



flourish

Mental Health Action
In Our Hands Inc.

VOICES

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TASMANIAN ELECTION SPECIAL

From the Editor's Desk

Welcome to Flourish's jam-packed first edition of VOICES for 2018. Among the stories in this edition are the upcoming state election and who some of the candidates are; the on-going crisis that is mental health in Tasmania; the final report of the Royal Commission into Institutional Responses to Child Abuse; how some governments silence criticisms by community advocacy groups; and Methamphetamine use and why the National Criminal Intelligence Commission is so keen to study our toiletry expulsions. What we do not have are as many contributions from members as we should. It would be nice if more contributions to VOICES was a new year resolution for many people...

A Few Words from Flourish's CEO: Klaus Baur



What a whirlwind of a start at this small and amazing organisation. Flourish's Festival of Ideas took place one week into my new role as CEO. It was an honour and pleasure to be a part of it. The Flourish team did an incredible job coordinating the entire event. The experienced interstate facilitator Helen Glover said: *"Excellent planning collaboration over eight months led to above-expectation outcomes.*

From our understanding this may have been the first Design Thinking festival within the Australian mental health sector that has brought together people with a lived-experience and a smaller group of provider staff to design new approaches forward."

Inspired by the two facilitators, Helen Glover and Stefan Hitchins, the participants worked in small teams to create six innovative projects over the three days of the event. These projects now have the potential to improve the lives of people experiencing mental health challenges and the service system. To find out more about Flourish, these projects, or to assist in giving mental health consumers a voice in the community, please visit our website (flourishtas.or.au), Facebook page (www.facebook.com/flourishtas), or contact our Hobart office (33 Melville St. Ph. 03 6223 1954).

And a Few Words from Harry



Well, 2017 is now behind us and 2018 is well and truly upon us. I thought last year was a successful and rewarding year. We made some progress although some of it may have appeared to be slow. To me, the highlights were the changes we made to our Constitution to have voting rights for members, and the inclusion of a Board member from each of the FLAGS; the change in CEO from Julia to Klaus, and the Festival of Ideas.

Klaus is well and truly in the role and has been busy meeting and getting to know people and organisations who are stakeholders and friends of Flourish. We already see 2018 as an exciting year with some growth on the horizon. We should be hoping to widen our membership base and our capacity to draw more funds to enable us to “branch out”; we should be undergoing some innovatory projects; we should be looking to involve more consumers in the management of these projects and in other activities to do with the running of the office and some of the operations of Flourish; we should also establish some important “partnerships” with other organisations. By then it will be December and we will be feeling satisfied with our 2018. Be happy, be well.

Remember, Flourish is by the consumers, of the consumers and for the consumers. (edited)

Harry Wilsdon AM

Flourish Board Chairperson

2018 Mental Health Muster

Australian Rotary Health, one of the country’s largest non-government funders of mental health research, is hosting mental health musters around the state. While Australians have enjoyed the Christmas holidays and summer fun, more than one in five have not, due to serious issues with their mental health. However, the latest statistics would suggest the number of Australians who will experience mental illness in their lifetime is now closer to one in two; that’s almost half the population, with almost a third being under the age of 25 years. While the symptoms associated with mental illness can be treated, there is not yet a cure, which is why funding from community organisations such as Australian Rotary Health is so important. The Mental Health Muster walk is a great family event with everyone invited to attend their local muster. The first event will begin in Margate on February 18 and the last will be on February 25 in Ulverstone. To register go to: www.humanitix.com/event/muster-for-mental-health-walk/. For details, phone 0447 298 055. (edited)

Source: Kingborough Chronicle

Restricted Distribution of VOICES Hard Copies

Due to an unexpected logistics issue, distribution of Flourish's monthly hard copy newsletter, VOICES, to areas outside of the immediate Hobart CBD will no longer be available. Should any organization or individual wish to procure hard copies of VOICES, they can be downloaded from Flourish's Website or directly from the E-News version. Alternatively, you can visit our office at Pressland House, 33 Melville St, Hobart and request copies.

Wellways to Health Workshops

Is life hard at the moment? Are you feeling stressed, anxious or low? Sometimes life throws us some challenges we don't know how to deal with. This free Wellways workshop is for people aged 18 years and over. The workshop aims to assist people in improving their individual wellbeing and building on personal strengths and values to help manage life. Workshops will be held across the state.

For information details, contact Wellways at tasmania@wellways.org/wellwaysau, or phone their regional offices at Burnie: 03 6419 7010; Launceston: 03 6333 3111; Hobart: 03 6169 0600

Workshop for Survivors of Childhood Abuse and Trauma



The Blue Knot Foundation is providing a FREE one-day workshop for people who have experienced abuse or trauma in childhood. Attendees can learn

about what that experience means and how it may have affected then and now. It will raise awareness about survivors' strengths and resilience, the role of coping strategies, how the brain responds to stress, and most importantly research which shows that recovery is possible. Participants will gain information which may help them build on their strengths, understand their reactions and ways of coping and identify strategies for positive change. Participants will also receive information about finding and engaging good support, accessing helpful resources and self-care strategies. This workshop is educational rather than therapy; it focuses on safety, self-care and support. While there is some group discussion during the workshop, there is no obligation to speak and participants are not encouraged to share their stories. (edited)

Who Should Attend?

Adult survivors (over 16 years of age). This includes emotional, physical and sexual abuse, neglect, growing up with domestic violence, with a parent with a mental illness, who was suicidal, abused substances and/or was imprisoned or with other forms of separation e.g. divorce, grief and loss.

When: Saturday 19 May 2018, 10:00 am to 4:00 pm. Registration from 9:45am.

Where: Hotel Grand Chancellor, 29 Cameron St, Launceston.

To Register: <https://asca.memnet.com.au/MemberSelfService/EventBooking.aspx?selectedEventId=416>

For Information: Phone (02) 8920 3611.

Tasmania's Mental Health Act Review: A Review Too Far Off



In February four years ago, Tasmania's Mental Health Act (2013) came into effect. Section 229 of the Act provides for a review of the Act within six years of the Act's commencement, meaning the government is not obliged to undertake a review until February 2019. However, there was an expectation among many within the community that a preliminary review of the Act would occur within 18 months to two years to gauge effectiveness of the Act. The Act was allowed a 'period of grace' of six months (Feb – July 2014), during which time any deficiencies in the legislation could be identified and rectified. However, it quickly became clear there were many more issues than anticipated, yet no review was undertaken.

In 2016, a review of sorts was conducted, but with a very limited scope for comment by community organisations. Consumers were not directly included. The review was predominantly about streamlining administrative processes to provide for greater efficiency. The only good thing for consumers that came from this review was the removal of the word 'treatment' from the Act in relation to restraint and seclusion practices. The amendments from that review became effective in July 2017. Since the Act came into effect there have been continuous breaches of the Act and continuous violations of patient's legal rights under the Act, yet little, if anything, has been done to make people who work under the Act more accountable and their actions more transparent. The Chief Psychiatrist issued plain language Standing Orders (regulations) and Clinical Guidelines to make everything about the Act more easily understandable, yet we still have clinicians and nursing staff who remain ignorant of their legal and medical obligations under the Act. Then there are the human rights violations contained within the Act. Mechanical and chemical restraint and seclusion have long been acknowledged as having no therapeutic value and do little other than traumatise people who are already in a state of acute distress. These practices are a breach of United Nations Human Rights Conventions and have been banned in many overseas jurisdictions, and with good cause as they are obsolete and dangerous. It is time Tasmania's Mental Health Act was completely overhauled to reflect global trends, best practice, and importantly, human rights concerns. Another option to scrap the legislation as other jurisdictions have done as it is not needed, is discriminatory, and it creates stigma.

Dannii Lane: Mental Health & Human Rights Advocate

Source: Mental Health Act (2013); Mental Health Act (2013) Standing Orders and Clinical Guidelines; UN International Covenant on Civil and Political Rights; UN International Covenant on Economic, Social and Cultural Rights; UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; UN Convention on the Rights of Persons with Disabilities.

"You cannot recover from anxiety by just staying calm. You cannot recover from depression by just being positive. You cannot recover from anorexia nervosa by just eating more. If mental illnesses were that simple, we wouldn't be struggling in the first place." Healthyplace.com

Mental Health in Tasmania Still in Crisis

Tasmania is not only the poorest state in Australia, but it also has the nation's highest rates of cancer, heart disease and diabetes. It also has the lowest number of doctors per capita in the nation. Mention mental health and it gets worse. Between 2015 and 2016 Tasmania topped the national rankings when it came to in-patient care for people with a mental illness. Furthermore, according to a report from the Australian Institute of Health and Welfare, Tasmania recorded the highest rate of patients prescribed medication for mental health-related conditions. Tasmania tops many statistics when it comes to mental health and health in general, and none are anything to boast about.

Tasmania has the highest suicide rate in Australia, after the Northern Territory. In contradiction to state government media releases, a national report into emergency departments found that Tasmania has gone backwards since the current government came to office in 2014. Tasmania's emergency departments are now lagging well behind the rest of the nation, with one in ten patients waiting more than nine hours to be admitted. In November 2016, Tasmanian coroner, Simon Cooper, stressed the unsuitability of this arrangement, saying it contributed to a man's death. "*The department of emergency medicine at the Royal Hobart Hospital is no place for anyone suffering from depression, anxiety, suicidal ideation, and indeed any mental health issue,*" he said.

Last year the Royal Australian and New Zealand College of Psychiatrists told a state parliamentary inquiry into health services that mental health in Tasmania was in a critical state. The college said Tasmania has fewer mental health beds and psychiatrists per capita than the other states, while specialised services for youth and women do not exist. Just recently, mental health experts claimed staff at the Royal Hobart Hospital were struggling to deal with too few mental health beds and almost constant bed block, with one clinician saying that psychiatric patients continue to wait days for a bed. As far back as 2011, the Tasmanian Social Education and Research for Humanity Foundation (SEARCH) claimed the Tasmanian health system was dysfunctional and required major reconstruction with health delivery the main priority. They said then, "*The government must act immediately before more lives are lost and the health system itself crashes.*" Sadly, that 2011 prophecy has come true for many. (edited)

Dannii Lane: Human Rights & Mental Health Advocate

Source: Belconne, 2017, 'Causes of Death in Australia', ABS, Commonwealth of Australia. 27 September; Browning, S 2017, 'Tasmania ranks highest in Australia on mental health hospital admissions, medication', *Australian Broadcasting Corporation*, 14 October; Morgan, T 2017, 'Waiting times in Tasmania's emergency rooms worsen as the national figures steady', *Australian Broadcasting Corporation*, 30 November; Hunt, L 2017, 'Patient describes 'horrible' wait for mental health bed in Royal Hobart Hospital', *Australian Broadcasting Corporation*, 30 June; Ogilvie, F 2017, 'Tasmanian mental health services at crisis point, psychiatrists say', *Australian Broadcasting Corporation*, 7 September; 'A Position Statement on the Crisis In Tasmania's Public Health Care System', *Tasmanian Social Education and Research for Humanity (SEARCH) Foundation, and the Tasmanian Public Environmental Health Network (TPEHN)*, November, 2011; Beavis, L 2018, 'Tasmanian election: Hobart psychiatrist warns of constant bed block, as Labor unveils mental health plan', *Australian Broadcasting Corporation*, 1 February.

National Mental Health Plan Needed: Australian Medical Association



AMA

Australia lacks an overarching mental health 'architecture'. There is no agreed national design or structure that facilitates prevention or proper care for people with mental illness. Mental health and psychiatric care is grossly underfunded when compared to physical health. Forty-five per cent of Australians will experience a common mental health disorder in their lifetime.

Almost 64,000 people have a psychotic illness. In 2012-13, fourteen per cent of children and adolescents experienced mental health disorders. Australians living with schizophrenia die 25 years earlier than the general population, yet mental health receives less than half the funding of the comparable burden of disease funding. The AMA believes in strategic leadership which integrates all the relevant components including the National Disability Insurance Scheme (NDIS), Primary Health Networks (PHNs), General Practice, National Strategic Framework for Chronic Conditions, Aboriginal and Torres Strait Islander Health Performance Framework, and the mental health workforce. Mental health cannot be seen in isolation from wider societal influences, such as experiences in early childhood, social disadvantage, marginalisation, and unemployment. There is a marked lack of capacity at all levels of mental health care. Poor access to acute beds is manifested by extended delays in ED. Poor access to community care delays discharge or leads to failed discharges. While poor funding and community services mean prevention, support services and early interventions are not easily accessed or co-ordinated. Commonwealth, State, and Territory Governments should work cooperatively to change the current patchwork of fragmented, competing and overlapping services to one based on evidence, research, investment, and sustainable funding. The National Health and Hospitals Reform Commission, the National Advisory Council on Mental Health, the National Mental Health Commission, and a range of mental health groups have all pointed to the need for reform of mental health service delivery and funding arrangements. To date, government responses have fallen well short of meeting the need for change and additional resources.

All Australians with a mental illness deserve to have ready access to quality mental health care based on their particular needs. This requires a significant expansion of services, intervention and supports for people with mental illness across the whole continuum of care, and better coordination of clinical care for patients with severe, chronic and complex needs.

To address the gap, significant investment is needed to reduce the deficits in care, fragmentation, poor coordination and access to effective care. Well-coordinated and properly funded community-managed mental health services for people with psychosocial disability will reduce the need for hospital admissions and re-admissions with the potential capacity to diminish the severity of illness and its consequences over time. (edited)

Source: MHCC FYI news January 2018. Image: ama.com

Without Fear or Favour, But with Courage, Conviction, and Compassion

After 57 public hearings spanning five years, 1,300 witness accounts, and more than 8,000 harrowing personal stories from survivors, the Royal Commission into Institutional Responses to Child Sexual Abuse has ended. The Commission delivered its 100,000-page report to the Governor-General Sir Peter Cosgrove on 15 December 2017. The report contained a total of 409 recommendations. Some 4,000 institutions were reported to the Royal Commission, with more than 2,575 people referred to the police for investigation.

It may not have been obvious, but the courage shown by the commissioners and their staff in dealing with the horror stories they were hearing day after day deserves recognition and praise. The commission investigated many high-profile institutions without fear or favour, including the Australian Defence Force, state and territory police services, community service organisations, and religious institutions, including the Salvation Army, and the Anglican and Catholic churches.

Slowly, Australia is moving towards a stance of zero tolerance, but this cannot be the end of courage. We need courageous state and federal governments to continue to enact legislation which reflects the recommendations of the royal commission; recommendations which have been instructed by the evidence of thousands of brave survivors. We need courageous survivors to keep coming forward and sharing their stories, so that they can get the help they need, but also to ensure that we continue to learn from the past. We need courageous institutions to make the changes they need to be safe and to support those who are suffering now because of the wrongs of the past. We need to continue the courage it takes to listen and truly hear the survivors' voices, and we need to create environments of support, so the victims are never the ones on trial. In the civil litigation area, most states have now removed the unfair statute of limitations for survivors of abuse. Despite political dithering by some states, it is hoped the National Redress Scheme will commence soon.

All of these changes are welcomed by survivors and the litigators fighting to give them a voice. Every brave survivor deserves gratitude for coming forward, often at a very personal cost to them. The brave witnesses who have given evidence to stop predators and support victims, also deserve thanks. The public at large who have heard the horrific stories and have expressed outrage at the wrongdoers and care for the survivors also deserve a pat on the back. They made the commission a platform from which abuse victims could tell their stories in an environment that supports them, in a nation that encourages them. Finally, without the conviction and courage to keep going, the Commission could not have achieved all that they did. They therefore deserve the highest praise, because they did what so many institutions and individuals would rather they had not. The Commission's final report can be accessed from their website at: <https://www.childabuseroyalcommission.gov.au/> (edited)

Primary source: Flynn, L 2017, 'The conclusion of the royal commission can't mark the end of courage', *Australian Broadcasting Corporation*, 15 December; Stuart, R 2017, 'Royal commission: Final report into institutional child sex abuse handed down', *Australian Broadcasting Corporation*, 15 December; The Final Report of the Royal Commission into Institutional Child Sexual Abuse, *Commonwealth of Australia*, 2017.

A Review of the Guardianship and Administration Act (1995)

The Tasmanian Law Reform Institute (TLRI) has issued an Issues Paper; No. 25: A Review of the Tasmanian Guardianship and Administration Act (1995). The Guardianship and Administration Act deals with decision-making for people with a disability who are unable to make decisions about their personal and financial matters or medical treatment. The Issues Paper examines the roles of administrators, guardians, persons responsible, the Guardianship and Administration Board, and the Public Guardian in making decisions for people who are deemed unable to make their own decisions. The Issues Paper is seeking community feedback on how current informal arrangements to support decision-making are working for Tasmanians with disability. The Paper presents options for reform, including new ways to provide people with support to make their own decisions. The Review was commissioned by then Attorney-General, The Hon. Vanessa Goodwin MLC in December 2015 in response to developments in law and policy nationally and internationally that promote the human rights of people with disability. With the Act now more than 20 years old, this review is timely and will ensure reforms are consistent with the international human rights framework and are responsive to the needs of Tasmanians.

The Report is available on the Law Reform Institute's webpage: <http://www.utas.edu.au/law-reform/publications/ongoing-law-reform-projects2> with an Easy Read Summary and Submission Template also available. The Institute welcomes responses to the Paper until 9 March 2018.

The Institute understands the importance of consulting the broader community about the review, and will announce dates for a series of community conversations around Tasmania in the coming weeks. For information, contact the TLRI on (03) 6226 2069, or email Kate.Hanslow@utas.edu.au (edited)

Kira White: Tasmania Law Reform Institute

Volunteering Tasmania Southern Network Meeting

Date: Tuesday 13 February 2018

Time: 10:00 am – 11.30 am

Location: Migrant Resource Centre, KGV Sports Centre, Level 2, 1A Anfield St, Glenorchy.

Parking: Free parking, subject to availability. Additional parking is available at the Northgate carpark (across the railway track) and on KGV Avenue.



“When any other part of your body becomes sick, you get sympathy. With mental illness you get guilt, stigma and locked up and treated without consent.” Anon

Tasmanian 2018 Election



After months of being in a 'faux campaign mode', the Premier, Wil Hodgman, has finally announced the 2018 election date. For those who missed it, it is Saturday 3 March.

Candidates will contest 25 seats across the divisions of Franklin, Denison, Lyons, Bass, and Braddon. While the Liberals and Labor claim they will only govern in majority, political analysts and the polls all agree that it is likely Tasmanian's will get a hung parliament. In such a scenario the Liberals (or Labor) might elect to govern as a minority government, but that is unlikely and prone to failure. It is more likely they will agree to form government with the support of one or more of the minor parties/independents. It is therefore important for people to know who the minor parties and independents are and what they stand for. While individual candidates may talk about great things for Tasmania, it is the various party's policies that will count; e.g., what are their policies on mental health, access to hospital beds, general health care, and affordable housing?

What do I need to do to vote?

Make sure you are registered and correctly enrolled. You can register to vote or check your enrolment status via the Tasmanian Electoral Commission website; <https://tec.tas.gov.au/Info/Enrolment.html> or you can phone the TEC on 03 6208 8700 or Freecall 1800 801 701.

Sources: Tasmanian Electoral Commission, Australian Broadcasting Corporation; Images: Advocate.com.au

Tasmanian Election: What Tasmanian's Want

The ABC's Hobart Bureau recently invited the public, via their Facebook page, to list what issues should top the to-do list for the next state government. Hundreds of people responded and while not exhaustive, the survey reflected public mood and what Tasmanians have been telling the ABC for more than 12 months. Health is clearly a priority and featured in hundreds of responses. Also high on the list are improved hospital waiting times, better access to medical services, better aged care and concerns over the future of Tasmania's hospital system. "*No-one should have to wait weeks to see their GP, months and months to see a specialist, or more than four hours in emergency,*" one respondent said. Other issues that featured prominently were housing availability and affordability, electricity and water costs, access to medicinal cannabis and concerns over Tasmania's environment.

(edited) Source: Dunlevie, J 2018, 'Tasmanian election: Your wish list for the next state government', *Australian Broadcasting Corporation*, 29 January

Who Are Tasmania's Election Candidates?

The final list of candidates will not be known until 14 February. Those listed here are accurate at time of publication. It should be noted that Jacqui Lambie is not a candidate in this election. The following minor parties are registered in Tasmania, but at time of publication (5 Feb) none had declared candidates: Animal Justice Party, Australian Christians, Pauline Hanson's One Nation, Shooters Fishers and Farmers Party, Socialist Alliance, and Tasmania 4 Tasmanians (T4T).

LABOR.

BASS. Michelle O'Byrne, Ross Hart, Adam Gore, Brian Roe, Jennifer Houston, Owen Powell.

BRADDON. Shane Broad, Anita Dow, Danielle Kidd, Themba Bulle, Wayne Roberts, Dennis Mullins.

DENISON. Madeleine Ogilvie, Scott Bacon, Scott Faulkner, Ella Haddad, Tim Cox, Zelinda Sherlock.

FRANKLIN. Alison Standen, David O'Byrne, Heather Chong, Kevin Midson.

LYONS: Rebecca White, Darren Clark, Gerard Gaffney, Janet Lambert, Jenna Butler, Kylie Wright.

LIBERALS.

BASS. Sarah Courtney, Michael Ferguson, Peter Gutwein.

BRADDON. Jeremy Rockcliff, Joan Rylah, Roger Jaensch, Adam Brooks.

DENISON. Elise Archer, Sue Hickey, Matthew Groom.

FRANKLIN. William Hodgman, Jacquie Petrusma, Nick Street.

LYONS. Rene Hidding, Guy Barnett, Mark Shelton.

GREENS.

BASS. Andrea Dawkins, Emma Anglesey, Emma Williams, Tom Hall, James Ireland.

BRADDON. Scott Jordan, Sally O' Wheel, Tom Kingston, Julie Norbury, Phillip Nicholas.

DENISON. Cassy O'Connor, Helen Burnet, Mel Fitzpatrick, Aaron Benham, Rose Kokkoris.

FRANKLIN. Rosalie Woodruff, Richard Atkinson, Holly Ewin, Ross Lincole, Lachlan Hatfield.

LYONS. Fraser Brindley, Helen Huchinson, Lucy Landon-Lane, Gary Whisson, Glen Millar.

JACQUI LAMBIE NETWORK.

BASS. Michelle Hoult, Joshua Hoy, Gary Madden.

BRADDON. Roslyn Flanagan, Timothy Lovell, Gina Timms, Rodney Flowers, Colin Smith, Daniel Groat.

LYONS. Michael Kent, Chris Reynolds, Bob Vervaart.

Sources: Tasmanian Electoral Commission, Tasmanian Labor Party, Tasmanian Liberal Party, Tasmanian Greens, Jacqui Lambie Network.

ElectionsTas Smartphone App for the State Election

For the tech savvy politically conscious person, the Tasmanian Electoral Commission has an app. ElectionsTas lists the nearest polling places, the candidates in each division and election updates.

Looking for help with the ElectionsTas app? Send the TEC a message: education@tec.tas.gov.au

What Do the Election Contenders Have to Say on Health?



On health, the JLN says: Our health system is uncoordinated, under-staffed, under-resourced and under-funded. Tasmania needs an immediate increase of 200 properly funded and clinically staffed public hospital beds. Tasmania's health system needs an extra annual investment of \$200 million. The JLN suggests employing the services of Aspen Medical, a firm who with a distinguished track record of dramatically and quickly reducing general admission and public operation waiting lists. Aspen requires only \$15,000 to begin a health scoping study, which is the first step to fixing our long public surgery waiting lists. Aspen's record speaks for itself when it comes to fixing health crises caused by dysfunctional public health management. In the long term, the JLN believes it is essential a feasibility and benefit study be conducted into a new public and private health centre and hospital located on the North-West Coast. All medical services would be located there, enabling easy access to all and providing future generations with enhanced tertiary level medical care and treatment. It would save duplication of services along the Coast, provide vital scale to attract professionals and alleviate pressure on both the Launceston General Hospital and the Royal Hobart Hospital. (edited)
Source: Jacqui Lambie Network (<http://www.lambienetwork.com.au/>)



Every Tasmanian deserves to have access to the best health services available and be able to rely on extra support if needed. The Liberals' targeted and comprehensive Suicide Prevention Strategy and Youth Suicide Prevention Strategy is now being implemented with new services and programs to support all Tasmanians from the young to the elderly, with better community mental health services through to programs in schools to combat bullying and provide support to young Tasmanians. Currently the five-year age-standardised rate of suicide in Tasmania is 14.5 per 100,000 people. A 20 per cent reduction would make the rate in Tasmania approximately 11.4 per 100,000, more in line with the national average. Ninety per cent of emergency presentations will be in and out of the Emergency Department within four hours by 2022. Despite a significant increase in presentations, 64.7 per cent of emergency presentations are currently in and out of the Emergency Department (treated and discharged, admitted to hospital or transferred to another hospital) within four hours, which is the national target. We want to do better and are employing more staff and providing new hospital beds to help reach 90 per cent. (edited)

Source: Tasmania Liberals (<http://www.tas.liberal.org.au>)



Labor will provide a total of 42 acute mental health beds close to the RHH, and we will fund Psychiatric Emergency Nurses for every shift in the RHH, LGH and NWRH Emergency

Departments. We also understand the need for more community mental health services and accommodation. We will build 12 individual homes state-wide to assist Tasmanians into recovery as well as considering planning for a new residential Mental Health Prevention and Care Facility. This facility will offer treatment and psychosocial support for consumers in short term and transitional accommodation, plus outpatient support services. Labor will review Child and Adolescent Mental Health Services to ensure that our young people have the best treatment and support. We will investigate the development of an Adolescent and Youth Residential Mental Health Treatment facility and will introduce Child and Adolescent outreach teams in the South, North and North West to support the increase in hospital emergency room presentations. Labor is committed to the Rethink Mental Health Strategy and funding for Rural Alive and Well. (edited)

Source: Tasmanian Labor (<http://taslabor.com/>)



The Tasmanian Greens believe that good health is a combination of physical, mental, spiritual, cultural and social wellbeing; it is not simply the absence of disease or infirmity. Our approach is holistic. We recognise that environmental, economic, social and political factors are significant determinants of good health.

Tasmania Good health stems from good policy in all areas of government. Clean air and water, nutritious food, and an adequate standard of housing are basic preconditions for physical and mental wellbeing and can prevent many illnesses or diseases. In terms of mental health, the Tasmanian Greens will work to improve service delivery in mental health and in drug and alcohol rehabilitation by facilitating effective and formal partnerships between the public and private sectors as well as creating adequate accommodation facilities for outpatients. (edited) Mental Health

Source: Tasmanian Greens (<https://greens.org.au/tas>)

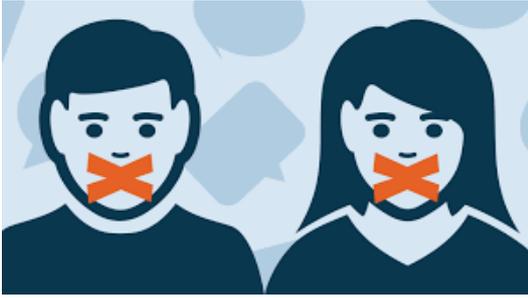
Brave Leadership on Pokies

The Community Voice on Pokies Reform Coalition, which includes Flourish, congratulates Labor for the brave leadership it is showing in getting pokies out of Tasmanian suburbs.

Kym Goodes, coalition member and TasCOSS CEO said, "*True leadership places the public interest above the vested interests... This is our opportunity to change things for the better, and not simply continue the harmful practices of old.*" (edited)

Source: Tasmanian Council of Social Services (<https://www.tascoss.org.au/>)

To Speak Out or To Not Speak Out? Therein Lies the Problem



In 2004 The Australia Institute undertook a survey of the non-government sector. The end report, 'Silencing Dissent: Non-government Organisations and Australian Democracy', concluded that NGOs felt the government was undermining their credibility, and defunding or threatening to defund organisations considered

uncooperative. Much has happened since the report was published, including changes to the political and regulatory landscape, the formation of the Australian Charities and Not-for-profit Commission, the passing of the Charities Act, and advances in the digital landscape. However, the threat to advocacy remains a concern.

A 2017 report by the Human Rights Law Centre, 'Defending Democracy: Safeguarding Independent Community Voices', detailed the continued financial threats NGOs faced in light of attempts to restrict advocacy. The relentless pressure of the last few decades means that, to a greater or lesser degree, organisations are now treading very carefully to avoid the risk of financial security and political retribution. As in 2004, governments today continue to use funding to limit dissenting voices, whether through implied threats or through explicit restrictions in funding agreements. Nearly all NGOs believed that economic power and strong vested interests were major drivers of government policy. The development of social media has transformed the way that NGOs participate in public debate and communicate with their members and stakeholders. Eighty-nine per cent of survey respondents used social media to "get their message heard" as part of their communications strategy. Facebook was the most common platform. Financial insecurity remains central to the limitations on advocacy that the sector is experiencing.

The data captured in this project suggests that public debate in Australia is not as healthy as it ought to be in a developed liberal democracy such as ours. The 2004 survey of the NGO community painted a "grim picture of the state of public debate in Australia" and 13 years later, notwithstanding changes of government, many voices remain muted or unheard. Australian civil society needs to be supported and encouraged to engage in frank and fearless advocacy. This is vital if we are to ensure that our democracy remains vibrant and robust. We cannot allow ourselves to become complacent in this regard. The more the silencing of civil society is normalized, then the higher the risk becomes to the overall quality of Australian democracy. (edited)

Source: MHCC FYI e-news 13 December 2017. Image: prageru.com

"He who learns must suffer, and even in our sleep, pain that cannot forget falls drop by drop upon the heart and in our despair and against our will comes wisdom through the awful grace of God", so no redemptive moment but maybe a bit of wisdom." Aeschylus (483 BC)

Methamphetamine: What You May Not Know

Methamphetamine is a stimulant class of drugs, which also includes amphetamine, ecstasy, and cocaine. There are three main forms of methamphetamine: powder, base, and crystal. Of concern is the crystalline form known as 'ice'. Ice is the most potent form of methamphetamine. People can take methamphetamine by inhaling/smoking, swallowing (pill), snorting, or injecting the powder that has been dissolved in water/alcohol. Methamphetamine is highly addictive. Its use has many negative consequences, including; rapid heart rate and breathing, anxiety, confusion, violent behaviour, paranoia and hallucinations. Frequent users are likely to be unemployed, psychologically distressed, and engage in risk taking activities.

When people stop taking methamphetamine, withdrawal symptoms can include anxiety, fatigue, severe depression and psychosis. Using antipsychotic medication (to treat the psychosis) can lead to seizures. Antidepressants used to treat the depression can cause kidney failure and cardiovascular problems such as cardiovascular collapse, tachycardia, and death. Research into the effectiveness of medications to treat methamphetamine withdrawal and to prevent relapse has not yet shown that one drug is better than another because the medications may cause side effects, increased cravings, or lack of general improvement. Drug substitution therapy using dexamphetamine (a central nervous system stimulant) is available in the UK and is similar in practice to prescribing methadone for heroin dependence. Trials of both dexamphetamine, and modafinil, have been conducted in Australia. However, they have not yet been approved by the Australian Government. (edited)

Source: Roche. A, McEntee. A, Fischer. J, Kostadinov. V 2015, 'Methamphetamine use in Australia', National Centre for Education and Training on Addiction (NCETA), Flinders University; National Drug and Alcohol Research Centre, University of NSW; National Institute on Drug Research, 2017, Positive Choices, Alcohol and Drug Foundation (Australia); Jenner L, Lee N, 2008, 'Treatment Approaches for Users of Methamphetamine: A Practical Guide for Frontline Workers', Department of Health and Ageing, Australian Government, Canberra.

Tasmania's Sewerage and Drug Use



The use of methylamphetamine in Tasmania has been highlighted in a study of people's sewage. A report by the Australian Criminal Intelligence Commission (ACIC), 'National Wastewater Drug Monitoring Program Report (2017)', tested sewage across the Australian population. Researchers tested for cocaine, MDMA (ecstasy), alcohol, tobacco and prescription medications. In Tasmania, ACIC tested seven secret sites. Of all the capital cities, Hobart tested the lowest for methylamphetamine. However, Tasmania's regional sites were among the highest for methylamphetamine. One sample found people were using more ecstasy than any other site, and more than double the next regional site sampled, which was in Queensland. Oxycodone, a morphine-based prescription, was also found to be high in the Hobart and regional Tasmanian sites, as were tobacco and alcohol. (edited)

Source: Australian Criminal Intelligence Commission, 'National Wastewater Drug Monitoring Program 2017', *Commonwealth of Australia*. Image: consumerreports.org

A Conversation with Carers: An Invite for Friends, Families & Carers



Conversations with Carers is a great opportunity for you to share your experience as a mental health carer with staff from Mental Health Services. You will have an opportunity to ask questions about state government services and give feedback on carer inclusive service delivery. These forums are for carers of a person with a mental illness and not open to service providers. The conversation topic will be mental illness and comorbidity:

What drug and alcohol services are available to support someone with a mental illness and drug & alcohol addiction?

What is the process to receive assessment/intake?

What is the time period for detox and rehabilitation in hospital?

What are the support services for recovery once a patient is back living at home?

VENUES, DATES, TIMES

Hobart: Monday 26th February 2018. Maranoa Heights Community Centre, 24 Hawthorne Drive, Kingston. 1:00 pm to 3:00 pm.

Launceston: Tuesday 27th February 2018. Starting Point Neighbourhood House, 6 Prossers Forest Road, Ravenswood. 2:00 pm to 4:00 pm.

Devonport: Wednesday 28th February 2018. Devonport Community House, 10 Morris Avenue, Devonport. 10.30 am to 12.30 pm.

Light refreshments will be supplied. RSVP by Monday 19th February 2018. Phone Vicki at Mental Health Carers Tasmania on 6228 7448 or email admin@mentalhealthcarerstas.org.au

(Edited)

Upcoming Regional Mental Health Group Meeting Dates

Burnie. Tuesday 20 February. Wellways, 1:30 pm – 3:30 pm

Launceston. Wednesday 21 February. Anglicare, 1:30 pm – 3:30 pm

Hobart. Thursday 22 February. Moonah Arts Centre, 1:30 pm – 3:30 pm

For Further information and to RSVP, contact Brittany Szlezak, Mental Health Council of Tasmania
Phone: 03 6224 7357 or 0455 454 929

Got something to say? Do you have an event to promote? Do you want to tell people about your journey towards recovery? Whatever it is, we at Flourish would love to hear about it for our newsletter.

“Those of us who suffer from mental illness are stronger than you think. We must fight to go work, care for our families, be there for our friends, and act ‘normal’ while battling unimaginable pain.”
Healthyplace.com

Moving Forward with Design Thinking

Now that the dust has settled from Flourish's fabulous Festival of Ideas and the festive season, it would be a great time to review the wonderful ideas we put forward at the Festival. Facilitators, Helen Glover and Stefan Hitchins, enthusiastically led us through the processes of developing our ideas into action to improve the mental health sector, and there were some amazing ideas put forward from the fifty or so people attending. Personally, the group I worked with formulated the idea of 'Positive Spin', a website where all stakeholders involved in mental health can input positive stories. This could be anything from what you enjoy doing; what makes you feel good; positive stories of support; and why someone might be working in the sector. Of course, to make it a successful project we need to move it forward from an idea to reality and to do this we need to communicate and work as a team, and we need to seek advice and support. One participant has made a great start by compiling a list of things that will need doing, including auspice arrangements, legal advice, design, promotion and administration. I wonder if any of the other amazing ideas put forward at the Festival are any nearer to fruition? It would be great to hear your stories.

Trina Blazely

Design Thinking

The myth of leadership is that it is top-down. The CEO has all the answers and leads by mandates. But a CEO who thinks they have the answers is limiting the scope of the operation. Why? The autocratic leader is an outdated mindset that belonged to the era when companies were run like machines. Today's organisations require a much more nuanced style of leadership. Instead of playing a single role, I would suggest four: **1. The Explorer.** Anyone in a leadership role is one step removed from the day-to-day and can ask bigger questions. Organisations have a habit of not zooming out enough to glean that perspective. The exploratory leader asks the relevant questions that get the organisations to go find the right answers. **2. The Gardener.** Setting the conditions for creativity requires cultivating an organisational culture and environment. Everything from tolerance for risk-taking, to facilitating sharing what you and your team are working on, to setting up spaces where people can draw their ideas to prototype them quickly. **3. The Player** Instead of leading from above, the player works alongside employees, then leaders can help teams when they need it. This role builds respect, empathy, and enthusiasm for the team. Being a Player/Coach also serves the purpose of increasing the speed of decision-making, as the CEO can see firsthand what needs to be done and what resources are required. **4. The Storyteller.** In order to lead the people who work for you, you have tell them a good story. One that is driven by purpose. If you are an organisation that practices human-centred design, you strip away anything that doesn't matter, leaving only the useful essence. Organisations who do that are fulfilling their purpose to serve the humans who are also their customers.

Tim Brown (<https://designthinking.ideo.com/>) (edited)

Travel to Investigate. Return to innovate!



Travel overseas to investigate inspiring practices that benefit Australian communities on a Churchill Fellowship. This unique award provides a platform for you to connect, collaborate and learn from global experts and like-minded peers to achieve the best outcomes for a project you design, in any field.

The Churchill Trust, in partnership with your local Churchill Fellows' Association (CFA), is on the road throughout February and March to deliver free National Roadshow Information Sessions about the 2018 Churchill Fellowship opportunity. to provide you with all the information you need to build a strong application for this life-changing award. Listen to some of our extraordinary Churchill Fellows share their experiences, impart insights on their fascinating projects and motivate you with what they have achieved since returning to Australia. Discuss your project ideas and gain helpful advice on how to apply. It is free to attend these sessions, but bookings are essential, and you can apply on-line from 1 February.

Hobart

Wednesday 28 February 5:30 pm – 7:30 pm

The Old Woolstore Apartment Hotel

1 Macquarie Street, Hobart TAS 7000

To register for the Hobart session, go to:

<https://churchilltrust.us7.list-manage.com/track/click?u=6c6b90dd4e77ee271fbdbe9b7&id=dd21607fb3&e=6c88da162c>

Launceston

Thursday 1 March 5:30 pm – 7:30 pm

Clarion Hotel City Park Grand

22 Tamar Street, Launceston TAS 7250

To register for the Launceston session, go to:

<https://churchilltrust.us7.list-manage.com/track/click?u=6c6b90dd4e77ee271fbdbe9b7&id=63772419ed&e=6c88da162c>

Flourish works in partnership with the wider mental health sector. If any article in this issue of VOICES causes distress and you need to talk to someone, you can contact any of the following support services:

Lifeline: 131114

Headspace: 03 6231 2927

Suicide Call Back Service: 1300 659 467

Mental Health Help Line: 1800 332 388

Comments and Submissions

Newsletter content does not necessarily reflect the views of the Flourish Board or staff. Flourish is not responsible for, and refutes all liability for, damages of any kind arising out of use, reference to, or reliance on any information contained within the newsletter. There is no guarantee the information provided in the newsletter is correct, complete, or up-to-date. Although links may be provided to Internet resources, including websites, Flourish is not responsible for the accuracy or content contained in these sites.

Newsletter Guidelines

Submissions should be written or typed articles. A maximum of 500 words per story applies. More than one article is always welcome, but dependent on space and other restrictions, publication/editing is at the editor's discretion. The editor reserves the right to edit spelling, punctuation, and if needed, grammar. Contributors may be anonymous, use only their first name, or use their full name.

Deadline for submissions for Vol. 3 No. 2 March 2018 is Wednesday 28 February

Flourish Contact Details

OFFICE: Pressland House, 33 Melville St, Hobart, 7000

PHONE: 03 6223 1952

POSTAL: PO Box 4836, Bathurst St Post Office, Hobart, 7000

EMAIL: admin@flourishtas.org.au

WEB: www.flourishtas.or.au

FACEBOOK: www.facebook.com/flourishtas

Flourish Participation

Membership of Flourish is free to all Tasmanian's who have a lived experience of mental illness. Participating in Flourish activities can provide you with information about mental health through our newsletter, website, Facebook page, and regional forums where people with an interest in mental health can meet and share their experiences and ideas. To participate, complete the attached form, and agree to the Flourish Code of Conduct. If you would like to discuss Flourish participation in more detail, please phone our office on 03 6223 1952 or email admin@flourishtas.org.au

Flourish Code of Conduct

The Code of Conduct guides all Flourish members. The term 'member' refers to employees, Board members, volunteers, Regional Advisory Group (RAG) members, Consumer Representative Consultants (CRS), and anyone undertaking work-experience. Flourish expects a high standard of behaviour from members and there is an expectation that members will conduct themselves in a professional manner. This code underpins other policies, e.g., Anti-Discrimination Act. The following principles form the Code of Conduct:

Members work in a professional manner, adhering to relevant professional and organisational codes of ethics, and working with respect, fairness and integrity at all times.

Workplace Health and Safety and the Anti- Discrimination Act are adhered to.

Flourish policy and procedures such as Anti-Discrimination and Harassment, Complaints, Privacy and Confidentiality are adhered to.

Members are respectful of colleagues and work to resolve conflict in an appropriate manner.

Members conduct themselves professionally and do not act in a manner that might jeopardise the safety of others or themselves or bring the name of Flourish into disrepute.

Members show due care when using all assets and property belonging to Flourish.

Members are aware of diversity in the workplace and are respectful of others.

Members are aware of harassment and bullying issues, discrimination and sexual harassment.

The Code of Conduct mandates the need for appropriate working relationships and the resolution of conflict in a safe and respectful manner. Where conflict is not resolvable members should refer to the Grievance Policy or the Bullying and Harassment policy.

I understand and agree to abide by the Flourish Code of Conduct.

Name:

Signature:

Date:

Flourish Participation Application Form

Application date:

First Name:

Last Name:

Gender:

Date of Birth (optional)

Phone:

Mobile:

Email:

Preferred method of contact:

I agree to Flourish disclosing my contact details to other members for the purposes of contacting me about relevant matters (circle). YES NO

Do you have any special needs that Flourish should be aware of?

What activities would you like to participate in?

- | | | | |
|--|-------------------|-------|-------|
| 1. Flourish Action Group (FLAG) | | YES | NO |
| Which group? | WEST NORTHWEST | NORTH | SOUTH |
| 2. Consumer Representation Service (CRS) | | YES | NO |
| 3. Volunteering for Flourish | | YES | NO |

By signing this application for membership, you have read and agree to abide by the Flourish Code of Conduct. This is a requirement for participation in Flourish activities.

Signature of applicant:

OFFICE USE ONLY

Application processed (date)

Information on register (date)

Letter sent to applicant (date)