

MENTAL HEALTH, JUSTICE HEALTH and ALCOHOL & DRUG SERVICES UPDATE

July—August 2011

Message from the Executive Director Katrina Bracher

Welcome to another edition of our Newsletter.

We have completed our Corporate Governance structure—we have included a diagram of how our Divisional meetings and subcommittees fit together on page 2 of the Newsletter.

We are now working through our Professional Governance framework to clarify the roles and responsibilities of the Discipline Principals—including such things as supervision, competency, student placements and training. Hopefully we will have that completed by the next Newsletter.

Then, our aim is to clearly articulate what we mean by Clinical Governance—Dr Peter Norrie and Kevin Kidd as Principal Nurse will be leading this work, with input from key groups within our Division. We will circulate that later in the year.

So, read on and enjoy our update.

Cheers Tina

Divisional Highlights

The Conferring of Awards (Graduation) ceremony took place at the Australian National University on 14th and 15th July.

Congratulations to those staff who graduated.

Doctor of Medicine : Associate Professor Jeffrey Looi

PhD: Rebecca Reay, Lara Bishop

Master of Culture Health and Medicine: Angelo Garang

Master of Public Health: Yodi Christiani, Prasan Sharp

MBBS: Sheena Azar, Meredith Highfield, Yin-Lan Soon

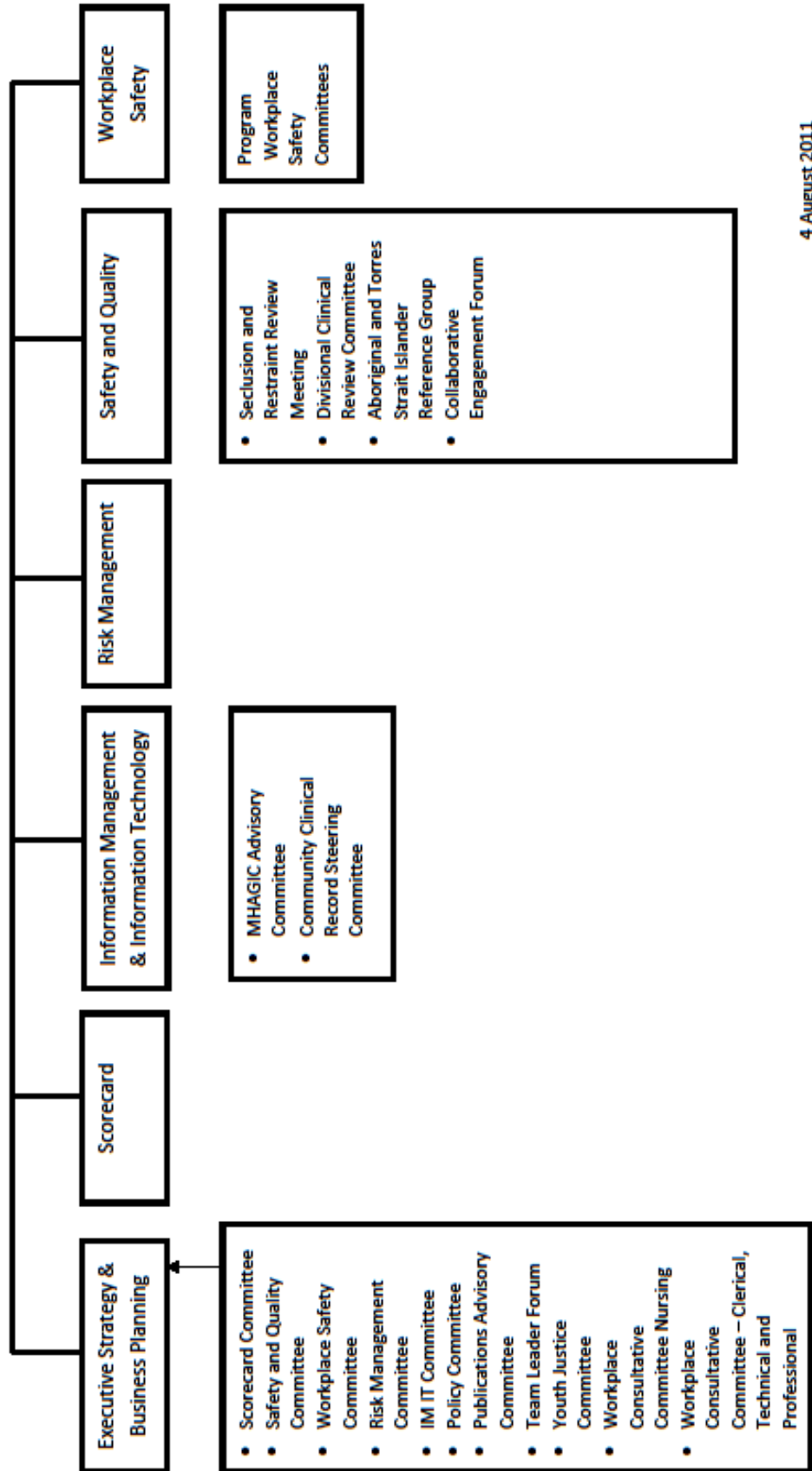


Care Excellence Collaboration Integrity



Mental Health, Justice Health and Alcohol & Drug Services

Divisional Committee Structure



4 August 2011



NEWS FROM THE TEAMS



Alcohol & Drug Services

Promoting Healthy Lifestyles activities at Building 7, including the recent Dental Day, have been running well and have been progressively extended to include Withdrawal Unit inpatients. Women's health clinics at building 7 have been very busy, with double the number of clients seen last month than in previous months. Women's health information brochures were distributed to all female clients of the Opioid Treatment Service, and a health promotion morning tea is being planned for August to raise the profile of the ante-natal drop-in clinic and services available for pregnant/breastfeeding women and families with young children.

A new partnership has been developed to establish a process for three month rotations of staff between ADS and the Mental Health Services. This should help foster professional development and increased links and understanding between services.

The ADS pharmacist has given us all a good reason to be proud of him, having recently received an invitation to present at conferences in the UK during September.

Drug and Alcohol awareness and education talks have been presented to security vetting agents at the Attorney General's Department during the last month. In-services on the Police Early Diversion (PED) and Early Intervention Pilot Project (EIPP) have also been conducted with sworn members of the AFP.

Requests for in-services and education presentations have been received from the Child at Risk Health Unit and Canberra College. The PED and EIPP workers are also working on developing an alcohol overdose awareness wallet card aimed at young people.

Progress of the Ngamba Bush Healing Farm.

Thinc Health has developed a Health Planning Unit (HPU) Brief and Schedule of Accommodation (SoA) reflecting the model of care for the service. Endorsement of the HPU Brief by the ACT Government Redevelopment Committee has been delayed due to a budget shortfall which has occurred due to increased building costs and a new site location. An options paper and budget business case was presented to government. The ACT Government decided to proceed with the initial capital budget.

The NBHF Advisory Board met on 20th June 2011, a revised HPU Brief and SoA to fit the initial Capital Budget was provided, with options for consideration.

An 'Intention to tender' advertisement for a principal consultant (architect) to design the NBHF was placed in the Australian and Canberra Times on 12 May 2011. The Procurement process for the architect to design the NBHF will include two Advisory Board members on the selection panel. The Program for this development is as follows; Principal consultant to be engaged by September 2011; Design phase finalised by April 2012; Construction to commence by December 2012; and the Service to be operational by June 2013.

Aboriginal And Torres Strait Islander Policy Unit

City Mental Health

Positive Steps

"I was happy just sitting at home, watching the tv, smoking cigarettes. Now I look forward to 'sport', because I can kick a ball and meet up with mates..."

(And this man is now currently employed with North South Contractors, which is the first time he has ever been employed in his life)

That about sums up the Positive Steps program which City Mental Health and Brian Hennessey Rehabilitation Centre assist the YMCA in running. It is a program which originated as 'Pilates' with less than six regular attendees at best and now has up to 18 regulars who attend on a weekly basis. The program is all about encouraging people to become involved, take a chance, and have fun. There are basically two activities which are adapted forms of indoor cricket and soccer, with the cricket bat being made of foam and using an inflatable ball, this lets a person hit it as hard as they possibly can and resulting in no one being hurt. The soccer game basically has one team of people at either end of the hall, some chairs as a barrier across the middle, and you can kick it or throw it or volleyball it or propel it anyway you can at the goal down the other end. To make it more fun we use two balls at once.

The real beauty of the program is that it provides people with not just an opportunity to exercise and catch up with friends; it helps engage people in the community and shows them that it is *worthwhile to get out of the house and do something*. This lack of motivation to do something is probably the biggest hurdle with a lot of the people we help at CMH, and this program has been brilliant for showing people that there is more in life and that they can do it. Countless people have moved on to other programs and employment and to employing a more self-determining outlook towards their own life.

For more information on the program please contact Josh Taylor or Danica Mihaljevic at CMH.



JUSTICE HEALTH

HepC Connect Helpline

In coordination with the Justice Health Service, ACT Corrective Services and the ACT Hepatitis Resource Centre clients at the Alexander Maconochie Centre (AMC) now have access via the free phone call list to contact NSW HepC Connect Helpline.

Posters, business cards and brochure information regarding the HepC Connect Helpline have been reissued to accommodation areas, common areas and the Hume Health Centre to ensure clients are aware of this service.

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JUSTICE HEALTH

HepC Connect Helpline continued

What is the *Hepatitis Helpline*?

The *Hepatitis Helpline* is a telephone information and support service for people affected by hepatitis C. It is a free, confidential and non judgemental service and callers are offered:

- Up to date, accurate information about hep C
- A supportive environment to talk over their experiences and any particular issues
- Referral details to appropriate services
- Individual advocacy

A detailed, posted, free information package on hep C

Providing this free phone call service ensures clients have access to anonymous and non-judgemental support, referral services and up-to-date information regarding treatment and Hepatitis Services.

News from the Consumer Consultants

Trauma Informed Care and Practice: 'Meeting the Challenge' Conference, held in Sydney the 23rd and 24th of June 2011.

Isabel Lopez attended the 'Trauma Informed Care and Practice Conference : Meeting the Challenge' which was held in Sydney 23 - 24 June 2011. The forum explored the parallels between trauma-informed care and practice and recovery-oriented practices and discussed the emerging national policy agenda promoting these principles.

When services seek to become trauma-informed, every part of its organisation, management, and service delivery system is assessed and modified to ensure a basic understanding of how trauma impacts the life of an individual who is seeking services. Understanding the vulnerabilities and/or triggers that trauma survivors experience (that traditional service delivery approaches may exacerbate), allows services to be more supportive, effective and often avoid re-traumatisation.

Trauma-informed care involves not only changing assumptions about how we organise and provide services, but creates organisational cultures that are personal, holistic, creative, open, and therapeutic. By facilitating recovery through trauma-informed care, re-victimisation can be minimised and self and community wellness and connectedness can be promoted.

(The 'Trauma Informed Care and Practice: Consultation on the development of a National Approach to Trauma - Informed Care & Practice (TICP)'. Mental Health Coordinating Council, Adults Surviving Child Abuse, Private Mental Health Consumer Carer Network, Education Centre Against Violence, Updated November 2010).

For further information contact:

Corinne Henderson at: corinne@mhcc.org.au
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Do you know, love or care for someone experiencing depression?

Did you know those who love, care for or support people with depression can experience significant stress and are themselves at greater risk of developing mental health problems?

Partners in Depression is a **FREE** six week group program that aims to address the information and support needs of those who live with or love someone experiencing depression. The program is run by health professionals and provides a forum in which to receive information and ask questions about depression and your support role, with others with similar experiences.

Session Dates: Every Tuesday starting August 23rd – October 4th 2011 at 2:00pm – 4:00pm

Venue: CIT Southside Campus, Ainsworth St, Phillip

Facilitators: Tessa Kain & Jenny Fothergill

Cost: NIL

Register your interest: 0408495240 (Tess)/ 0427866430 (Jenny)

A mental health initiative of

National roll-out funded by



The program covers a range of topics including:

- What is depression
- Treatments for depression
- Suicidality and self harm
- How do you best support someone with depression
- Communication strategies

www.partnersindepression.com.au

Staff Movements:

Farewell to Judith McDonnell (pictured)

Who is leaving us on Friday 19 August to take up another position. On behalf of the Division, we would like to wish her well and all the best for the future.

Amanda Urbanc will be moving into the Operational Director – Community and Older Persons position (effective 22 August).

Jackie Anderson is moving to the Departmental Liaison Officer for six months from August 29 2011, and Michelle Hemming will be the A/g Executive Officer.

Maret Rebane is returning to her role as Team Leader of Organisational Development from Friday 25 August 2011 and **Gai McKibbin** will be returning to her role as an RN2 at Brian Hennessy Rehabilitation Centre.

For Woden:

Congratulations to Hanneka Symonds on promotion to HPO2 – moving to CAMHS South on 18th August.

Steve Bagshaw moved from Woden to MITT N on 4th August. Bronwyn Roberts to temporarily fill the RSO role pending recruitment.



Sleep is a vital component in replenishing and strengthening your immune system and healing within your body

Sleep

- Rejuvenates the body chemistry for renewed energy through proper detoxification
- Recharges the immune system
- Repairs damage done
- Promotes the growth of new tissue
- Helps process, sort and store learning and experiences

What can you do to improve your sleep?

Keep active during the day

- go for a walk in the sunshine
- Play a sport

Avoid stimulants for at least 3 hours before retiring, including

- exercise
- Caffeine — that includes chocolate
- Spicy food

Warm milk and honey or a banana or other food containing Tryptophans may help to induce sound sleep

Develop a sleeping pattern and bedtime routine

- go to bed at the same time every night
- And wake up at the same time every morning
- Wind down and relax before bed time—try a warm bath or listening to soft music



ADP Group Times 2011

Effective Weed Control

Monday 22nd and 29th August from 2 – 4pm

Monday 7th and 14th November from 2 – 4pm

A 4 hour program over 2 weeks for cannabis users wanting information on strategies to reduce cannabis use.

Relapse Prevention Group

Wednesdays 9:30 – 11:30am

An ongoing, closed group for adults with alcohol and other drug issues, who wish to develop and maintain healthier lifestyles.

Requires a minimum of six weeks attendance

All groups will be held in Training Room 2 Level 1, 1 Moore Street, Canberra City
To make a booking please call 6207 9977



Quality Improvement

Mental Health

Consumer Companion Steering Committee.

Alex Stuart

Alex was offered and accepted the position as Consumer Representative and said he was flattered to represent the consumers at Brian Hennessey Rehabilitation Centre (BHRC). Alex said that "in the past I used to believe that I had to build relationships with the rest of the world which was a great burden on me. Now I am feeling more centred with the past, present and future, more at one". He said that since he has been on the committee he has realised the importance of building friendships with those around him, both patients and staff. Alex's dream is to one day work for the Government Sector and is excited to be on the first stepping stone towards his dream.

Alex enjoys the committee as he is learning a lot from the people on the committee and is able to use his lived experience to enhance the work done by the committee in creating Consumer Companion positions at BHRC

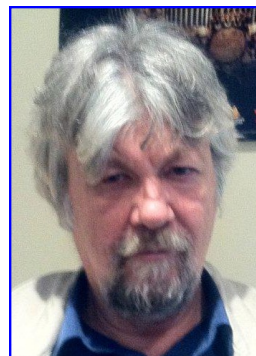
good news story



Lewis Stokell.

Lewis said that being on this committee has opened up a plethora of positive things for him. He believes he brings a good sense of humour to the committee. He described the committee as a sharing and caring group where he was able to learn a lot from others in the loving and supportive environment. He feels this program will bring a lot of warmth and light to the consumers of BHRC. He sees attending the meetings as a positive two way street. Being part of the committee encourages his Recovery focus. He has begun to read a lot more which is improving his spiritual health. He sees the Companion program as not only bringing companionship to the consumers at BHRC, but also support for their recovery and respect for all.

The Chair of the Committee, Cathy Fox, stated that both Alex and Lewis have added much value and understanding of how Companions could be supported to provide an excellent service to the residents of BHRC.



What's New!

Everyone has been working hard to keep your areas running smoothly particularly during staff leave due to the Flu Season.

What is new in your area that you have implemented or are thinking of implementing to make your workflow a little easier? Have you a change of work design, or implementing something new to assist? This is considered Quality Improvement.

Think for a moment of what you have been doing. Have you thought "If we do this then would it be easier?" Have you changed what you have been doing? How can I measure the difference in the two processes?

You have a Quality Improvement Project: Well worth writing up and submitting for approval to your Team Leader.

The pages to write up the QI are on the intranet:

(Left hand side menu select) Quality and Safety/

(Mid section select) Quality and Accreditation/

(mid section select) Quality Improvement/

(mid section select)Quality Improvement Activity Form about a 1/3 way down the page.



By Hilda Woolrich

Companions are coming!

The ACT Consumer Companion pilot program

- Are you a consumer who would like to be helping residents of Brian Hennessy Rehabilitation Centre (BHRC)?
- Would you, as a person with a lived experience of mental illness, like to have paid casual work?

The ACT Consumer Companion pilot program aims to support the recovery journey by engaging in individual conversation and group activities. The Consumer Companion pilot program will run initially for a period of 6 months at BHRC by ACT Health.

The Consumer Companion program pilot is:



- Paid, supported employment
- Based on the successful model in Queensland Health
- Developed with the consultation of the community managed mental health sector

- Providing activities
- Time for individuals
- Sharing lived experience
- Hearing others stories
- Providing guidance
- Reducing isolation
- Encouraging others
- Supported job training
- Valuing people
- Providing information

Training

Prior to finalising recruitment to these positions we will be offering opportunities for interested people to attend a free 2-day training program to be held on 17-18 October 2011 at BHRC.

For more information about the training or the program
contact:

Giselle Morgan on 02 62051222 or email at giselle.morgan@act.gov.au
Cathy Fox on 02 6205 1756 or email at catherine.fox@act.gov.au.

Registrations for the training close on **Friday 7th October 2011**

Progress on the Review of the Mental Health Act

from Julia Bocking and Steve Druitt

Now is a particularly exciting time in the review of this significant piece of legislation that overarches many aspects of our practice. The review has been underway for around five years and has previously been subject to numerous interruptions. The pace has now picked up considerably since two fulltime staff from the Mental Health Policy Unit have been appointed to coordinate the review. They are Steve Druitt and Sara Wade-Vuletic.

The process

The consultation period opened in April and extends until the end of August 2011. Collating information and responses on possible improvements to the Act has involved a good deal of public consultation with consumer groups, the Human Rights Commission, JACS and other stakeholders. There are now six working groups attached to the committee that are working through specific aspects of the legislation identified as needing change. These include:

Children and Youth

The current Mental Health Act does not include a section addressing the needs of children and young people where they differ from those of adults. This group is building on the work of a previous working group to develop this section for the new Act.

Advance Agreements

The work of the group will be to determine how Advance Agreements will be recognised in the Act. There has been solid discussion about the protection of 'negative treatment options'- that is, treatment that the consumer has indicated in their Advance Agreement that they do not want.

Principles and Objectives

The principles and objectives underpinning the Act are being revised to include changes in approach to delivery of mental health services since 1994 (the date of the current Act), including incorporation of recovery principles.

Technical changes

There are a number of technical changes that have been suggested to improve the operation of the Act.

Involuntary physical care

This working group will consider provisions for the Act to allow involuntary physical treatment where there is a physical condition related to mental illness. It is allied to broader consideration of involuntary physical treatment.

Decision making capacity

Inclusion of decision making capacity as a criterion for making mental health orders has been agreed (see below) but work is continuing to determine how the model will inform the language and provisions of the revised Act.



Continued over the page

Progress on the Review of the Mental Health Act

Latest developments

On 5 July 2011 Cabinet approved several framework decisions for the revised Act. The most high profile of these was the inclusion of 'decision making capacity' as a criterion for deciding whether a person should be placed on an involuntary treatment order. Other criteria around risk etc are being retained. While the term 'decision making capacity' may be unfamiliar, this aspect of a persons mental state is already frequently considered in assessment and frequently underlies current applications for orders. A clear example would be when a person with elevated mood is no longer able to make appropriate decisions affecting their reputation or financial security.

The inclusion of 'decision making capacity' as a criterion is in line with changes occurring in mental health legislation around Australia and internationally. This is already a primary consideration in draft Victorian mental health legislation. It will also help to make the basis for involuntary or substituted decisions on treatment similar to guardianship law which operates in the medical health area.

Next stages

The working groups will produce recommendations which will feed into drafting instructions which the Parliamentary Counsels Office will use to write the first Exposure Draft of the revised Act. This process takes a while. The Exposure Draft is planned to be ready for public consultation in May 2012

Contacts for the Review

Julia Bocking julia.bocking@act.gov.au Consumer Consultant
Steve Druitt steve.druitt@act.gov.au Project Officer
Sara Wade-Vuletic sara.wade-vuletic@act.gov.au Review Administration Officer

Contribution from the Alcohol Tobacco and Other Drug Association ACT (ATODA)

Update on Expanding Naloxone Availability in the ACT

Broad support continues to build for action, and a program is being designed, to expand the availability of naloxone (Narcan ®) in the ACT. Naloxone is a Schedule 4 opioid antagonist used to reverse the effects of opioid overdose.

This initiative is being driven the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) and the multidisciplinary Expanding Naloxone Availability in the ACT (ENAACT) Committee. The proposed start date for a program in the ACT is spring 2011, subject to approval by the ACT Government and the availability of funds to implement and evaluate the program.

The Health Directorate continues to be engaged in the development process. The program would seek to:

- Increase effectiveness of interventions in opioid overdose management;
- Provide comprehensive overdose management training to potential overdose witnesses;
- Provide Naloxone under prescription to potential overdose victims; and reduce opioid overdoses through overdose prevention education.

Up to date and detailed information on the program, including a Question & Answer about naloxone, and ENAACT is now available at www.atoda.org.au.