An Information Booklet about Mental Health Services in the Northern Rivers
August 2018
** 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 LGBTI (lesbian, gay, bisexual, transsexual, intersex)

Suicide Call Back Service (24 hours) 1300 659 467
Professional counselling service for anyone affected by suicide

StandBy Support (North Coast NSW) (24 hours) 0417 119 298
For people bereaved by suicide

**Carer Support**
Mission Australia (9-5 Mon-Fri)
Lismore, Tweed, Ballina, Byron, Clarence Valley 02 6623 7401
Clarence/Coffs Region:

Mental Health Carers Australia (ARAFMI)
Carer Connections Helpline 1300 554 660
(9-5 Mon-Fri) Information and referral

Carers NSW Carer Line (9-5 Mon-Fri) 1800 242 636
Information, support and counselling
Carer Gateway (8-6 Mon-Fri) 1800 422 737
Practical information & help to connect to local support services

**Other Telephone Support Services**¹

**Anxiety Disorders Information Line** 1300 794 992
(9-5 Mon-Fri)
Information and telephone support regarding anxiety disorders

**Beyond Blue (24 hours)** 1300 224 636

**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

**Parent Line (24 hours)** 1300 301 300

**Samaritans Crisis Line (24 hours)** 135 247

**SANE Helpline** 1800 187 263
(9-5 weekdays)
Provides information about symptoms, treatments, where to go for help and support for carers

**Schizophrenia Awareness-Mi Networks Information Line** 1800 985 944
(9-5 weekdays)

**Way Ahead** 1300 794 991
(9-5 Mon-Fri)
Information, telephone support and referral on issues relating to mental health generally

¹ Contact details for more services can be found on pages 68-88
## CONTENTS TABLE

Glossary and Acronyms .......................................................... 6-9

**Chapter 1: Introduction** ......................................................... 10
  **Definitions** .................................................................. 10
  **Northern NSW Local Health District Mental Health Services** .................. 11
  **Map of the region** ........................................................... 11

**Chapter 2: Mental Health Services in the Northern Rivers** .............. 12
  **How do I Access Mental Health Services?** .................................. 13
  **Hospital / Inpatient Care** ...................................................... 14
  **Community Mental Health Services** .......................................... 15
  **How can I get Help for Someone when they Don’t Want It?** .......... 17
  **What happens when Someone is Discharged from Hospital Or the Community Mental Health Service?** .................. 17

**Chapter 3: Family, Carers and Support People** .......................... 19
  **Designated Carer and Principal Care Provider** .......................... 19
  **Young Carers** .................................................................. 20
  **Rights and Responsibilities** .................................................. 21
  **Taking Care of Carers** ........................................................ 23
  **Carer Support Services, Groups** .............................................. 24
  **Apps for Carers** .................................................................. 26
  **When there are Children** ....................................................... 27
  **Services for Children and Families** .......................................... 29
  **Pregnancy, Babies and Toddlers when a Parent has a Mental Health Issue** .......... 32
  **What is Safe Start?** ............................................................ 31
  **Who Else Can Help?** ........................................................... 32

**Chapter 4: What Does it Mean to have a Mental Health Issue?** ........ 33
  **Myths and Facts** ............................................................... 34
  **What is meant by ‘Mental Disorder’ or ‘Mental Illness’?** ................. 35
  **Different Types of Mental Illnesses and Disorders** ...................... 37
    **Psychotic and Non Psychotic disorders** .................................. 37
  **Eating Disorders** .............................................................. 37
    **Online Information and Help** .............................................. 39
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Warning Signs for Mental Ill Health</td>
<td>40</td>
</tr>
<tr>
<td>Dealing with Symptoms</td>
<td>40</td>
</tr>
<tr>
<td>Mental Health Information Websites</td>
<td>42</td>
</tr>
<tr>
<td>Stress and Distress</td>
<td>45</td>
</tr>
<tr>
<td>The Impact of Drugs on Mental Health</td>
<td>47</td>
</tr>
<tr>
<td>What Can Families and Friends Do to Help</td>
<td>48</td>
</tr>
<tr>
<td>Drug and Alcohol Information and Support</td>
<td>49</td>
</tr>
<tr>
<td>Chapter 5: Legal Issues</td>
<td>50</td>
</tr>
<tr>
<td>Rights and Responsibilities</td>
<td>50</td>
</tr>
<tr>
<td>Voluntary Treatment in Hospital</td>
<td>53</td>
</tr>
<tr>
<td>Involuntary Treatment in Hospital</td>
<td>54</td>
</tr>
<tr>
<td>What is the Mental Health Review Tribunal?</td>
<td>55</td>
</tr>
<tr>
<td>What is a Financial Management Order?</td>
<td>57</td>
</tr>
<tr>
<td>How can Family and Support People be Involved?</td>
<td>57</td>
</tr>
<tr>
<td>What about Legal Representation and Advice?</td>
<td>58</td>
</tr>
<tr>
<td>What is a Community Treatment Order (CTO)?</td>
<td>59</td>
</tr>
<tr>
<td>What if Someone Has Concerns or a Complaint?</td>
<td>59</td>
</tr>
<tr>
<td>NSW Official Visitors Program</td>
<td>60</td>
</tr>
<tr>
<td>Guardianship and Protection</td>
<td>60</td>
</tr>
<tr>
<td>Legal Advice and Advocacy</td>
<td>61</td>
</tr>
<tr>
<td>Chapter 6: Treatment and Recovery</td>
<td>62</td>
</tr>
<tr>
<td>What are Recovery Oriented Services?</td>
<td>62</td>
</tr>
<tr>
<td>Medication</td>
<td>63</td>
</tr>
<tr>
<td>Physical Health</td>
<td>64</td>
</tr>
<tr>
<td>What is Metabolic Syndrome?</td>
<td>65</td>
</tr>
<tr>
<td>Smoking</td>
<td>66</td>
</tr>
<tr>
<td>Physical Health Resources &amp; Websites</td>
<td>67</td>
</tr>
<tr>
<td>Chapter 7: Mental Health and Other Services</td>
<td>68</td>
</tr>
<tr>
<td>Community Managed Mental Health Services</td>
<td>68</td>
</tr>
<tr>
<td>Online Mental Health Services &amp; Resources</td>
<td>74</td>
</tr>
<tr>
<td>Other Health Services</td>
<td>77</td>
</tr>
<tr>
<td>Aboriginal and Torres Strait Islander Services</td>
<td>77</td>
</tr>
<tr>
<td>Alcohol, Drugs, Gambling and Other Addictions Services</td>
<td>78</td>
</tr>
<tr>
<td>Aids Council of NSW</td>
<td>80</td>
</tr>
<tr>
<td>Community Health Centres</td>
<td>80</td>
</tr>
<tr>
<td>Disability</td>
<td>81</td>
</tr>
<tr>
<td>Service</td>
<td>Page</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>National Disability Insurance Scheme</td>
<td>82</td>
</tr>
<tr>
<td>Multicultural Mental Health Services</td>
<td>83</td>
</tr>
<tr>
<td>Rural Adversity Mental Health Program</td>
<td>83</td>
</tr>
<tr>
<td>Sexual Assault Services</td>
<td>83</td>
</tr>
<tr>
<td>Sexual Health</td>
<td>84</td>
</tr>
<tr>
<td>Other Services</td>
<td>85</td>
</tr>
<tr>
<td>Counselling &amp; Helplines</td>
<td>85</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>85</td>
</tr>
<tr>
<td>Education and Training</td>
<td>85</td>
</tr>
<tr>
<td>Employment</td>
<td>86</td>
</tr>
<tr>
<td>Housing</td>
<td>86</td>
</tr>
<tr>
<td>Interpreting and Translating Service</td>
<td>87</td>
</tr>
<tr>
<td>Money</td>
<td>88</td>
</tr>
<tr>
<td>Youth</td>
<td>88</td>
</tr>
<tr>
<td>Chapter 8: Participation, Feedback, Compliments and Complaints</td>
<td>89</td>
</tr>
<tr>
<td>Participation</td>
<td>89</td>
</tr>
<tr>
<td>Consumer and Carer Feedback Systems</td>
<td>89</td>
</tr>
<tr>
<td>Complaints</td>
<td>90</td>
</tr>
<tr>
<td>Official Visitors</td>
<td>92</td>
</tr>
<tr>
<td>Checklist of Questions you may wish to ask your Mental Health Practitioner (by the Mental Health Council Of Australia)</td>
<td>93</td>
</tr>
<tr>
<td>Health Care Complaints Commission Tip Sheet</td>
<td>96</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>101</td>
</tr>
</tbody>
</table>
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: a mental health clinician is 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 who 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 tries to assess 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 possible 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 p37).

**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**: are 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:** a 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:** a 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:** 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**

This booklet lists the contact details of a range of services. Many services have FREE phone numbers. All phone numbers that begin with 1800 are free call numbers 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.
<table>
<thead>
<tr>
<th>ACRONYMS</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACS</td>
<td>Acute Care Service</td>
</tr>
<tr>
<td>C&amp;A</td>
<td>Child and Adolescent</td>
</tr>
<tr>
<td>CLS</td>
<td>Community Living Support (Service)</td>
</tr>
<tr>
<td>CMH</td>
<td>Community Mental Health</td>
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<td>CMO</td>
<td>Community Managed Organisation</td>
</tr>
<tr>
<td>CNC</td>
<td>Clinical Nurse Consultant (senior nurse in a specialist area)</td>
</tr>
<tr>
<td>CRS</td>
<td>Community Recovery Service</td>
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<tr>
<td>CTO</td>
<td>Community Treatment Order</td>
</tr>
<tr>
<td>EN</td>
<td>Enrolled Nurse (lesser qualification than a Registered Nurse)</td>
</tr>
<tr>
<td>ECS</td>
<td>Extended Care Service</td>
</tr>
<tr>
<td>ECT</td>
<td>Electro Convulsive Therapy</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HASI</td>
<td>Housing Accommodation and Support Initiative</td>
</tr>
<tr>
<td>HDU</td>
<td>High Dependency Unit (in the inpatient unit)</td>
</tr>
<tr>
<td>HDU</td>
<td>Now referred to as the ‘Observation Unit’</td>
</tr>
<tr>
<td>LBH</td>
<td>Lismore Base Hospital</td>
</tr>
<tr>
<td>LHD</td>
<td>Local Health District</td>
</tr>
<tr>
<td>MHEC</td>
<td>Mental Health Emergency Care worker</td>
</tr>
<tr>
<td>MHL</td>
<td>Mental Health Line</td>
</tr>
<tr>
<td>MHS</td>
<td>Mental Health Services</td>
</tr>
<tr>
<td>RCA</td>
<td>Root Cause Analysis (process for analysing why something went seriously wrong, usually conducted after the suicide of a current client)</td>
</tr>
<tr>
<td>RMO</td>
<td>Resident Medical Officer</td>
</tr>
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<td>RN</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>SMHSOP</td>
<td>Specialist Mental Health Services for Older People</td>
</tr>
<tr>
<td>VMO</td>
<td>Visiting Medical Officer</td>
</tr>
<tr>
<td>YAF</td>
<td>Youth and Family (counsellors in the community mental health teams)</td>
</tr>
<tr>
<td>YCLSS</td>
<td>Youth Community Living Support Service</td>
</tr>
</tbody>
</table>
Chapter 1: Introduction

This booklet has been developed for people using mental health services in the Northern Rivers region of NSW (see map p. 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 particular 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, you should be able to find explanations in the Glossary section on pages 6 to 8 of the booklet.
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.
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 health service:

Your regular GP is a good starting point to talk about your mental and physical health and who can help refer you to mental health services.

To access Mental Health Services anyone who is not currently a client of the local public mental health service can also phone the Mental Health Line on 1800 011 511 or go to the nearest Community Mental Health Service or the Emergency Department of their local hospital. This phone number is the same number wherever you are in NSW.

If you call this number 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.

Below are some more points about the Mental Health Line:

- The mental health line is not a telephone counselling service. It is there to provide access to 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 local public mental health services:

You may already have contact with your local public Community Mental Health service. If this is the case and you need to call someone about an aspect of care, such as checking an appointment time, call the Mental Health Service...
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 on p.50 for information regarding what to expect when you are admitted to hospital, including rights and responsibilities.

NNSW LHD currently has two Acute Adult Inpatient Mental Health 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 (Tallowwood (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 a number of 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 part of either Lismore Base Hospital or Tweed Hospital, a mental health consultation can be requested by the treating medical or surgical team. If you are admitted to the general 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 addressed by the most effective combination of the community based services. For a small number of children and young people mental health inpatient care may be required. Kamala has 8 beds. However, a number of young people may be cared for in local general hospitals with Child & Family Health or Youth and Family Mental Health service support.

**Lilli Pili – Lismore (Older Persons Unit)**
This is a 16 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 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.
- If you are in a local hospital, work with staff at the hospital to provide treatment and support.
- 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). They will liaise with your GP and psychiatrist as well as with other services that might be involved in your recovery, such as CMOs, accommodation services, employment services and other support services.

The Treatment Team has a limited number of staff. When you are discharged from either an inpatient unit or from the Assessment Team the treating team 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.

**Where are community mental health services?**

**Tweed/Byron Network**
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 and Byron Central – **phone 02 6639 9400**. Outreach services are provided at Kingscliff Community Health Centre by appointment only.

**Richmond Network**
The CMHS is based at Lismore and is located on the Lismore Base Hospital campus – **phone 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 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 drug and alcohol problems which are affecting their parenting. After comprehensive assessment, the team offers 6 months of tailored intervention and support services to the whole family. Referral is through Northern NSW Local Health District Mental Health or Drug and Alcohol Services, or through Family and Community Services.

**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 should not discuss with you the person’s current health or treatment unless you have got 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 doctor that you understand about confidentiality and do not want any information from the doctor. Instead, you want to provide them with 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 forms are available at the Northern NSW LHD 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 pp15 & 16), or to a community managed organisation (see Chapter 7 p68).
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 (see pp68 to 86). 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 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 can 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 someone who is a key support to the person using the mental health service (and not in a commercial paid capacity).

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) are able to 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 pp21-22).

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 particular 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 actually provide considerable support, and are the person’s main source of support. Yet when the person is well again, they willingly acknowledge the supportive provided by that person. It is possible to nominate someone as a Designated Carer when the person is well. This can be done on a form called 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 supports their recovery. The Consumer Wellness Plan form 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 &30.
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 p90)

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 (p60).
- 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 electro-convulsive-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](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. 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 were:\n
- 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
- 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 pp24&25)
- Realise that there is no quick fix and sometimes I just need to be patient

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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 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).

A DVD, ‘Staying Safe in Difficult Times’ has been produced by Carer Assist in association with the Schizophrenia Fellowship and NSW Health. A copy can be found in each public library in the Northern Rivers, and is also available through Mission Australia.

Carer Support Services and Groups
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.
- Lismore/Tweed Region 02 6623 7401
- Grafton/Coffs Harbour 02 6658 7831

Carers NSW: Carers NSW is an association for relatives and friends caring for people with a disability, mental illness, drug and alcohol dependencies, chronic condition, terminal illness or who are frail. They provide information and resources for carers including a free carer support kit and facts sheets. Other services include telephone and other counselling. They also have a young carers website –http://www.youngcarersnsw.org.au/- including a discussion board. Carers NSW Carer Line: 1800 242 636 or their website: www.carersnsw.asn.au

Commonwealth Respite & Carelink Centre: Provide respite options, coordinate access to care and other support services for carers. 24 hour on call for carers who have an emergency and need someone to take over the caring role.
Provide support to young carers at risk of leaving school – tutoring, access to recreational activities, short term planned or emergency care.
Phone: 1800 052 222
Website: http://www.crccfnc.org/
OTCP Carer Respite Services: assist carers to sustain their caring role and improve their physical and mental health.
Phone Lismore: 02 6622 0309  Tweed Heads: 07 5524 9144

Young Carers Australia: Provides an online Forum for young carers of all ages. They offer young carer bursaries and also offer telephone support:
Ph 1800 242 636  
Website: www.youngcarers.net.au

Carer Support Groups and Networks

Local Support Groups
Mission Australia: Provides up-to-date information regarding local family and carer support groups. Currently they support groups located at: Lismore, Ballina, Mullumbimby, Kyogle, Casino, Yamba and Grafton.

Tweed / Byron area:

On Track Mental Health Carer Support Group (Tweed Heads South): Meets Monthly Phone (07) 5524 6927

General / state-wide:
Mental Health Carers Australia and NSW (formerly ARAFMI: Association for Relatives and Friends of the Mentally Ill). Provides mutual support for relatives and friends of people with a mental illness via support groups, phone information and referral, community and carer information.
Or http://www.mentalhealthcarersnsw.org/
National Helpline 1300 554 660

Their ‘Way Ahead Directory’ (under the ‘Useful Services’ dropdown) allows you to enter your postcode and it will come up with a range of mental health services for your locality. It can be found on Mental Health Carers NSW page link: http://www.mentalhealthcarersnsw.org/contact-us/branches/

Bipolar Caregivers: www.bipolarcaregivers.org


Carer Gateway: Is a national online and phone service that provides practical information, suggestions and resources to support carers. The interactive service finder helps carers connect to local support services.
Ph: 1800 422 737 Website: https://www.carergateway.gov.au/
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
Website:  https://www.onedoor.org.au/

Apps for Carers

It is difficult to keep up with all of the Apps. However, a couple of Apps have been identified:

**Young Carers: Who Cares? App**

**ReachOut Apps:** ReachOut have a range of apps for young people including for dealing with anxiety and depression
Available at: [au.professionals.reachout.com](http://au.professionals.reachout.com)

**App for Carers and Families**
Helps carers and family members take good care of themselves
[http://www.meridenfamilyprogramme.com/mycare](http://www.meridenfamilyprogramme.com/mycare)
Can download from iTunes or Google Play
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?
The vast majority of children of people with mental illness do not develop any 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 p85).
**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 ahead. 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 child care, 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 p30.
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 p24) for advice on how to access these services.

Services for Children and Families
- The Far North Coast Family Referral Service 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. They have offices in Grafton, Lismore and Tweed and Outreach Workers located across the Richmond, Tweed and Clarence Valleys. Ph: 1300 338 774
- Mijung Jarjums Kids in Mind provides services to support children and young people who are showing early signs of, or are at risk of developing a mental illness – for families in the Richmond Valley and Hinterland areas with offices in Casino and Lismore. 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 132 111 for the general public
- **Mental Health Carers NSW** (formerly ARAFMI NSW) (Association of Relatives and Friends of the Mentally Ill) offer information and support to families. **Phone – 1300 554 660**

There are also a number of websites that you and/or the child or young person can look at to provide ideas, information and support:

http://au.reachout.com
www.beyondblue.com
www.campkookaburra.org.au
http://www.copmi.net.au/ (Children of Parents with a Mental Illness)
www.howstat.com/comic (Children of mentally ill consumers)
www.COPMI.net.au
www.itsALLright.org
www.youngminds.org.uk
www.youthcoalition.org
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. For these women it is most important that their mental health is regularly assessed and managed in consultation with a mental health clinician.

**What is Safe Start?**

Safe Start is a service for families who may need extra support during pregnancy or after the baby is born (until the baby is 2 years old). This could include help with issues such as mental health, drugs and alcohol use, disability, teen pregnancy, domestic violence, isolation and parenting. To find out more information contact your midwife at your local hospital maternity unit or the child and family health nurse at your local health facility (see p80). You could also contact the Safe Start Coordinator on 02 6620 7587.
Who Else Can Help?

Breastfeeding Helpline (24 hours): 1800 686 268

Drugs in Pregnancy Service: for pregnant women who are in the opioid treatment program or use other substances. The aim is to help women reduce any harm that may occur to both themselves & their baby during pregnancy & after birth
Lismore: (02) 6620 7600 Grafton: (02) 6641 8702

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 12.30 – 9pm & 11pm to 6am. Friday & Saturday 9am to 3.30pm.

Mother Safe (7 days a week 9.00 - 17.00): 9382 6070 or 1800 647 848 for advice on medications during pregnancy and breast feeding.

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. Or for advice on getting your baby asleep at night, chat with a Tresillian Nurse 5pm – 11pm each weekday (excluding public holidays), on line-

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

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

http://www.kidsafensw.org/
Chapter 4: What Does It Mean to have a Mental Health Issue?

The 2007 National Survey of Mental Health and Wellbeing estimated that almost half (45%) of the (adult) population will experience a mental disorder at some time in their life. 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 also 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 pp39, 42-44 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. The Mental Health Council of Australia has a checklist which suggests questions you might like to ask. We have provided a copy of their list on pp93-95.

- You have rights, including the right to complain (see p50-53 and p89)

- The mental health service is acting under legal obligations of the Mental Health Act (2007) - see p54.
# Myths and Facts about Mental Disorders

<table>
<thead>
<tr>
<th>MYTHS</th>
<th>FACTS</th>
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<tbody>
<tr>
<td>If someone experiences a mental disorder once, they will be ill forever.</td>
<td>Many people can recover completely from mental disorders or have long periods without symptoms.</td>
</tr>
<tr>
<td>You can tell someone has a mental health problem or disorder by the way they look.</td>
<td>Mental illness/disorder affects people from all classes and backgrounds. People with mental illness/disorders have no particular changes to their appearance.</td>
</tr>
<tr>
<td>Mental disorder is a matter of choice or a sign of character weakness in a person.</td>
<td>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.</td>
</tr>
<tr>
<td>A person with a mental illness/disorder is lazy, bad or stupid.</td>
<td>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.</td>
</tr>
<tr>
<td>People with a mental illness/disorder are violent and aggressive or dangerous.</td>
<td>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.</td>
</tr>
<tr>
<td>Schizophrenia is having more than one personality or a split personality (like Dr Jekyll and Mr Hyde).</td>
<td>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.</td>
</tr>
<tr>
<td>People with Bipolar Disorder (manic depression) will have many mood swings every day.</td>
<td>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.</td>
</tr>
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</table>
What is Meant by ‘Mental Disorder’ and ‘Mental Illness’?

- When someone is believed to be 'mentally disordered' this means someone whose behaviour is extremely irrational, and this could include the risk of that person causing serious physical harm to themselves or to others.

- Mental illness is a condition that seriously affects, either temporarily or permanently, someone’s ability to function. It may include the person experiencing delusions (beliefs that are false), hallucinations (a sensory experience for which there is no explanation), severe difficulties with thinking, and sustained and profound change in with mood.

- 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.

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.

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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 p19 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 42-44 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 over eating 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 or 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 ph: 07 5589 8700
  - Headspace Lismore ph: 02 6625 0200
  - Headspace Grafton ph: 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](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 website 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 thing 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 p68) 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
To find out more information about mental health resources and services you can contact the:

• Way Ahead Ph: 1300 794 991 Web: www.wayahead.org.au
• SANE Helpline Ph: 1800 187 263 Web: www.sane.org

By contacting the above, you will be able to find information about mental health services that are available on-line, by phone or in your area. You can also find information about mental health services, the meanings of words, directories of services, legal rights and responsibilities, legal information, complaints mechanisms, resource/book lists, internet addresses, pamphlets about various services/organisations and reading material about mental health and illness. This information is not only for the person who is experiencing symptoms but also for families/carers.

Computers are also a great way of accessing information. Surf the internet to find information about a range of mental health issues and services. If you do not have access to the internet at home, you can go to your local library where internet access is free. You may need to become a member (this is also free) and you may need to book a time to use the computers.
There are many mental health apps available for phones, tablets and PC's. These can be used as tools to assist service users to manage their disorder e.g. Moodtracker for Bi Polar Disorder.

You will find a range of apps at: http://www.mindhealthconnect.org.au/mental-health-apps

Some good websites to start with are:

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

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


Carers Australia: http://www.carersaustralia.com.au

Carers NSW: http://www.carersnsw.asn.au/

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

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

Here for life (Understanding suicide before & 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

Mental Health Carers Australia: http://www.mentalhealthcarersnsw.org/


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


43


NSW Association for Mental Health: http://www.mentalhealth.asn.au

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

Patient Information (Mid and North Coast NSW): www.mancpatientinfo.org.au


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

SANE (Information about mental illness & referral): http://www.sane.org

Schizophrenia Fellowship of NSW: www.sfnsnsw.org.au (Now One Door Mental Health: https://www.onedoor.org.au/)

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 (previously the Mental Health Association of NSW): www.wayahead.org.au

Wellways (previously Mental Illness Fellowship): https://www.wellways.org/understanding-mental-health/information-and-resources
Stress and Distress

Some level of stress in our lives is normal and important as a way 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 you are able to 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 p64 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 a number of 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- apple and android free
- 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 down side of drug use?
It is understandable that people try to find something to help them to feel better. However, there are a number of 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 & 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 pp78 & 79
Chapter 5: Legal Issues

The Mental Health Coordinating Council has developed a NSW Mental Health Rights Manual 4th Edition (2015). It provides more detailed information on the rights of the person using mental health services and also the rights of the person providing care and support. The full copy of this is available on the internet at: [http://mhrm.mhcc.org.au](http://mhrm.mhcc.org.au).

Rights and Responsibilities for the Person using Northern NSW LHD Mental Health Services

**Access:**
You have a right to
- Access health care services to meet your individual health care needs
- Timely appropriate treatment and support
- Receive access to relatives and friends, and choose to have them involved in your care
- Advocacy and related support services
- A staff member of your own gender
- Request an Aboriginal mental health worker if you are Aboriginal
- An interpreter and cultural services
- Request access to your health and medical records
- Equal opportunities in health care, income, education, employment, housing, transport, legal services, leisure and sport
- Have the areas of your life listed above and your relationships considered within your care

**Safety**
You have a right to:
- Safe and high quality care provided by competent and professional services
- The least restrictive care consistent with your treatment and safety needs
- Protection from physical, sexual and emotional abuse, violence, harassment and exploitation

**Respect**
You have a right to:
- Be shown respect, dignity and consideration, with compassion for your cultural sensitivities, beliefs, values and personal characteristics
- Respect for your human rights
Communication
You have a right to:
- Be informed about services, treatments, options and costs in a clear and open way
- Receive appropriate and comprehensive information about your diagnosis, and options for care, treatment, rehabilitation and recovery support services
- Be spoken to in a positive, non-discriminatory and compassionate manner

Participation
You have a right to:
- Be included in decisions and choices about your health care
- Be considered capable of making decisions from a range of options available to you, and be supported to make those decisions
- Be involved in all aspects of your treatment, care and recovery planning, and have your preferences taken into account
- Consent to, or refuse treatment – unless subject to Mental Health Legislation
- Seek a second opinion
- Represent service user interests by contributing to the development, planning, delivery, and evaluation of mental health services

Privacy
You have a right to:
- The privacy and confidentiality of your personal information
- Nominate your primary carer, and have them notified
- Be informed about who may access your personal information. In some situations your health information may be shared between people involved in your care

Comment
You have a right to:
- Comment on your care, and have your concerns properly addressed in an effective, respectful and timely manner

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 NNSW LHD policy of ZERO TOLERANCE of aggression towards people and property

**Rights of people receiving involuntary treatment**

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 liberty which includes the right to:
  - Internal review by an authorised medical officer or medical superintendent
  - External review by the Mental Health Review Tribunal
  - The right to procedural fairness
  - The right to information and receipt of a copy of your Statement of Rights
  - The right to legal representation when attending the Mental Health Review Tribunal
  - The right to dignity
  - The right to have one’s designated carer and/or principal care provider notified of that you are an involuntary patient, or of a mental health inquiry
  - The right to an interpreter
  - The right to access your medical records
  - The right to apply to be discharged
  - Rights in relation 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)
    - The right to be involved in discharge and treatment plans
    - The right to privacy and confidentiality
    - The right to protection from ill-treatment
    - The right 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

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4 Mental Health Act (2007) Guidebook. 2010. The NSW Institute of Psychiatry

**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 p55).

**Can I leave at any time if I am a voluntary patient?**
Yes, 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 always 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 3 nights, or the medical officer may suggest that you take leave for a short period of time. This leave might be ‘accompanied’, which means you must have someone with you at all times, 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 or not 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.

A 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 seen as 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?**
When treatment is provided without a person’s consent, it is the service’s responsibility to be sensitive to the issues that this may raise for the person and their family. The Mental Health Service is keen to hear any concerns. In the first instance contact the Nursing Unit Manager or treating Medical Officer of the Mental Health Inpatient Unit. See Chapter 8, p89 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 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 p89.

Need more Information?

- Talk to staff at your local mental health facility
- Visit the Institute of Psychiatry website
  www.nswiop.nsw.edu.au/

- Visit the NSW Health website

Guardianship and Protection

In some situations people affected by mental illness may have difficulty managing their own financial and life decisions. The Guardianship Tribunal, the Office of the Public Guardian and the Protective Office are set up to assist people in this situation.

If you feel that you or someone you know is in this situation, speak to a local mental health provider or contact:
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 closes Legal Aid service near you.

**Mental Health Advocacy Service (MHAS):**
An advocate is someone who speaks on behalf of someone else and supports him or her. You can ask for an advocate to speak on your behalf at Magistrates Hearings and to the Mental Health Review Tribunal. The Mental Health Advocacy Service is part of Legal Aid NSW and provides free legal advice and assistance about on Mental Health law. 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/](http://northernriversclc.org.au/) Phone: Tenancy – **1800 649 135** Phone: Women’s Domestic Violence – **1300 720 606** Phone: Legal services – **02 6621 1000**

**NSW Disability Discrimination Legal Centre:** If you want information or advice about how to make a complaint to the Anti-Discrimination Board phone Phone: **1800 800 708.**
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 LHD Mental Health Services and Chapter 7 p68 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 unachievable goal.

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

- Each person is treated as an individual with strengths, and is encouraged to take responsibility for their own recovery journey
- People are provided with sufficient information to make informed choices about care, treatment and recovery planning
- Services show respect for human rights, and are based on the NSW Charter for Mental Health Services
- 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.

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

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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.

There are a number of places where you can look for and find information about medication including MIMS Consumer Medicines Information (http://www.mydr.com.au/search/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 888 763**

**Interaction of medication with other drugs**

The effectiveness of some medications can be impacted by the use of 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 have the opportunity to 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 particular 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 p79)
- 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 p19 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 legal 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 17%. However, for people with a mental health problem the rate is about 32%. 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.6

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.

6 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 137 848 (13QUIT)
- See the ‘Smoking & Your Mental Health’ information sheet on the Mental Health Coordinating Council website: [www.mhcc.org.au](http://www.mhcc.org.au)
- The **Tobacco and Mental Illness Project** in South Australia has some useful resources and information which can be found at the Quit SA website: [www.quitSA.org.au](http://www.quitSA.org.au)
- Visit the **SANE Australia** website which has resources for someone wanting to quit smoking: [www.sane.org.au](http://www.sane.org.au)

**Physical Health Resources and Websites**
- The Heart Foundation: [www.heartfoundation.org.au](http://www.heartfoundation.org.au)
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. These include the Housing and Accommodation Support Initiative (HASI) program, Community Living Support Services (CLS), Youth Community Living Support Service (YCLSS) and the Community Recovery Service (CRS).

In addition, the Primary Health Network has developed a number of ‘Health Pathways’ which are accessible to clinicians, as well as a consumer version. Health Pathways provides information regarding medical and mental health issues, best practice information and recommended referral pathways.

Consumer Version:  www.mancpatientinfo.org.au
Clinician Version:  https://manc.healthpathways.org.au/index.htm plus password. If a clinician does not currently have access, contact the Primary Health Network: Phone: (02) 6618 5400

Community Managed Mental Health Services in The Northern Rivers

Family and Carer Mental Health Program: Run by Mission Australia, the aim of this service is to ensure that families and carers of people living with a mental illness receive appropriate support, information and skill development so that they may fulfil their caring roles and sustain their own health and wellbeing. Phone: Tweed, Lismore, Grafton, Yamba and surrounds- 6623 7401; Tweed, Byron and Ballina and surrounds 6623 7413.

- Genhealth runs headspace - Youth Mental Health Services – Grafton- headspace provides mental and physical health services for young people aged 12 to 25 to promote health and wellbeing. Ph 6642 1520.

- Grow: is a national organisation that provides a peer supported program for recovery, growth and personal development for people with a mental illness and those experiencing difficulty in coping with life’s challenges.
The program is designed for people to take back control of their lives, overcome obstacles and start living a life full of meaning, hope and optimism. Grow is free to join and you don’t need a referral or diagnosis. There are Grow groups in Tweed Heads, Ballina, Lismore, Casino and Yamba. For details on these groups phone: Phone: 1800 558 268
or the Grow North Coast Community Centre on (02) 6621 3737
Website: www.grow.org.au

- **Men and Family Centre**: Offer 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/](http://www.menandfamily.org.au/)
  Ph: (02) 6622 6116 – Lismore (07) 5536 8868 Tweed Heads

- **Mission Australia – Extra Offender Management Service (EOMS)**
  EOMS is an offender management program in Lismore which focuses on the underlying causes of offending through assessment, voluntary case management and service coordination. For information sherlocks@missionaustralia.com.au.

- **New Horizons**:
  **Low Intensity Mental Health Supports**
  This is a commonwealth funded service designed to support people with non-urgent mental health needs to access individual support that can be provided across multiple modalities including telephone and online. The service is short term and designed to support people with finding information or support services that best suit their needs. The service covers the NNSW Local Health District region and receives referrals through the NSW Mental Health Line.

**Suicide Prevention Support Services**
This is a commonwealth funded service designed to support people who have attempted suicide or experiencing suicidal thoughts. The service works in partnership with NNSW Local Health District Mental Health Services and can provide direct support to people in the community. The service is designed to help people stay safe and access longer term supports that best suit their needs. The service covers the Tweed Heads and Lismore Local Government Areas and referrals are received through NNSW Local Health District Mental Health and Emergency Department services.
North Coast Partners in Recovery (PIR):
This service is for people with severe and persistent mental illness and complex needs. PIR staff coordinate services to support participants to get the help they need. PIR is in the process of transitioning into the National Disability Insurance Scheme. For eligibility criteria or to make an online application please visit the North Coast PIR website: [http://www.pirnorthcoast.com.au/](http://www.pirnorthcoast.com.au/) or call North Coast PIR Phone: 1800 022 066
North Coast PIR has offices in Tweed Heads, Lismore and the Clarence Valley and outreach to other locations.

- North Coast Primary Health Network (NCPHN):
In July 2015, the Australian Government introduced Primary Health Networks (PHNs) across Australia with the key objectives of increasing the efficiency and effectiveness of health services.

NCPHN works directly with general practitioners, other primary health care providers, secondary care providers and hospitals to ensure improved outcomes for patients. They currently run a number of mental health programs:

**New Access – a beyondblue initiative**
This FREE service is available for people who are experiencing a life stress addressing the early symptoms of depression and/or anxiety including feeling sad, moody, angry or unable to concentrate or sleep. It provides an initial assessment and up to five sessions of ‘coaching’. The service can be delivered face to face or over the telephone.

This service is available to people over the age of 18 and gives people practical support, education and tools. People can self-refer or can have a referral supported through their GP or other community service organisation. Phone: 1300 137 934 or visit the website and submit on an online enquiry at: [www.beyondblue.org.au/newaccesscoach](http://www.beyondblue.org.au/newaccesscoach)

**The Healthy Minds Service:**
Healthy Minds provides free short-term psychological counselling services to people who would not otherwise be able to access treatment from a private practitioner. In particular, Healthy Minds supports vulnerable people such as:
- Children (under 12 years) with, or at risk of developing, mental health disorders and behavioural problems.
- Aboriginal and Torres Strait Islander people,
- People at moderate risk of suicide and/or self-harm
- People at risk of homelessness
Who can access Healthy Minds services?
To be eligible, the person must have an Australian Government Health Care Card or be experiencing severe financial hardship. Also, they must live on the North Coast of New South Wales. There is no age limit; Healthy Minds services are for young children to older adults.

Referrals to the Healthy Minds are generally completed by a GP, Paediatrician or Psychiatrist but can be made by other professionals. This is known as an Application for Referral and can be completed by people such as School Principals, School Counsellors, Medical Officers, Emergency Department Staff, Mental Health practitioners and Mental Health Acute Care Teams.

The person must still visit their GP for a referral and treatment plan. NCPHN supports the referral by writing to the GP and informing them that another professional has recommended a Healthy Minds referral to a mental health practitioner.


- **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.
  
  
  Victims Access Line: 1800 633 163
  
  Aboriginal Contact Line: 1800 019 123

- **Open Minds Australia** is a values led organisation that works collaboratively with government and non-government agencies. Its local services include:
  
  (i) The Community Living Supports (CLS) program which provides recovery oriented support to people who have a severe mental illness or disorder with significant functional impairment. CLS provides flexible hours of support for people with a range of mental health and housing needs across Northern NSW Local Health District.
  
  (ii) Housing & Accommodation Support Initiative (HASI) services for the Tweed and Richmond Networks. This specialist mental health support service offers community based psychosocial supports to
those 16 and over, including a wide range of activities that build independence in daily life and contribute to recovery.

For general information: http://www.openminds.org.au/
Phone: 02 5699 9999 or 1300 673 664

- **Rekindling the Spirit: 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

- **Social Futures** runs a number of services across the Northern Rivers in the areas of aging, disability and inclusion, families and children, homelessness and youth. To find out more about these and other Social Futures services see their website: http://socialfutures.org.au or to find contact numbers: http://socialfutures.org.au/home/contact/. The programs include:

  **headspace:** Run by Social Futures, this is a youth friendly health service based in Lismore, Tweed Heads for young people between the ages of 12 and 25. Young people from surrounding regional areas are also welcome to come to the service. Services include counselling and medical, as well as mental health, and drug and alcohol counselling.
  People can self-refer by phoning: (02) 6625 0200 (Lismore); Or (07) 5589 8700 (Tweed Heads).

  **Mijung Jarjums | Kids in Mind** is 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.
  Contact: 02 6620 1896 | kidsinmind@socialfutures.org.au

  **Family Relationship Support Service** is based in Lismore and provides free counselling services for 10-24 year-olds and their parents via individual and group sessions to assist building supportive family relationships. Contact 6620 1800

  **StandBy Support After Suicide** is a community crisis response service that supports the families, friends and associates bereaved by suicide.
  Phone: 0417 119 298 (24hours)
  Email: standby@socialfutures.org.au
  Internet: www.standbysupport.com.au
Third Sector Australia (3SA) (Includes OTCP (On Track Community Programs Inc.) provides a comprehensive mental health support service, the Community Recovery Service (CRS), across the Northern NSW Local Health District to those 12 years and over. These supports are provided in partnership with Northern NSW LHD Mental Health Services. Supports delivered encompass a wide range of activities that build independence in daily life and contribute to recovery. Services include community outreach and supported accommodation options. All referrals must come through the Northern NSW LHD Mental Health Service.

All info @ [http://www.3sa.com.au/](http://www.3sa.com.au/)

For General Mental Health enquiries phone 1300 900 091

Child Mental Health

OTCP Clear Minds – Phone: (02) 6681 6433

Provides early intervention services for children who are at risk of developing mental health illness. As a non-clinical program, it works in collaboration with parents/carers to help develop skills and access resources to help manage their wellbeing.

Wellways Australia provides:

(i) Housing & Accommodation Support Initiative (HASI) services for the Richmond and Clarence Networks. This specialist mental health support service offers community based psychosocial supports to those 16 and over, including a wide range of activities that build independence in daily life and contribute to recovery.

(ii) 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. The program provides intensive case management and individualised support to promote recovery and positive change. Referral must come through the Community Mental Health Team. Available across the Northern Rivers.

Phone: 02 5632 9080

Website: [Http://www.wellways.org/](http://www.wellways.org/)
Online Mental Health Services & Resources
There are an increasing range of online self-help, support and treatment programs as well as apps.

Head to Health: an Australian Digital Mental Health Resource Library:
A new website that links Australians to online and phone mental health services, information and resources is now live. Head to Health connects people to online and phone mental health services appropriate for their individual needs.
Head to Health will help people to take control of their mental health, at a time and place convenient to them, complementing or in place of face-to-face services. It supports people seeking help - either for themselves or someone they care about.
Head to Health is not only helpful when seeking support for a mental health condition, it also provides information about staying mentally well for every Australian.
Services and resources listed on Head to Health are delivered by Australia’s mental health service providers including the Butterfly Foundation, CanTeen, beyondblue and Kids Helpline. They include free or low-cost apps, online support communities, online courses, and phone services that are private and secure.
Head to Health was developed in collaboration with the community, the mental health sector and the Department of Health.
For more information visit https://headtohealth.gov.au/

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

Online Crisis Support:
- Blue Knot Foundation – information, support (phone counselling) referrals for complex trauma from childhood https://www.blueknot.org.au/
- Butterfly Foundation – eating disorders https://thebutterflyfoundation.org.au/ Phone 1800 33 4673
- Counselling Online – text based or phone counselling 24/7 for people concerned about their own or another person’s drug or alcohol concerns https://www.counsellingonline.org.au/
- Eheadspece – online chat, email or phone for young people 12-25 years https://www.eheadspace.org.au/
  Phone **1800 55 1800**
- Lifeline [https://www.lifeline.org.au](https://www.lifeline.org.au)  
  Phone **13 11 14**
- Mensline [www.mensline.org.au](http://www.mensline.org.au/)  
  Phone **1300 789 978**
- QLife – online chat or phone counselling for lesbian, gay, bisexual, transgender and intersex people [https://qlife.org.au/](https://qlife.org.au/)  
  Phone **1800 184 527**
- What were we thinking? – information, support and app for first-time parents [www.whatwerewethinking.org.au/](https://www.whatwerewethinking.org.au/)

**Children and Young People:**
- Beacon Self Help – reviews and rates evidence for online treatment programs, apps and support groups [https://beacon.anu.edu.au/](https://beacon.anu.edu.au/)

**Gay, Lesbian, Bisexual, Transgender, Intersex:**
- Out and Online - online program to improve wellbeing and reduce mental health symptoms in same-gender attracted youth aged 18-25 years. Out & Online provides early intervention for symptoms of anxiety and depression based on scientifically tested psychological treatment.  

**Information and Peer Support:**
- Eheadspace [https://www.eheadspace.org.au/](https://www.eheadspace.org.au/)
• OCD?NotMe! – for people aged 12-18 years with OCD
• The MindSPot Clinic – Australian Government free clinic – has in-house therapists who provide assessment and referral.
• MoodMechanic Course – for young adults 18-25 to learn to manage mild, moderate or severe symptoms of depression and anxiety
• ReachOut https://au.reachout.com/

Self-Help Programs
• E-couch – modules for depression, anxiety, relationship breakdown, loss and grief
  https://ecouch.anu.edu.au/
• myCompass – stress, anxiety or depression
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:
  - **Bullinah** Aboriginal Health Service at Ballina – phone (02) 6615 6444 Website: [http://www.bullinahahs.org.au/](http://www.bullinahahs.org.au/)
  - **Jullums** Lismore Aboriginal Medical Service – phone (02) 6621 4366 Website: [http://www.lismoreams.org.au/](http://www.lismoreams.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 Website: [https://namatjirahaven.com.au/](https://namatjirahaven.com.au/)

Alcohol, Drugs, Gambling and Other Addictions Services


Drug and alcohol counselling is also available at:

**Riverlands (Lismore) D&A service (including detox, Opioid Treatment Programs, Counselling, Drugs in Pregnancy)** – Phone: 02 6620 7600

<table>
<thead>
<tr>
<th>Location</th>
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<tbody>
<tr>
<td>Ballina</td>
<td>02 6620 6187</td>
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<tr>
<td>Byron Central</td>
<td>02 6639 9128</td>
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<tr>
<td>Grafton</td>
<td>02 6641 8709</td>
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<tr>
<td>Maclean</td>
<td>02 6640 0123</td>
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<td>Nimbin</td>
<td>02 6688 1434</td>
</tr>
<tr>
<td>Tweed</td>
<td>07 5506 7010</td>
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Al-Anon: Support group for family members of people with problematic alcohol use. Phone: 1300 252 666 OR in Northern Rivers: 02 6685 9690 Website: 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 Website: 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. Website: www.adf.org.au and http://www.druginfo.adf.org.au/

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

Hello Sunday Morning: Website that supports people to change their relationship with alcohol. Website: 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: 24 hour hotline: 1800 858 859
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/](http://www.buttery.org.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

ACON Northern Rivers: sexuality & 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:

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alstonville</td>
<td>(02) 6628 0849</td>
</tr>
<tr>
<td>Ballina</td>
<td>(02) 6686 8977</td>
</tr>
<tr>
<td>Banora</td>
<td>(07) 5524 9146</td>
</tr>
<tr>
<td>Bonalbo</td>
<td>(02) 6665 1203</td>
</tr>
<tr>
<td>Byron Bay</td>
<td>(02) 6639 9400</td>
</tr>
<tr>
<td>Casino</td>
<td>(02) 6662 4444</td>
</tr>
<tr>
<td>Coraki</td>
<td>(02) 6683 2019</td>
</tr>
<tr>
<td>Evans Head</td>
<td>(02) 6682 4899</td>
</tr>
<tr>
<td>Goonellabah</td>
<td>(02) 6625 0111</td>
</tr>
<tr>
<td>Grafton</td>
<td>(02) 6641 8702</td>
</tr>
<tr>
<td>Iluka</td>
<td>(02) 6646 5455</td>
</tr>
<tr>
<td>Kingscliff</td>
<td>(02) 6674 9500</td>
</tr>
<tr>
<td>Kyogle</td>
<td>(02) 6630 0488</td>
</tr>
<tr>
<td>Lismore</td>
<td>(02) 6620 2967</td>
</tr>
<tr>
<td>Maclean</td>
<td>(02) 6640 0123</td>
</tr>
<tr>
<td>Mullumbimby</td>
<td>(02) 6684 1677</td>
</tr>
</tbody>
</table>
Child & 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
Ability Links
Ability Links NSW supports people with disability, their families and carers. Ability Links NSW Coordinators, or “Linkers” as they are known, work with people with disability aged 9 to 64 years, their families and carers to help them plan for their future, build on their strengths and skills, and develop networks in their own communities so they can do what they want with their lives. A carers support group runs in Ballina.

Phone: 1300 792 940 Email: contact@fncabilitylinks.au
Website: https://socialfutures.org.au/ability-links/

DAISI (Disability & 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. Note: mental illness is included in the meaning of disability.
Phone: 1800 800 340  Website: http://www.daisi.asn.au/
National Disability Insurance Scheme (NDIS):


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

As an insurance scheme, the NDIS takes a lifetime approach, investing in people with disability, including psychosocial disability and people with mental health issues early to improve their outcomes later in life. 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/participants/accessNDIS.html](https://www.ndis.gov.au/participants/accessNDIS.html)
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](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) 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, p68.
Interrelate: relationship counselling, mediation & training. Phone:

- Lismore, Ballina & Byron: (02) 6623 2750
- Grafton & Maclean: (02) 6651 1010

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

Lifeline: 24 hour counselling for anyone about any issues:
Phone: 13 1114 Face to face counselling is also available

Mental Health Association NSW: free confidential helpline during business hours – call for information and support. Phone: 1800 794 992

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

Mission Australia Post Release Support: provides support and advice for people after release from correctional facilities: (02) 6621 4635

Veterans and Veterans Families Counselling Service: counselling and case management for veterans and their families.
Phone: 1800 011 046 (24 hours).

Domestic Violence

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

OTCP 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 & Training

Centrelink:
- Disability Officers: for referrals to Job Network members & supported members & support employment programs. Phone: 13 2717
- Job Network Access: access to computers, phones, faxes, photocopiers and national database for job seekers in each office. Phone: 13 2717
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

Centrelink Disability, Sickness and Carers Line: Phone: 13 2717


NORTEC Employment and Training: Training and support to access employment. Ph: 1800 667 832


Wesley Mission ParentsNext helps eligible parents to plan and prepare for employment by the time their children go to school 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

FACS 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
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

Link to Home – 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).

OTCP Community Housing – provides subsidised rental housing for very low to medium income households Phone: (02) 66863457

OTCP 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 Website: http://www.otcp.com.au/services/homelessness/

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

Reconnect: 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 & 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 affected by mental illness): [http://www.itsallright.org/](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.

Website: [www.au.reachout.com](http://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 & Complaints

NNSW LHD 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 is a subcommittee of the Northern NSW Local Health District Board (the Board) and is 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. Its members include two Indigenous-specific positions, as well as members from relevant non-government organisations, representation from the Board, and managers and staff from the Mental Health Service. 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.

Website: https://nnswlhd.health.nsw.gov.au/about/mental-health-services-2/mental-health-forum/

Consumer and Carer Feedback

Feedback from People using Mental Health Services;

The Your Experience Survey (YES) is a state wide system for gathering and collating feedback from people using public mental health services. When someone is discharged from the mental health service they will be provided with a survey, which can be completed and sent in the accompanying envelope to the data gathering central collection point. It is not offered to someone under the age of 18. Reports are provided to mental health services regarding the experience people have had with their services. The service has the opportunity to 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) is an opportunity for 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 feedback survey.

Feedback is completely confidential and will be collated into a report provided to the local mental health service every six months. This will help the service to improve how it interacts with carers.

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 Network Manager for that service.

   The Tweed/Byron Network Manager manages mental health services from Tweed Heads to Byron Bay. The Manager can be contacted on: Phone: **07 5506 7370.**
The Richmond/Clarence Network Manager is responsible for services from Lismore, Ballina, Casino, Kyogle and down to Maclean and Grafton. That Manager can be contacted on: Phone: **02 6620 7587**.

3. Another option is to contact the Director of Mental Health and Drug and Alcohol Services on: 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.

OR

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:

   **Mailing address:**
   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 NNSW LHD Consumer Relations 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://www.ovmh.nsw.gov.au/

Official Visitors are appointed in accordance with the provisions of the NSW Mental Health Act.

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 have the right of access to the Official Visitors and staff will tell you when a visit is expected and how you can contact these people.

The reason for appointment of 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

OR

Go into the MHCA website http://mhca.org.au/ go to 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)/primary 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?
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
TTY service for the hearing impaired (02) 9219 7555 or contact the National Relay Service on 133 677
Business Hours 9.00am to 5.00pm Monday to Friday
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Mental Health Act (2007) Guidebook, NSW Institute of Psychiatry and NSW
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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 on: Phone: 02 6620 7587
Or Mim.Weber@health.nsw.gov.au