



CSF-Canberra Supporting Families in mental illness  
Newsletter of

**Canberra Schizophrenia Fellowship**

**A Member of the Mental Illness Fellowship Australia**

PO Box 6216, O'Connor ACT 2602. PH: 6205 1349

This newsletter is sponsored by the Canberra Southern Cross Club

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## President's report

After much soul-searching I will not be nominating for President at the AGM on 8 September. It is time for me to step aside and allow fresh ideas and energy to come to the role. I will, of course, remain on the committee as Immediate Past President. I encourage each of you to think about the future of the Fellowship, and how you can contribute to continue to keep the focus on support, advocacy and raising awareness of mental illness.

There is an INTEREST field on the nomination form in this newsletter. The Fellowship is looking for members with a particular interest who are willing to serve proactively on the committee:

**Discussion Groups:** organise interactive discussion forums around a particular topic.

**Vocational Rehabilitation:** be part of overseeing the government-funded program that provides paid training and work experience to mental health clients.

**Attend day-time meetings:** on behalf of CSF, and report back at the next Committee meeting.

**CSF Public Meetings:** arrange speakers and venue for the monthly meeting.

## PUBLIC MEETING

**Wednesday**

**11 August 04**

**at 5.30pm**

**Gallipoli Room**

**RSL Club**

**13 Moore St**

**Civic**

**Speaker**

Harold Bilboe

Psychologist

**Subject**

GP's & Psychologists:

Partnerships for

Mental Health

**Liase with PSU:** purchase items required for patients in PSU and arrange a roster for members' visits to the Ward.

**Help Line:** be part of the telephone support service.

**CSF Directory:** assist in update/review of materials provided to telephone support callers.

### Events Sub Committee:

**SAW:** organise Schizophrenia Awareness Week activities.

**MHW:** attend Mental Health Week committee meetings and report back to Committee.

**Fundraising:** organise activities to raise money and schizophrenia awareness.

**Publicity:** assist the President in media relations.

**Newsletter Editor:** take charge of the newsletter.

New ideas and energy come from new committee members. All members please consider nominating for election to the committee. This will ensure that the work is shared equally.

**Annette Atherton**

## ADVANCE NOTICE

**ANNUAL**

**GENERAL**

**MEETING**

**Wednesday**

**8 September 04**

**at 5.30 pm**

**Gallipoli Room**

**RSL Club**

**13 Moore St**

**Civic**

**Speaker**

Simon Corbell

ACT Minister for Health

**Subject**

ACT Mental Health

Strategy and Action Plan

**NORTHSOUTH  
CONTRACTORS**  
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**Burdekin 10 years on -  
Public forums reflect  
concern that things are  
not getting better**

Despite government commitments to improving the situation in mental health, many people feel disenfranchised and more neglected now than before the 1993 Burdekin Report revealed widespread abuses within the system and recommended sweeping changes.

The overwhelming feeling in the community now is that de-institutionalism was a way to save money rather than to find a better solution to the problem.

This is the impression that Professor Ian Hickie took away from a public forum in Sydney in July, attended by over 100 consumers, carers, and mental health service providers. The Sydney meeting was one of a series of open forums currently being held in all States and Territories as part of national research into the human rights of people affected by mental illness.

*For information about the Canberra forum, see the end of this report on the next page.*

Professor Hickie, executive director of the Brain and Mind Research Institute at Sydney University, is a member of an expert committee appointed by the Mental Health Council and the Human Rights and Equal Opportunity Commission, whose commissioner, Dr Sev Ozdowski, is also a member. The other members are Mr Keith Wilson, chair, and Dr Grace Groom, CEO, of the Mental Health Council. Its brief is to investigate claims that the system has turned its back on those in need of mental health care.

As a result of the Burdekin Report, governments around Australia developed five-year plans aimed at developing high-quality community-based

mental health care. This was expected to result in greater participation for both consumers and carers, who, in turn, expected that additional funding would be forthcoming.

"I'm continually shocked by the depth of feeling, by the sense of hopelessness ... that despite 10 years of government commitment and so-called progress, many people feel that they are more neglected," Professor Hickie told the ABC *The World Today* reporter, Eleanor Hall, on 12 July.

He said that people feel that we may be re-entering a phase of re-institutionalisation, with the emphasis on building beds again, rather than avoiding the human rights abuses that went with institutions in the past and providing support for community care.

The fact that there has been so little progress is an issue of deep concern for the community, he said. Real funding has not increased during the period, nor real support for community care - which is not cheap, and involves government agencies, co-ordination of care, and genuine investment in rehabilitation and recovery. It's not just a hospital bed issue, or a short-term clinical treatment issue.

"People raised many, many issues - of equity, of medical neglect, of lack of access, and they hold both federal and state governments accountable for that fundamental lack of progress."

While people continue to support the goal of de-institutionalisation - meaning living with dignity and respect in the community - in reality, many people feel that we have arrived at a situation of medical neglect, rather than a right to adequate medical treatment, where we re-label people as being homeless, criminal or in jail, "or simply being transferred

to the non-government sector to be looked after by the Matthew Talbot Hostel ...rather than being looked after by health services".

Professor Hickie said that many of the consumers made clear it was not service providers - as individuals with whom they deal - that are at fault, but systems of care that are inadequate.

He added that he and Dr Groom, in a similar round-Australia review they did in 2002, heard similar stories everywhere.

"There is a sense of lack of progress, and even though governments say that they are committed to progress on the ground, little has changed.

"People are afraid, in fact, that governments will continue to see this as a law and order issue, and will [want] to rebuild institutions only focussed on acute hospital beds - not the spectrum of community care that delivers real human dignity."

The Human Rights Commissioner is now looking at whether he will hold a formal inquiry into various areas on the basis of the current consultations and whether there are serious breaches of Australia's commitments in these areas.

"We face areas of considerable neglect that really represent on-going human rights abuses, or, neglect of the type highlighted by Brian Burdekin a decade ago.

"If we have really gone nowhere in a decade, then we have seriously failed the community we serve," he said.

Professor Hickie said that he has been amazed at the tolerance of people, the fact they have struggled with the system over a long period of time, and that "they are not rushing to whinge or complain".

"Rather, they continue to hope and believe that Australian governments are serious and the Australian community is a tolerant one. However, their day-to-day experiences continuously remind them that we have in reality made little progress to meet their expectations."

Open forums have now been held in various centres in Western Australia, South Australia, NSW and Queensland.

### Canberra Forum

**The forum in Canberra will be held on Monday 16 August from 12 noon until 2 pm in the Old Parliament House, King George Terrace, Parkes. Like the hearings in other States, the forum is open to all members of the public, free of charge.**

Written submissions are welcome and can be addressed to:  
*Human Rights and Equal Opportunity Commission*  
Level 8, Piccadilly Tower,  
133 Castlereagh Street,  
Sydney NSW 2000

Email: [disabdis@humanrights.gov.au](mailto:disabdis@humanrights.gov.au) or, Mental Health Council of Australia,  
PO Box 174, Deakin West, ACT 2601

Email: [admin@mhca.com.au](mailto:admin@mhca.com.au)

For more information, please contact: Gabrielle Crowe, Communications Manager, MHCA on 02 6285 3100 or

Email: [gabrielle.crowe@mhca.com.au](mailto:gabrielle.crowe@mhca.com.au)

### Learning to LISTEN

At the Fellowship's public meeting in July, we uncovered reasons for not being good listeners, the first step in learning to be of help to anyone we care about, whether they have a mental illness or not.

But on this occasion, discussion groups tackled questions put to them by Professor Paul Morrison, in the light of the four LEAP steps in US psychologist Xavier Amador's book *I Am Not Sick, I Don't Need Help!* subtitled, *Helping the seriously mentally ill accept treatment.*

Those steps are ***Listen, Empathise, Agree, Partnership.***

The groups came up with a number of possible answers to the basic question "**Why deny the illness and refuse help?**" These included: the illness makes delusions seem real; self-medication on alcohol and drugs distorts reality; and mental illness impairs the ability to realistically analyse one's condition, i.e. have insight.

In response to the question "**Why is it so hard to listen to others, well or ill?**" groups felt that we often don't listen to *anyone* properly when we are tired, busy getting a meal, or distracted by our own problems. Our preconceived ideas (about what someone wants) lead us into the trap of giving unasked for advice, instead of just *listening*. This is a real turn-off for the person who is trying to tell us something, especially if they are feeling isolated and unwell. Real listening takes a lot of practice and self-discipline, especially if the other person is being critical of you as a parent, or seems to be talking nonsense. If we have negative feelings about this (e.g. wishing someone would 'stop talking rubbish') our body language will show it. It's better to admit, honestly, that we are not able to listen properly right now, and try to arrange to do it later.

Groups considered the question "**What is empathy and how can you demonstrate it?**" and decided this was about "putting ourselves in the shoes of the other person", or trying to see things from the other person's viewpoint. We can demonstrate empathy by checking what the other person has said to be sure we have heard their statement correctly, and by adding a comment that allows him/her to check that we have indeed understood them. It was seen as important not to deny *their* reality, even if it is not yours.

On the question of finding "**Common ground for reaching agreement?**" the groups thought the consumer has to know that he/she is genuinely understood, and that the other party knows and accepts that strange behaviour is driven by the illness, and *not* the person. This can foster mutual understanding and acceptance, and encourages the consumer to see how his/her behaviour impacts on family and friends.

"**How to establish partnerships?**" The groups' response to this question was for the carer/carers to maintain hard-won mutual trust by consistent behaviour, to be there to listen genuinely and to ask questions – not to jump in with dogmatic answers and advice.

We concluded that learning to REALLY listen is a crucial skill that carers need to develop, otherwise, if we are faking it, our body language will give us away. But, by listening, this does not mean we necessarily agree with what has been said, or that we need to respond with our own views. What we can discover from listening is an ability to walk in another person's shoes and to know something of their pain from social isolation, the illness itself, or the side-effects of medication.

It was a lively evening, and everyone said they would like to have more interactive sessions like this, helping each other to solve – or at least, cope with - the day-to-day problems associated with mental illness. The Fellowship has taken this on board and will organise future interactive meetings inspired by Xavier Amador's four steps. His book is available at bookshops, and the Fellowship still has a few copies at the special price of \$30 for members.

*Ian Morison and Bob Alderson*

Course for carers covers wide range of problems

A course of six sessions for relatives and friends of a person suffering from a mental illness will begin on Tuesday 3 August at the Southside CIT. If this notice is too short, or if no places remain, a second course will begin on Tuesday 19 October also at Southside CIT (corner of Ainsworth Street and Hindmarsh Drive, Woden).

Both courses cover information about mental illness, Mental Health ACT, community supports, managing difficult situations, communication, handling stress, looking after yourself, and balancing everyone's needs.

The courses provide participants with an opportunity to better understand and deal with issues that arise with mental illness, and to talk with other people in similar situations.

The course beginning on 3 August is from 12 Noon until 2 pm. In October, it will be from 7 to 9 pm.

Both courses will be led by Jenny Thompson, a community psychologist and experienced *Skills for Carers* trainer. There is no cost for participants and refreshments will be provided.

For more information, or to register, phone *Skills for Carers* on 6207 4811 or email [CarerSkills@cit.act.edu.au](mailto:CarerSkills@cit.act.edu.au)

***Southside Community Services Inc***  
***'Work for the Dole'***  
***Upholstery Project***

We can offer an upholstery service for any CSF member that needs their dining room chairs, stools or armchairs recovered or repaired.

For more information please call Vlad on 0418 603 860  
*Cost: Replacement of material only.*

Carers group aims to keep families connected

The ACT Carers Association, through its project *Keeping Families Connected*, is helping parents and siblings of young people with a dual diagnosis i.e. a mental illness combined with alcohol and inappropriate or illicit drug use.

The project is a hands-on package providing carers with information, training and practical skills in dealing with young people in this situation, including facilitated support groups and free professional counselling.

The program also caters for younger brothers and sisters with appropriate information and coping strategies tailored to their needs. The two groups are run concurrently – one for parents and the other for siblings.

Among subjects addressed in the sessions are: current information about specific mental illnesses, the latest information about individual drugs e.g. signs of use, behaviour and effects, and strategies for achieving a better quality of life.

The next program, starting on 10 August, is fully booked, but the Carers Association is taking names for the following one beginning on 19 October. Anyone interested should ring Nicole on 1800 242 636 as soon as possible because numbers are limited. The program is funded by a Commonwealth government grant and is free for participants.

The Carers Association is on the ground floor of the Belconnen Churches Centre, 54 Benjamin Way, near the bus interchange.

For general inquiries ring 6296 9900.

**NORTHSOUTH CONTRACTORS GARAGE SALE**



**DATE: 4 September 04**

**PLACE: 41B David St  
O'Connor**

**TIME: 7am to 12 Noon**

**All proceeds to go to  
Canberra Schizophrenia  
Fellowship.**

**If you have any unwanted items that you would like to donate, you can drop them off at the O'Connor office Monday to Thursday from 8.30am to 4pm.**