 620 780

Email [info@hconc.org.au](mailto:info@hconc.org.au)

Website [www.hconc.org.au](http://www.hconc.org.au)

### **Opening Hours**

Monday to Friday 9:00am - 4:30pm | Closed Public Holidays