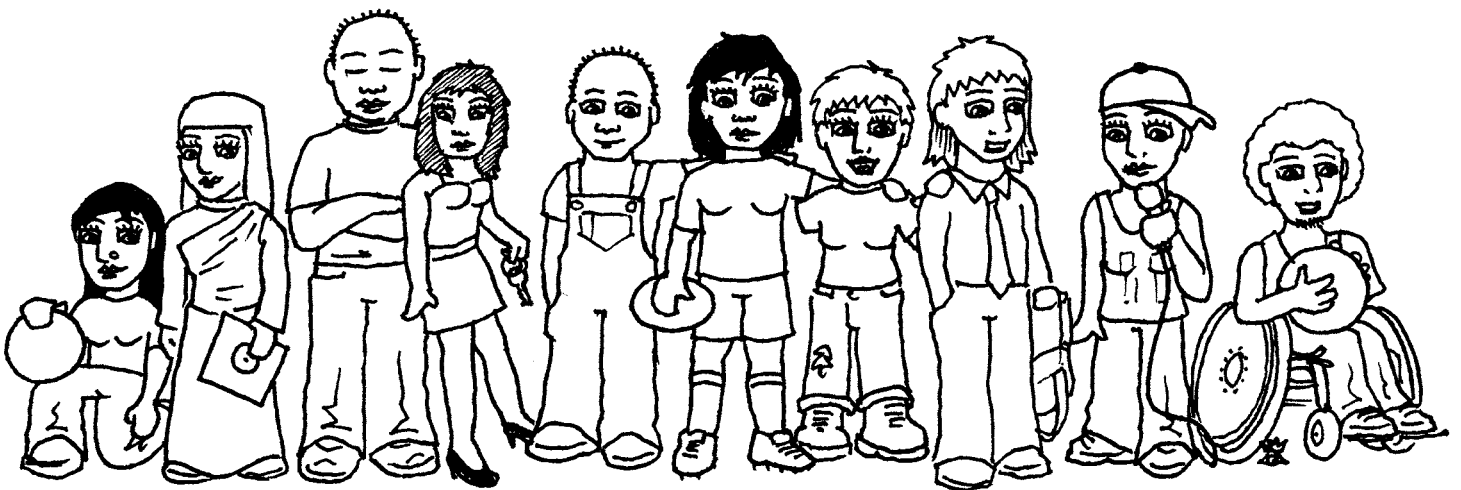


Opening the doors

*A 'Do It Yourself' Access and Equity manual
for working with young people*



*Produced by YAPA and the Access Project Reference Group
for the Nepean Better Futures Strategy*

Opening the Doors

This is one chapter of **Opening the Doors**. The other chapters are:

- What is Access and Equity?
- What does the law require me to do about Access & Equity?
- What does my funding body require me to do about Access & Equity?
- Young people with a disability
- Aboriginal and Torres Strait Islander young people
- Gay, lesbian, bi-sexual and transgender young people
- Early school leavers
- Rural and geographically isolated young people
- Young women
- Young parents
- Refugee and migrant young people
- Young people with mental health issues
- Young people involved with the juvenile justice system

Opening the Doors is only available online. You can:

- browse the publication in a series of web pages
- download individual chapters as PDF files
- download the whole publication as a PDF (large file: 2.4 MB – broadband recommended).

www.yapa.org.au/openingdoors

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Disclaimer: This manual is a general guide for NSW services designed specifically for the Nepean Region (Blue Mountains Penrith & Hawkesbury). The producers of the manual took reasonable care to ensure that all information was correct as of 2005. However government regulations, laws and standards are complex and do change over time. This document is not intended as legal advice. You should seek clarification on legal matters through other publications and authorities.

How to use the checklists

We have developed some checklists to get you thinking about how your service is performing on access and equity issues.

It is best if you can work through these activities with your management committee or staff team, but you can also do these activities by yourself.

Steps

1. Read through each checklist and answer yes or no to each question
2. You now have some guidelines for what you are doing well (your yes responses) and some goals for how you can improve (your no responses)
3. Prioritise each of your no responses
4. Choose 3 – 5 goals to work on in the next month and write a plan of how and when you will achieve them. You may want to include your plans in your work plan or strategic plan.
5. Once you have achieved one of your goals you can record your action as a new achievement and choose another goal from the remaining items on your list.
6. Keep other people, including your management committee, informed of your progress and share good ideas and examples with your colleagues and your youth network.

WORKING WITH ... YOUNG PEOPLE WITH MENTAL HEALTH ISSUES



DEFINITION

Mental health is a state of emotional and social wellbeing that allows an individual to cope with the normal stresses of life and achieve their potential. ¹³

A **mental illness** is a **clinically diagnosable disorder** that significantly interferes with an individual's cognitive, emotional and/or social abilities. ^{13, 15, 16}

A **mental health problem** interferes with a person's cognitive, emotional and/or social abilities, but to a lesser extent than a mental illness. Mental health problems are more common and less severe than mental illnesses, and generally of shorter duration. ^{13,15, 16}

It is important to be aware of these differences as different levels of support are provided for mental illnesses and mental health problems.

In this manual we have used the term "**mental health issue**" to refer to both mental illnesses and mental health problems.

Mental illness

Mental illnesses can be separated into two categories:

- psychotic illnesses
- non-psychotic illnesses.

Psychotic illnesses

Psychosis is a condition which affects the mind and results in some loss of contact with reality. ¹⁰

When someone experiences psychosis their thoughts become disordered and they have difficulty knowing what is real and what is not. ^{12, 26}

People experiencing psychosis may develop delusions, hallucinations, or hear, taste or feel things that aren't there. For example they may believe that their thoughts are being interfered with, they may believe that they are being watched, poisoned or they may hear abusive or threatening voices telling them what to



do. Understandably these experiences can be very frightening and distressing and can lead people to behave erratically, especially if this is the first time they have experienced psychosis.^{10, 12, 26}

Types of psychosis:

- *Brief reactive psychosis* occurs suddenly in response to severe stress such as bereavement or severe trauma. This lasts for less than a month.^{10, 12}
- *Drug induced psychosis* is brought on by the use of drugs such as cannabis, LSD, speed or magic mushrooms. This usually lasts for only a few hours.^{10,12}
- *Organic psychosis* can appear when someone suffers from a head injury or a physical illness which disrupts brain functioning.¹⁰
- *Schizophrenia* is a psychotic illness which changes behaviour for at least six months.¹⁰
- *Schizophreniform* is a psychotic illness which lasts for less than six months.¹⁰
- *Bipolar disorder* (previously known as manic depression) is a psychotic illness characterised by extreme mood swings between depression and highs (mania).¹⁰
- *Schizoaffective disorder* is a psychotic illness which is not typical of a mood disorder or schizophrenia.¹⁰
- *Psychotic depression* is depression with psychotic symptoms, without highs (mania).¹⁰

Most people who experience a psychotic illness are able to live full and independent lives with effective medication and support.

Non-psychotic illnesses

Non-psychotic illnesses occur when the everyday feelings of depression, sadness, tension, anxiety or fear become so overwhelming that people have difficulty coping with day to day activities such as work, recreation and relationships.¹¹

Non-psychotic illnesses include:

- agoraphobia
- panic disorder
- social disorder
- obsessive compulsive disorder
- post traumatic stress disorder
- eating disorders
- some forms of depression.¹⁸

Most non-psychotic illnesses can be assisted by treatments such as education, counselling, cognitive behaviour therapy, or in some cases medication.¹¹

These treatments may help people to develop new ways of thinking about and dealing with their illness.¹¹

DEMOGRAPHICS

Some young people face a higher risk of developing mental health issues, including:

- refugee young people
- Aboriginal and Torres Strait Islander young people
- young people with an intellectual disability



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- gay, lesbian and transgender young people
- young people who are homeless
- those involved in the criminal justice system.¹⁵

It is believed that:

- **psychosis** affects 3% of young people. Generally psychotic disorders occur after puberty, from early to late 20s. Early signs usually appear before the age of 20 in around 40% of cases.^{10, 15}
- **depressive disorders** affect 4% of 13-17 year olds and 7% of 18-25 year olds.²¹
- **anxiety disorders** affect 4% of 13-17 year olds and 10% of 18-25 year olds.¹⁸
- **eating disorders** such as **anorexia nervosa** and **bulimia nervosa** affect about 1-2% of young people, predominately young women.^{15, 22}

Overall, mental health problems and mental illnesses affect 10-15% of young people in any one year.^{2, 14}

20% of Australians will experience a mental illness at some point in their life.¹²

TERMINOLOGY

Terms such as *mad*, *crazy*, *psycho* or *mental* are derogatory and reinforce negative stereotypes of mental illness. These terms are offensive and you should avoid using them.

Mental illness is an acceptable term.

OVERVIEW OF NEEDS AND ISSUES

Adolescence is a critical time of development in terms of social and emotional well-being.

Mental health issues can seriously impact on young people's successful transition to adulthood, education and employment opportunities, and the ability to maintain relationships.

Young people with a mental health issue have many things in common with other young people, however they face additional challenges and difficulties.

Mental health issues affect not only the young person, but also their family.

Help-seeking behaviour

There is a negative stigma attached to mental illness, and mental wellbeing is rarely discussed in society.

There is a low awareness of early warning signs which means that they are often missed by the person experiencing them, their friends or their family.

Many young people are reluctant to seek help for mental health issues. Young people may not want to admit that something is wrong, they may be fearful of the unknown, may not understand the nature of a mental illness or fear being labelled. These pressures mean that young people may not seek help as early as they should.¹⁵

Diagnosis involves identifying an illness based on the symptoms, what brought about the illness and how long symptoms last. It can be difficult to diagnose a psychotic episode if it is the first occasion because a period of observation is required for diagnosis. Some practitioners are reluctant to make a formal diagnosis until the young person reaches the age of 18. Many young people with a mental illness may not yet have a diagnosis.^{6, 10}



Appropriate services

In a recent NSW study of young people's access to health services, concerns about confidentiality and feelings of shame and embarrassment in disclosing concerns were identified as the biggest barriers to young people seeking help. ^{4, 15}

Young people also identified a lack of knowledge about available services. Almost none of the young people involved in the study knew about health centres, and many believed that GPs were only suitable for physical ailments. ⁴

Young people who want to access a GP may not realise that they are eligible for their own Medicare card from the age of 15, and as a result they may fear that their parents will find out that they have visited a GP. Even when young people do have their own Medicare card there may not be a bulk billing service in their area. ¹⁵

The key to encouraging young people to seek help is the development of trust. Young people are far more willing to seek help from service providers who they have developed a trusting and respectful relationship with. Respect, dignity and a non-judgemental manner are regarded very highly by young people. ^{4, 5, 6, 30, 31, 33}

Young people feel most comfortable in environments that are welcoming and relaxing and where they can witness other young people in attendance." ³¹

In many cases young people may confide in youth workers who they have developed rapport and a trusting relationship with. Youth workers can then assist young people to seek appropriate care and support from qualified health professionals.

Other barriers in accessing services

Young people may experience barriers in accessing non-acute services such as counselling if they are required to make appointments several weeks in advance.

As a result of symptoms of mental health issues young people may feel hopeless and helpless and this can reduce their chances of attending appointments and participating in assessment procedures. ^{15, 32, 33}

Young people with mental health issues often experience severe crisis, transition and upheaval in their life in addition to the normal challenges of adolescence.

Youth workers can support young people to access services by providing practical support such as transport to the service and attending with the young person if the young person does not feel confident enough to attend on their own. ³²

Young people also face barriers in accessing youth services if their behaviour is disruptive. A young person displaying challenging behaviour may be turned away from services without due consideration being given to their circumstances or alternatives for support. While this is true of most disadvantaged young people, it is particularly pertinent for those young people with a mental health issue.

Dual diagnosis

The term *dual diagnosis* is often used to refer to people who have a mental illness (particularly a psychotic illness) **and** problematic use of alcohol and/or drugs. ⁶

People with a mental health issue are more likely to have problematic use of alcohol and/or drugs. Similarly people who have problematic



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use of alcohol and/or drugs are more likely to have a mental health issue. ⁶

There are a range of possible explanations for dual diagnosis:

- One condition may cause the other, for example the use of recreational drugs such as cannabis can contribute to the onset of mental illness in people who has a genetic predisposition.
- One condition may indirectly lead to the other, for example someone may use alcohol or other drugs to deal with worrying effects of mental illness such as hearing voices.
- Each condition may develop from different causes but interact with each other.
- Both conditions may be caused by a common factor, for example childhood emotional trauma. ⁶

People with a mental health issue often take drugs for the same reasons as those who do not have a mental health issue, eg: to feel good, to relieve anxiety or stress, to increase confidence, for socialising, as part of a celebration, peer group activity, boredom, for excitement or experimentation, to sleep or to have fun. ⁶

People with a mental health issue may also use alcohol or other drugs for other reasons including: to self-medicate, to reduce the side effects of their medication, to adopt a more socially acceptable explanation (drunk, smashed) for their behaviour, or to regain a sense of self that has been subdued by medication. ⁶

It can be difficult for practitioners to determine which symptoms can be attributed to mental health issues and which symptoms can be attributed to alcohol and/or drug use.

Alcohol and or drug use can compromise the effectiveness of medication and increase the symptoms of mental health issues.

Many young people with dual diagnosis find it difficult to find secure accommodation. It can be extremely difficult to address issues in a young person's life when their primary need for housing and safety is not adequately addressed.

Referral pathways

Traditionally mental health professionals and youth workers have not worked together in an integrated way.

It is important to be aware of mental health services in your local area, the programs they provide, referral pathways and how you can best assist young people to access appropriate care.

Service entry points

Young people with a mental health issue may come into contact with a range of professionals, acute and non-acute services.

If a young person is experiencing a mental health issue, they will generally come into contact with people who have built trusting relationships with them but who don't necessarily have specialist mental health training. ¹⁵

These people and organisations include:

- youth, community and welfare services, Centrelink, accommodation agencies, cultural organisations, sporting clubs and religious groups
- informal supports, including family, teachers, employers and friends

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- the education sector, including schools and TAFE colleges
- police, juvenile justice health service, and care and protection services
- health services, including general hospitals and emergency departments.¹⁵

Some of these provide immediate support to a young person experiencing a mental health issue. They can provide referral and linkages to specialist mental health services. They can also provide early intervention through programs, activities and case management. They can assist a young person in recognising that their behaviour may be indicative of a mental illness.¹⁰

Sometimes these people and organisations fail to either recognise the illness or respond appropriately.¹⁵

Young people may come into contact with professionals and services that have some mental health training, but are not part of a multi-disciplinary team, eg. GPs, private psychologists, counsellors, nurses etc. These types of interventions can be provided in the community and school settings. They tend to focus on assessing the problem and finding appropriate treatment.¹⁵

A young person who has been diagnosed with a serious mental health illness will require care involving multi-disciplinary team approaches by specialist mental health services which address highly complex and enduring problems. Only about 2% of the general population need this level of support. Whilst the aim is to keep the young person in the community setting through day programs, clinics and partial hospitalisation, sometimes acute residential care is required.¹⁵

Specialist mental health care is available through mental health services which focus

on assessment and treatment services for people with severe and complex mental disorders.¹⁵

PRACTICAL TIPS

As stated earlier, young people who are seeking help will often turn to a trusted adult who they have developed a respectful relationship with.

There are many strategies that youth services can adopt to support young people with a mental health issue, whilst also linking them to health professionals for further treatment.

You can make your service more accessible by adopting the following strategies.

Be approachable

- Make it as easy as possible to use your service. Consider the way that young people first make contact with your service and ensure that your environment is flexible, relaxed and welcoming. Talk to young people about what would make the service more inviting.
- Participate in training on mental health issues and early warning signs
- Provide training for staff on effective skills in engaging young people and talk about the importance of developing trustful, respectful and professional relationships with young people. Key skills for engaging young people include showing a genuine interest in their welfare and development, being reliable, listening with genuineness, respecting young people's knowledge about their own lives, being non-judgemental, and being accountable and transparent.³⁰



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- Develop a clear confidentiality policy that states when you may need to disclose personal information (eg. if the young person or someone else may be in serious danger). YAPA has a model privacy and confidentiality policy that you can adapt, at www.yapa.org.au/youthwork/modelpolicies. Advertise the fact that you provide confidentiality in your promotional material and at your service. When young people first contact your service take the time to explain your policy.
- Provide training for staff and volunteers on managing challenging behaviours. The juvenile justice section of this manual contains practical tips on managing challenging behaviours.
- Consider flexible ways that young people can access your service including scheduling appointments at suitable times and places, having some parts of your service available after normal business hours, increasing options for the ways you communicate such as email and SMS, conducting outreach and having flexible no-appointment based services.^{5, 32}
- Sometimes young people may need to take medication while participating in your program, for example on an overnight camp. Be aware of the young person's privacy rights in regards to their medication. If you assist your clients to manage their medications, you should be aware of the *Guidelines for the Handling of Medication in Community-Based Health Services and Residential Facilities in NSW*, from www.health.nsw.gov.au/policies/PD/2005/PD2005_105.html.
- Be prepared to make a long term commitment to supporting young people. Follow-up, and ongoing consensual monitoring of a young person's situation

can reduce the risk of the situation escalating.

- Make an extra effort to stay in contact with young people.

Include the family

- The support of family and friends can be very important to a young person who is experiencing a mental health issue. With the consent of the young person, include the family in the support process, inform them of resources, and engage them in providing further support of the young person.

Promote positive messages about mental health and help seeking

- In partnership with your local health service, develop local education campaigns to raise an awareness of mental health and mental illness.
- Promote positive messages about help seeking behaviour.
- Talk openly about mental health issues. Many people are affected by mental illness, and may be too afraid to discuss it openly. By speaking openly and honestly about mental health issues you can reduce some of the stigma and negative stereotypes.
- In partnership with your local health service, run preventative workshops on mental wellbeing such as self-esteem and coping behaviour.
- Promote services such as Kids Help Line, the ReachOut website and local health services, through casual discussions with the young people you work with, brochures, stickers, posters or workshops run by these groups.



Network

- Find out about local health services that are available for young people with mental health issues. For example, by inviting a guest speaker from the mental health service to your youth worker interagency or by making time to meet with health workers face to face.
- Understand and develop appropriate referral pathways. There are different services available for mental illness and mental health problems and it is important to be aware of what services are available for each.
- Network with local health services and talk about ways that your service can support young people with mental health issues. Your local health service may be able to provide you with further information, resources or training.
- Explore opportunities for health services to provide outreach to your centre.

Responding to early warning signs

Early warning signs of mental illness often appear during adolescence.¹⁵

In your work with young people you may notice some of these early warning signs. Diagnosis and treatment can only be carried out by a qualified health professional so it is important that you encourage the young person to see a doctor or mental health service as soon as possible. You should also talk to a mental health service for advice on how you can continue to work with and support the young person.¹²

Early intervention in mental health issues is extremely important. Early intervention is likely to result in more effective treatments, less trauma on young people and a reduction in the severity of the mental health issue.¹⁶

Common warning signs for depressive disorders:

- persistent feelings of sadness
- losing interest in activities previously enjoyed
- losing appetite
- difficulties sleeping or staying in bed for a long time
- feeling tired, lacking energy or motivation, or alternatively feeling anxious
- feeling bad, worthless or self critical
- negative, pessimistic or gloomy thoughts.²¹

Common warning signs for bi-polar disorder

People with bi-polar disorder experience extreme mood swings.

At the low end of the mood scale they may experience:

- difficulty concentrating or making decisions
- loss of interest in things they usually enjoy
- sleep problems.

At the high end they may:

- talk very fast about ideas which they do not follow through
- feel little need for sleep
- have an inflated sense of power or confidence
- behave in a reckless manner.¹²



Common warning signs for schizophrenia

- withdrawing from family and friends
- not sleeping well
- neglecting appearance or hygiene
- deteriorating performance at school or work
- difficulty concentrating, following conversations or remembering
- talking or writing about things that don't make sense
- being extremely anxious, panicky or depressed
- reacting inappropriately
- fearing, without reason, that others are monitoring or watching them or planning them harm. ¹²

Common warning signs for anxiety disorders

- persistent worrying and fear, out of proportion with the situation
- social isolation
- poor sleep
- inability to relax
- avoidance of feared situations. ¹⁸

Common warning signs for eating disorders

- preoccupation with body weight and control over weight and food
- for anorexia: preoccupation with controlling the amount of food eaten
- for bulimia: feeling out of control with the amount of food eaten. ²²

Common warning signs for self-harm

- deliberately hurting body, eg, punching a brick wall
- self-cutting, eg cutting upper arms or wrists
- overdose of prescribed or illegal drugs
- self-burning with cigarettes or lighters. ²⁵

Common warning signs for suicide

People who are considering suicide may:

- feel hopeless
- write or talk about suicide
- have an overwhelming sense of guilt, shame or reflection
- lack interest in the future
- give away their possessions or put their affairs in order
- self-harm. ¹²

If you notice early warning signs or feel that something “is not quite right”, speak to a qualified health professional for further advice.

For non-acute cases, youth workers can encourage the young person to seek help from a counsellor, doctor, community health centre, youth health centre or community mental health service. This may mean helping them to make an appointment and offering practical assistance in getting to the appointment.

For acute cases (emergencies) where a young person is acutely distressed or is at risk of harming themselves or other people phone the Mental Health Crisis Team in your local area (for Nepean area phone 1800 650 749).



Each Area Health Service has a memorandum of understanding between local police and health services as to who responds to an emergency situation, how a patient is transported and how a patient is transferred into acute care (if required). In some situations the local police will attend the scene and in other situations the mental health team will.

COMMON MYTHS

Myth 1: Only a small number of people experience mental illness

Mental illness is more common than most people realise, with about 20% of Australians experiencing mental illness in their life time.¹²

Because of the stigma attached to mental illness, it is rarely talked about openly. This leads many people to mistakenly believe that it only affects a small number of people.

Myth 2: People who have a mental illness will never recover

Most mental illnesses can be treated effectively and most people who experience mental illness recover.

For example, about 20% of people with schizophrenia have one or two psychotic episodes and never experience symptoms again. 60% improve with time, treatment and support and can live independently. Only about 20% require more support because treatment is less effective for them.¹²

Myth 3: People who have a relative with a mental illness will also develop a mental illness

While many mental illnesses are caused by a physical dysfunction of the brain, it is unknown what exactly triggers this.

People who have a relative with a mental illness do have a higher chance of developing a mental illness, however they have a much higher chance of not developing a mental illness.¹²

For example, the chances of developing schizophrenia are about 1% for the general population. However even if an identical twin develops schizophrenia the other twin has only a 30% chance of also developing the illness.¹²

Mental illness is likely to be caused by both a genetic predisposition and a range of environmental factors.¹²

Stress and the use of recreational drugs such as cannabis can contribute to the onset of mental illness in people who have a genetic predisposition.¹²

Young people with mental health issues

How accessible is your service?

Use this checklist to identify how you can improve your service for young people with mental health issues.

Staff and volunteers

- Staff and volunteers have an understanding of mental illness and mental health problems. Yes No
- Staff and volunteers know about early warning signs of mental illness Yes No
- Staff and volunteers have effective skills in engaging young people Yes No
- Staff and volunteers speak openly about mental health topics Yes No
- Staff and volunteers promote positive messages about help seeking behaviour Yes No
- Staff and volunteers receive training in managing challenging behaviours. . . Yes No

Service delivery

- Your service actively considers and develops its “youth friendliness” Yes No
- Your service is flexible to the needs of young people with mental health issues, eg. flexible appointment times Yes No

Networks

- Your service promotes the role of youth health and mental health services. Yes No
- Your service has developed partnerships and referral pathways to mental health services. Yes No
- Your service promotes services that can assist with mental health issues, ie ReachOut Yes No

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Contact Services

Services in the Nepean area

The Mental Health Access Team, Blue Mountains, Hawkesbury & Penrith

Phone: 1800 650 749

Description: Phone the Mental Health Access Team for help with any mental health problem. The Team will also provide referrals to mental health services in your local area.

Early Psychosis Intervention Centre (EPI Centre)

Phone: (02) 4732 6283

Address: Suite 4, 481 High St, Penrith

Description: The EPI Centre provides specialist early psychosis services and education to the Blue Mountains, Hawkesbury and Penrith areas. Services include joint assessment and case management, family intervention and family education. The EPI Centre also provides specific interventions, such as cognitive behavioural therapy, advocacy for clients with other agencies and early psychosis education for school counsellors and general practitioners.

State wide services

Mental Health Association NSW

Phone: (02) 9816 1611

Email: mha@mentalhealth.asn.au

Web: www.mentalhealth.asn.au

Description: The Mental Health Association NSW is a non-government organisation and registered charity. Their mission is to promote opportunities for the people of NSW to achieve their optimal level of mental health through providing information services, education about protecting mental health, mutual support and advocacy services.

NSW Association for Adolescent Health (NAAH)

Phone: (02) 9569 7333

Email: admin@naah.org.au

Web: www.naah.org.au

Description: The NSW Association for Adolescent Health is the peak body committed to promoting the health and well being of young people aged 12 - 25. The principles guiding the association are a holistic approach to health, intersectoral collaboration, empowerment and social justice.

NSW Centre for the Advancement of Adolescent Health (CAAH)

Phone: (02) 9845 3338

Email: caah@chw.edu.au

Web: www.caah.chw.edu.au

Description: CAAH works to protect and promote the health and well-being of young people in NSW by partnering with health care, non-government, education, academic, community and advocacy bodies to ensure better adolescent health outcomes.

Transcultural Mental Health Centre

Phone: (02) 9840 9309, 1800 648 911

Web: www.tmhc.nsw.gov.au

Description: The Transcultural Mental Health Centre is a statewide service that promotes access to mental health services for people of non-English speaking background (NESB). The Centre also works with consumers, carers, health professionals and the community to encourage positive attitudes to mental health.



Schizophrenia Fellowship of NSW

Phone: 02 9879 2600

Email: admin@sfnsw.org.au

Web: www.sfnsw.org.au

Description: The Schizophrenia Fellowship of NSW is committed to improving the circumstances and welfare of people living with schizophrenia, their relatives and carers, and professionals working in the area.

Health Care Complaints Commission

Phone: 02 9219 7444,

Toll Free in NSW 1800 043 159

TTY service for the hearing impaired:

02 9219 7555

Fax: 02 9281 4585

Address: Level 13, 323 Castlereagh Street, Sydney 2000

Post: Locked Mail Bag 18, Strawberry Hills, 2012

Email: hccc@hccc.nsw.gov.au

Web: www.hccc.nsw.gov.au

Description: The NSW Health Care Complaints Commission (HCCC) acts in the public interest by receiving, reviewing and investigating complaints about health care in NSW.

Carers NSW

Phone: 02 9280 4744

Email: contact@carersnsw.asn.au

Web: www.carersnsw.asn.au

Description: Carers NSW is an association for relatives and friends who are caring for people with a disability, mental illness, chronic condition or who are frail aged.

NSW Consumer Advisory Group, Mental Health

Phone: 02 9556 9219

Email: info.nswcag@tpg.com.au

Web: www.mentalhealth.asn.au/members/nswcag

Description: The New South Wales Consumer Advisory Group - Mental Health (NSW CAG) is a statewide, incorporated, non-government organisation that provides an ongoing mechanism for mental health consumer and carer participation into policy development, service development, and the implementation and evaluation of the National Mental Health Strategy. NSW CAG acts as a bridge between both state and federal governments and mental health consumers and carers. An essential part of NSW CAG's role is to encourage consumer and carer input in decision making at all levels concerning mental health provision.

ARAFMI (Association for Relatives and Friends of the Mentally Ill)

Family and Friends Promoting Mental Health and Wellbeing

Phone: 02 9887 5897,
1800 802 840 (24 hours)

Web: www.arafmi.org

Description: ARAFMI NSW provides support and advocacy for families and friends with mental illness.



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Auseinet

Phone: 08 8201 7670

Web: www.auseinet.com

Description: The Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet) is a national project funded by the Australian Department of Health and Ageing under the Mental Health Strategy and the National Suicide Prevention Strategy. The project includes promotion, prevention and early intervention (PPEI), as well as suicide prevention, across the entire lifespan. The project aims to provide information, education and support for mental health workers and other sectors and the community.

Reach Out!

Web: www.reachout.com.au

Service Description: Reach Out! is an Internet-based service that helps young people get through tough times. It provides information, assistance and referrals in a format that appeals to young people, and offers an anonymous and stigma-free way to get help, explore issues, and discover how other young people have got through difficult times.

YBBlue

Web: www.beyondblue.org.au/ybblue

Description: Ybblue is a community awareness campaign designed to reduce the stigma associated with depression and to promote help seeking behaviour in young people aged 17 to 25. The campaign is intended to educate friends and families of young people and highlight behaviours that suggest a young person may be at increased risk of depression and other health compromising behaviours. Ybblue is a youth program of beyondblue: the national depression initiative.

Beyond Blue

Web: www.beyondblue.org.au

Description : Beyond Blue is an organisation devoted to increasing awareness and understanding of depression in the community.

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