

In Partnership

Families, Other Carers & Public Mental Health Services

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Foreword from the Minister for Health

The redevelopment of Victoria's public mental health services is aimed at improving the quality of service delivery for consumers, their families, friends and carers.

This document, *In Partnership - Families, Other Carers and Public Mental Health Services*, forms the basis for an alliance between families, carers, consumers and public mental health services. It promotes good working relationships

between the key people in the interests of better outcomes for people with serious mental illness, their families and carers.

The strategies outlined help to foster collaborative approaches to service delivery, planning, evaluation and training.

I am confident that the document will provide a strong start for the Government's *Strategy for Carers*, and will consolidate the progress made to date by public mental health services in working with consumers, and their families and carers.

ROB KNOWLES
Minister for Health

An Area Mental Health Service Responsive to the Needs of Families and Other Carers Will:

- Expect case managers to engage with families and other carers as early as possible in the treatment relationship.
- Ensure an assessment is made of the needs of families or other carers, and that this assessment is updated at critical points in the service delivery process.
- Ensure families and other carers are provided with information relating to mental illness, its likely consequences and services and supports available to them and the person they care for.
- Assist staff to be clear about requirements concerning confidentiality and release of information and to clarify this with consumers and carers.
- Take steps to ensure the cultural

and language needs of families or other carers are taken into account as part of the service response.

- Work with families or other carers to develop strategies for challenging or difficult situations they may experience in their role as carers.
- Link families and carers to training and support opportunities according to their needs.
- Ensure opportunities exist for families and other carers to meet together through educational or peer support forums.

Introduction

The Critical Role of Families and Other Carers

The experience of mental illness affects not only the individual but also those concerned for their welfare. The impact will vary according to the severity, course and outcomes of the illness as well as the life circumstances of individuals and their families or carers. Research into the support and care of people with mental illness confirms the critical role that families and other carers can play, the demands of care giving, and the importance of family and carer satisfaction with services.

The shift to community based service delivery of public mental health services has highlighted both the opportunity and the need for greater involvement of consumers in the services they receive. Similarly, it is important for public mental health services to take account of the function and importance of families and other carers in the

support of people with mental illness. While mental health services will benefit from the involvement of families and other carers in the planning and delivery of services, it is important to note that not all families are in a care giving role and not all families or other carers wish to have such involvement.

Identifying and Responding to Needs

In addition to working with families and other carers to achieve improved outcomes for consumers, mental health services are increasingly focusing on the importance of identifying and responding to the needs that families and other carers themselves may present with. Public mental health services are well placed to provide or coordinate supports and resources to assist families and others to maintain a care giving role.

Public mental health services have a primary responsibility to ensure that individuals with mental illness receive effective services. Inevitably there will be tensions as staff try to engage and work with individuals who may not want family members or other carers involved. This will at times constrain the way in which carers can participate in the service delivery process. However, at a minimum, public mental health services should respond to the general information and education needs of families and other carers either as a local service initiative or in partnership with other services.

*Victoria's Mental Health Service,
The Framework for Service Delivery:*

Better Outcomes Through Area Mental Health Services (1996) acknowledges that recognising the needs of families and carers is an essential part of effective service delivery. In particular, it highlights the importance of collaborative family work as a way of recognising and supporting the consumer and family or carer relationship.

Working in Partnership

Families and other carers, along with consumers are important partners in the delivery of public mental health services.

These guidelines outline key considerations and strategies for public mental health services in their work with families and other carers as part of the provision of treatment and care for people with mental illness.

The guidelines will:

- Provide information to assist clinical staff in working together with families and other carers.
- Outline opportunities for public mental health services to respond to the needs of carers.
- Promote good standards for service provision in relation to families and other carers.

Definitions

Families and Other Carers

This document defines families and carers as:

- Adult care givers for people 16 years of age and over with a serious mental illness who are affected by, and/or who have an interest in the consumer's welfare.
- People 16 years and over who are carers of parent/s with a serious

mental illness, or partners or spouses of adults with a serious mental illness.

- Children under 16 years who may contribute to care giving for family members with mental illness as members of the family.

The role of carer may not necessarily be a static or permanent one but may vary over time, and will be influenced by the degree to which the consumer is living independently and/or requires care and support from significant others. Living with family or others for financial or social reasons does not necessarily indicate a need for formal care or support. The role may also vary over time according to the carer's needs.

In addition, it should be noted that not all family relationships involving a person with a serious mental illness are care giving relationships. Along with family relationships within the general population, family relationships where one or more members have a serious mental illness, can be characterised by varying degrees of independence, dependence and co-dependence or involvement.

For the purpose of these guidelines, the definition of families and other carers excludes paid carers such as professional staff in disability support services, paid workers and companions such as attendant carers, Home and Community Care workers, supported residential service proprietors, rooming house and boarding house proprietors and workers.

The issues for families with children under 16 years where the

child may have a psychiatric disorder are addressed in the document *Victoria's Mental Health Service, The Framework for Service Delivery; Child and Adolescent Services* (1995).

Consumers

The term consumer refers to people who have had direct experience of mental illness or other severely disabling psychiatric conditions, and have used or are currently using public mental health services. In some situations the more usual term for consumer is patient, client or service user. In some other health contexts, the term consumer also refers to family members and carers.

A Collaborative Approach

Working collaboratively with families and carers is about work jointly undertaken in a way that acknowledges and respects the skills and resources that both parties can bring to the process. When carried out effectively, collaboration involves families or other carers and key staff such as case managers, psychiatrists or disability support workers working in partnership towards better outcomes for consumers of public mental health services.

It is gratifying to see the emphasis changing regarding the relationship between mental health workers and carers of the mentally ill from one of shame and blame to cooperation with the families concerned, and it cannot come soon enough.

Carer, Schizophrenia Fellowship of Victoria

Recognising and supporting the key

role that families or other carers play in providing care and support to individuals with mental illness is an essential step in adopting a positive and collaborative approach to working with families or other carers.

Area mental health services should be aware of their obligations of confidentiality and ensure that contact with family and carers occurs with the consumer's consent or within the situations permitted by Section 120A of the *Mental Health Act (1986)*. Appendix I provides further details.

A collaborative approach is facilitated by engaging with families or other carers as early as possible. Staff can initiate contact, with the consent of consumers, and consider the possible contribution of the family or other carer, and their needs, along with the needs of consumers. Of course some families or other carers may not wish to have contact with the mental health service, others may vary in terms of when and how they would like to participate. Services should maintain a preparedness to work with families or other carers at any phase of service delivery and over differing lengths of time. For example, a readiness to work cooperatively with families and carers at times of crisis intervention, significant treatment changes, or when a consumer is accessing a disability support service can all be equally important.

To participate effectively in a collaborative approach families and other carers require information to

assist them in their understanding of mental illness, its likely consequences, and appropriate services and supports. Staff have a responsibility to ensure that they are clear and comfortable with requirements concerning consent to release information and to clarify this with consumers and carers as a matter of priority. Language and cultural issues, the timeliness of information provision and the role of written and verbal communication all require consideration in order to ensure that the information is accessible and useful.

An effective collaborative relationship between staff and families or other carers is facilitated by clinical practice which:

- recognises the importance of family and other carer participation in the planning and delivery of services
- acknowledges and is responsive to concerns of families or other carers
- adopts a routinely cooperative approach in work with families or other carers
- ensures information about mental illness and treatment is readily available and tailored to meet the particular needs of families and other carers.

***The Bouverie Centre and
Schizophrenia Fellowship of
Victoria - Pilot Training Course
at NEMPS***

Many families have traditionally reported feeling excluded and blamed by staff of mental health services, while staff have often

felt under valued. It is also clear from research that an alliance between staff and carers facilitates better outcomes for consumers.

A 12 week course was jointly developed by The Bouverie Centre and the Schizophrenia Fellowship of Victoria based on improving understanding between carers and staff, through action learning, sharing of experiences and a detailed curriculum. A core group of 27 staff from NEMPS, North East Sector, inpatient and community mental health services, along with some volunteer family carers from the Fellowship, participated in this unique course which consisted of three hourly sessions over twelve weeks in 1994.

The course succeeded in bridging the gap and improving family centred practices and attitudes in the sector.

Building on the Strengths of Families and Other Carers

Families and other carers undertake a wide range of functions in their care giving roles. Carers report feeling more confident and effective in this role when they have an understanding of mental illness and have developed skills and experience in managing challenging situations and making judgements about the need for particular interventions or external assistance.

Public mental health services should, as a priority, ensure that families and other carers have access to information and educational forums that will assist

them in developing awareness and knowledge about mental illness, treatment options and available services and resources for both themselves and the person they care for. The opportunity to share experiences with other families and carers can also be informative and reassuring. Such forums may be provided by public mental health services or coordinated in partnership with other groups and agencies.

It was the general view of carers that they can cope better and do their job better if they have the information they require.

The Carer's Perspective, Loddon Mallee Region Consultation Report, 1994.

It is also important for staff to acknowledge the expertise that families and others develop in their role as primary carers and draw on such expertise when assessing needs and planning a service response with consumers. In both inpatient and community based settings, staff should make optimal use of the background and perspective that families can contribute to service planning and delivery.

Families and other carers can provide information about efficacy of previous interventions, changed life circumstances of consumers, and social and family history for example, that can assist staff in their continuing work with consumers. Families and other carers may already be working with GPs and other local services in a collaborative way and provide an

important link with elements of the wider service network.

**Mornington Peninsula Hospital
Psychiatric Service - Family
Education Workshops**

The Mornington Peninsula Hospital Psychiatric Service holds family education workshops once a month. The format has evolved through collaboration with families and application of some of the philosophical ideas of the services.

The morning part of the workshop is devoted to information giving in a variety of formats - hypotheticals, games, tutorials, role plays, mock case studies, videos and debates. Informal discussion takes place over lunch. In the afternoon the participants break into small groups to discuss vignettes which highlight issues relating to the theme of the day, then the group reassembles to feedback their discussions.

The workshops were originally conceived with the interests of families and carers in mind. However, workshops can now involve consumers who bring a valuable perspective to discussions. Their presence has not been inhibiting to discussion as some families and carers had initially feared.

Support for Families and Other Carers

Support which supplements the family and other care giver's capacity to continue to care for a person with a mental illness is often essential. Staff of public mental health services can support carers by listening, providing encouragement, and acknowledging their

contribution. Linking consumers according to need to respite care, rehabilitation services, day programs and supported accommodation options can support the efforts of families and other carers. Agencies such as ARAFEMI and Schizophrenia Fellowship can be of particular benefit in providing relevant information and opportunities for training and peer support targeted directly to families and other carers.

Central East Crisis Assessment and Treatment (CAT) Service

The Central East CAT Service covers a metropolitan area in which a high proportion of consumers live with their families.

The service adopts a family focused approach. Staff aim to provide family members with the opportunity to express their concerns and fears, providing them with support by acknowledging the challenges of caring for a family member with mental illness, and ensuring information and education for families is part of the service response. Wherever possible families are linked to local agencies for additional support and assistance.

The service views the family as part of the consumer's support system and assesses the family situation as part of the clinical assessment role. Wherever necessary two staff visit the family home, so that one staff member can respond to the consumer's needs while the other can liaise with the family. The staff involved ensure follow up phone contact is made with the consumer's family as often as necessary.

Support and assistance may be particularly crucial where there are difficulties or constraints in the relationship between the family or other carer and consumer. Clinical staff can assist carers to develop strategies to respond to challenging and difficult situations. For example, staff might assist by identifying areas of agreement between carer and consumer from which further collaboration can develop. At times it will be important for staff to refer to or consult with agencies or practitioners specialising in working with families.

Area mental health services can ensure resources to support and assist families and carers are coordinated and well managed by allocating an appropriate member of the clinical staff to this area. Liaison with relevant agencies and groups such as those set up to support families and carers of people with mental illness will be an important component of this role.

Identifying the Needs of Families and Other Carers

As part of providing an individual service response to consumers, clinical services should make an assessment of the needs of families and other carers.

Assessment should consider pertinent factors such as the stage of the consumer's illness, duration of care giving, cultural background, age, health, support networks, experience and skills, family relationships and in particular the relationship between care giver and consumer.

Wherever possible, needs should be

identified in collaboration with families and other carers, facilitating a cooperative approach to planning and problem-solving.

The needs of families and carers will often be complex and an appropriate response may draw on resources of public mental health services as well as a range of other health, welfare and support services.

Particular issues to consider include:

- identifying resources which can provide support and counselling where there are relationship difficulties between the consumer and the family or carer
- assessing and continually monitoring the impact of care giving and the consumer's mental illness on the daily lives of families and carers
- ensuring that there is discussion with families and carers at points of crisis, and a reassessment of their needs at these times
- considering alternative sources of support for families and other carers where there is tension between the needs of the consumer and the needs of care givers - this may take the form of another clinical staff person, carer support group, psychiatrist or counsellor.
- liaising with families and other carers when case closure is being planned, in particular providing information about re-accessing clinical services and establishing effective links with disability support services and other relevant services.

Some groups of family members and other carers may have very particular needs.

Children

When the consumer is a parent, the family, including the child or children, may have specific needs for support. Support might take the form of information, counselling, and peer or sibling support. In some situations it may be necessary to intervene and prevent children being unsupported at times of parental crisis, particularly at critical times such as admission to an inpatient unit. It may be appropriate to work collaboratively with Protective Services and other agencies.

The needs of older children may require particular consideration. Teenage children for example may take on substantial caring roles which may impact on educational and social opportunities and development. They may need support, information and education that is particularly targeted to their needs.

People from Non English Speaking Backgrounds

Identifying and responding to the needs of families and other carers from non English speaking backgrounds requires consideration of cultural and language difficulties.

Staff may need to make use of interpreters so that carers can effectively participate in identifying their needs for information, support or assistance. Family context, extended support systems, migration issues, length of

time in Australia and experiences of settlement all may influence individual family or carer needs.

Families and carers from different cultural backgrounds may understand the role of mental health services in very different ways and have a particular view of mental illness, its causes and consequences. In order to work effectively with them, staff should give priority to understanding these differences and may need to draw on the resources of local ethnic specific agencies or groups to make an effective assessment of family and other carer needs.

The timing and level of information is important, and it is important to understand that many people of non English speaking background may have little concept of the role of services (clinical and support).

Action on Disability within Ethnic Communities

Caring for People with Dual Disabilities or Disorders

Families and other carers may need assistance to access specialised services where a consumer has dual disabilities such as mental illness and intellectual disability, drug and alcohol abuse or acquired brain injury. Again, staff of public mental health services may need to draw on the expertise of other agencies to effectively assess needs and consider with families or other carers possible sources of support and assistance.

Clarendon Community Mental Health Service - Vietnamese Family and Carer Project

The purpose of this project was to explore ways the service could best respond to the needs of families and other carers in the local Vietnamese community.

The project endeavoured to improve communication and interaction with Vietnamese families and carers by:

- providing information about western views of mental illness and treatment side by side with Vietnamese views*
- highlighting the role of mental health services*
- seeking information about how the service could be more culturally relevant.*

A collaborative approach was taken to the planning and facilitation of the project.

A committee of local health and welfare service providers, including a number of Vietnamese workers, was convened. They shared the task of coordinating an information session for Vietnamese families and consumers.

Afternoon tea provided by a local Vietnamese women's group promoted informality and social interaction among participants.

Feedback from families and other carers was positive and encouraging. Participants requested further information and support sessions.

Working Together: Service Development

Mental health clinics need to develop a more open-door policy towards carers.

Rosanna and Mill Park Schizophrenia Fellowship Support Groups

Within each locality, the area

mental health service is responsible for ensuring that its services are responsive to the needs of the local population. Relevant factors include geographic and demographic variables, particular needs and the prevalence of mental illness. Area mental health services rely, in part, on consultation with key groups in the community to ensure that services are appropriately targeted and responsive to local needs. Families and other carers should be a particular focus of consultation.

Families and other carers can bring their experience and expertise of working with people with mental illness to service planning. By involving care givers in these processes services can help to demystify issues around clinical practice and build on partnerships with carers that can carry over into service delivery.

Along with consumers, families and other carers should be given the opportunity to participate in service planning and development activities.

Apart from formal consultation processes, area mental health service managers have a particular responsibility to ensure that avenues exist for families and other carers to raise concerns regarding service gaps or deficiencies, and provide feedback for service monitoring.

Some areas of service operation require particular attention and monitoring by service managers.

Accessibility:

- Services should be available at a time and in a way that suits families and other carers as well as consumers. For example, extended contact hours, adequate visiting rooms, appropriate space and time to meet with staff.
- Services should be located in reasonable proximity and be serviced adequately by public transport, and/or have a mobile capacity.

Availability:

- The full range of clinical mental health services should be available to assist families and other carers in their care giving role. This should include acute inpatient services, crisis assessment and treatment services, continuing care, clinical and consultancy services and mobile support and treatment services. In addition, area mental health service managers should support and work with psychiatric disability support services in the local area.
- Service managers can assist the development and maintenance of information, advocacy and support services for families and other carers in the local community. For example, clinical staff might work with such agencies on service development activities or space could be made available in the community mental health service for meetings after hours.
- Respite services can provide both consumers and carers with a break from current care arrangements. Service managers should support the development of respite options wherever possible.

Sage Hill Carers Service

Sage Hill Carers Service is part of

the Association for the Support of Psychiatric Services Inc. and is based in Warrnambool.

The service provides support and information to carers of individuals with mental illness in the south west of Victoria. Specifically the service offers:

- *the opportunity to talk about caring for someone with a mental illness and explore strategies for caring*
 - *information about carer resources and carer support groups available in the local area*
 - *information about mental illness and its treatment*
 - *a visiting service to carers throughout south west Victoria.*
- One of the aims of the service is to work cooperatively with existing psychiatric, health and welfare agencies such as GPs, community policing squad, legal and advocacy services, local government services and community welfare agencies.*

Key Points in Working with Families and Other Carers

Effective service delivery that aims to assist recovery from mental illness and minimise risk of relapse is informed and enhanced by collaborative work with families and other carers as well as consumers. The opportunity for staff to work together with families or other carers will vary but in addressing the needs of families and other carers at different phases of the service delivery process, the following prompts should be considered.

First Contact

- Clarify whether the consumer consents to the disclosure of

information.

- Identify the relevant names and contact numbers of the family or carer or next of kin.
- Record accurately the consumer's description of their family or carer situation, including a description of the current relationship. It is particularly important to include details of any dependent children.
- Initiate contact with the family or carer at the most appropriate phase of care in line with Section 120A of the Mental Health Act. Appendix I provides further details on confidentiality.
- Provide families and carers with an orientation to the service and the mental health system and explain the roles and responsibilities of staff working with the consumer.
- Ensure families and carers have the name and contact number of appropriate people in the area mental health service for example, case manager, duty worker.
- Provide relevant information about mental illness, the consequences thereof, and the options for treatment and care.
- Wherever possible, minimise unnecessary replication of family or carer details.
- Identify the consumer's, family's, or other carer's support needs and provide information regarding appropriate supports and services.

Continuing Contact

- With the consumer's permission, ensure the family or other carer has the opportunity to be involved in the consumer's Individual Service Plan (ISP) or planning leading up to discharge or rehabilitation.

- Ensure families and other carers are informed if a consumer is to be discharged earlier than anticipated, or when there are changes in medication or referral to additional services.
- If the need exists, establish regular contact with the family or other carer to ensure a collaborative approach to care and treatment.
- Monitor the impact care giving has on daily lives of families and other carers.
- Provide educational opportunities for families and other carers to learn about mental illness and ways of looking after themselves.
- Identify appropriate resources which can provide support and counselling in circumstances of conflict, relationship difficulties or crisis between the consumer and their family or carer.
- Develop with families and other carers crisis action plans at times of non-crisis; clarify the role of crisis assessment and treatment services.

Case Closure

- With the consumer's consent families and other carers can be involved in the process of planning and decision making for case closure.
- Identify ongoing services and supports for the consumer and family or other carer.
- Ensure information regarding re-access to public mental health services is provided to families and other carers.
- Accurate and relevant information about the consumer's family details should be provided to referring agencies or practitioners who continue to work with the consumer

following case closure or hospital discharge.

Appendices

Appendix I - Confidentiality, Section 120A, the Mental Health Act 1986

Section 120A of the Mental Health Act prohibits the release of information regarding consumers of mental health services except in certain restricted circumstances. These circumstances include:

- Where the consumer has consented.
- Where information is disclosed regarding the condition of a consumer in general terms.
- Where the information is given in connection with the further treatment of the consumer.
- Where information is communicated by a member of the medical staff, or a prescribed class of staff to a guardian, family member or primary carer of the person to whom it relates if -
 - (i) the information is reasonably required for the ongoing care of the person to whom it relates; and
 - (ii) the guardian, family member or primary carer will be involved in providing that care.
- Where information is given to a person to whom in the opinion of the Minister it is in the public interest that the information be given.
- Where information is provided to Protective Services relating to a notification or investigation of a claim that a child needs protection.

Program Management Circular No. 4/1996, provides further details about Section 120A of the Mental Health Act.

The disclosure of information and

exchange of information is complex and it is of utmost importance that clinical staff explore this issue with each consumer at the most appropriate and earliest possible stage.

Courts have recognised that some professionals have a discretion regarding duty to warn in certain cases. As each case depends on its particular facts, legal advice should be obtained when concerns arise.

Appendix II - Useful Reading

Alexander, K. *Understanding and Coping with Schizophrenia, 14 Principles for the Relatives*, Schwartz & Wilkinson, Melbourne, 1991.

Bland, R. *Supportive Approaches to Families in Australia : Drawing Conclusions from Practice*, New Directions for Mental Health Services, No 62, Jossey-Bass, San Francisco, 1994.

Hamilton Wilson, J. *Therapeutic Partnership: A Model for Clinical Practice*, *Journal of Psychosocial Nursing*, Vol 33, No 2, 1995.

Human Services Victoria's Mental Health Service, *The Framework for Service Delivery: Better Outcomes Through Area Mental Health Services*,

Psychiatric Services Division, 1996.

Human Services Victoria's Mental Health Service, *The Framework for Service Delivery: Child and Adolescent Services*, Psychiatric Services Division, 1996.

Herrman, H. et al *The Health and Wellbeing of Informal Caregivers: A Review and Study Program*, *Australian Journal of Public Health*, Vol 17, No 3, 1993.

Hatfield, A.B. *Developing Collaborative Relationships with Families*, New Directions for Mental Health Services, No 62, Jossey-Bass, San Francisco, 1994.

Intagliata, J. et al *Role of the Family in Case Management of the Mentally Ill*, *Schizophrenia Bulletin*, Vol 12 No 4, 1986.

Lefley, H. *Family Burden and the Family Stigma in Major Mental Illness*, *American Psychologist*, March 1989.

McFarlane, W.R. *Multiple-Family Groups and Psycho-Education in the Treatment of Schizophrenia*, New Directions for Mental Health Services, No 62,

- Jossey-Bass, San
Francisco, 1994.
- Petrila, J.P. et al Confidentiality
and the Family as
Caregiver, *Hospital
and Community
Psychiatry* Vol 43,
No 2, February 1992.
- Plunkett, A. & Quine, S. Difficulties
Experienced by
Carers from Non
English Speaking
Backgrounds in Using
Health and Other
Support Services,
*Australian and New
Zealand Journal of
Public Health*, Vol
20, No 1, 1996.
- Rosen, A., 100% Mabo: De-
Colonising People
with Mental Illness
and their Families,
*Australia & New
Zealand Journal of
Family Therapy*, Vol
15,
No 3, 1994.
- Spaniol, L. et al The Role of the
Family in
Psychiatric
Rehabilitation,
*Schizophrenia
Bulletin*, Vol 18, No
3, 1992.
- Vandiver, V.L., Family Empowerment
and Service
Satisfaction: An

Exploratory Study
Jordon, C. et al. and of Laotian
Families Who Care
for a Family Member
with *Mental Illness,*
Psychiatric
Rehabilitation
Journal, Vol 19, No
1, 1995. *The Mental*
Health Act 1986, 59/
1986, Reprint No 3,
Anstat Pty Ltd, July
1996.

**Appendix III - Family and Other
Carers Reference Group**

The following people were members of
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Ms Chris Brown, Psychiatric Services
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Ms Gay Castellan, Mental Health
Branch, Department of Human Services
Ms Isabell Collins, (VMIAC) (from
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Ms Elizabeth Crowther, Schizophrenia
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Ms Valerie Gerrand, (Chair), Mental
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Services
Ms Margaret Goding, Inner South
Community Mental Health Service
Mr Thomas Giankoulas, Greek Carers
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the
Mentally Ill, Inc. (NEAMI)
Ms Judy Hamann, Clarendon Community
Mental Health Service
Dr Margaret Leggatt, Schizophrenia

