

MENTAL HEALTH SERVICES IN THE NORTHERN RIVERS

Information Booklet April 2021

Mental Health,
Alcohol and Other
Drugs Services



Health
Northern NSW
Local Health District

Important Phone Numbers

Mental Health Line **1800 011 511**

For information and access to mental health services
(this is **not** a crisis counselling service)

Police **000**

Ambulance **000**

Suicide Specific

Lifeline (24 hours) **13 11 14**

QLife (3pm-12am 7 days) **1800 184 527**

For people who identify as LGBTIQ+
(lesbian, gay, bisexual, transsexual, intersex, queer)

Suicide Call Back Service (24 hours) **1300 659 467**

Professional counselling service for anyone affected by suicide

StandBy Support (24 hours) **0417 119 298**

For people bereaved by suicide

Carer Support

Mission Australia (9 - 5 Mon-Fri) **02 6623 740**

Lismore, Tweed, Ballina, Byron, Clarence Valley

Mental Health Carers Connect

Carer Connections Helpline (9-5 Mon-Fri) **1300 554 660**

Information and referral

Carer Gateway (8 - 6 Mon-Fri) **1800 422 737**

Practical information and help to connect to local support services

Other Telephone Support Services

1800 RESPECT (24 hours)

1800 737 732

Counselling for people seeking help for themselves or someone else in domestic violence situations.

Beyond Blue (24 hours)

1300 224 636

Brother to Brother (24 hours)

1800 435 799

Hotline to support Aboriginal men in need of a yarn

Health Direct (24 hours)

1800 022 222

Talk to a registered nurse or after-hours GP if you are concerned about someone's physical health

Kids Helpline (24 hours)

1800 551 800

Mensline (24 hours)

1300 789 978

Open Arms (24 hours)

1800 011 046

Veterans and Families Counselling

Parent Line (24 hours)

1300 301 300

SANE Helpline (10am to 10pm weekdays)

1800 187 263

Provides information about symptoms, treatments, where to go for help and support for carers

One Door Mental Health (9-5 weekdays)

1800 843 539

Provides information regarding mental illnesses, referrals and emotional support

Way Ahead (9-5 Mon-Fri)

General mental health enquires

1300 794 991

Support for anxiety disorders

1300 794 992¹

¹ Contact details for more services can be found on pages 66-87

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GLOSSARY

Acute: when used in reference to mental illness symptoms it means the time when the symptoms are most intense and impacting on the person's ability to function.

Advocate: a person who has been given the power by someone to speak on their behalf, represent their concerns and interests and seek their desired outcome.

Assessment: working out what is happening when someone presents as unwell.

Carer: family member, relative or friend supporting a person with a mental illness.

Charter: a written set of rights.

Clinician: someone with professional training to work in mental health, such as a doctor, occupational therapist, psychiatrist, psychologist, nurse, or social worker.

Community Managed Organisation (CMO): is a not for profit community-based organisation.

Confidentiality: refers to workers NOT talking about you and what you are going through without your consent (except in authorised circumstances, for example your safety).

Consent: when you agree to something. This could be agreeing to certain treatment or agreeing to include a support person in your care plan.

Consumer: a person who is using or has used a mental health service.

Continuity of Care: ensuring that the person receives the best possible care available from the health service and other providers in both community and hospital settings.

Discharged: when a person leaves or finishes with the service.

Episode: a defined period of mental illness.

Examination: when the psychiatrist, doctor or mental health clinician assesses your situation so that a diagnosis can be made, or so that the right treatment can be organised.

Inpatient: a person admitted to hospital.

Least Restrictive Care: the treatment that takes place in the most open environment possible (e.g. in the community with support, rather than in a hospital, if safe to do so).

Medication: drugs to help reduce the symptoms of the illness.

Mental Health Issue: in this booklet this term refers to a broad range of mental health difficulties which people may experience. It includes diagnoses of 'mental disorder' and 'mental illness' (see p36).

Mental Health Service: specialised service to assist with mental health problems, illnesses / disorders and the promotion of good mental health within the community.

Occupational Therapist: a clinician who can assist in all areas of living, such as learning and employment, budgeting, stress management and looking into community-based activities. Mental Health Occupational Therapists specialise in mental health service provision.

Outreach: when a service goes into the community to provide the service.

Procedural Fairness: means that the legal system treats you in a just and fair way.

Psychiatrists: doctors who specialise in diagnosing and treating mental disorders and mental illness.

Psychiatric Nurses: registered nurses who specialise in the area of mental health. In inpatient units they provide all aspects of care: medical management, mental, physical and social wellbeing. In

Community Mental Health they provide a variety of roles including assessment, treatment, medication management and therapeutic interventions.

Psychologist: clinician who provides assessment, diagnosis and treatment of psychological problems and mental illness. Their role involves testing, counselling and/or psychotherapy, without the use of drugs.

Side effects: things that happen to you when you take drugs aside from what the drug is meant to do.

Stress: an external challenge from life events that MAY result in pressure, tension.

Social Worker: clinician who can assist you to achieve and maintain well-being. Social Workers can work with individuals, groups and communities. Mental Health Social Workers specialise in mental health service provision.

Symptoms: signs or manifestations of an illness or dysfunction that affects a person's ability to function to their highest level.

Therapy: various forms of treatment.

Treatment: actions taken to deal with a disease or illness in order to cure it or make it better.

Welfare Worker: a clinician who assists people with their community living needs including finances, accommodation, information and advocacy.

NOTE: Phone Charges

Many services listed in this booklet have FREE phone numbers. All phone numbers that begin with 1800 are a free call if calling from a land line. All numbers that begin with 1300 are the cost of a local call, if calling from a land line. However, these numbers are not free, nor the cost of a local call if you are using a mobile phone. Normal mobile phone charges will apply.

ACRONYMS

ACS	Acute Care Service
C&A	Child and Adolescent
CLS	Community Living Support (Service)
CMH	Community Mental Health
CMO	Community Managed Organisation
CNC	Clinical Nurse Consultant (senior nurse in a specialist area)
CRS	Community Recovery Service
CTO	Community Treatment Order
EN	Enrolled Nurse (lesser qualification than a Registered Nurse)
ECS	Extended Care Service
ECT	Electro Convulsive Therapy
GP	General Practitioner
HASI	Housing Accommodation and Support Initiative
HDU	High Dependency Unit (in the inpatient unit), now referred to as the 'Observation Unit'
LBH	Lismore Base Hospital
LHD	Local Health District
MHEC	Mental Health Emergency Care worker
MHL	Mental Health Line
MHS	Mental Health Services
RCA	Root Cause Analysis (process for analysing why something went seriously wrong, usually conducted after the death of a current client)
RMO	Resident Medical Officer
RN	Registered Nurse
SMHSOP	Specialist Mental Health Services for Older People
VMO	Visiting Medical Officer
YAF	Youth and Family (counsellors in the community mental health teams)
YCLSS	Youth Community Living Support Service

Chapter 1: Introduction

This booklet has been developed for people using mental health services in the Northern Rivers region of NSW (see map on page 11), and their families, carers and support people.

Definitions

Consumer:

The term 'consumer' is used in mental health services to describe the person who is using or has used a mental health service. You will also hear the words 'patient' (referring to people using hospital services) and 'client' (for people using community services). Another expression you may hear is 'people who have a lived experience of mental health issues'. However, this refers to a broader group – who may or may not have used mental health services.

NSW Health adopted the term 'consumer' on the recommendation of the NSW Consumer Advisory Group (NSW CAG) Mental Health Inc. The term was chosen to emphasise that the mental health 'consumer' has rights, choices, and responsibilities about decisions and treatment plans - as do consumers of other services. Some people don't like the term 'consumer', and others don't like 'client' or 'patient'. In this booklet we will mostly avoid the use of these terms and refer to 'people who use mental health services' or people with a diagnosis of a mental illness, or with experience of mental health issues.

Carer:

A carer is someone who provides care and support to someone experiencing a mental illness or a mental health issue. A carer could be a family member, including a child or young person. A carer may be a partner, friend, neighbour or other support person.

If you are unsure of the meaning of some of the words in this booklet, see the explanations in the Glossary section on page 6.

The Northern NSW Local Health District Mental Health Services

The Northern NSW Local Health District covers the Northern coastal area of NSW from the Queensland border including Tweed, Murwillumbah and Byron Bay in the north to Grafton in the south, and inland to Lismore, Casino, Kyogle, Bonalbo, Urbenville, Grafton and Maclean.

Map of the region



Chapter 2: Mental Health Services in the Northern Rivers

How do I access Mental Health Services?

If you are not currently a client of the local public mental health service, your regular GP is a good starting point to talk about your mental and physical health and can refer you to mental health services.

You, or the person supporting you, can also phone the **Mental Health Line on 1800 011 511** or go to the nearest Community Mental Health Service (during normal working hours) or the Emergency Department of your local hospital. This phone number is the same wherever you are in NSW.

If you call the Mental Health Line a mental health clinician will answer and take your details. They will ask you the reason for your call and help you work out what to do next. Each phone call is managed according to the caller's needs. This number is available 24 hours a day, seven days a week.

Some more details about the Mental Health Line:

- **The mental health line is not a telephone counselling service. It is there to provide access to public Mental Health Services.**
- It is a free call unless you are calling from a mobile phone. Do tell the mental health clinician who answers that you are calling from a mobile phone and they will call you back.
- You will hear a privacy message at the beginning of your call. Your personal and medical information discussed during this call will not be shared with anyone who is not involved with the provision of care for the person you are calling about.
- You can call about a family member or friend, although it is best if the person phones themselves. Sometimes this is not possible, and in this case, you can call and speak to a mental health clinician on their behalf.

If you already have contact with a local public mental health service, and you need to call someone about an aspect of care, such as checking an appointment time, please call your Mental Health clinician on the number they have provided. If it has been a long time since you have been in contact with Community Mental Health Services, then phone the **Mental Health Line on 1800 011 511**. If you need assistance after hours, call the Mental Health Line.

Hospital / Inpatient Care

See Chapter 5 for information regarding what to expect when you are admitted to hospital, including rights and responsibilities.

NNSWLHD has two Acute Adult Inpatient Mental Health Inpatient Units, one Child and Adolescent Mental Health Inpatient Unit and one Older Persons Mental Health Inpatient Unit. All Units provide intensive psychiatric care for people who are experiencing mental illness and/or mental disorder. People can be admitted on either a voluntary or involuntary basis at Tweed Heads (Kurrajong) or Lismore (Tallowood (Adult Unit), Lilli Pili (older persons) or Kamala (children and adolescents)). There are no private psychiatric units in the Northern Rivers.

A 20 bed **Sub-Acute Unit** operates in Byron Bay (Tuckeroo). This is for people who need a lower level of support than that provided by the acute hospital units in Tweed and Lismore.

How does someone get admitted to hospital?

There are several ways in which people can be admitted to hospital. One way is through the Emergency Department of the hospital. When you present to the Emergency Department with a mental health issue there are specialist staff who will do an assessment to work out what is going on, and what the best course of action should be. If they believe you are best treated by being admitted to hospital, they will organise an admission.

Grafton, Maclean, Ballina and Byron Bay Emergency Departments have a video link to a specialist mental health assessment service so that people don't have to travel to Lismore or Tweed for a mental

health assessment. This makes it easier and quicker for people to access the mental health services they need.

If you are being seen by someone from a Community Mental Health Service, they may decide, in consultation with the doctor, that some time in hospital would benefit you and they will discuss this with you.

Another way in which people can be admitted to hospital is if the person believes they are well, but the people around them can see that they have become very unwell. If the person refuses to go to the Emergency Department, the Community Mental Health Assessment Team can visit the person, do an assessment, and work out what the best option is. This can include admission to hospital. To access this service, you need to call the Mental Health Line.

For anyone who is admitted to the general or medical part of either Lismore Base Hospital or The Tweed Hospital, a mental health consultation can be requested by the treating medical or surgical team. If you are admitted to the general or medical part of these hospitals, you can also request a mental health consultation, if you feel this is needed.

Kurrajong – Tweed Heads

Kurrajong is a 25 bed inpatient mental health unit co-located with The Tweed Hospital. Kurrajong includes a 5 bed observation unit which is for people who are very unwell and need additional clinical support and care.

Tallowwood - Lismore

Tallowwood is a 24 bed unit situated at Lismore Base Hospital. This includes 8 beds in the observation unit which is for people who are very unwell and need additional clinical support and care. Tallowwood is located on the mental health campus of the Lismore Base Hospital.

Kamala – Lismore (Child and Adolescent Unit)

Where possible, the mental health needs of children and young people are best addressed by community-based services. For a small number of children and young people mental health inpatient care may be required. Kamala has 8 beds. However, some young people may best

be cared for in local general hospitals with Child and Family Health or Youth and Family Mental Health service support.

Lilli Pili – Lismore (Older Persons Unit)

This is a 12 bed unit for older and more frail people requiring mental health admission. It is situated on the Lismore Mental Health campus.

Tuckeroo – Byron Bay

A 20 bed Sub-Acute Unit for people who need a lower level of support than that provided by the acute hospital units in Tweed and Lismore.



Community Mental Health Services (CMHS)

Community mental health services are provided to people who are living in the community. They may have been discharged from hospital or they may not have needed hospital care. There are two types of community mental health services:

The Assessment Team or Acute Care Service provides assessment and intensive short-term treatment to people who need it. This could be through face to face contact, or over the telephone.

The Treatment Team provides longer term treatment. There are four specialist teams:

- Youth and family
- Older people
- Aboriginal mental health
- Adults

What services are available from Community Mental Health?

If appropriate for you, Community Mental Health Services will:

- Conduct a mental health assessment with you.
- Connect with your family/support people, GP and any other relevant service providers (with your consent).
- Provide crisis and supportive community based mental health intervention wherever possible.
- Organise admission to a general hospital or an Inpatient Mental Health Unit if necessary.
- Work with staff at the hospital to provide treatment and support if you have been admitted to a medical or general ward.
- Provide mental health management and treatment.
- Work closely with Psychiatrists, inpatient services and GPs to ensure coordinated provision of the most effective care.
- Work towards recovery through counselling and a range of therapies according to your needs.

- Provide clinical rehabilitation services.

A Mental Health clinician is responsible for delivering and coordinating treatment. This person works as a member of a multi-disciplinary team (made up of doctors, nurses, occupational therapists, psychologists, social workers, and peer workers in some locations). They will liaise with your GP and psychiatrist as well as with other services that might be involved in your recovery, such as Community Managed Organisations (CMOs), accommodation services, employment services and other support services.

The Treatment Team has a limited number of staff. When you are discharged from an inpatient unit or from the Assessment Team, they will assess how much and what kind of treatment would best meet your needs, and whether you should be referred to the Treatment Team. They will allocate a clinician based on those with the greatest need for that service and whether or not it would be better to be referred to another service.


Where are community mental health services?

Tweed/Byron Mental Health Services

The CMHS is based at Tweed Heads and is located on The Tweed Hospital campus – **phone 07 5506 7370**. Services are also provided from Murwillumbah. Byron Central Hospital also has a CMHS team – **phone 02 6639 9400**.

Richmond Mental Health Services

The CMHS is based at Lismore and is located on the Lismore Base Hospital campus – **phone 02 6620 2300**. Services are also provided from Ballina, Casino, Kyogle, Lismore and Nimbin Community Health Centres by appointment. Outreach services are provided at Bonalbo, Urbenville and Evans Head Community Health Centres by appointment only.

 The **Clarence Valley Mental Health Service** is based at Grafton and located on the Grafton Base Hospital campus – **phone 02 6640 2393**. It also provides services at Maclean by appointment.

The Whole Family Team is a team of mental health, drug and alcohol, and child and adolescent specialist clinicians who work with families where there are parental mental health or alcohol or other drug

problems which are affecting their parenting. After comprehensive assessment, the team offers six months of tailored intervention and support services to the whole family. Referral is through Northern NSW Local Health District Mental Health or Alcohol and Other Drugs Services, or through the Department of Communities and Justice.

Your GP

Your own GP will work with you to look after your health, catch problems early before becoming serious, provide care close to home after leaving hospital and support your treatment decisions for all ranges of health issues.

Some GPs have an interest in mental health and may also have an accredited mental health nurse or psychologist who works at their practice.

How can I get treatment for the person I care for when they don't want it?

If your family member or friend with mental health issues is over 16 years of age, even if you think they are in an acute phase of mental illness (becoming quite unwell), it may be hard to persuade them to seek treatment if they don't want to.

If the person sees a GP for their general health care, the GP must not discuss the person's health or treatment with you unless you have their consent to do so. This is because of the obligations of confidentiality and privacy that exists between the doctor and their patient. However, you can tell the GP that you understand about confidentiality and do not want any information from them. You can tell them that you want to give them information so that they can provide the appropriate care for their patient.

If you are really worried about the safety of the person you care for, or your own safety because of the mental illness, you should contact the Mental Health Line or the police.

It is also possible for the person to complete a **Consumer Wellness Plan** when they are relatively well. This will set out what they believe will be helpful for them should they become unwell again. This includes identifying who they would like to be included in planning for their

treatment and recovery. These plans are available from the NNSWLHD Mental Health Services.

What happens when someone is discharged from hospital or Community Mental Health Services?

When someone is discharged from hospital it means that the medical officer believes that it is more appropriate for that person to be in the community for their ongoing care and recovery.

Usually some sort of follow up referral will be offered, either to one of the Community Mental Health Services (the Assessment Team who will do more intensive follow up for a short period of time) or the Treatment Team, who work with the person over a longer period of time to support their recovery (see pp 15 and 16), or to a community managed organisation (see Chapter 7 on page 73).

Or, it may be that the person is discharged into the care of their GP, which means the GP oversees that person's ongoing mental health and medical care and this may include seeing a psychologist, social worker or mental health nurse working in private practice. The GP can refer the person for further counselling support if they are interested and willing for that to happen (Chapter 7 p73). Some GPs have an interest in mental health and may also have an accredited mental health nurse or psychologist who works at their practice

Some people using mental health services live with their partner, parent(s) or another person who is providing a supportive or 'caring' role. That 'carer' has a right to state that they do not want the person discharged back to live with them. If the hospital knows this in advance of discharge, they may be able to help the person find alternative accommodation. However, if the carer is their partner or spouse, other legal issues may need to be considered, and legal advice sought. Finding alternative accommodation is not always successful as options are limited in the Northern Rivers.

Remember, recovery is possible!

Chapter 3: Family/ Carers and Support People

People who provide care and support to those using mental health services are often referred to as 'carers'. Some people don't like that term, and in this booklet, we have used the term 'support people' as well as the term 'carer' to mean the same thing. Families and support people (including young carers) play an important role in the care and recovery of the person with the mental health issue.

We recognise and value carers as partners in the care and treatment of those accessing mental health services.

Designated Carer and Principal Care Provider

The NSW Mental Health Act (2007) provides the opportunity for people using mental health services to nominate up to two Designated Carers. A Designated Carer is a key support to the person using the mental health service (and is not paid as a job to do so). Some 'carers' may get the Carers Pension – that is different.

If the person using the mental health service does not want to nominate a Designated Carer, the treating team may identify the person who they believe provides the main care or support, and they can be named as the Principal Care Provider. The Principal Care Provider and the Designated Carer may be the same person or may be different people.

Identifying a Designated Carer and Principal Care Provider means that carer(s) or support person(s) can be actively involved in the care of the person they care for. Designated Carers and Principal Care Providers will be informed and consulted regarding assessment, care planning, discharge and planning for ongoing care so that they and the treating team can better support the person's recovery (see Carer Rights and Responsibilities pp22-23). This is done in consultation with, and with the consent of, the person accessing the mental health service.

If consent is not provided

When the person using mental health services does not agree to include a family/support person in their care, the treating team will consider the safety of that person, as well as the safety of their

family/support people and others. It may be that the treating team decides that the family/support people need information and advice for everyone to be safe, or so that the support person can provide appropriate support. The rights of the family/support people are balanced with the rights of the person, including their right to privacy.

Sometimes when people are unwell, they do not want to nominate someone as a carer, even though they do provide considerable support and are the person's main source of support. Yet when the person is well again, they may willingly acknowledge the support provided by that person. It is possible to nominate someone as a Designated Carer when the person is well. This can be done on the **Nominating a Designated Carer form** or in a **Consumer Wellness Plan**. This plan asks the person to not only identify who they would like to be involved in planning for their recovery, but also identifies other strategies that support their recovery. The Consumer Wellness Plan is available at Mental Health Services.

Young carers

The term 'young carer' refers to a child or young person up to the age of 25 who provides support for a family member who has a disability, mental illness or other long-term illness. Young carers usually have more responsibilities than other people their age. Young carers may do cooking, cleaning, paying bills, minding siblings as well as emotionally supporting the person with the mental illness. Young carers sometimes give out medications and deal with emergencies.

Young carers often say that the emotional side of caring is the most difficult challenge for them. This might include things like worrying, feeling sad, confused, frustrated and isolated.

Caring at a young age can have a big impact on the lives of young people. It can also affect how they feel about themselves.

Many young carers grow up to live good and happy lives. However, whilst they are growing up in these circumstances, offering them emotional and practical support can make a big difference. Ask the mental health clinician how best to support the young carer in your family. There are some helpful websites for young carers on p26 & 31.

Family/ carer and support person rights and responsibilities

Rights

All support people have a right to:

- Respect, dignity and privacy
- Be listened to and have their views considered in the planning and review of treatment
- Provide information to mental health service providers
- Have this information treated respectfully and confidentially
- Seek further professional opinions regarding diagnosis and care
- Be provided with general information and advice regarding mental health services
- Ask questions of the health service provider to help them (the carer) provide appropriate support to the person they care for
- Have their health and circumstances considered by mental health service providers
- Receive help with their difficulties which are generated through their caring role
- Place limits on their availability to provide care and support
- Advocate for the person they care for
- Access cultural liaison and/or interpreting services
- Make a complaint and receive a response (see p99)

When a Designated Carer has been nominated or a Principal Care Provider identified s/he has a right to:

All of the above and to:

- Be given the names of the team providing treatment.
- Be consulted and informed regarding the assessment, care planning, treatment, and ongoing care of the person they care for.
- Be consulted regarding the planning of discharge and any subsequent treatment or other actions and be provided with appropriate information as to follow up care.
- Be informed of changes in treatment including medication, who the allocated clinician is and other service delivery matters.

- Be consulted and informed of any changes to Community Treatment Orders, including revocations, variations, or extensions.
- Be informed of any significant events.
- Contact the Principal Official Visitor to raise concerns they may have about the care provided to the person they care for who is accessing the mental health service. See also Official Visitors (p101).
- Be given assistance to access support services such as respite care, counselling and community nursing if appropriate/available.

And be notified of:

- When a person is held as an involuntary patient within the first 24 hours of that happening, unless they are discharged or classified as a voluntary patient within that period.
- An upcoming mental health inquiry and its outcome.
- Any CTO applications to the Mental Health Review Tribunal.
- An unauthorised absence from a mental health facility.
- A proposed transfer between mental health facilities.
- The person's discharge.
- The person's reclassification as a voluntary patient.
- An application to the Mental Health Review Tribunal for electroconvulsive therapy (ECT).
- An urgent surgical procedure.
- An application to the Director-General or Mental Health Review Tribunal for consent to a surgical operation or special medical treatment.

Responsibilities

Those who care for and support a person using mental health services have a responsibility to:

- Respect the dignity and privacy of the person they care for
- Be respectful and courteous when communicating with health care providers
- Respect the occupational health and safety rights of health workers and zero tolerance for violence and abuse

- Consider the opinions of professional staff and recognise their skills in providing care and treatment
- Cooperate with programs of treatment and care aimed at returning the person to the best possible level of recovery
- Provide treating clinicians with appropriate information, including reporting any changes in the person's condition or behaviour
- Raise any disagreement with the care plan in an open way with treating clinicians and inform staff of any action they (the carer) take which contradicts the potential effectiveness of the care plan.

The **Mental Health Coordinating Council** has developed a **Mental Health Rights Manual** which has a chapter on carers. It can be found on this website: <http://mhrm.mhcc.org.au/chapter-9/9a.aspx>.

Taking Care of the Carers

When faced with the challenges associated with caring for someone with mental health issues, it is important that family/support people also take care of themselves. A carer who cares for him/herself is better able to care for the person they care for.

Carers should be provided with information about support services which are available to them in their carer role (see p26). Carers can also place limits on what they are able to offer the person they care for. This includes questions about whether the person they care for lives with them, or whether it is possible for the person to stay with them when they are on leave from hospital.

Wisdom in hindsight

When carers were asked what they wished they did at the beginning of their caring journey, some common responses were²:

- I would learn more about the symptoms, causes and treatment much earlier
- Realise I am not to blame and that the person I care for must take responsibility for their own recovery

² *Uncharted Waters: Information for carers, family and friends of people with mental illness. Second Edition. 2009. NSCCAHS Mental Health Drug and Alcohol.*

- I would INSIST they go to a doctor and/or psychologist much sooner
- I would seek help for myself and take better care of my own health
- I would go to a mental health carers support group (see p25)
- Realise that there is no quick fix and sometimes I just need to be patient

Staying safe in difficult times

There are some types of mental illness where the person can become threatening or may use violence in such a way that it that could lead to very serious incidents or serious injury. It is important that families and support people do as much as they can to understand the mental illness of the person they are caring for and learn how best to deal with these very difficult situations.

The most important thing is that family/support people know how to keep themselves safe. Ask for information from the mental health service treating the person you care for or contact Mission Australia's Carer Support Service in your locality (see below).

Carer Support Services, Groups and Networks

Services:

Mission Australia - Under the Family and Carer Mental Health Program (F&CMHP) Mission Australia is funded to provide support services to families & carers of people troubled by mental illness as well as offer carer education, information, support and advocacy.

- **Byron/Tweed Region 02 6623 7401**
- **Richmond/Clarence Valley 02 6623 7401**

Carer Gateway - <https://www.carergateway.gov.au/> Provides access to phone counselling, an online carer forum, and self-guided coaching and skills courses. They also provide key carer information. They can assist with information about the National Disability Insurance Scheme. The website has a range of information including information about respite care, carer support, financial help and tips. Ph: **1800 422 737**

Counselling – Carers can access up to 6 free counselling sessions through Care Gateway – in person or on-line.

Local Support Groups:

Mission Australia - Provides up-to-date information regarding local carer support groups. Currently support groups located at: Lismore, Ballina, Tweed Heads, Mullumbimby, Murwillumbah, Kyogle, Casino, Yamba and Grafton. Ph: **02 6623 7401**

Carer Networks

Bipolar Caregivers - www.bipolarcaregivers.org

Bipolar Australia -

<http://www.bipolaraustralia.org.au/resources/coming-home-with-bipolar/>

One Door Mental Health (Formerly Schizophrenia Fellowship) - Is a non-profit, community-based organisation working in the field of mental illness. It provides a telephone referral information and support service.

Info & Support: 1800 843 539 or online <https://www.onedoor.org.au/>

Wellways - Support for family, friends and carers:

www.wellways.org/understanding-mental-health/information-and-resources

Young Carers Network - <https://youngcarersnetwork.com.au/>

Provides information for young carers up to the age of 25 years. They offer young carer bursaries and information about being a young carer. Also accessible through the Carer Gateway. Ph **1800 422 737**

The Way Ahead Directory - allows you to enter your postcode and it will come up with a range of mental health services for your locality.

<https://directory.wayahead.org.au/>

Apps for Carers

Helping Minds - is a website that provides links to a range of mental health apps that support self-care

<https://helpingminds.org.au/digital-mental-health-supports/>

ReachOut Apps - ReachOut have a range of apps for young people and their parents including for dealing with anxiety and depression.

<https://au.reachout.com/tools-and-apps>



When there are Children

Children visiting on the ward

When a family member is hospitalised in a mental health inpatient unit, children and young people are welcome to visit. Let the unit know in advance, and they can help prepare for the visit. The unit may have a special room which is more comfortable for children visiting their family member. Bring some toys from home as this will help the child have something familiar with them and may help them to feel more comfortable.

How might children be affected?

Some children cope well when their parent, brother or sister is experiencing mental illness, however, this may not always be the case. Children may have difficulty understanding what is happening when a member of the family experiences mental illness. The younger the child, the greater the chance that it will be hard for them to make sense of what is going on around them. Children may feel confused, frightened or somehow believe that what is happening is their fault.

If it is a child's parent that is unwell, it is especially important that other family members check how the child is coping, how they are making sense of what is happening, and how well their needs are being met. Some parents with mental illness are well able to meet their child's needs. In some situations, however, the parent may not be able to adequately attend to their child. In some circumstances, a child may be at risk of being physically or emotionally harmed.

If you believe a child is being harmed, you should call the **Child Protection Helpline: 132 111**

If a person has a mental illness does that mean that his/her children will develop a mental illness later in life?

Most children of people with mental illness do not develop mental illness themselves. It is important, however, to try to reduce the impact of the mental illness on a child and to prevent emotional or other problems from developing. The most useful way to do this is to try to achieve a stable and loving environment.

If a mental illness is causing conflict within the family, the conflict may

be affecting the child more than the mental illness itself. If this is the case, those in conflict should seek support and professional advice (see pp81, 88 (Community Health Services) & 92).

How can you tell if a child is not coping?

Children show their distress in different ways. Younger children may become more withdrawn or more defiant than usual. Their schoolwork may be affected. They may start behaving as though they were younger than their age. For example, they might wet the bed after growing out of this some time ago.

Some children and adolescents may become 'older than their years'; they may start to take care of the family or parent. This shows lots of strength, but it may get in the way of their own development and may reduce their capacity to play and have fun.

Older children and adolescents may also become withdrawn or more rebellious. They may spend more of their time away from home or increase their use of alcohol or other drugs.

All children and young people need information and support.

What can be done to help?

If a parent is experiencing mental health issues, they may need extra support. This may involve simple things like help with household tasks or picking children up from school. If the mental health issue interferes with the parent's ability to meet the child's needs, another caring adult will need to ensure that the child's needs are being met. This includes the child's physical needs for good nutrition, clean clothes, a safe environment and medical care for illnesses or injuries. It also includes the child's emotional needs for love, trust, security and self-esteem.

Children need to know that what is happening in the family is not their fault. They need to be given information that is appropriate to their age to help them understand what is happening around them.

One of the ways we can help children when parents are unwell is to plan. This may mean having contact details of a family member or friend who can step in and help by taking care of the children. It may include practical things like childcare, shopping, attending to school

issues and helping the children visit their parent in hospital.

It is important to let mental health staff know if there are children in the family. They can help by providing information about the illness and discussing the support services available. There are services and websites which can provide specific support for children and young people. See the list on pp28 to 34.

Suggestions on talking to children

- In an age-appropriate way and using age-appropriate language, give an accurate explanation of what is happening.
- Reassure them they are not to blame and that their parent still loves them.
- Listen. Children and young people often have their own words to describe their experiences. It is important to use their own words to help children better understand what is happening and what they are experiencing. It is also important to acknowledge and validate their point of view.
- Suggest the child keeps a diary in which they draw or paint the family situation as it changes over time.
- Invite the child to talk about their situation and ask questions of someone they trust.
- Explain who will look after them when their parent can't.
- If possible, ensure they have a consistent carer who knows them and their routine.
- If possible, maintain normal activities (e.g. sport) and regular routines (e.g. bedtimes and meals).
- Help them link with and maintain contact with a reliable adult who they can talk to about their experiences and feelings.
- Consider contacting a service that runs groups for children and young people who have a family member with a mental illness. You can ask the mental health clinician or contact Mission Australia (see p25) for advice on how to access these services.

Services for children and families

- **Family Connect and Support:** is a service provided by Social Futures. It provides information and referral for families seeking support. They will help families identify their most important needs and connect them with the best services for them.
Ph: 1800 327 679
- **Mijung Jarjums Kids in Mind:** is a service run by Social Futures. It promotes the wellbeing of children and young people up to 18 years of age who are at risk of developing, or showing early signs of, mental illness. **Ph: 02 6620 1896**
- Talk to your (or your family members) mental health clinician who will be able to provide advice about services available.
- Teachers and School Counsellors will be able to offer additional support to the child.
- **Child and Family Health Services** are available at local Community Health Centres.
- Your GP can refer you and/or your child or young person to a counsellor.
- **Family and Community Services (FACS)** is available to help with keeping children safe and providing support and emergency childcare. **Phone Child Protection Helpline 133 627** for mandatory reporters, or **132 111** for the general public

There are also several websites that you and/or the child or young person can look at to provide ideas, information and support. Also, see chapter 7.

<http://au.reachout.com>

www.beyondblue.com

<http://www.copmi.net.au/>

<https://emergingminds.com.au/resources/itsallright/>

<https://www.youngcarersnsw.org.au>

www.healthdirect.gov.au/kids-mental-health

Pregnancy, babies and toddlers when a parent has a mental health issue

The term “perinatal period” refers to the time in family life from the beginning of pregnancy (the antenatal period) to the second birthday of the infant (the postnatal period). **Perinatal mental health** refers to the emotional wellbeing of a mother, her partner and their infant during this period.

The perinatal period is often a time of adjustment and stress for parents and it is common for new parents to experience feelings of distress and anxiety. This often resolves with the support of family and friends. Community Health Child and Family Health Nurses can offer support and guidance to families or referral to other specialty services such as Tresillian or Karitane to support young families as needed.

Some parents develop depression during the perinatal period. Men are also at risk of depression and other mental health problems during this time. Regardless of who it is, symptoms of depression need assessment and treatment from a mental health clinician.

A few women may develop postpartum or puerperal psychosis after the birth of the baby. This is a serious mental illness which usually comes on quite rapidly and requires prompt treatment. Admission to hospital and medication may be necessary.

Having a history of mental illness can increase a woman’s risk of an episode of mental illness in the perinatal period, even if she has been well for some time prior to the pregnancy. For women with a history of schizophrenia, bipolar disorder or psychosis there is a greater risk of relapse in the perinatal period particularly in the first 3 to 6 months and may mean recommencing medication. Pre-conception planning is advised. For these women it is most important that their mental health is regularly assessed and managed in consultation with a mental health clinician.

Who else can help?

Gidget FoundationTelehealth:

For families experiencing perinatal depression and anxiety – free specialist counselling for expectant and new parents.

Phone: 1300 851 758

Karitane Care Line: 1300 227 464. Child and family health nurses are available for consultation on a wide range of issues concerning infants and children from birth to five (5) years of age. Monday to Thursday 8am – 9pm, Friday 8am to 4.30pm, Saturday 9am to 4.30pm.

For urgent medical advice call health direct: 1800 022 222

Mums and Kids Matter: Provided by Wesley Mission – offers a residential program for mothers with complex mental health issues and children up to the age of 5 years.

Website: <https://www.wesleymission.org.au/about-us/what-we-do/helping-people-most-in-need/mental-health-and-hospitals/mums-and-kids-matter/>

Ph: 02 9608 9629

Mumspace – Support for the emotional health of new mums at every step – online treatment, supports, mobile apps, and resources and apps for all new parents.

<https://www.mumspace.com.au/>

National Breastfeeding Helpline (24 hours): 1800 686 268

Parentline NSW: Counselling services 9am to 9pm Monday to Friday & 4pm to 9pm Saturday and Sunday. **Phone: 1300 1300 52**

Pregnancy, Birth and Baby Helpline (24 hours): 1800 882 436

Tresillian Helpline 1300 272 736 7am-11pm Mon-Sun. Speak to one of Tresillian's qualified child and family health nurses on any aspect of parenting children from birth to five (5) years of age.

<https://www.tresillian.org.au/contact-us/>

Tresillian Family Care Centre – Lismore. Ph: 02 6624 0380

What were we thinking? – information, support and app for first-time parents www.whatwerewethinking.org.au/

There are also several websites that you can look at to provide ideas, information and support:

<http://www.breastfeeding.asn.au/products/counselling.asp>

<https://www.facs.nsw.gov.au/families>

<http://www.karitane.com.au/>

<http://www.kidsafensw.org/>



Chapter 4: What Does It Mean to have a Mental Health Issue?

The Black Dog Institute states that one in five Australians aged 16-85 will experience a mental illness in any year. Experiencing a mental illness or disorder is usually very confusing and upsetting, especially when it happens for the first time.

It is important to remember that:

- **You are not alone** - there are many people who are feeling or experiencing similar things to you or have in the past.
- **There is help available to you.**

There are services available for the person with the mental illness, and for their families/support people.

- **Recovery is possible.**
- It is important that you **find out as much as possible** about the mental illness, about what is happening and about what you can do. See pp41 & 45 for websites where you can find out information

Ask questions about the diagnosis, if there is one and what the symptoms are. Ask about the care and treatment, about medications, and about consent and sharing information.

Mental Health Australia has checklists for consumers and carers which suggests questions you might like to ask. We have provided a copy of the consumer list on p102.

<https://mhaustralia.org/publication/checklist-consumers>

- You have rights, including the right to complain (see pp52, 63 & 99)
- The mental health service is acting under legal obligations of the NSW Mental Health Act (2007) - see p52.

Myths and Facts about Mental Disorders

MYTHS	FACTS
If someone experiences a mental disorder once, they will be ill forever.	Many people with mental illness recover well with appropriate treatment and support.
You can tell someone has a mental health problem or disorder by the way they look.	Mental illness/disorder affects people from all classes and backgrounds. People with mental illness/disorders have no particular changes to their appearance.
Mental disorder is a matter of choice or a sign of character weakness in a person.	The causes of mental illness are complex. Some mental illnesses can run in families. There are many other factors can contribute to mental illness. A person has no choice about whether or not they will be affected by a mental illness/disorder.
A person with a mental illness/disorder is lazy, bad or stupid.	Mental illness/disorder causes a person to think, act and feel differently from others. People can experience symptoms that cause them to withdraw from normal activities and other people.
People with a mental illness/disorder are violent and aggressive or dangerous.	People with mental illness/disorders are not more violent or aggressive than anyone else. However, some people may become agitated when certain symptoms are severe or when situations trigger such a response.
Schizophrenia is having more than one personality or a split personality (like Dr Jekyll and Mr Hyde).	Schizophrenia is an illness that causes a person to have difficulty deciding what is real and what is not real; they DO NOT have a split personality.
People with Bipolar Disorder (manic depression) will have many mood swings every day.	Bipolar Disorder is a disorder of mood, in which a person has episodes of both elevated and depressed mood. The length and frequency of these episodes can vary greatly in people.

What is meant by ‘Mental Disorder’ and ‘Mental Illness’?

When someone is believed to be ‘mentally disordered’ this means someone whose behaviour is so irrational that there are reasonable grounds for deciding that temporary care, treatment or control of the person is necessary to protect them or others from serious physical harm³.

Mental illness is a condition that seriously impairs, either temporarily or permanently, the mental functioning of a person and is characterised by the presence of one or more of the following symptoms:

- Delusions
- Hallucinations
- Serious disorder of thought form
- Serious disturbance of mood
- Sustained or repeated irrational behaviour⁴

It is not known exactly what triggers mental illness. However environmental factors, life events, and stress may contribute to the development of mental illness or may prolong an episode of mental illness.

The mental health of most people varies throughout their lives and many will need professional help at some stage.

Anxiety disorders and depression are the most common mental illnesses, followed by other conditions including eating disorders, substance misuse, bipolar disorder and psychotic conditions such as schizophrenia.

³ NSW Mental Health Act (2007) no.8 Guide Book (2019) p.7
https://www.heti.nsw.gov.au/_data/assets/pdf_file/0009/457983/DOC19-12960-PRODUCTIONS-and-PUBLICATIONS-Training-Resources-Publications-Mental-Health-Act-2007-Guide-Book-6th-edition-2019-link-to-NSW-Health-website-for-COVID-19.pdf

⁴ *Ibid* p.6

Diagnosis

Mental health diagnoses are based on a person's feelings, thoughts, experiences, appearance and behaviour over many days, weeks, or months. These things usually change over time and so the mental health clinician may change their assessment of what is going on.

When a young person experiences a first episode of a mental health problem, that problem may change dramatically over time. Many people recover fully. Sometimes a person may appear to have a serious illness which seems to change over the years. Therefore, mental health clinicians prefer to wait before making a diagnosis of a serious mental health problem with a young person.

People with the same diagnosis may have very different experiences. The choice of treatment is often guided by the frequency or degree of these experiences.

Asking about the diagnosis and recovery

Families and support people should feel free to ask mental health clinicians about the diagnosis and recovery. All should be aware that a diagnosis can and does change over time for many people.

Mental health clinicians are required by legislation to maintain confidentiality with the person using the mental health service. The service user can elect who treatment information can be released to.

The treating team may not be allowed to provide the family/carer with specific information regarding the diagnosis if the family/carer does not already know what it is or if the family/carer has not been nominated as the Designated Carer or Principal Care Provider. See p20 for more information about the Designated Carer and Principal Care Provider and the rights of families, carers and other support people.

Even if the person using the mental health service does not want family or other support people involved, the mental health service can still listen to any concerns and recent history that they may be able to provide. The mental health team can also provide the family/support person with general information about mental health services, mental illness, and carer support services.

Different Types of Mental Disorder and Illness

Mental illness/disorders can be categorised into two major types: psychotic and non-psychotic. Both cause disturbances in thought, mood and behaviour. Some mental disorders are less severe mental illnesses.

Psychotic disorders

There are a group of illnesses which disrupt the functioning of the brain and lead to a condition called psychosis. People experiencing a psychosis sometimes have difficulty working out what is real and not real. Symptoms of psychosis can include confused thinking, hallucinations (perceiving things that aren't real) and delusions (fixed false beliefs). Psychotic symptoms are most commonly found in people with a diagnosis of Schizophrenia or Bipolar Disorder.

Non-psychotic disorders

Non-psychotic disorders may include experiences or very strong feelings of depression, fear, anxiety, tension, obsession, panic, sadness, phobias, obsessive compulsive disorder and personality disorders. It is when these experiences extend to the point where these feelings are so overwhelming that it becomes difficult to perform day-to-day activities that a diagnosis of a non-psychotic disorder is made. For information regarding specific mental disorders or illnesses have a look in your library, check the internet or talk to a health clinician. Pages 41-45 of this booklet have a list of websites that might be useful.

Eating disorders

Eating disorders are mental illnesses with potentially life-threatening medical complications. They refer to a range of problematic practices and thinking, the focus of which is around weight, appearance, exercise, eating and food. A person with an eating disorder may have an unrealistic or inaccurate perception of how they look or should look.

There are a range of different diagnoses:

The key characteristic of **anorexia nervosa (AN)** is the relentless pursuit of weight loss or maintenance of low weight. Restriction of food, either in quantity or range (or both) is a feature, with body weight and shape usually used as the main form of self-evaluation. With some people this may be accompanied by extreme and obsessive exercise.

Bulimia Nervosa (BN) differs from AN in that although concern about weight and intention to lose weight may be strongly present, individuals living with BN often engage in episodes of excessive eating (binge eating) which are usually followed by purging behaviours such as vomiting, exercise or the use of laxatives.

In **Binge Eating Disorder (BED)** the person is eating large amounts of food over a short period of time, with a sense of lack of control overeating during that time. The person feels a great deal of distress regarding this behaviour. The difference between BED and BN is that with BED there are no compensatory behaviours (vomiting, laxative use, excessive exercise) following a binge episode.

Those with **Avoidant Restrictive Food Intake Disorder (ARFID)** fail to meet their energy and nutritional requirements without an accompanying disturbance in perception around their body weight or shape.

The category of **OSFED (Other Specified Feeding or Eating Disorder)** includes a range of behaviours which don't quite meet the criteria for AN, BN or BED, but have similar characteristics.

There are a small number of other disorders that include a range of unusual eating practices. These practices and behaviours are distressing for the person and have an impact on their physical and mental health.

To get help for an eating disorder

It is very important that the person is linked in with a GP to help with monitoring and treatment of any medical aspects of the eating disorder.

For psychological assistance there are a few options:

- Contact the **Mental Health Line 1800 011 511** and ask for referred to the local mental health service.
- People under the age of 25 years can contact their local Headspace:
 - Headspace Tweed Heads **07 5589 8700**
 - Headspace Lismore **02 6625 0200**
 - Headspace Grafton **02 6642 1520**

- Contact the GP and ask to be referred to a private psychologist, social worker or mental health nurse who has experience in working with people troubled by eating disorders.

The Inside Out Institute for Eating Disorders website <https://insideoutinstitute.org.au> provides a list of practitioners.

If the person is physically very unwell and suffering the effects of malnutrition or other effects of the eating disorder, go to the Emergency Department.

Eating Disorders - Online Information and Help

Inside Out Institute for Eating Disorders

Australia's national research and clinical excellence institute dedicated to improving the lives of people with eating disorders and those who care for them. <https://insideoutinstitute.org.au/>

The Victorian Centre of Excellence in Eating Disorders (CEED):

<http://ceed.org.au>

Butterfly Foundation for Eating Disorders

<http://thebutterflyfoundation.org.au>

They also have a Support Line: **1800 334 673**

ReachOut <http://au.reachout.com> has information and online support

headspace provides telephone and online support to people aged 12 to 25 and their families: Phone **1800 650 890** or online at

www.headspace.org.au

Early warning signs for mental ill health

Below are some of the warning signs that may indicate that you or someone you care about could be experiencing a mental health issue. Remember that there is a difference between emotional ups and downs and behaviours that tend to be uncontrollable, excessive, abnormal, and interfere with day-to-day functioning. If you are worried about how you are feeling, talk to a health clinician, your local doctor or a psychiatrist. You need to do this as soon as you notice worrying changes such as:

- Personality changes
- Inability to cope
- Unusual or strange thoughts
- Lack of caring
- Lengthy periods of feeling depressed
- Extreme mood swings
- Loss of motivation
- Feelings of alienation
- Lack of feelings, emotions for partner, family or friends
- Decreased work performance
- Difficulty looking after self
- Changes in sleeping patterns and changes in eating patterns
- Considerable or constant thoughts about harming yourself or others
- Excessive use of alcohol or other drugs
- A pattern of angry, violent behaviour
- Unable to cope even with most basic of tasks

Dealing with Symptoms

Medication is one important tool for dealing with symptoms, but it is often not enough. It can also be useful to use other methods to deal with the symptoms you may be experiencing.

- Do things that you know from experience make you feel more comfortable.
- Make a list of the things you like to do and place it where it can be found easily so that when symptoms increase you have something readily available that you can try.

- Do not do things which you know from experience will make the symptoms start again or make them worse.

Strategies that may help include:

- Sleep: try to get 8 hours sleep at night. Your body expects to sleep overnight, and a regular pattern of sleep is very important for good mental health. Try not to sleep during the day.
- Avoid too much stress: explore strategies and seek professional advice about ways to manage stress – for example through relaxation techniques and exercise.
- Avoid recreational drugs such as marijuana, amphetamines (speed), mind altering drugs, ecstasy etc.: they are not worth the risks involved as some drugs can bring on symptoms, make them worse, or make them harder to get rid of with treatment.
- Be sociable: try to get out of the house at least once a day and spend time with others a few times a week (such as going to the movies, joining a sporting or hobby group, joining a reading group, etc.). Getting out there, doing things, talking with others and being kind to others can help give you a more positive perspective. A good tip is to find an organisation that you may have an interest in and become a volunteer.
- Seek support: from family, friends and professionals. Join a support group (such as Grow – see p76) and do things that will help build your confidence and motivation.
- Set small achievable goals to help with motivation. By taking small steps achievement of your goal can come more easily, which can help you feel better about yourself.
- Stay active: for most people some regular exercise or activity can help with mood and can contribute to maintaining social contacts.

Managing voices and delusions:

If you are hearing voices, the following strategies have been reported by people using mental health services to be helpful as ways to divert attention away from the voices:

- Playing a musical instrument
- Playing a game - for example chess or snooker.
- Listening to music or singing.
- Using earplugs or going to sleep.
- Going for a walk – not only for the exercise, but also for a change of environment.
- Writing down what the voices are saying to you and responding to this in writing.
- Learning how to practise mindfulness and/ or breathing meditation. By focussing on your breath, it becomes a distraction to hearing the voices

For further advice on how to manage voices, speak to a mental health clinician or discuss it with your doctor.



Mental Health Information Websites and Apps

Also see Chapter 7

By connecting with these websites, you will be able to find information about mental health services that are available on-line, by phone or in your area. This information is not only for the person who is experiencing symptoms, but also for families / carers.

Some good websites to start with are:

Beyond blue: <http://www.beyondblue.org.au/>

Bipolar Caregivers: <http://www.bipolarcaregivers.org/>

Bipolar Australia:
<http://www.bipolaraustralia.org.au/resources/coming-home-with-bipolar/>

Black Dog Institute: <https://www.blackdoginstitute.org.au/>

e-headspace (online counselling for young people 12-25 yrs):
www.eheadspace.org.au

eMHprac: www.emhprac.org.au – a guide to digital mental health resources – including a specific brochure listing digital resources for Aboriginal and Torres Strait Islander people.

Head to Health: <https://headtohealth.gov.au>

Information about Depression, help to access professionals and treatments throughout Australia: <http://www.dnet.org.au>

Here for life (Understanding suicide before and after):
<http://www.hereforlife.org.au>

It's All Right (for teenagers affected by mental illness):
<http://www.itsallright.org/>

Lifeline: <http://www.lifeline.org.au>

Mindspot: <http://www.mindspot.org.au/>

MindOUT!: www.lgbtihealth.org.au/mindout - for people identifying as LGBTI

Mission Australia:

<https://www.missionaustralia.com.au/services?view=service&id=399>

The MoodGYM: <http://moodgym.anu.edu.au/>

Northern NSW LHD website: <https://www.nnswld.health.nsw.gov.au>

One Door Mental Health: <https://www.onedoor.org.au/>

Orygen Youth Health: <http://oyh.org.au/>

Project Air Strategy for Personality Disorders:

www.uow.edu.au/project-air

Reachout: <http://au.reachout.com/>

SANE (Information about mental illness and referral):

<http://www.sane.org>

Social and Emotional Wellbeing and Mental Health Services:

www.sewbmh.org.au for people identifying as Aboriginal or Torres Strait Islander

The Better Health Channel is a Victorian Government initiative. It has a range of information including one on Antipsychotic medications:

http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Antipsychotic_medications_explained

Way Ahead Directory: www.wayahead.org.au

Wellways: www.wellways.org or phone: 1300 111 400

Stress and Distress

Some level of stress in our lives is normal and important to keep us motivated. However, stress is a problem when it becomes distressing.

When this happens, stress is not only an unpleasant experience, but it can also trigger the return of unwanted and uncomfortable feelings and thoughts (symptoms). It is important to acknowledge these symptoms and develop strategies to assist in reducing them.

Knowing the early warning signs and triggers means you can initiate coping strategies a lot earlier. By using the following coping strategies, you can act to reduce the stress in your life. Although they may seem difficult to use at first, with practice they will become much simpler and part of your daily routine.

Relaxing:

Identify an activity that calms you and try to spend some time doing this activity each day. Examples might be gardening, reading a book, listening to music, going for a walk or a jog, or doing yoga or meditation.

Talking it over:

Try to work out what it is that is distressing you. Talking to a friend or a health clinician about the situation may be helpful, often two heads are better than one!

Some hints for reducing stress:

- Recognise the stress and have a plan ready for reducing it.
- Remember, nobody is perfect - we are all allowed to make mistakes - this is how we learn and grow. Use relapses or mistakes you may have made in your recovery journey as opportunities to learn what does and doesn't work for you.
- It is not possible to be all things to all people. Nobody can do everything.
- Learn to say no in situations where saying yes would be unhelpful to you.
- Learn to say no to situations where saying yes would have a bad or unwelcome effect on your symptoms or illness.

- Be a friend to yourself and others; learn to love and accept yourself even with your disorder or illness.
- Switch off and do nothing sometimes.
- Direct love and kindness to someone else.
- Get a routine in your day or week.
- Do some exercise – walk instead of use a car, play with your dog, dance, go to a gym, go for a swim etc. Try to choose an activity you are interested in, so that it does not become a chore.
- Eat a healthy diet. Treats can have their place but be aware that if they become a daily occurrence then it is no longer a treat but a habit. See p72 for websites with information on healthy diet.
- Avoid alcohol and illegal drugs.
- Spend time with others, family, friends, try volunteering, do a course (craft, interest or employment).
- Take any medication that the doctor has prescribed for you. Use medication as a tool just like coping strategies.

Apps for de-stressing

There are many apps which can be purchased or downloaded which can help with stress relief. A small selection is provided below.

- **Reach Out Breathe** App - free through itunes (apple only products)
- **PTSD Coach Australia** – free through apple and android
- **MyCalm Beat** - free through itunes

The Impact of Drugs on Mental Health

What are the different types of drugs?

Drugs can be thought about in three different categories depending on the type of effect they have on the brain.

Stimulants:

These include tobacco, caffeine, amphetamines (speed, ice or base) and ecstasy. Stimulants work by speeding up the activities of the Central Nervous System such as heart rate and breathing and make the person feel very alert.

Depressants:

These include alcohol, tranquillisers (Rohypnol, Serapax, Valium) opioids (Heroin, Methadone, Suboxone); inhalants (glue, petrol); and cannabis (marijuana). Depressants work by slowing down the activities of the Central Nervous System.

Hallucinogens:

These include LSD, 'magic mushrooms', 'trips', as well as cannabis and ecstasy. Hallucinogens affect the senses and distort a person's thinking, producing a sense of unreality.

Will everyone have the same reaction to drugs?

No, many factors will determine the type of reaction experienced. These factors include the individual characteristics of the person, their mood at the time of the drug use, the environment, the amount of the drug used and combination of drugs used. Many of these drugs have the potential to trigger mental health problems or to make symptoms stronger in people already experiencing a mental illness, or who have a family history of substance use or mental health issues.

Why do people use drugs?

People may use drugs to feel relaxed, to feel energetic, to give them confidence, because their friends do or because they're bored. Some people use drugs to escape from worries or try to get some relief and control over distressing feelings or substance withdrawal symptoms.

What is the downside of drug use?

It is understandable that people try to find something to help them to feel better. However, there are several problems with using drugs. These include:

- Alcohol and other drug use can undo the effects of many medications
- They can turn what may have been a short-term illness into a long-term condition and delay the recovery process
- The perceived positive feelings produced are false and quickly fade
- The problems or symptoms will still be there once the effect of the drug has worn off
- The continued financial cost of using
- Alcohol and other drugs can have a damaging effect on physical health, causing damage to the organs and causing heart and breathing problems
- When under the influence of alcohol and other drugs people may lose control and behave in a dangerous and/or risky way
- Frequent or daily substance use can lead to a tolerance (you need more and more of the drug to feel 'high' or 'normal'). This frequency of substance use can lead to dependence physically which can be life threatening if stopped abruptly- as the body goes into withdrawal. Psychologically behaviours may also change if physical dependence is apparent people may experience distorted thoughts cravings, desires and perceptions and beliefs that they require substances for their day to day life.

What Can Family and Friends Do to Help?

Sometimes it is a friend or family member who notices that someone may be having difficulties with alcohol and other drugs. It is important for this person to sit down and discuss their concerns with that person. This should be done at an appropriate time when everyone is calm and able to discuss the issue.

Supporting the person to find their way of coping without drugs can be helpful. For example, if a person feels that they are using cannabis to deal with stress, they can approach it differently by learning other skills such as relaxation, gentle exercise and problem-solving skills. The

person should be encouraged to seek advice and support from a Drug and Alcohol Service to ascertain what assistance is best matched to their needs or speak with their Doctor or mental health clinician.

Be aware that some people with drug and alcohol issues may not see themselves as having issues. In this case a meeting with a drug and alcohol clinician could be helpful.

It can take a person time to realise that the negative effects of alcohol and other drugs outweigh the short-term good feeling that they get from using. Some people may refuse to seek support. This can be a frustrating time for family and friends who want the person to give themselves the best opportunity to stay well. Caring for someone who is using substances can be like being on a roller coaster, experiencing highs and lows and not knowing what is around the corner. Family and friends can feel stressed and it is important they feel they have support at this time.

Drug and Alcohol Information and Support

The Drug and Alcohol Services at Community Health Centres and inpatient units assist people who are concerned about their own or someone else's alcohol and drug use. Drug and Alcohol clinicians are there to listen and to provide support and helpful strategies. They see people wanting to cut down and/or quit their alcohol and other drug use, as well as those who aren't sure what they want to do yet or would just like to talk it over with someone. The service is free and confidential. Information on specific drugs is available. To make a referral, contact the Intake Officer at your local Community Health Centre (see p80).

There are non-government organisations that have programs for alcohol and other drug problems. The Drug and Alcohol service will be able to advise you of the options in your area.

If your family member has a mental health clinician that person will be happy to discuss this issue with you and make a referral.

For information regarding local and online services see pp85-87

Chapter 5: Legal Issues

Rights and responsibilities for the person using Northern NSW Local Health District Mental Health Services

As with everyone accessing health services, you have a right to⁵:

Access. You have a right to:

- Access health care services to meet your individual health care needs

Safety. You have a right to:

- Receive safe and high-quality health care that meets national standards
- Be cared for in an environment that makes you feel safe

Respect. You have a right to:

- Be treated as an individual, and with dignity and respect
- Have your culture, identity, beliefs and choices recognised and respected

Partnership. You have a right to:

- Ask questions and be involved in open and honest communication
- Make decisions with your healthcare provider, to the extent that you choose and are able to
- Include the people you want in planning and decision-making

Information. You have a right to:

- Clear information about your condition, the possible benefits and risks of different tests and treatments, so you can give your informed consent
- Receive information about services, waiting times and costs
- Be given assistance, when you need it, to help you to understand and use health information

⁵ Australian Commission on Safety and Quality in Health Care – Australian Charter of Healthcare Rights

- Request access to your health information
- Be told if something has gone wrong during your health care, how it happened, how it may affect you and what is being done to make care safe

Privacy. You have a right to:

- Have your personal privacy respected
- Have information about you and your health kept secure and confidential

Give feedback. You have a right to:

- Provide feedback or make a complaint without it affecting the way that you are treated
- Have your concerns addressed in a transparent and timely way
- Share your experience and participate to improve the quality of care and health services

Service User Responsibilities

You have responsibilities when using mental health services. These can include:

- Self-managing your overall health, rehabilitation and recovery
- Respecting yourself and others
- Following your recovery plan by participating in any reasonable treatment and rehabilitation programs
- Advising the mental health service if you cannot keep your appointment
- Informing your mental health team of any significant changes to your lifestyle
- Ensuring that your mental health team has a safe working environment when visiting you at home or in your community
- Respecting the NNSWLHD policy of ZERO TOLERANCE of aggression towards people and property

Rights of people receiving involuntary treatment⁶

If you are receiving mental health services without your consent, you have some additional rights under the NSW Mental Health Act. These include the right to:

- Be provided with a Statement of your Rights, and a verbal explanation of those rights
- Least restrictive care
- Internal review by an authorised medical officer or medical superintendent
- External review by the Mental Health Review Tribunal
- Procedural fairness
- Legal representation when attending the Mental Health Review Tribunal
- Respect for your dignity
- To have your designated carer and/or principal care provider notified of that you are an involuntary patient, or of a mental health inquiry
- To an interpreter
- To access your medical records
- To apply to be discharged
- To medication which includes:
- Information about the medication, including side effects (you do not have a right to refuse the medication, but you do have a right to object to it)
- To be involved in discharge and treatment plans
- To privacy and confidentiality
- To protection from ill-treatment
- To request to see an Official Visitor

The Mental Health Coordinating Council has developed a **Mental Health Rights Manual** which is an online guide to legal and human rights and the service system that supports people with lived experience of mental health conditions in NSW.

Website: <https://mhrm.mhcc.org.au/>

⁶ *Mental Health Act (2007) Guidebook 2019*

Voluntary Treatment in Hospital

When someone is admitted to hospital they may be admitted as a voluntary patient. This means that the person agrees that they need treatment and are willing to receive this treatment in hospital. A person can also be admitted to hospital if they have a legal guardian and the guardian has requested or agreed that the person be admitted to hospital.

Can I refuse or question the treatment that is offered to me?

Yes, as a voluntary patient, you can ask questions and refuse the treatment that is offered. However, if the medical officer believes that the treatment is essential for your safety, and it is decided that you are too unwell or not capable of making the decision regarding treatment, they can make you an involuntary patient. If they do this, they must follow the legal procedures to do this and this will include a review by the Mental Health Review Tribunal (see p58).

Can I leave at any time if I am a voluntary patient?

You can request to be discharged. However, the medical officer must be satisfied that it is safe for you (and other people) to leave. They will meet with you and talk with you about this. If the medical officer believes it is not safe, they will discuss this with you. If you still insist on leaving, they can decide that you are temporarily incapable of making this decision and can make you an involuntary patient. They must follow the proper legal procedures to do this. You can discuss your treatment and discharge plan with your treatment team at any time.

Can I go on leave from the hospital?

Yes, you can ask to go on leave for up to three nights, or the medical officer may suggest that you take leave for a shorter period. This leave might be 'accompanied', which means you must always have someone with you, or it could be 'unaccompanied'. The reasons for having leave can include spending time with your family or friends, going shopping or on an outing, preparing for discharge – seeing what it's like being back in your own environment. The medical officer will decide whether it is safe for you to take leave and whether it should be accompanied, or can be unaccompanied. Always talk to your treatment team if you have questions or concerns about leave.

Involuntary Treatment in Hospital

Why are people sometimes treated without their consent?

Most people agree to receive treatment from Mental Health Services. Mental health services always prefer to work together with a person and their family/support people. It is only when there is an absolute necessity for safety reasons or on occasion to protect an individual's reputation that people are sometimes treated without their consent. All such involuntary treatment is tightly regulated by a special act of Parliament, the NSW Mental Health Act 2007.

This Act says that involuntary treatment should only occur when a person is deemed to be suffering from a mental disorder or mental illness (such as disturbed mood, abnormal experiences, or disturbed behaviour) and the person is at risk of harm to themselves or others, including physical harm or harm to reputation. Treatment should always occur in the least restrictive manner possible.

If the doctor decides someone is suffering from a mental disorder it means that their behaviour shows that they need to be kept in a mental health facility for a short time for their own protection or to protect other people.

The facility cannot continue to keep someone against their will unless at least one other doctor also finds that they are a mentally ill person or a mentally disordered person. At least one of the doctors must be a psychiatrist.

NSW Mental Health Act 2007

The Mental Health Act governs the way in which the care and treatment of people in NSW is provided to those people who experience a mental illness or disorder.

It aims to protect the rights of people experiencing mental illness or mental disorder whilst ensuring that they have access to appropriate care. This care is required to place as little restriction on their rights and liberty as the circumstances permit.

Transporting someone to hospital

Doctors, accredited mental health clinicians, police officers and trained ambulance officers can have a person taken to a mental health facility against their will for assessment if they appear to be experiencing mental illness or disorder.

Asking to be discharged

Anyone can ask to be discharged at any time by appealing to the Senior Medical Officer of the mental health facility. The person's designated carer or principal care provider can also request that the person is discharged from hospital. If the Senior Medical Officer declines the request or does not make a decision within three working days of the request, the person or their designated carer or principal care provider may appeal to the Mental Health Review Tribunal (MHRT).



What is the Mental Health Review Tribunal (MHRT)?

The MHRT is a specialist body which can conduct mental health inquiries, make and review orders, and hear some appeals about treatment and care of people with a mental illness.

A Mental Health Inquiry provides an initial review of a person held in a mental health unit to determine whether they should receive inpatient treatment or be discharged.

When an inquiry is conducted the hospital provides the MHRT with all necessary documentation, and a doctor will give an account regarding the person's mental health. Inquiry hearings in the Northern NSW Local Health District are held by video-link. These inquiries are conducted by legally qualified members of the MHRT with expertise in the mental health review field.

A mental health inquiry examines the reasons put forward for a person continuing to be held on an involuntary basis or released. All inquiries will be conducted by an experienced legal member of the MHRT. However, this one member may refer the matter to a full three-member panel (including a psychiatrist and another suitably qualified member) if considered appropriate.

The treating psychiatrist can discharge a person from involuntary care before this inquiry has occurred if they believe that the risk to the person has subsided and they no longer require involuntary treatment.

The hearing normally takes between ten and thirty minutes. The people who should attend the inquiry are:

- The person concerned
- The person's carer, family, friends and support people (with the person's agreement)
- The person's legal aid solicitor or their private solicitor
- Everyone who has prepared a written report
- The treating psychiatrist/doctor/registrar or medical officer
- Other involved clinicians, for example a nurse or social worker

If family members or carers/support people wish to attend, and the person does not provide their consent, the MHRT can decide to disregard that if they believe it is necessary to have family/carer input.

If family members or carers/support people want to provide information in confidence, the best option is to write directly to the MHRT and specifically request that the information not be referred to in the hearing. This is not a guarantee of confidentiality as it is legally possible for the person to request to inspect medical records, but it is the most likely way to achieve it.

If family or friends are unable to attend, they may still make their views known by writing to the MHRT before the mental health inquiry or review. It might also be practicable for the MHRT to hear their views by telephone or video.

At a mental health inquiry, the MHRT can decide that:

- The person is not mentally ill and should be discharged immediately
- The person is not mentally ill and discharge should be deferred for up to 14 days
- The person is mentally ill and should be
 - Discharged into the care of their designated carer or principal care provider
 - Discharged on a community treatment order
 - Held on an involuntary basis in a mental health facility for a specified period of up to three months on an Involuntary Patient Order.

The MHRT may decide to adjourn the hearing for up to 14 days to consider its decision.

If the MHRT decides to make an Involuntary Patient Order, they must then consider whether the person is able to manage his or her financial affairs.

The MHRT also makes determinations regarding requests for electro-convulsive therapy and surgery or special medical treatment.

What is a Financial Management Order?

If a person with a mental illness or mental disorder is unable to manage their own financial affairs the NSW Trustee and Guardian Act 2009 allows for a Financial Management Order (FMO) to be made. The MHRT is one of the bodies with the power to make such an order. When it makes this order, it appoints the NSW Trustee and Guardian to manage the financial affairs of the person. The NSW Trustee manages the property, business and financial interests in close consultation with the person, and if appropriate, his or her nominated designated carer or principal care provider, relative guardian or friend.

An FMO continues even after the person has been discharged from the mental health facility. The FMO will only come to an end if it is revoked or successfully appealed against.

If the FMO was made by the Tribunal, and the person has left the mental health facility, he or she may apply to the Tribunal to have their order revoked. The Tribunal must be satisfied that the person has regained the capability to manage his or her affairs.

How can Family and Support People be Involved?

A very important part of the role of the family/support people is to provide accurate information to Mental Health staff on what has been happening for the person with mental health problems. The information that the family/support people provide is valued by Mental Health staff and will be incorporated into planning care and making decisions regarding the person's treatment. Family/support people will also be given the opportunity to provide this information directly to the Mental Health Review Tribunal if they wish to do so. This can include information about concerns for the person, the symptoms or difficulties they have been experiencing and the impact that these are currently having on them and the people around them.

It is the role of the Psychiatrist and other Mental Health team members to consider all the information available and to make the decision when it is necessary to treat someone without their consent. It is then the Mental Health Tribunal's role to confirm this decision or not.

The Mental Health Act recognises that families and support people need greater access to information about the person they are supporting. The person using mental health services can nominate a family member or carer as their 'designated carer'. This person can receive information and, if they wish, can be involved in discussions about treatment planning (see also p19). A range of information will be provided to designated carers including information on treatment planning (medication, allied health involvement, mental health inquiries, and discharge planning).

Families/support people often feel burdened with responsibility when the person they are supporting is admitted to hospital without the person's consent. Sometimes people admitted to hospital do feel confused, bewildered or angry and may respond by criticising those around them. However, when looking back on the experience, people usually understand why their family/support person sought assistance from or cooperated with the Mental Health staff or the Mental Health Review Tribunal.

Some family/support people are concerned about presenting information to the MHRT in front of the person they are supporting because they are worried about their own safety or their relationship with that person. They should discuss this with the treating team and plan how best to provide the relevant information to the MHRT.

What about Legal Representation or Advice?

The **Mental Health Advocacy Service** is a part of Legal Aid NSW and provides a free legal service for any person being treated without their consent. The Legal Aid solicitor will come to the mental health unit prior to the hearing. They explain the person's rights to them and explain what the doctor is asking. They find out what the person's wishes are, or what they want to present to the MHRT. The Legal Aid is for the person detained in the hospital; they are the advocate for that person and will argue the person's case with the Inquiry/Tribunal. The person detained in the hospital or their family and support people are welcome to arrange a private solicitor.

Can the MHRT decision be appealed?

If someone is dissatisfied with a determination made by the MHRT, they can appeal to the Supreme Court.

If the MHRT made an interim or final Financial Management Order the protected person or a party to the original hearing may appeal to the NSW Civil and Administrative Appeals Tribunal or to the Supreme Court.

How are people discharged from a MHRT Order?

The doctors may discharge the person from an Involuntary Patient Order made by the MHRT at any time. Many people do not stay in hospital for the whole time ordered by a MHRT.

Can people be treated without their consent within the community?

The Mental Health Review Tribunal may make an order, called a Community Treatment Order (CTO), that someone must attend the mental health service for treatment and take medication while outside of hospital. This may be less restrictive care than being detained in hospital. This order will have a maximum duration of 12 months but may be repeated.

What is a Community Treatment Order (CTO)?

A Community Treatment Order or CTO is a legal order made by the MHRT. It sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services whilst living in the community. It is implemented by a mental health facility that has developed an appropriate treatment plan for the individual. A CTO authorises compulsory care for a person living in the community. If a person breaches a CTO by not complying with the conditions of the order, they may be taken to a mental health facility and given appropriate treatment including medication.

The NSW Mental Health Act 2007 states that designated carers and principal care providers must be consulted if reasonably practicable if the director of a community treatment service is:

- Considering revoking a CTO.
- Is applying for a further order or decides not to apply for a further order.

Will the person have a criminal record?

No. A Mental Health Review Tribunal hearing is not a criminal procedure. The hospital and the MHRT Office keep confidential records.

What if Someone has Concerns or Complaints?

The Mental Health Service is keen to hear any concerns as soon as possible. In the first instance contact the Nursing Unit Manager or treating Medical Officer of the Mental Health Inpatient Unit. See Chapter 8, p88 for information about complaints processes.

Complaints about the MHRT should be put in writing and addressed to the Registrar of the Mental Health Review Tribunal, PO Box 2019, Gladesville Hospital, Gladesville, NSW 2011.

NSW Official Visitors Program

Official Visitors are independent from the Ministry of Health and aim to safeguard the standards of mental health treatment and care, and advocate for the rights and dignity of people being treated under the NSW Mental Health Act 2007. They make regular visits to all inpatient psychiatric facilities across NSW, talk to patients, inspect records and registers and report on the standard of facilities and services. They liaise with staff about any issues or concerns and report and problems to the Principal Official Visitor and/or the Minister for Health. A person who is a patient can ask to see the Official Visitor. Carers and friends with an interest in the person who is the patient can also contact the Official Visitors.

Phone: 1800 208 218 Website: <http://www.ovmh.nsw.gov.au/>

The Official Visitors can also review concerns about involuntary treatment. Also, see p101.

Guardianship and Protection

In some situations, people affected by mental illness may have difficulty managing their own financial and life decisions. The NSW Civil and Administrative Tribunal houses the Guardianship Division which determines applications about adults who are incapable of making their

own decisions and who may require a legally appointed substitute decision maker regarding:

- Lifestyle decisions
- Financial management
- Consent for treatment by a doctor or dentist
- Review an enduring power of attorney
- Review an enduring guardianship appointment

If you feel that you or someone you know is in this situation, speak to a local mental health provider or contact **1300 006 228**.

<https://www.ncat.nsw.gov.au/ncat/how-ncat-works/ncat-divisions-and-appeal-panel/guardianship-division.html>

Legal Advice and Advocacy

Law Access NSW: provides free telephone advice service on NSW law. Phone: **1300 888 529**

Legal Aid NSW: can provide free legal representation on NSW law matters before the courts. Phone: **1300 888 529** to find the closest Legal Aid service near you.

Mental Health Advocacy Service (MHAS):

The Mental Health Advocacy Service is part of Legal Aid NSW and provides free legal advice and assistance about on Mental Health law. They assist:

- people who have been involuntarily admitted to hospital
- people appearing before the Guardian Division of the NSW Civil Administrative Tribunal
- relatives and friends of those people

Phone: **1300 888 529** to find the nearest service near you.

Mental Health Review Tribunal:

The Mental Health Review Tribunal provides information on matters currently undergoing review under the NSW Mental Health Act. Phone: **1800 815 511**

Northern Rivers Community Legal Centre: Provides free civil legal advice. Offer outreach to Tweed Heads, Murwillumbah, Pottsville and

Casino, and phone appointments. Provide advice on family law, domestic violence and tenancy matters.

Website: <http://northernriversclc.org.au/>

Ph: Legal services – **1800 689 889**

Ph: Tenancy – **1800 649 135**

Ph: Women’s Domestic Violence – **1300 720 606**

NSW Disability Discrimination Legal Centre: If you want information or advice about how to make a complaint to the Anti-Discrimination Board, phone: **1800 800 708** or visit www.justiceaction.org.au



Chapter 6: Treatment and Recovery

Recovering from mental disorders and illnesses usually involves a combination of medication, counselling, lifestyle support, education and rehabilitation. See Chapter 2 p12 for information about treatment services offered by the Northern NSW Local Health District Mental Health Services and Chapter 7 p73 for other mental health and related services.

What Are Recovery Oriented Services?

When we talk about 'recovery' we mean being able to live a manageable, meaningful and contributing life with or without the presence of mental health symptoms. Being on the road to recovery involves finding and holding onto hope; re-establishing a positive sense of self; building a meaningful life, Recovery is a journey not an end-goal.

Services that are recovery-oriented work in ways so that⁷:

- Each person is treated as an individual with strengths, and is encouraged to take responsibility for their own recovery journey
- People are provided with enough information to make informed choices about care, treatment and recovery planning
- Services show respect for human rights
- Services are provided in a safe and supportive environment
- Services actively involve the person and their designated carer and/or principal care provider, when possible, in the planning of their care
- Services actively involve the person in the review of their goals and treatment plans

Northern NSW Local Health District Mental Health Services acknowledge the value of a recovery-oriented approach and work towards implementing these principles in the delivery of its services.

⁷ *Australian Health Ministers' Advisory Council, National Mental Health Strategy. A National Framework for Recovery Oriented Services. 2013*

You can find out more about the National Framework for Recovery-oriented Mental Health Services through the following website: <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-recovfra>

Medication

The aim of medication is to relieve the symptoms of the mental health issue. Medications are used to help get you well again but may also be needed to keep you well. Medications can be used for long or short periods depending on severity of symptoms. Unfortunately, some medications can have unwanted side effects, especially when first started. Please ask your treating doctor, psychiatrist or mental health clinician for information about the medication you are taking, including side effects.

Medication affects each person differently - some people may not experience any side effects, or they may be mild. Others may experience side effects, but they reduce over time. Some people may experience stronger or more troubling side effects which result in the medication being stopped by your doctor and perhaps another one commenced.

If you do experience side effects from your prescribed medication, please discuss this with your treating doctor.

Side effects

Some side effects MAY include:

- Changes to sleep patterns and difficulty concentrating
- Being tired, or not tired
- Dry or metallic taste in mouth
- Constipation, diarrhoea, headache, nausea, thirst
- Sexual disturbances (lack of libido, impotency)
- Changes to appetite, possible weight gain and other metabolic effects
- Blurred vision, dizziness
- Increased heart rate, changes to blood pressure, feeling faint
- Agitation, sweating, tremors
- Rash and skin complaints

If you are concerned about the effects of the medication you (or the person you care for) are taking talk with your doctor about it as soon as possible.

The Australian Government Department of Health Therapeutic Goods Administration provides consumer information on medicines. Consumer Medicines Information (CMI) is a leaflet that contains information on the safe and effective use of a prescription medicine, as well as some non-prescription medicines and some biologicals.

<https://www.tga.gov.au/consumer-medicines-information-cmi>

This site gives comprehensive information about every medication available in Australia (you can search by brand name as well as by generic name).

Remember that any information should be discussed with your doctor.

The Federal Government runs a Medicines Line which provides information about prescription, over the counter and complementary medicines. **Ph: 1300 633 424** Monday to Friday 9am to 5pm.

Interaction of medication with other drugs

The effectiveness of some medications can be impacted using substances such as

- Nicotine, caffeine, alcohol
- Illicit or recreational drugs

Unwanted side effects may occur if your medication interacts with

- Other medicine
- Non-prescription medicines
- Alternative or natural remedies
- Vitamins or herbal supplements
- Some foods

Please inform your doctor or mental health clinician if you are using any of these substances before you take your prescribed

medication. Also talk with your doctor if you change how much you are using any of these substances.

Physical Health

Mental illness, its effects and treatment, influence the choices people make about the types of food they eat, the amount of exercise they get and how much they smoke or use other drugs. Such choices can lead to poor physical health.

Mental health services are aware of this and use a holistic approach. They will encourage you to:

- Advise your GP of your medications
- Discuss with your doctor whether any treatment you are given for the mental health issue will affect your physical health
- See your GP for a physical examination and routine physical tests not associated with mental illness, such as pap smears, breast checks, contraception etc.
- See your dentist regularly
- Inform your doctor of any changes in your use of cigarettes, alcohol or other drugs

GPs have a vital role to play in helping to improve physical health. As the GP is often the first person someone with a mental health issue will contact for help, they can identify and treat physical health issues early. It will be an advantage to your healthcare if you ask your GP and psychiatrist to share information about your health so they can ensure your physical and mental health are managed together.

What is Metabolic Syndrome?

Metabolic syndrome refers to a combination of medical conditions that, when occurring together, increase the risk of developing heart disease and diabetes. These medical conditions are:

- Central obesity – carrying fat around the middle of the body
- Higher triglyceride levels in the blood
- Lowered 'good' cholesterol
- Raised blood pressure

- Raised glucose levels in the blood, measured when fasting

A growing number of people in the general population are experiencing these conditions. However, people with mental illness are vulnerable for reasons which can be associated with the mental illness. Some medications, particularly some antipsychotic medications and some anti-depressants, can increase appetite and food cravings and can result in people gaining a large amount of weight.

If this happens, it is important to discuss it with your doctor, as there may be some changes in medication or other strategies that can help.

Dental disease: Some medications can lead to dental disease which may then contribute to heart issues. Smoking cigarettes adds to the risk of heart disease.

The good news is that by changing your diet, increasing physical activity and stopping smoking, combined with a regular medication review can make a significant difference to the weight gain, and can lead to weight loss.

If you are concerned about weight gain, please do speak with your psychiatrist, mental health clinician and/or with your GP.

You could discuss with your doctor whether it would be helpful to:

- See a dietitian (most community health services have a dietitian - see p88)
- Join a community-based gym or exercise program

How can family members and support people help?

In the first instance, talk with the person with the mental health issue. See if they are comfortable to discuss with you about their physical health.

You should also talk to the Mental Health Service regarding what they think you need to know, and what consent is required for this information to be shared. See p20 for information about the Designated Carer and Principal Care Provider.

In addition, you could:

- Encourage regular physical health examinations
- Offer to make health appointments, offer to take them to the appointment and attend with them if they want this
- Help them to get to and from health appointments
- Suggest that you keep a list of their health appointments so that you can remind them when they need to attend
- Make time to listen to them about their health issues and discuss how they might address them
- Provide them with information about health and nutrition issues or healthy lifestyle choices (e.g. giving up smoking)
- Make changes to your own exercise and diet routines and encourage them to join in
- Support them to maintain their social networks, as isolation from others can have a negative effect on physical health
- Encourage them to attend a life skills or cooking class

Smoking

The smoking rate of the general population is just less than 11.6%⁸. However, for people with a mental health problem the rate is estimated to be about 20.2%. In some cases, this rate is much higher, such as for people with a diagnosis of schizophrenia, for whom the smoking rate is about 62%.

Some people with mental illness use smoking as a coping strategy. Whilst the relationship between smoking and mental health is at times complex, the evidence shows that people with a mental health problem do want to quit and can do so safely.⁹

Smoking affects the uptake of medication. So, if you are starting, decreasing or quitting smoking, tell your doctor. For some people smoking may mean that medications need to be increased, but not for others. **Do discuss this with your doctor.**

⁸ *Tobacco in Australia – Facts and Issues – 2020*

<https://www.tobaccoinaustralia.org.au/chapter-7-cessation/7-12-smoking-and-mental-health#x7.12.1>

⁹ *Mental Health Coordinating Council Information Sheet: Supporting someone with a mental health problem to address their smoking.*

All Mental Health Services are now smoke free. Mental Health Services can help people reduce or quit smoking through education and nicotine replacement therapy.

For more information on giving up smoking contact:

- **Quitline** on **13 11 20**
- Visit the **SANE Australia** website which has resources for someone wanting to quit smoking: www.sane.org.au

Physical Health Resources and Websites

- Get Health Information and Coaching Service: www.gethealthynsw.com.au/ or ph: 1300 806 258
- Better Health Channel: www.betterhealth.vic.gov.au
- The Heart Foundation: www.heartfoundation.org.au
- You can find out more about Metabolic Syndrome at: <http://www.healthdirect.gov.au/metabolic-syndrome>



Chapter 7: Mental Health and Other Services

The Australian Commonwealth, NSW Ministry of Health and the Northern NSW Local Health District provides funding to many Mental Health Community Managed Organisations (CMOs). These organisations provide a range of services including accommodation support services, disability support services and/or community and centre-based rehabilitation programs.

Local Community Managed Mental Health Services in the Northern Rivers

For Aboriginal and Torres Strait Islander people:

- **Rekindling the Spirit:** Lismore and surrounding areas - An Aboriginal Counselling and Group Therapy Service. Women's and men's groups, individual counselling, Stolen Generation support group, facilitating shared medical appointments, support to access mainstream services, education and employment.

Website: <http://www.rekindlingthespirit.org.au/>

Ph: **02 6622 5534** Lismore and districts

- **Clarence Valley Aboriginal Healing Centre:** Runs several programs and activities. Phone: Gurhgam **02 6642 8677**

For Children and Young People:

- **Byron/Ballina Youth and Family Mental Health Support**

This is a service for young people aged 10 to 21 years who live in the Byron Bay and Ballina Shires, and their parent/carers. It helps young people and their families to identify and address mental health concerns. Phone: **02 6686 4109**

www.thefamilycentre.org.au/youth-family-health-support/

- **Clear Minds: For children and young people** under the age of 18 who are living with or showing early signs of mental health issues. Practical and wellbeing support to children, young adults and their families. Phone: **1300 900 091**.

- **Momentum Community Recovery:** Provides support to people over the age of 12 with complex mental health issues. Referral through the Northern NSW Local Health District Mental Health Service.
- **Elements Youth and Family Relationship Support Service** is based in Lismore only - provides free counselling services for 10-24-year-olds and their parents via individual and group sessions to assist building supportive family relationships.
Phone: **6620 6680** Email: elements@socialfutures.org.au
- **Family Connect and Support:** Helps children, young people and families with a range of life challenges. Ph: **1800 327 679**
- **Far North Coast Family Referral Service:** Provides information and advice to connect families to the right service or support for their needs. Phone: **1800 327 679** Email: fcs@socialfutures.org.au
- **Footprints2Wellbeing**
Footprints2Wellbeing provides free short-term psychosocial support to people aged 12 and over, with moderate to severe and/or episodic mental illness who are not registered with the NDIS. Phone: **(02) 6687 1111**
www.buttery.org.au/footprints2wellbeing/
- **headspace:** Is a free, youth friendly and confidential service for young people aged between 12 and 25 who may be going through a tough time. There are GPs, psychologists and youth workers. There is a headspace in:
 - Grafton Ph: 02 6642 1520
 - Lismore Ph: 02 6625 0200
 - Tweed Heads Ph: 07 5589 8700
- **Juvenile Justice Joint Support Program (JSP):** Works with young people in contact with the Juvenile Justice system. The service helps young people re-connect with their community and address the issues that are contributing to their offending.
Ph: **02 6623 7401** or NCJSP@missionaustralia.com.au

- **Kookaburra Kids Foundation** – Camps for kids and young people aged 8 to 18 who have a parent with a mental illness.
Phone: **1300 566 525** <https://www.kookaburrakids.org.au>
- **Mijung Jarjums | Kids in Mind:** Lismore only - an early intervention family mental health service that supports children and young people at risk of developing mental illness due to a family or life event that disrupts emotional wellbeing or when a child exhibits early symptoms.
Phone **02 6620 1896** or kidsinmind@socialfutures.org.au
- **New School of Arts: Grafton** - Offers a range of services including Early Childhood Education and Care, Youth Services and Programs and Community Hubs. Phone: **02 6640 3800**
- **Social Futures:** Has a range of services for young people and families. Check out their website: <https://socialfutures.org.au>
- **Young People’s Early Intervention Project:** Focusing on alcohol and other drugs early intervention and treatment for young people 12 to 24 years in Maclean, Yamba and Grafton
Phone: **The Buttery 02 6687 1111** or enquiries@buttery.org.au
- **Youth Community Living Support Service**
This is a specialist service for young people aged 16 to 24 who are experiencing issues with their mental health. It provides intensive support to promote recovery and positive change.
Referral through the Community Mental Health Team. Available across the Northern Local Health District.

General:

- **The Community Living Supports (CLS) program:** For people aged 16 and over who experience acute and complex mental health problems and associated life difficulties.
Ph: **02 5699 9999** or email: referrals@openminds.org.au
- **Connect to Wellbeing:** Connects people with mental health or alcohol or other drugs issues to local community-based services.
Referral must be through a GP or other service provider. Services:

- Support for people with mild mental illness
- Free counselling for people experiencing mild to moderate mental health concerns
- Counselling for people at moderate risk of suicide or self-harm
- Support for people in aged care

Phone: **1300 160 339**

Email: connectowellbeingNC@neaminational.org.au

- **Cranes Community Support Programs - Grafton:** Offer a range of community programs. Phone: **02 6642 7257**
- **Day to Day Living:** Helps people living with mental illness in the Tweed and Brunswick Valley communities to improve their quality of life through a range of social group activities. Phone **1300 900 091**.
- **Family and Carer Mental Health Program:** Provides families and carers of people living with a mental illness support, information and education to enhance their caring roles and maintain their own health and wellbeing. Phone: **6623 7401** for Tweed, Lismore and Grafton and surrounds.
- **Family Centre Tweed Heads:** Tweed Heads - Services for children, young people, and families and anyone in a family relationship. Ph: **07 5524 8711**
- **Footprints2Wellbeing:** Delivered in Partnership with The Buttery and Rekindling the Spirit, Footprints2Wellbeing provides short-term psychosocial support to people with moderate to severe and/or episodic mental illness. People can self-refer. Phone **6687 1111**.
- **Grow:** Is a national organisation that runs free groups for recovery, growth and personal development for people with a mental health issues and those having trouble in coping with life's challenges.

There are Grow groups in Tweed Heads, Ballina, Lismore, Yamba and Grafton as well as e-grow online groups:

Phone: **1800 558 268** or access www.grow.org.au

- **Housing & Accommodation Support Initiative (HASI) program.** For people (16+) who experience severe and chronic mental health problems and have difficulties gaining and maintaining a home housing.

Referral through Mental Health Services. For general information:
<https://www.openminds.org.au/>

- **Men and Family Centre:** Offers groups for men who want to take responsibility for their abusive behaviour and for women who have recently left or are living with abusive relationships. Also run a Lismore Men and Community Shed. Lismore.

Website: <http://www.menandfamily.org.au/>

Ph: Lismore - **02 6622 6116**; Tweed Heads - **0422 195 003**

- **Momentum Community Recovery:** Provides support to people over the age of 12 with complex mental health issues in Tweed Heads, Lismore and Grafton. **Referral** through the Northern NSW Local Health District Mental Health Service.
- **Momentum Mental Health Recovery Service:** Grafton – Outreach services to help people living with mental, illness increase independence and participate in daily community activities. Ph: **02 6642 6911**
- **NewAccess:** A free coaching service developed by Beyond Blue for anyone over the age of 12 years experiencing mild to moderate anxiety. Phone: **1800 010 630**.

- **New Horizons:**

All enquiries – Ph: 1300 726 372 or

mywellbeing@newhorizons.org.au

NDIS support: Support Coordination, Psychosocial Recovery Coaches, Peer Support Workers and general Support Workers.

Low Intensity Mental Health Supports

For people with non-urgent mental health needs and provides information and referral.

- **New School of Arts – Grafton:** Offers a range of programs including Community Hubs, Blokes Café, LGBTIQ Youth Group and Women at the Heart. Phone: **02 6640 3380**
- **NSW Victims of Crime Counselling:** Provide support services, including free counselling and financial assistance to victims of crime (that were committed in NSW – other States may have similar programs). The Approved Counselling Service provides free counselling for victims of crime.

Website: <http://www.victimsservices.justice.nsw.gov.au/>

Phone **1800 633 063**

Victims Access Line: 1800 633 063

Aboriginal Contact Line: 1800 019 123

- **Open Arms:** Mental health and wellbeing support for current and ex-servicing Australian Defence Force personnel and their families. Face to face and online counselling, group treatment programs and workshops, suicide intervention and mental health literacy workshops. Phone: **1800 011 046** (24 hours).
- **Open Minds:** Support people living with mental illness, disability or acquired brain injury. Phone: **1300 673 664**
- **The Way Back Support Service**
Provides intensive support to people aged 16 years and up who have presented to the Emergency Department or to Mental Health Services with suicidality. The service is designed to help people stay safe and access longer term supports that best suit their needs. The service covers all the North Coast from Grafton to Tweed Heads.
Phone: **1300 726 372** Enquiries: nhfnc@newhorizons.org.au

Local Suicide Prevention and Support Services:

- **Connect to Wellbeing:** Counselling for people at moderate risk of suicide or self-harm. This is NOT a crisis service.

Referral must be through a GP or other service provider. Services:

Phone: 1300 160 339

Email: connectowellbeingNC@neaminational.org.au

- **Safe Haven:** An alternative safe space for people with suicidal thoughts. Provides non-clinical support with Peer Workers and a Clinician. Open Friday, Saturday and Sunday evenings until 9.30pm in Lismore (60 Uralba St – hopefully from June 2021 onwards) and Tweed Heads (2/24 Minjungbul Drive – hopefully from July 2021 onwards). Funding only guaranteed until July 2022.
- **Suicide Prevention Outreach Team:** Tweed Heads only. This team is available Wed to Sunday inclusive and provides an outreach service to people experiencing a suicidal crisis. Hopefully available from July 2021 – funding guaranteed until July 2022. Referral through the Mental Health Line 1800 011 511
- **StandBy Support After Suicide:** Is a community-based crisis response service that supports families, friends and associates bereaved by suicide.

Phone	0417 119 298 (24hours)
Email:	standby@socialfutures.org.au
Internet:	www.standbysupport.com.au
- **The Way Back Support Service:** Provides intensive support to people aged 16 years and up who have presented to the Emergency Department or to Mental Health Services with suicidality. The service is designed to help people stay safe and access longer term supports that best suit their needs. The service covers all the North Coast from Grafton to Tweed Heads. Phone: **1300 726 372** Enquiries: **nhfc@newhorizons.org.au**

Online & Telephone Mental Health Services and Resources

There are an increasing range of online self-help, support and treatment programs as well as apps.

eMHPrac: e-Mental Health in Practice: Is an online resource listing a range of on-line and telephone support resources.

<https://emhprac.org.au>

Head to Health: an Australian Digital Mental Health Resource Library. [Head to Health](#) connects people to online and phone mental health services appropriate for their individual needs. The updated website specifically targets those effected by the bushfires and COVID-19 pandemic. It supports people seeking help - either for themselves or someone they care about.

Services and resources listed on Head to Health are delivered by Australia's mental health service providers. They include free or low-cost apps, online support communities, online courses, and phone services that are private and secure.

For more information visit [https://headtohealth.gov.au/](https://headtohealth.gov.au)

The following are some of the available online and phone mental health services/programs and apps. For a comprehensive list check out the above websites.

Crisis Support:

- **Blue Knot Foundation** – information, support (phone counselling) referrals for complex trauma from childhood
<https://www.blueknot.org.au/> Phone **1300 657 380**
- **Brother to Brother** (24 hours). Phone: **1800 435 799**
Hotline to support Aboriginal men in need of a yarn
- **Butterfly Foundation** – eating disorders. Phone **1800 334 673** <https://thebutterflyfoundation.org.au/>
- **Counselling Online** – text based or phone counselling 24/7 for people concerned about their own or another person's drug or alcohol concerns Phone **1800 422 599**
<https://www.counsellingonline.org.au/>
- **Gambling Help** <https://www.gamblinghelponline.org.au/>
Phone **1800 858 858**

- **Griefline** – Free national helpline offering confidential telephone counselling 24/7- 8am to midnight. Online forums and resources. <https://griefline.org.au/>
Phone **1300 845 745**
- **Kidshelpline** <https://www.kidshelpline.com.au/>
Phone **1800 55 1800**
- **Lifeline** <https://www.lifeline.org.au> Phone **13 11 14**
Also provides video counselling free of charge to those **impacted by bushfires, drought or COVID-19.**
Ph: 1300 152 854
- **Mensline** www.mensline.org.au/ Phone **1800 041 612**
- **QLife** – online chat or phone counselling for lesbian, gay, bisexual, transgender and intersex people 3pm to midnight every day. <https://qlife.org.au/> Phone **1800 184 527**
- **Suicide Call Back Service** www.lifeline.org.au/Get-Help
Phone **13 11 14**
- **What were we thinking?** – information, support and app for first-time parents www.whatwerewethinking.org.au/

Aboriginal and Torres Strait Islander People:

- **Brother to Brother** (24 hours) Phone: **1800 435 799**
Hotline to support Aboriginal men in need of a yarn
- **iBobbly** An app that promotes wellbeing and suicide prevention self-help for young Aboriginal and Torres Strait Island Australians.
- **WellMob** <https://wellmob.org.au> Social, emotional and cultural wellbeing resources for Aboriginal and Torres Strait Islander people.

Children and Young People:

- **b.well Outreach Service:** for people 12 years and over who have problems with both their mental health and alcohol/drug misuse. Family and carer support is also available. **Website:** <https://www.buttery.org.au/bwell-mental-wellbeing/>
Phone: **02 6687 1111**
- **BITE BACK** – promotes wellbeing and resilience in young people aged 12-18 years <https://www.biteback.org.au/>

- **The Brave Program** – prevention, early intervention and treatment of anxiety for children 8-12, young people 12-17 and parents <https://www.brave-online.com/>
- **Can Teen** – for people 12-24 living with the impact of cancer <https://www.canteen.org.au/> Phone **1800 835 932**
- **Eheadspace** – online chat, email or phone for young people 12-25 years <https://www.eheadspace.org.au/>
- **MindHealthConnect** see <https://headtohealth.gov.au/> The Toolbox on ReachOut.com – recommends mental health and well-being apps endorsed by mental health professionals and for young people aged under 25 years: <https://au.reachout.com/tools-and-apps>
- **OCDNotMe** – for people aged 12-18 years with **OCD** <https://www.healthdirect.gov.au/partners/ocd-not-me> Phone: **1300 78 99 78**
- **Orygen Youth Health Fact Sheets on Mental Health Related Issues:** <https://oyh.org.au/our-services/training-resources/free-downloads-youth-mental-health-resources/fact-sheets>

Information and Peer Support:

- **Being Supported** – free non-crisis peer support service staffed by trained Peer Support Specialists with their own experiences of mental health issues and trauma histories. **Phone: 1800 151 151** 10am-4pm and 6pm-10pm seven days per week. **Website: beingsupported.org.au**
- **B.well Outreach Service:** for people 12 years and over who have problems with both their mental health and alcohol/drug misuse. Family and carer support is also available. **Website: <https://www.buttery.org.au/bwell-mental-wellbeing/>** Phone: **02 6687 1111** :
- **Complete Men: Tweed Heads and Byron Bay** – men’s support groups. <https://www.completemen.org.au>
- **Eheadspace** <https://www.eheadspace.org.au/> provides free online and telephone support and counselling to young people 12-25 and their families and friends.
- **MoodGYM** – teaches skills to help prevent and manage symptoms of depression for people aged 15 and above <https://moodgym.com.au/>

- **The MindSPot Clinic** – Australian Government free clinic – has in-house therapists who provide assessment and referral. <https://mindspot.org.au/> Phone: **1800 614 434**
- **MoodMechanic Course** – for young adults 18-25 to learn to manage mild, moderate or severe symptoms of depression and anxiety <https://mindspot.org.au/mood-mechanic-course>
- **Parentline NSW:** Counselling services 9am to 9pm Monday to Friday & 4pm to 9pm Saturday and Sunday.
Phone: 1300 1300 52
- **ReachOut** <https://au.reachout.com/>
- **SANE Australia** <https://www.sane.org> – information on mental health disorders and treatment, and moderated forums providing peer-to-peer support.
- **You Got This Mate** – a website that provides tips and information to help rural men reach their best possible mental health. <https://yougotthismate.com.au/>

Self-help programs and apps:

- **BeyondNow** – an app that involves creating a suicide prevention safety plan. Also online: www.beyondblue.org.au/get-support/beyondnow-suicide-safety-planning
- **Centre for Clinical Interventions** – online mental health resources and learning modules for looking after yourself, looking after others, and for clinicians.
<https://www.cci.health.wa.gov.au/>
- **Daybreak** – a website and app to support people to cut back or take a break from using alcohol.
<https://www.hellosundaymorning.org/daybreak>
- **E-couch** – modules for depression, anxiety, relationship breakdown, loss and grief <https://ecouch.anu.edu.au/>
- **HeadGear** – a free smartphone app that guides you through a 30-day mental fitness challenge designed to build resilience and wellbeing and prevent depression and anxiety.
<https://www.blackdoginstitute.org.au/resources-support/digital-tools-apps/headgear/>
- **Mental Health Online** – free programs to develop strategies and skills to manage mental health during difficult times. Also

have therapists available.

<https://www.mentalhealthonline.org.au/>

- **MoodMission** – an app based on cognitive behaviour therapy to help overcome low moods and anxiety by discovering new and better ways of coping.
<http://www.moodmission.com/>
- **MUMSpace** – support for the emotional health of new mums at every step – online treatment, online supports and mobile apps, and resources for all new parents.
<https://www.mumspace.com.au/>
- **myCompass** – stress, anxiety or depression
<https://www.mycompass.org.au/>
- **ReachOut Breathe App** – a free app to help reduce the physical symptoms of stress and anxiety by slowing down your heart rate with your mobile phone.
<http://au.reachout.com/tools-and-apps/reachout-breathe>
- **This Way Up** – a range of self-paced CBT courses for stress, insomnia, anxiety and depression done as self-help or guided by a clinician. Free or low cost.
<https://thiswayup.org.au/>

Other Health Services

Aboriginal and Torres Strait Islander services

Aboriginal Community Controlled Health Services (formerly Aboriginal Medical Services) are available across the north coast and include:

- **Dharah Gibinj** Aboriginal Medical Service Aboriginal Corp at Casino – phone (02) 6662 3514 or <http://bnmac.com.au/>
- **Bulgarr Ngaru** Medical Aboriginal Corporation at Casino, Grafton & Maclean phone 1800 571 117
<http://bnmac.com.au/>
- **Bullinah** Aboriginal Health Service at Ballina – phone (02) 6681 5644 or <http://www.bullinahahs.org.au/>
- **Jullums** Lismore Aboriginal Medical Service – phone (02) 6621 4366 or <http://www.lismoreams.org.au/>

- **Bugalwena General Practice** in Tweed Heads – phone **(07) 5513 1322** or <http://bugalwena.org.au/>
- **Namatjirra Haven Drug and Alcohol Healing Centre**
Is an independent Aboriginal Community Controlled service located at Alstonville. It provides residential programs for Aboriginal men requiring assistance in dealing with substance misuse, abuse and domestic violence issues. It also provides outreach family health and wellbeing support services to family members of residents.
Phone: **(02) 6628 1098** or <https://namatjirahaven.com.au/>

Alcohol, Drugs, Gambling and Other Addictions Services

Alcohol and Other Drugs Counsellors: Drug and Alcohol services are delivered from some Community Health Centres throughout the region. Also check the Northern NSW LHD Service drug and alcohol website – <http://nswlhd.health.nsw.gov.au/about/drug-alcohol-services/> for information about available services.

Alcohol and other drugs counselling is also available at:

Riverlands (Lismore) D&A service (including detox, Opioid Treatment Programs, Counselling, Drugs in Pregnancy) –

Phone: **02 6620 7600**

Ballina D&A Services **02 6620 6187**

Byron Central D&A Services **02 6639 9128**

Grafton D&A Services **02 6641 8709**

Maclean **02 6640 0123**

Nimbin **02 6688 1434**

Tweed D&A Services **07 5506 7010**

Al-Anon: Support group for family members of people with problematic alcohol use. Phone: **1300 252 666** or www.al-anon.org/australia/

Alcohol Drug Information Service (ADIS): 24-hour service offering information, referrals and crisis counselling for drug and alcohol issues: Phone **1800 422 599**

Alcoholics Anonymous – National Helpline: Phone: **1300 222 222**
www.aa.org.au

Australian Drug Foundation: Provides information about drugs and alcohol and guidance regarding how to support someone with problematic drug or alcohol use, including talking with teenagers and family members. There is also an app to get information about drugs via text. www.adf.org.au and <http://www.druginfo.adf.org.au/>

b.well Outreach Service: for people 12 years and over who have problems with both their mental health and alcohol/drug misuse. Family and carer support is also available. <https://www.buttery.org.au/bwell-mental-wellbeing/> Phone: **02 6687 1111**

Counselling Online: Support for people affected by alcohol and other drugs. Available 24/7. Website: www.counsellingonline.org.au

Family Drug Support Australia (FDS): Provides support for families including information and education nights, support meetings, and links to special events. FDS is largely volunteer run with people who have experienced first-hand the difficulties of having family members with drug dependency. Phone: **1300 368 186** Website: www.fds.org.au

Gambling Counselling: free personal counselling and information for problem gamblers and/or relatives in the North Coast Area:

- The Buttery-Tweed Heads, Byron Bay, Lismore: **(02) 6687 1111**
- Gamblers Anonymous Australia: **(02) 9726 6625**
- Gambling Helpline: **1800 858 858**

Intra: An outreach program supporting people who want to reduce use of alcohol and other drugs. Groups and individual counselling across the Northern Rivers. Website: <https://www.intra.org.au/intra/> Phone: **02 6687 1111**

Hello Sunday Morning: Website that supports people to change their relationship with alcohol. <https://www.hellosundaymorning.org/>

Namatjira Haven: Provides residential programs for Aboriginal men dealing with substance use problems and domestic violence. Has 14

beds 2.5km from Alstonville. Also provides outreach to family members. Phone: **02 6628 1098** Email: admin@namatjirahaven.com
Website: <https://namatjirahaven.com.au/>

Narcotics Anonymous: 1300 652 820

Nungkari Treatment Centre. Provides holistic drug and alcohol, eating disorders and mental health treatment programs for people over the age of 18 with an interest and motivation to participate. Located in Myocum it is not suitable for people currently suffering from psychosis, actively suicidal or people in immediate mental or physical health crisis requiring urgent medical care. Phone **(02) 6684 4145**

The Buttery: The Buttery is a not-for-profit, charitable organisation located near Bangalow in Northern NSW, Australia.

The Buttery specialises in the treatment of alcohol and other drug misuse and problem gambling. It offers residential programs as well as outreach – including INTRA which is an outreach service for teenagers and adults with drug and alcohol problems.

There is a family program for family members of Buttery residents.

Phone: **(02) 6687 1111**. Website: <http://www.buttery.org.au/>

Your Room: A NSW Health website providing information about alcohol and other drugs. <http://www.yourroom.health.nsw.gov.au>

AIDS Council of NSW (ACON)

Target is gay, lesbian, bisexual, intersex and transgender communities with a central focus on HIV/AIDS. Provide HIV prevention, health promotion, advocacy, care and support services to members of those communities including Indigenous people, injecting drug users, sex workers and all people living with HIV/AIDS. Phone: **1800 063 060**;
<https://www.acon.org.au/about-acon/contact/>

ACON Northern Rivers: sexuality and HIV/AIDS counselling & support. Phone: **(02) 6622 1555**

Community Health Centres

Community Health Centres provide primary health care services including:

- Child and family health services
- Aged Care Assessment Team (ACAT) services
- Adult Counselling
- Drug and alcohol services
- Aboriginal and Torres Strait Islander health services
- Dental care
- Women's health services
- Health promotion initiatives

Community Health Centre contact numbers:

Ballina:	(02) 66206200	Kingscliff:	(02) 6674 9500
Bonalbo:	(02) 6665 4100	Kyogle:	(02) 6630 0488
Byron Bay:	(02) 6639 9400	Lismore:	(02) 6620 2967
Casino:	(02) 6662 4444	Macleay:	(02) 6640 0123
Coraki	(02) 6683 9000	Murwillumbah:	(02) 6670 9400
Evans Head:	(02) 6683 9080	Nimbin:	(02) 6689 1400
Goonellabah:	(02) 6625 0111	Pottsville	(02) 6670 4900
Grafton:	(02) 6641 8702	Tweed Heads:	(07) 5506 7540
Iluka:	(02) 6629 4620	Urbenville:	(02) 6634 1600
		Yamba	(02) 6603 0900

Child and Family Health services

Community Health Centres provide the following services for children aged 0 – 18 years:

- Speech pathology
- Paediatric Physiotherapy
- Paediatric Occupational Therapy
- Child and Family Health Nursing
- Community Paediatrician
- School Health Nursing
- Nurse Audiometry – Children 4 years and over
- Child and family Counselling – Children 0 -12 years
- Genetic Counselling

Disability

DAISI (Disability and Aged Information Service): Information line on issues such as accommodation, advocacy services, recreation, carer respite, community services, support/lobby groups, Government Departments, agencies & authorities, education, employment services, home & community care. DAISI is a registered NDIS provider. Note: mental illness is included in the meaning of disability.

Phone: **1800 800 340** or <http://www.daisi.asn.au/>

National Disability Insurance Scheme (NDIS):

<https://www.ndis.gov.au/about-us/contact-us> Phone: **1800 800 110**

The National Disability Insurance Scheme (NDIS) is a way of providing support for Australians with disability, their families and carers.

The NDIS supports people with disability to build skills and capability so they can participate in the community and employment.

The NDIS helps people with disability to:

- Access mainstream services and supports covering medical, educational, housing and health.
- Access community services and supports which may include sports clubs, community groups, libraries or charities.
- Maintain informal support arrangements such as with family, friends or other support people.
- Receive reasonable and necessary funded supports which may assist them with their goals for recovery.

Assistance from the NDIS is not means tested and has no impact on income support such as the Disability Support Pension and Carers Allowance.

The first step in being able to be considered by NDIS is to check out your eligibility. Please go to this page for more information:

<https://www.ndis.gov.au/applying-access-ndis>

Multicultural Mental Health Services

Transcultural Mental Health Centre (TMHC): Provides mental health assistance for people from non-English speaking backgrounds and their families and carers. Phone: **1800 648 911**

The NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS).

STARTTS is a free service that provides support for a range of people from refugee backgrounds who have experienced torture and trauma in their home country. People who work at STARTTS help people who have come to Australia as refugees. Phone: **(02) 9794 1900.**

Rural Adversity Mental Health Program

This program is designed to reduce stigma of mental illness in the community, increase mental health literacy, provide mental health promotion and build mental health service networks in the district. Further information about this program can be found at the Centre for Rural and Remote Mental Health. <http://www.crrmh.com.au>
Phone: **(02) 6363 8444**

Sexual Assault Services

Grafton Sexual Assault Service

This service provides counselling and support to assist individuals who have been subject to sexual assault.

For recent sexual assault contact:

(02) 6640 2402 or **6620 2970** during business hours
(02) 6621 8000 after hours (Lismore Base Hospital).

This service is available 24 hours a day. For non-recent sexual assault, contact Richmond Sexual Assault Service for information on referrals.

Richmond Sexual Assault Service

The Richmond Sexual Assault Service covers Lismore, Ballina, Byron, Casino and Kyogle and surrounding areas. It is available 24 hours a day for adults and children.

Contact: (02) 6620 2970 during business hours; **(02) 6621 8000** after hours.

This service provides:

- 24 hour crisis help, including counselling, medical care and legal information
- 24 hour crisis telephone counselling. Callers can remain anonymous if they just wish to talk
- Confidentiality except for child abuse matters
- Trained female counsellors and doctors
- Follow-up support, advocacy and information regarding legal, medical and social issues
- Understanding of the needs of men who have been sexually assaulted and other groups – including those who are Aboriginal, gay, disabled, psychiatrically ill, transgender, or of non-English speaking background
- Help for non-offending parents of child victims, other family members and support persons
- Community education

- Literature and resources on sexual assault
- Specialist consultation for other services on sexual assault matters

Tweed Valley Sexual Assault Service

The Tweed Valley Sexual Assault Service covers Tweed Shire, Tweed Coast, Murwillumbah and surrounding villages. The service is available 24 hours a day.

Contact: (07) 5506 7540 in business hours **(07) 5506 7416** after hours.

This service provides counselling and support to assist individuals who have been subject to sexual assault. The Tweed Valley Sexual Assault service offers similar services to those listed in Richmond (see above) and also runs groups for survivors of sexual assault, including adults, young people, and children.

Sexual Health

SHAIDS: Sexual Health and AIDS Service - Lismore

STD, HIV & Hep C tests, management & advice, as well as advice on safe sex practices, contraception & fertility. Telephone counselling available. Free confidential check-up & treatment. Located in Lismore. Phone: **(02) 6620 2980**

Tweed Heads Sexual Health – Clinic 145

STD, HIV & Hep C tests, management & advice, as well as advice on safe sex practices, contraception & fertility. Phone: **(07) 5506 6850**

Other Services

Counselling and Helplines See also chapter 7.

Interrelate: relationship counselling, mediation and training. Phone: Northern NSW. Ph **1300 473 528**

Griefline: Free national helpline & telephone counselling – 24/7 Online <https://griefline.org.au/> Phone 8am to midnight **1300 845 745**

Kids Helpline: 24 hour counselling for children and young people: Phone: **1800 551 800**

Lifeline: 24 hour counselling for anyone about any issues:
Phone: **13 11 14** Face to face counselling is also available

Open Arms Veterans and Family counselling: counselling and case management for veterans and their families.
Phone: **1800 011 046** (24 hours).

SANE Helpline: Provides information about mental illness & referral to local agencies. Free Fact sheets on a range of topics:
Phone: **1800 187 263** or www.sane.org

Way ahead - Mental Health Association NSW: free confidential helpline during business hours – call for information and support.
Phone: **1300 794 991**

Domestic Violence

Domestic Violence Line: 24-hour counselling, accommodation advice and some advocacy and liaison: **1800 737 732** (24 hours)

Momentum Collective 24/7 line for women and children in NNSW experiencing domestic & family violence – Phone **1300 355 305**
Provides case management, crisis needs, and accommodation for women and children experiencing domestic violence

Education and Training

Centrelink (Department of Social Services):

- Disability Officers: for referrals to Job Network members and supported members & support employment programs. Phone: **13 27 17**
- Job Network Access: access to computers, phones, faxes, photocopiers and national database for job seekers in each office. Phone: **13 27 17**

TAFE - Disability Support Workers: provide confidential support for people attending TAFE. The Disability Support Officer will liaise with your community mental health clinician if this is required. Check your local phone book.

Employment

APM: APM offers employment and disability job services to job seekers and employers throughout the Nth Rivers. The Disability Employment Services helps people with an injury, illness or disability find a job with a local Ballina employer. We also provide workplace modification, assessment, school leaver, and ongoing support services. Phone: **1800 276 276**

AtworkAustralia is a Disability Employment Services provider with offices in Alstonville, Ballina, Byron Bay, Casino, Kyogle, Lismore, Ocean Shores and Tabulum. Phone: **1300 192 632**

<https://www.atworkaustralia.com.au/our-des-offices-2/nsw/>

Busy Ability (formerly OnQ) Disability Employment Services: Has Offices in Ballina, Casino, Lismore and Murwillumbah. Phone: **1800 761 561**: <https://busyability.org.au/>

Centrelink Disability, Sickness and Carers Line: Phone: **13 27 17**

ETC (Employment Training Community): Ph: 1800 007 400

Have services in Ballina, Brunswick Heads, Grafton, Lismore and Tweed Heads.

Mylestones – Tweed Heads - is an employment service for people with barriers and disabilities to find work. Ph: **1300 635 627**

<https://mylestones.org.au>

Tursa Disability Employment Services: Has offices in Ballina, Brunswick Heads, Byron Bay, Casino, Grafton, Kingscliff, Kyogle, Lismore, McLean, Mullumbimby, Murwillumbah, Tweed Heads.

<https://www.tursa.com.au/>

Wesley Mission ParentsNext helps eligible parents to plan and prepare for employment by the time their children go to school. Offices in Ballina, Casino, Grafton, Kyogle, Tweed Heads.

parentsnext@wesleymission.org.au Phone: **1300 911 486**

Housing and Homelessness Services

Connecting Home (Social Futures) – Adult: Works with people who are homeless or at risk to achieve housing goals. Northern Rivers Region. Phone: **1800 048 310**

Connecting Home – Youth: Works with young people ((0-18 years) who are homeless or at risk, to achieve housing goals. Northern Rivers Region. Phone: **1800 048 310**

Dept of Communities and Justice - Housing Local Housing Offices – for any extensions of temporary accommodation; other housing products eg Start Safely for clients escaping domestic & family violence, assistance with bond loans into private rental and others.

Lismore - Grafton – 4 Zadoc St Lismore – Phone **(02) 6623 2424**

Tweed Heads – 69 Wharf St Tweed Heads – Phone **(07) 5524 0666**

Applications by phone service - to be listed for social housing

Phone: **1800 422 322 (Housing Contact Centre) PR**

Phone: **1800 152 152 (Link2home Homelessness)**

Fred’s Place (Tweed Heads) - offers a home and support services for people who are experiencing homelessness or at risk of homelessness. Phone: **(07) 5536 1906**

Link2Home – provides temporary accommodation for minimal days in motel, caravan parks Phone: **1800 152 152**

North Coast Community Housing (NCCHC) Providing homes, improving lives, strengthening communities

Phone: **6627 5300 (Lismore); (07) 5523 5800 (Tweed); 6642 9100 (Grafton).**

Momentum Collective Community Housing – provides subsidised rental housing for very low to medium income households Phone: **1300 900 091**

Momentum Collective Specialist Homelessness Service - provides specialist homelessness services (SHS) for women who are

experiencing domestic and family violence and for Aboriginal people, who are at risk of, or experiencing homelessness.

Phone: **1300 355 305** or <https://mymomentum.org.au/>

NNSW Momentum Collective SHS Alliance 8.30 - 4.30pm for Aboriginal people and women experiencing domestic and family violence who are at risk, or currently experiencing homelessness – Phone: **1300 355 305**

Reconnect and G.I.T: Case management, family focussed early intervention service – counselling, mediation and group work - for young people (aged 12–18 years) at risk of homelessness. Northern Rivers Region. Phone: **02 6620 1800**

The Winsome and Lismore Soup Kitchen: Provides low cost transitional housing and accommodation for men and meals. Phone: **(02) 6622 4055**

Interpreting and Translating Service

Telephone Interpreter Service: Provides translating and Interpreter services to assist people from non-English speaking backgrounds. Phone: **13 14 50**

Health Care Interpreter Service: Provides translating and Interpreter services to assist people from non-English speaking backgrounds. Phone: **1800 674 994** or **(02) 4921 3000** after hours

Money

Centrelink: payments available from Centrelink include The Disability Support Pension, Sickness Allowance and Carer Payment. A free Financial Information Service is also available. **Phone: 132 717**

Financial Counselling: also available at most Community / Neighbourhood Centres.

Youth

Connecting Home – Youth: Works with youth (0-18 years) who are homeless, or at risk, to achieve housing goals. Northern Rivers Region.

Phone: **1800 048 310**

Family Relationships Support Program (Social Futures): Provides free counselling services for 10-24 year olds and their families. Lismore, Casino, Ballina, Nimbin.

Phone: **02 6620 1800**

Getting It Together (Social Futures): Helps young people (12-18 years) experiencing alcohol and other drug misuse or abuse through case management and group work. Northern Rivers Region. Phone: **02 6620 1800**

Kids Helpline: 24-hour phone counselling for children & youth. Phone: **1800 551 800**

It's All Right (for teenagers who have a parent who is effected by mental illness): <http://www.itsallright.org/>

Mijung Jarjums Kids in Mind (Social Futures): Early intervention mental health program for families and children (0-18 years) through case management and group work and community education. Lismore/Casino. Phone: **02 6620 1800**

REACH OUT: National youth suicide prevention site on the Internet. No counselling provided but there is information, tools and apps, and discussion forums. www.au.reachout.com

Ask at your local community / neighbourhood centre about Youth Services in your local area.

Youth services often provide the following services: information, support, referral, accommodation, advice, social contact, counselling, advocacy & family mediation.

Chapter 8: Participation, Feedback and Complaints

Northern NSW Local Health District Mental Health Services appreciates feedback from people using public mental health services and their families and support people, so that service delivery can be monitored and improved as needed.

Participation

The Mental Health Forum

The Mental Health Forum Committee of the Northern NSW Local Health Service made up of people who have used mental health services, their families/support people, and community members working actively with people with mental health issues.

It meets bimonthly and its purpose is to offer a mechanism for consumer and carer input into the development and review of mental health services. Members of the Mental Health Forum bring a range of lived experience with mental health issues and contacts with services.

<https://nswlhd.health.nsw.gov.au/about/mental-health-services-2/mental-health-forum/>

Consumer and Carer Feedback

Feedback from People using Mental Health Services



Your Experience Survey (YES) is a statewide system for gathering feedback from people who have used the public mental health service. YES is offered to people when discharged from the Northern NSW LHD Mental Health Service, but can be completed at any time. Feedback is completely confidential. Reports are provided to mental health services regarding the experience people have had with their services. The service can address any issues arising and does this with input from people who have utilised mental health services.

Feedback from Family/ Carers/ Support people

The **Carer Experience Survey (CES)** enables carers to provide feedback about their experience of contact with the public Mental Health Service (Northern NSW Local Health District Mental Health Service). Surveys are available at any time – just ask the mental health clinician or clerical officer at reception for a CES feedback survey. Feedback is completely confidential.

You can also go to the NSW Health website and click on the 'Feedback' tab at the top of the page:

<http://www.health.nsw.gov.au/Pages/default.aspx>



Complaints

The **Health Care Complaints Commission** had produced a tip sheet on how best to resolve concerns about health care. This tip sheet is reproduced on p91.

You have the right to complain about the service you are receiving. How you can do this:

1. If the complaint is about a staff member, speak to them about the problem. If this is not possible, speak to the Manager of the service.

If this does not resolve the issue:

2. Contact the Service Manager for that service.

The Tweed/Byron Service Manager manages mental health services from Tweed Heads to Byron Bay. The Service Manager can be contacted on Phone: **07 5506 7370**.

The Richmond/Clarence Service Manager is responsible for services from Lismore, Ballina, Casino, Kyogle and down to Maclean and Grafton. The Service Manager can be contacted on Phone: **02 6620 7587**.

3. Another option is to contact the General Manager Mental Health and Alcohol and Other Drugs Services. Phone: **02 6620 7587**.

OR

4. Phone Consumer Relations on **Phone: 1800 108 078**
Mailing address:
The Chief Executive
Northern NSW Local Health District
Locked Mail Bag 11
Lismore, NSW, 2480.

You may prefer to contact the Health Care Complaints Commission (a free service that looks into complaints made against health service providers) on Phone: **1800 043 159** or

send a letter to:

Health Care Complaints Commission
Locked Mail Bag 18
Strawberry Hills NSW 2012

If you would like to compliment staff or services

Please contact the Manager of the service (see above) or the NNSWLHD Consumer Relations team on Phone: **1800 108 078**

Official Visitors

Another option for raising concerns or complaints is to contact the Official Visitors. Phone: **1800 208 218**

Website: <https://officialvisitorsmh.nsw.gov.au/Pages/OV.aspx>

Official Visitors are independent of the administration of hospitals, community mental health services or the Department of Health. They are required to visit hospitals at least once a month and community mental health services at least once every six months, and report to the Principal Official Visitor and Minister for Health. The Official Visitors inspect hospitals and community mental health services and enquire as necessary into the care and treatment of people using those services.

Official Visitors assist people who are being treated in hospital or are under a Community Treatment Order by making sure that they receive safe and appropriate care that meets the national standards. A person under a CTO may ask to contact the Official Visitor at any time. Carers may also ask to speak to the Official Visitor.

All people using mental health services and their carers have the right of access to the Official Visitors. Mental Health staff will tell you when a visit is expected and how you can contact these people. Or you can phone as above.

The reason for Official Visitors is so that people using mental health services can discuss matters about their treatment with people who are not part of the hospital or health care agency and who have access to the Minister for Health.

Checklist of questions you may wish to ask your Mental Health practitioner

The Mental Health Council of Australia (MHCA) Pharma Collaboration has developed a checklist for 'consumers' and another for 'carers' regarding questions you or the person using the mental health service, may wish to discuss with the mental health practitioner. It is reproduced below.

It is also available on the Mental Health Council of Australia website: <http://mhca.org.au/sites/default/files/imported/component/rsfiles/consumers-and-carers/Checklist-for-Consumers.pdf>

You can also go to the MHCA website <http://mhca.org.au/> - Resources and then Fact Sheets and scroll down to 'Checklist for Consumers' or 'Checklist for Carers.'

Checklist for 'Consumers'

When talking to your mental health practitioner, there are questions that you could consider asking. You may not want to ask all of these questions. Tick those that you would like to ask.

About the illness

.... What is my condition/illness/diagnosis?

If a diagnosis has been made

.... What are the symptoms that suggest this condition/illness/diagnosis?

.... What is known about the causes of this condition/illness?

.... What tests have already been undertaken?

.... Will there be any further tests?

.... Will I recover? When?

.... Where can I get written information about this illness?

If a diagnosis has NOT YET been made

.... What diagnoses are you considering?

.... What tests have already been undertaken?

.... Will I need to have further tests?

.... When should I expect to be notified of a diagnosis?

About care and treatment

- What are the aims of my care and treatment?
- Where can I get written information about my care and treatment?
- Who will be responsible for my care (in addition to me)? What exactly will they be responsible for?
- Who else will be involved in my care and treatment?
- How will you ensure that there is regular communication between yourself and other practitioners involved in my care and treatment?
- What will my treatment consist of (i.e. medication, therapy or other)?
- Are there alternative treatment options if the suggested treatments do not work, or suit my lifestyle?
- What will happen if I refuse treatment?
- What are the signs and symptoms that I am becoming unwell again?
- What do I do if I am becoming unwell again?
- Who should I contact in an emergency?
- What can I do to help myself recover?
- Do you know any self-help techniques that will help my recovery?
- How do I get in contact with people who have the same illness?
- Are there any local support, self-help or advocacy groups that I could get in touch with?

Sharing information

- My carer(s)/ designated carer is/are
- Will my carer, family and/or friends be involved in discussions concerning my care and treatment?
- What benefit will I get if my carer is involved in discussions about me?
- Does my carer have to be involved in discussions relating to my care and treatment?
- Can I decide what information relating to my care and treatment is shared with my carer?
- Can I refuse to allow my carer, family and/or friends to be involved in any discussions?

About medications

- What is the name of the medication?
- Why have you chosen this medication?
- What will the medication do?

- How, when and how often will I need to take it?
- How long will I need to take it?
- What results can I expect from taking this medication?
- How much time or effort will it take to experience benefits?
- What is the normal dosage range for this medication?
- Why am I being prescribed more/less than the normal dosage range?
- Can I take a low dose and increase it when necessary?
- Why am I on different types of medication?
- What do I do if I forget to take the medication?
- What will happen if I stop taking the medication?
- What are the side effects of taking this medication?
- How can I manage the side effects?
- If I find the side effects are unmanageable, what can you do about managing or counteracting them?
- Are there any other medications that could be used if this one does not work?
- What other treatment options do I have?
- What symptoms would mean that the dose should be changed?
- Who will be monitoring my medication and how often?
- What specifically will be monitored (i.e. the effect, toxicity or something else)?
- How will I know if the medication is working or not?
- Does this medication have any known or suspected interactions with other medications, including over the counter and complementary medicines?
- Can I take this medication safely with the other medications I am already taking?
- Are there any foods or drinks that I should not consume while taking this medication? Why?
- Is this medication listed on the Pharmaceutical Benefits Scheme (PBS) or will there be a private cost to me?
- Where can I get written information about this medication?
- Can we make a time to review the progress and if necessary, revise the treatment plan??

About other treatments

- Are there any other treatments for this illness?
- What are they? Are they effective?

- What treatments will I be undertaking? When? Where? How often? With whom?
- How long will I need to undertake this treatment?
- How will I know if this treatment is working or not?
- Is this treatment subsidised by Medicare or will there be a private cost to me?
- Where can I get written information about this treatment?
- How will you ensure that there is regular communication between yourself and other practitioners involved in my care and treatment?
- Can we make a time to review progress and if necessary, revise the treatment plan?

About hospital admissions

- Will I need to be admitted to hospital? If so, for how long?
- If I go to hospital, which one will it be?
- Who will be taking care of my accommodation/family/pets/bills etc. while I am in hospital?
- What arrangements will be made for my care and treatment after discharge from hospital?

Health Care Complaints Commission Tip Sheet

Resolve concerns about your health care

If you are concerned about a health service provided, we recommend that you first talk to the provider directly. Often this is the fastest and most effective way of resolving concerns. Here are some tips on how to raise and resolve your concerns directly with your provider.

Raise your concerns

Start immediately:

Start to resolve the problem as soon as possible by making a phone call or writing a letter to the health service provider.

Be fair:

It is important to let the person know that you are contacting them because of some concern or dissatisfaction. Remember that the other person may have no idea that there was a problem and may need time to look into it before they can respond to your concerns.

Be clear:

Before you contact the health service provider, be clear about what issues and concerns you have. You may want to write them down, as it will help you to clarify your concerns and you will not forget to raise any of them. The following questions may guide you.

Who was involved?

Remember to state:

- your name, address and telephone number
- whether you are acting on behalf of someone else – if so, state their name and your relationship to them (for example, friend, son, wife)
- the name and title of the health provider/s involved, if you do not contact them directly
- the name and contact details of anyone else who was a witness or has relevant information.

What happened?

Briefly describe the events leading to the complaint and state relevant dates and times.

What are your concerns?

List your specific concerns (for example, problems with your medication, concerns about your treatment, lack of information about treatment options). Start with the most important concern.

What are your expectations?

Be clear about what you are hoping to achieve (for example, an apology, information about your condition, an explanation, or options for further treatment). Let them know whether you prefer a meeting, a written reply or to talk about the matter on the telephone.

Resolve your concerns:

There are different ways to raise your concerns. The following tips can help you to get the information you want and to find a resolution to your issues that is acceptable to everyone.

Remember:

Listen to the information given to you by the other person. Try to see the issue also from their point of view.

- Avoid using language that might upset another person.
- Ask the health service provider to explain information that you do not understand.

There are different ways to raise your concerns. The following tips can help you to get the information you want.

Tips for telephone calls:

- Ask who the appropriate person is to speak to about your concerns. Write down the name and phone number of the person you speak to, note the date, and ask if there is a reference number.
- Ask whether they can deal with your concerns over the phone or whether you need to put them in writing or arrange a meeting.
- You may wish to take notes during the call.

Tips for writing a letter or email:

- When writing your letter or email, include all information you have, including dates and times, and what you would like to happen as an outcome of your complaint/concern.
- Before you send the letter or email, read through it again and make sure that you have included everything you wanted. Remember to include your contact details.
- Always keep a copy for yourself.
- We suggest that you call to check whether your letter or email has been received.
- Allow a few weeks for the health service provider to respond.

Tips for meetings:

- When everyone has agreed to meet, it is useful to provide your questions to the health service provider well in advance, so they can find all the information needed to respond to your questions.
- Tell the provider what you want to achieve as a result of the meeting.
- You may ask a support person to join you at the meeting. Let the provider know that you wish to bring another person with you.
- It is acceptable to take notes during the meeting.
- At the end of the meeting, if something was agreed to happen, make sure that you have the contact details of the responsible person, if you need to follow up.

Complaints about mental health care

Complaints and inquiries are made to the Health Care Complaints Commission from people who are detained under the [NSW Mental Health Act](#) (i.e. people detained in hospital, or people on Community Treatment Orders and people who are forensic patients).

Legal decisions:

People who are held on an involuntary basis in hospital under the [Mental Health Act](#) can appeal to the Mental Health Review Tribunal against the decision to hold them.

If a person wants to appeal a decision that has been made by the Mental Health Review Tribunal, they can appeal to the Supreme Court or the Administrative Decisions Tribunal (for financial orders). People generally need legal assistance or advice for these matters.

People on Community Treatment Orders can seek a review with the Director of the Health Care Agency implementing the order.

The website of the [NSW Mental Health Review Tribunal](#) outlines the avenues for people to appeal against legal decisions or to make complaints in relation to the legal decisions to detain or treat the person involuntarily, and the avenues for complaint.

Complaints about health care and treatment

People who are treated on an involuntary basis have the same right to complain about treatment or health care as any other patient: They can complain to their doctor, or the medical superintendent, or the manager of a mental health service, or a consumer advocate or hospital patient representatives.

They also have the same right as any other person to complain to the Health Care Complaints Commission. Alternatively, a person can complain to the Commission on their behalf.

The Commission does not deal with complaints about a determination by the Mental Health Review Tribunal. This includes an order that the person can be detained in a hospital or can be involuntarily treated in the community.

If a person complains, or wishes to make a complaint, to the Commission solely on the basis that they have been detained and do not want to be, or that they are on a Community Treatment Order and do not want to be, the person can contact the [Mental Health Advocacy Service](#) or the [Official Visitors](#) to get help.

However, a person (who is subject to the *Mental Health Act*) can make a complaint to the Commission about:

- lack of information about their condition, treatment or treatment plan
- wrong medication for their condition
- medication causing side effects
- mistakes in medication
- lack of information about medication
- problems in communication with their treating team, doctor or clinician
- rights to have a second opinion
- lack of physical health care or access to physical health care
- issues concerning restraint or seclusion
- risk assessments
- issues of care – attitude, lack of care, delay in care
- problems with discharge planning or refusal to admit.

These complaints are assessed on the same basis as any other complaint to the Commission.

People can also complain about mental health care and treatment provided to them or a family member where the patient is not subject to a Community Treatment Order.

Commission assistance

The Commission's Inquiry Service can provide information, discuss strategies for resolution or how to make a complaint directly to the relevant health service provider.

The Inquiry Service can also assist with drafting a complaint to the Commission, if required.

When the Commission has received a written complaint, it will be assessed. As part of the assessment, the Commission may seek a response, may obtain an internal medical or nursing advice to make a decision how to best deal with the complaint.

Some complaints may be suitable for resolution, either through local resolution with the relevant health service provider, or through the Commission's Resolution Service. If there appear to be significant issues of public health and safety, or a significant departure from accepted standards, the Commission can decide to formally investigate the complaint.

Contact the Commission

If you cannot resolve your concerns directly with the relevant health service provider, [contact the Health Care Complaints Commission.](#)

Toll Free in NSW

[1800 043 159](tel:1800043159)

TTY service for the hearing impaired



[\(02\) 9219 7555](tel:0292197555)

or contact the National Relay Service on [133 677](tel:133677)

Business Hours



9.00am to 5.00pm Monday to Friday

Acknowledgements

The Northern NSW Local Health District would like to thank the following for the use of information from their publications and websites:

Mental Health Act (2007) Guidebook, NSW Institute of Psychiatry, the NSW Health Care Complaints Commission, the Mental Health Coordinating Council.

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NOTES

If you wish to make suggestions on how to improve this booklet when we do the next update, please contact:

Mim Weber, Mental Health Program Coordinator

Phone: **02 6620 7587**

Mim.Weber@health.nsw.gov.au

