DEPARTMENT OF HEALTH AND FAMILIES

Carers Guide

Mental Health

To the Mental Health and Related Services Act

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Disclaimers of Liability

This Carers Guide has been prepared in good faith. The information it contains is intended to assist the carers of people with mental illness in the difficult role they undertake and to provide information about the Mental Health and Related Services Act, mental illness and the services available to assist them.

While this Guide has been prepared with every care, neither the Northern Territory Government nor the authors accept any responsibility for the results of specific action taken on the basis of the information it contains, nor for any errors or omissions within it. The guide will be updated from time to time, and any perceived error or omission should be brought to the attention of the Director Mental Health, Department of Health and Families (DHF).

Preamble

This Guide is a supplement to the Act. For clarification or further detail, refer directly to the Act. If there are questions, refer them to the manager of your local mental health service in the first instance. The Director or the Senior Policy Officer within the Mental Health Program may also be contacted.

For general inquiries and additional copies, contact:

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Copies may also be downloaded from the DHF Mental Health internet site. All updates and revisions to this guide will be placed on the website: www.health.nt.gov.au/Mental_Health.

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Acknowledgement

This guide is based on similar publications in Western Australian, Victoria and Queensland. The format has been adapted to reflect the NT context.

Mental Health Carers NT has given permission to use information about the organisation from its website www.mentalhealthcarersnt.org

Top End Mental Health Consumer Organisation (TEMHCO) has given permission to use information about the organisation contained its brochure.

The “Tool Kit for Carers of People with Mental Illness” produced by Lifeline has been reproduced in this guide without amendment.
Foreword

The *Mental Health and Related Services Act* (the Act) commenced operation on 1 February 2000, following the repeal of the *Mental Health Act* 1980.

The Act was developed over a period of eight years in a process involving extensive consultations with NT stakeholders and informed by the United Nations Principles for the Protection of *Persons with a Mental Illness and for the Improvement of Mental Health Care* (1991) and the *National Mental Health Statement of Rights and Responsibilities* (1991).

A review of the Act commenced in 2003 with the release of a comprehensive issues paper. The consultation process raised a number of additional issues, requiring further consultation and consideration. In October 2006 Cabinet released the draft *Mental Health and Related Services Amendment Bill* for public comment giving rise to further refinements to the Bill.

I would like to take this opportunity to thank all of the individuals and organisations who participated in this process and who took the time to formally submit a response to the review or to participate in the consultations. This input has been of immense value in refining the legislation.

The legislation facilitates enhanced partnerships between consumers of the services and their carers and those who provide services in both the Government and non-government sectors. It aims to protect human rights, provide access to treatment and promote recovery and ensure the safety of individuals and the community.

We hope that this first edition of this Carers Guide will help you in developing your understanding of the legislation and of your rights and responsibilities. Information about mental illness and the services available to assist you in this important role is also included.

**Dr David Ashbridge**  
Chief Executive  
Department of Health and Families  
February 2009
Introduction

The *Mental Health and Related Services Act* (the Act) provides for the care, treatment and protection of people with mental illness whilst also protecting their rights and ensuring those important to them can be appropriately involved in their care.

Working with the family and carers of a client/patient is integral to the provision of high quality specialist mental health care. Evidence demonstrates that involving family and carers improves the wellbeing and outcomes of both consumers and their family and carers. Evidence also indicates that there is a need to optimise genuine carer involvement in treatment and care, including through participation in service planning and delivery.

Research also indicates that clinical practice needs to be more sophisticated in the assessment of the role of family and carers and in their engagement in treatment and care to place appropriate value on the vital role that carers play in the recovery process - a partnership should be established between clinicians and carers based on respect and recognition of the perspective of families and carers and their needs for information, education, skill development and support. The process of identifying a person’s carer also requires more attention in both procedure and practice.

Northern Territory Mental Health Services (NTMHS)

NTMHS is a specialist service providing a range of assessment and treatment services for people with mental illness or other mental health related problems. Mental health professionals are employed by the service and work in multidisciplinary teams, assisting clients to achieve the best possible outcomes.

Inpatient units are located in Darwin and Alice Springs and community mental health teams are based in Darwin, Alice Springs, Katherine, Tennant Creek and Nhulunbuy. Teams from these centres regularly visit remote communities across the Territory. *Contact details for each of the teams are on page 31.*

The majority of people using NTMHS do so voluntarily and are treated in their own community.
Who is considered a carer?
NTMHS defines a carer as a relative of a person or someone who is not related to a person by biology or marriage but is actively involved in their care e.g. intimate friend, housemate or professional carer. The term ‘primary carer’ is defined in s7A of the Act as:

“someone providing care and support to the person because of his or her sense of responsibility as a relative of, or someone close to, the person…if the person does not have anyone providing [this] care and support…someone most closely involved in the treatment or care of, or support to, the person.

For this section, a relative of the person includes anyone related to the person through a relationship that arises through common ancestry, adoption, marriage, de facto relationship or any customary law or tradition (including Aboriginal customary law or tradition).

The NT Carers Recognition Act 2006 also formally acknowledges and recognises the role of carers as an essential part of the NT community. The Act defines the legal status of a carer and requires organisations to think about carers when making decisions about service planning and delivery.

NTMHS know that working with carer/s of a client/patient is vital and that there is a need to increase genuine carer involvement in treatment and care. This guide seeks to provide you, as a carer, with information to assist them to be more involved in the treatment and care process.
NTMHS recognise and value the contribution carers make to the assessment, treatment, ongoing management and recovery of a person with mental illness and the improved outcomes that come from working in partnership with carers. NTMHS also recognise that caring for someone with a mental illness is complex, requiring substantial commitment and understanding and that carers of people with mental illness have separate needs of the client/patient that need to be acknowledged and valued.

**What rights do I have under the Act?**

In recognition of the important role of carers, principles relating to rights of families and carers are outlined in the s12 of the Act. Under this section, the following principles apply when providing treatment and care:

(a) *As far as practicable and appropriate, a carer...is to be provided with relevant information about the person’s rights and entitlements under this Act, how those rights and entitlements may be accessed and exercised, the grounds for the person’s admission, the section under which the person was admitted, any proposed or alternate treatment and the services available to meet the persons needs;*

(b) *As far as practicable, a carer...must be consulted and involved in the development of any ongoing treatment plan and any discharge planning for the person;*

(c) *As far as practicable and appropriate, family members should be consulted and involved in the person’s treatment and care.*

**Access to Information**

In general, you may expect to be:

- Notified of an involuntary order;
- Given information about how make an application to or give evidence to the Tribunal;
- Given information about rights under the Act;
- Notified of a Tribunal decision following a review;
- Given information regarding the availability of legal and support services;
- Provided with information about medication under s88;
- Included in discussions regarding treatment options;
■ Provided with information about discharge planning under s89;
■ Given information on how to make a complaint; and
■ Given information on how to contact the Community Visitor.

You may also seek information from NTMHS about your relative/friend and where this information is provided, you can expect that the information will be in a form you can understand.

**Confidentiality**
In most cases, your relative or friend will want you to be involved in their care and given the information listed above and if so, it will be made available. However, in some cases, often due to their illness, your relative or friend may refuse consent.

Where this happens, the doctor responsible for their care must make a decision based on what is in the best interests of the patient/client. If they determine that providing you with information is not in the client/patient’s best interest, they can withhold the information from you. The doctor then has to make a report to the Tribunal about this decision and is also required to inform you of your right to apply to the Tribunal for a review of the decision and should provide information to you about how to contact the Tribunal to do so.

**Why do NTMHS want to work with families and carers?**

**Assessment**
You know the person very well and can provide essential information to help clinicians in the assessment process and with the continuing care of your relative or friend.

**Treatment**
As well informed family members/carers, you can provide encouragement and reinforcement of the need for treatment, help to minimise the side effects of treatment and promote improved quality of life. You are also in the best position to recognise early warning signs that may indicate deterioration in your relative or friends mental health.

**Research evidence**
Studies show that working with families and carers benefits everyone.
What sort of things can I ask for from NTMHS?

The relationship between carers and NTMHS should ideally be reciprocal. While you can provide vital information to clinical staff and are invaluable in providing care and support for your relative or friend, it is essential that your expectations of NTMHS staff also be recognised and that NTMHS understand your needs.

Some of the things you might need or request from NTMHS staff include:

- A partnership with clinicians based on respect and recognition of your perspectives;
- Assessment of the role you play in the management of mental illness in your relative or friend;
- To be able to contact staff identified by NTMHS as responsible for the treatment of your relative or friend;
- For appropriate value to be placed on the vital role that you play in the recovery process;
- Identification of your need for information, education, skill development and support;
- Clearly defined roles and responsibilities;
- Early involvement in the treatment and care of your relative or friend;
- Clear and open communication and sharing of information;
- Answers to your questions;
- Education about mental illness and in particular the illness affecting the person you are providing care for;
- Consideration of your cultural and language needs;
- To be listened to;
- To be kept up to date with clinical progress and any changes;
- To receive any relevant feedback from clinical consultations and meetings;
- An explanation of and understanding of the confidentiality provisions of the Act that define what information can be conveyed to you and under what circumstances;
- Involvement in discharge planning and continuing care;
- Participation in the development of a crisis plan with a clearly identified clinical response;
Rights of Carers

- An assessment of your capacity, ability and willingness to provide care;
- Appreciation of your strengths whilst acknowledging the difficulties and challenges you face;
- An understanding of the high incidence of co-morbid conditions including substance use and physical illness;
- Emotional support from clinicians and from available family and carer support networks;
- Information and training around ways for you to interact with the person in your care; and
- Access to appropriate services when in crisis.

What if my relative or friend says they don’t want information to be shared with me?

Sometimes people will refuse to identify or to involve carers. This is often a result of the nature of their illness and does not lessen the burden on carers and may increase the burden of care. However, this refusal does not necessarily prevent clinical staff from having a working relationship with you as a carer or family member. You also still have a right to give information to clinical staff to assist in assessment, treatment and ongoing care.

It is often helpful if people with long-term mental illness, with the help of their mental health worker, identify their carers when they are well so that they can be easily involved if they become unwell.

When your family member or friend has given consent for you to be involved in their care, it is important to inform NTMHS of this consent and what information can be shared and it is a good idea to get this consent in writing.

Even if the doctor supports your relative or friends decision not to involve you, you can still access information about mental illness, how to respond to disturbing behaviours, how to access practical assistance and general assistance in dealing with the illness.

Disclosure of information

Section 91 of the Act sets out the rules for disclosure of information by mental health clinicians. Generally, any information kept by NTMHS about clients and patients that either identifies an individual or the nature of their contact with the service will not be freely disclosed.
Information can be disclosed to family, primary carers and representatives without consent of a patient/client if the information is relevant to their ongoing care, treatment or rehabilitation and is considered to be in their best interests. If you feel that information is withheld from you unjustly, you can apply to the Mental Health Review Tribunal (Tribunal) for a review of this decision.
**What is a Community Visitor and what do they do?**
A Community Visitor is a person who investigates and tries to resolve complaints, concerns, or problems that a patient/client or carer may have with the treatment and care provided by NTMHS.

Community Visitors routinely visit Cowdy Ward and the Joan Ridley Unit (JRU) in Darwin and the Mental Health Unit in Alice Springs and will also visit patients/clients or carers at their request, either in the ward or in the community at other times.

**Who can talk to them?**
Any client/patient or carer of a client/patient can talk to a Community Visitor.

**How do you contact them?**
If you care for, represent or have an interest in someone who receives mental health treatment or care, you can phone or write to them directly *(see Contact Details section on page 31).*
Learning a new language
In mental health there are many terms you may not be familiar with. Some of the more common terms you might hear are explained below.

Authorised Psychiatric Practitioner (APP)
An APP is a psychiatrist, psychiatric registrar or medical practitioner, usually employed by NTMHS, who has been appointed to this role by the CEO. APPs have a range of different responsibilities under the Act. For example, when someone is admitted to an inpatient unit or placed on a CMO, it will be an APP who signs off on this order.

Client
A person who receiving treatment from a community mental health service.

Case Manager
A mental health worker who has been assigned to help a person being treated by the service. A Case Manager may assist a person by:

- Helping them to identify ways they can develop a treatment plan and work towards recovery from mental illness;
- Educating them about mental illness and how they can manage their symptoms;
- Linking them to other services and community organisations;
- Be a contact person in the mental health service; and
- Provide support and education to families and carers.

Designated Mental Health Practitioner (DMHP)
A DMHP is usually an employee of NTMHS and has a range of responsibilities and powers under the Act, including the power to make a Recommendation for Psychiatric Examination where they believe a person may require treatment and care under the Act.

Mental Illness
An illness that affects a person’s ability to think, feel and/or socialise.

Mental Health Service
A specialised service that provides assessment, treatment and support for individuals experiencing mental illness or mental disorder. Mental health services in the Northern Territory include both inpatient and community based services and are provided by Top End Mental Health Service (TEMHS) and Central Australian Mental Health Service (CAMHS).
Multidisciplinary Teams
NTMHS provide treatment and support through multidisciplinary teams made up of professionals from various disciplines (e.g. Psychiatrists, Medical Practitioners, Nurses, Social Workers, Psychologists, Occupational Therapists, Aboriginal Health Workers and Aboriginal Mental Health Workers).

**Patient**
A person admitted to a mental health inpatient unit.

**Psychiatrist**
A Medical Practitioner who has undertaken specialised training and registration that qualifies him or her to diagnose and treat mental illnesses.

**Psychiatric Registrar**
A Medical Practitioner who is undertaking specialised training for registration as a Psychiatrist.

**Psychiatric Case Manager**
A person appointed to monitor the progress of the treatment and care of a person receiving treatment under a community management order.

**Psychologist**
Clinical psychologists have specialist training in the assessment of behaviour and mental functioning, and ways of helping people change how they may think, feel and act towards themselves and others.

**Recovery**
A process of changing ones attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful and contributing life. Recovery involves a person developing a new meaning and purpose as they grow beyond the effects of their mental illness.

**About Mental Illness**
How do I recognise if someone may have a mental illness?
While symptoms vary, and each person with mental illness is different, all people with mental illness will experience some of the symptoms listed below. Symptoms on their own or in isolated events are not necessarily a sign of mental illness, however multiple or severe symptoms may require a mental health assessment.
Possible symptoms
There are a range of symptoms which may indicate mental illness these include changes in thinking or perceiving including:

- **Hallucinations** - problems with any of the senses (sight, sound, touch, smell and taste). Most often they are auditory hallucinations or voices that the person can hear that no-one else can hear. They are often very distressing to the person as the voices are vividly real and often say distressing things.

- **Delusions** - psychotic symptoms of particular types of mental illness, such as schizophrenia. They are firmly held beliefs that are not held by other members of the person's social group. Persons who experience delusions may offer bizarre explanations for experiences or circumstances. For example, they may believe they are being spied upon, followed, poisoned or that they possess great unrecognised talent.

- **Inability to concentrate**

- **Confused or disorganised thinking** - sometimes it is difficult to understand or make sense of what the person is saying.

- **Changes in mood including**:
  - Sadness coming out of nowhere that cannot be explained;
  - Extreme excitement or happiness;
  - Mixtures of moods from very happy to very sad;
  - Pessimism, seeing the world as grey and lifeless;
  - Feeling hopeless;
  - Loss of interest in once pleasurable activities;
  - Thinking or talking about suicide.

- **Changes in behaviour including**:
  - Sitting and doing nothing
  - Friendlessness, abnormal self-involvement
  - Dropping out of activities, decline in work, academic or athletic performance
  - Anger and hostility that is out of character
  - Indifference, even in highly important situations
  - Inability to express joy
  - Inappropriate laughter
  - Inability to concentrate or cope with minor problems
Involuntary Patients

- Irrational statements
- Peculiar use of words or language structure
- Excessive fears or suspiciousness
- Drug or alcohol abuse
- Forgetfulness and loss of valuable possessions
- Attempts to escape through frequent changes of address
- Bizarre behaviour (strange posturing)
- Unusual sensitivity to noises, light, clothing

Physical Changes including:
- Being very active or not active at all or a combination of the both
- Poor hygiene or personal care
- Unexplained weight gain or loss
- Sleeping too much or being unable to sleep

Often symptoms of mental illness run in cycles and may vary in severity. The length of time an episode of mental illness may last also varies. Some people are affected for a few weeks or months, while for others, the illness may last many years or for a lifetime.

There is no reliable way to predict what the course of an illness may be. Symptoms may change from year to year. Also one person’s symptoms may be very different from those of another, although the diagnosis may be the same.

In some cases of apparent mental illness, physical illnesses can be found to be the cause. Possible physical illness always needs to be investigated when mental illness is suspected.

Note: This guide is for informational purposes only. It is not meant to be used as a diagnostic tool. It is very important that you seek a professional evaluation if you have concerns about yourself or a loved one.

If you are concerned about a family member or friend you can contact NTMHS via telephone on 08 89994988 in Darwin or 08 89517710 in Alice Springs. More Contact Details are on page 31.
Myths about Mental Illness

**Myth: mental illness is for life**
Most people will recover from mental illness, especially with early treatment. Some people may have one episode of illness and recover completely and other people will have episodes of mental illness with times in between when they are well. For a small percentage of people with a more severe illness, episodes of illness will occur regularly and need specialist management and long-term medication. Some people are very disabled by their illness but others with appropriate treatment can lead full and active lives.

**Myth: mental illnesses are all the same**
There are many types of mental illness with a variety of symptoms for each illness and each individual.

**Myth: people who are mentally ill are violent**
People being treated for a mental illness are no more violent or dangerous than the general population.
When and How Do I Access Services?

What if I am worried that my relative or friend is becoming unwell?

It is important to encourage the person to seek help. Talking with someone about the situation is also important for you. If the person is being treated by NTMHS then speak with their Case Worker. If the person is being treated by their local GP then this may be a good place to start. Advice, information and assistance can also be obtained from NTMHS. Other options for help include Private Psychiatrists and community organisations (see Contact Details section on page 31).

What information will services need to know?

Asking questions is how services find out what is happening and how they might be able to help. Being prepared for these questions will help you feel less anxious and enable the services to assess the situation better. Some questions that you may be asked include:

- Is the person talking about hurting themselves or other people?
- Has the person already been diagnosed with a mental illness?
- If yes, which one? Who diagnosed the illness? When?
- Are they currently under the care of a Doctor or other services?
- Is the person willing to accept help?
- Does the person have any medical conditions?
- Is the person on any medication? If so what?
- Does the person misuse substances? (alcohol, illegal drugs, inhalants)
- What is happening that is worrying you and for how long has it been happening?
- What has prompted you to seek help now?

What can I do if the person refuses help?

Sometimes people don’t feel they need help or refuse to accept help. This can be a difficult situation for families and friends who are concerned about the person. In these circumstances, the Act can be used to get help for the person even if they do not agree. Talk with your GP or your local NTMHS for information and advice about getting help for your relative or friend under the Act.
What do I do if I’m concerned someone needs help urgently?
If the person is talking or behaving in a way that suggests they are going to hurt themselves or another person, help needs to be obtained urgently. Try to remember though that your safety is important. If you have been threatened or feel threatened, remove yourself to a place where you feel safe, away from the person first. Your local mental health service can provide you with information, advice and assistance in most cases however if your safety or the safety of others is in question you can get help by calling the police on 000. The police are authorised under the Act to take a person to hospital to have a Psychiatric Assessment.

What happens after the person has been assessed?
This depends on individual circumstances and how unwell the person is. Sometimes the person may need to be admitted to hospital, sometimes the person can get treatment and support in the community from NTMHS, private mental health practitioners, other community services or their GP.
What can I expect for my Friend or Family Member?

What will happen when my friend or family member is admitted voluntarily to hospital?
When your friend or family member first comes into the hospital a doctor will examine them and decide whether they need treatment and if so, whether this should happen in hospital or in the community. If the doctor thinks they would benefit from treatment from NTMHS, they will also make sure that they agree to admission and that they know what that means for them. They will be given a consent form to sign, which they should only complete if they understand and agree to the admission and the treatment offered.

Within 72 hours another doctor will examine them again to ensure they need to remain in hospital and that they still agree to the admission.

What if my friend or family member wants to stop their treatment?
Voluntary patients have the right to stop treatment whenever they wish, this includes leaving the hospital or deciding to stop attending community mental health services and they have the right to refuse any treatment offered to them. However, if they do decide they would like to leave the hospital or stop attending appointments at a community mental health service they should talk to someone from their treating team to discuss their plans.

Can my friend or family member who is a voluntary patient be made an involuntary patient?
Yes. A voluntary patient in hospital may be made an involuntary patient if they decide they want to leave the hospital and the staff are concerned that they are becoming more unwell and that leaving the hospital would not be a good idea for them as there is a risk to their health or safety, or the safety of someone else if they do leave.

What will happen when my friend or family member is admitted involuntarily to hospital?
When your friend or family member first comes into the hospital for admission, a doctor will examine them to determine whether they need to stay in the inpatient unit.

Within 24 hours (mental illness) or 72 hours (mental disturbance), another doctor will examine them to confirm whether or not they still require involuntary admission. If the second doctor agrees with the first doctor, they may be detained for up to 14 days (mental illness) or 7 days (mental disturbance).
During this time their case will be reviewed by the Tribunal. Your friend or family member can also apply to have this review happen earlier.

If either the first or second doctor decides that they don’t need to be admitted as an involuntary patient, they may consider admitting them as a voluntary patient or consider involuntary treatment in the community (see Community Management Orders below) or voluntary treatment in the community.

**Can my friend or family member who is an involuntary patient leave the hospital?**

While they are being detained as an involuntary patient your friend or family member cannot leave the inpatient unit unless their doctor says they can. If they are given leave it will be for a specific purpose and they must comply with the conditions of their leave.

If they do leave the hospital without permission, a police officer or someone else authorised by their doctor may pick them up and take them back.

If they want to leave the hospital to see someone, or attend an appointment, they can ask their doctor for permission. If the doctor thinks that the leave is for a good reason and will be good for them then they may be given permission.

The doctor may cancel your friend or family members leave if they believe that they are likely to come to harm, harm someone else or become more unwell, or if they have not done what they agreed to while on leave.

**What is a Community Management Order and when are they made?**

Community Management Orders are made where a person is unwilling or unable to follow a treatment plan on a voluntary basis but can be treated involuntarily in the community rather than admitted to a hospital. If your friend or family member is on a Community Management Order they can live in a hostel or at home but they have to follow a treatment plan that is developed for them.

The treatment plan will include things like:

- Who is responsible for your friend or family members treatment;
- Where the treatment or care is to take place e.g. home;
- How often the person treating or caring for your friend or family member must visit them or vice versa; and
- Medication and/or other treatments your friend or family member will need to receive under the order.
What can I expect for my Friend or Family Member?

Being discharged from the hospital/clinic
Discharge planning will start from the moment your friend or family member starts receiving treatment from NTMHS. The treating team will also involve you in these discussions wherever possible and appropriate.

When your friend or family member leaves the hospital they will have a discharge plan that contains arrangements for their accommodation, ongoing treatment and any other necessary supports.
Supporting someone with a mental illness can be an extremely challenging experience that takes you along unexpected and unknown paths. Trying to make sense of your feelings, the illness, and the whole situation brings many questions with sometimes it seems even fewer answers. This is not an unfamiliar experience, many families and carers often say they feel this way.

Maybe you have had thoughts or questions like the ones below. Hopefully these stories from other carers can give you some reassurance and support to help you in your journey.

- Is what I am feeling a common experience for families and friends?
- How will the experience affect the rest of the family and my friends?
- I never expected to feel grief and loss
- How on earth am I going to cope?
- I feel like I am going to explode...I need help too...
- Something or someone's got to change. Maybe it's me...
- Letting go...

Is what I am feeling a common experience for families and friends?

...I was in a state of shock; our son was 26, had a degree and was part way through a second one. He was a hard worker, didn't drink, smoke or take drugs, loved his family and never spoke an unkind word of anyone. This was all a terrible mistake...

I was out with my fiancé when my mother telephoned me with the news. When I raced to the hospital where she was admitted I felt dazed, disoriented. The scene before me was all very unreal. It challenged my values at the time. It was wrong to take your life. When I saw my dear sister lying in the bed, literally only moments away from death, I was horrified. How did her world become so tragic, so unsatisfying, and so bleak? I wondered how she could desire death over life, how she could possibly want to leave behind all the family and friends who loved her. I just didn't understand. I was cut to the core. Her mental illness was shattering. (Sister)

...when I discovered that my son had a mental illness – schizophrenia; it is almost impossible to describe the pain and anguish that came with this diagnosis. This happened seven years ago and I can still recall the despair that came like a black cloud at this time. I think that it is impossible for anyone who has not had this experience to understand the trauma that severe psychosis can have on a family. As a mother of a very intelligent and loving son it is very hard to let go of the hopes and dreams that you have for his future. (Mum)
How will the experience affect the rest of the family and my friends?

Both my husband and my son had difficulty accepting my daughter being diagnosed with mental illness. Now after many years they have become more understanding of mental illness as a whole – not just within our immediate family. We also found it hard that ‘friends’ of long standing were unable to provide much support to us. In fairness this was probably due in part to their limited knowledge of mental illness and therefore they had their own problems acknowledging what we were dealing with. (Mum)

I loved her but she was so egocentric and so needy. You could never make her feel better when she was low and she “ran” over the top of me and everyone else when she was manic. My father was an ostrich. Nobody told us what was going on – maybe no one knew? (Daughter)

It has affected my family greatly and still does. Like me, they had no dealings with mental illness and thought their sister was a spoilt brat at first until I gathered all the information I could put my hands on to help me understand more and to convey what I learnt to my children. In one way, it has split the family because they still cannot comprehend mental illness, as they are busy with their own children - my grandchildren.

Whenever we have a family get together I know my family, including myself, are very careful with our choice of words in case my daughter becomes up set and has an outburst. This makes it very unpleasant for everyone. (Mum)

I never expected to feel grief and loss...

I clearly recall the shock of recognition I had when, some months after my son had been diagnosed, a mental health professional asked how I was handling my grief. “Grief? Me? But he’s alive?” And then, “Yes. Of course that’s what it is.” It was almost a relief. Finally I could identify the awful, heavy feeling that had dragged along with me as each day I continued putting one foot in front of the other. Finally I could begin to articulate my engulfing sadness that my beautiful boy had already lost almost a year of his youth to this awful, awful illness that I found so hard to understand. I grieved that his friends had moved on from him – they didn’t understand either and at 20 they didn’t have a second to waste as they hurtled on into their own futures. I grieved at not having been able to prevent this dreadful illness, at not being smart enough, and at somehow being responsible for his pain...

It took a while to realise that some of my grief was for the loss of my hopes and dreams for my son, some of which, if I was honest, were actually quite different
from what he’d wanted for himself. I’d wanted him to go on studying and get a good job, then travel the world before settling down (not too far from us!) with a suitable girl who would make him happy… He’d wanted to travel, and said he’d worry about jobs when he needed to and didn’t ever want to settle down, and in any case, he didn’t want to be like us and have no life outside work! Like all parents, we believed we could see his potential, we hadn’t wanted him to make the mistakes we’d made, and we wanted him to ‘go straight for the gold’. But he’d been more interested in the journey, and wanted the freedom to go off the beaten track and investigate everything along the path…

Yes, I grieved for my beloved son; I ached to see his hurts, his confusions, and his fear. I grieved to see him trying so hard to be brave, only to be struck down by the betrayal of his own mind which couldn’t differentiate between the real and the unreal.

But my grief, my sense of loss, was also for me, for my innocence, for the loss of my perfect family. After years of sharing my son’s triumphs, joys and aspirations with my own circle of family, friends and acquaintances, I could no longer do this. And I was angry that this should have happened to me, who’d tried so hard to do it all the right way.

It helped me to talk about my feelings; it helped me to read books on grief and loss, and the various stages one goes through. It’s true, much of it is not the same, but there are similarities and I knew instinctively that, whatever the course of my son’s illness, we would never be able to go back to those earlier, simpler days. And there was grief in that too …

Out of my grief emerged the seeds of a greater tolerance, a greater sense of empathy, and an acceptance that what is, just is. I began developing the capacity to treasure each smile, each small moment of pleasure, each little joy. And I came to truly understand that, as much as I could feel my own pain, the pain he felt was much, much worse. From this realisation came a feeling of genuine compassion for all sufferers of mental illness, not just for my son.

There are some things in life that I cannot change. There are others I can change and I choose to make these my focus. You never forget. I’m not even sure that the pain will ever go away. But you can learn to live with it. (Mum)

Caring for someone with a serious mental health condition is life changing. The grief and sadness that you feel when you realise that the person you once thought you knew is suddenly a stranger is profound. You are robbed of your dreams and hopes for your loved ones’ future. The conventional wishes for
Experiences of Carers

a successful happy life are no more. I remember distinctly realising one day that the person my sister had become, was the person I now had to learn to love anew. I had to let go of my expectations for the well person and this was so challenging. It made me feel very angry at times. She was not going to become a confident singer/actress as we had imagined. In reality she was a beautiful young woman struggling to survive every single day.

Small achievements, like getting out of bed for the day, were the victories we would learn to celebrate. I would sometimes look at her childhood photos and just cry. When she was paranoid and argumentative I would wish it all away and resent the ugliness of mental illness. When she died I felt relief that the madness was over but absolutely devastated that we had lost her for eternity. I still want her back. The pain remains fresh. (Sister)

How on earth am I going to cope?
I found that the coping strategies I had learned so far in life were redundant when I was faced with the development of our son’s mental illness. It is a unique situation and it was necessary for me to learn new ways of dealing with the problem. For example, I would attempt to resolve the problem with anger or use guilt by telling him he was destroying our family. I did not realise that he was incapable of controlling his behaviour.

Anger was only upsetting me and our whole family atmosphere was affected. Tension was created, I found it hard to continue through my day and I had no positive results from my outbursts. I had to realise that my anger was only affecting me and not working so I stopped being angry and found other methods of expressing my opinion.

…I had to take a good look into myself and try to analyse my reactions and behaviour and understand what impact I had on other people. This is not easy, especially at a time when I was experiencing grief, despair and confusion but I knew that what I was doing was not working for me or our family and I had to move forward and re-evaluate.

An interesting development occurred when I investigated these alternative options of dealing with people and life. I discovered that I had stumbled onto an opportunity for personal growth. It is the irony of life, the harder the challenge the more you learn. (Mum)

I don’t know if I have coped very well, there have been many times when I just didn’t... After about 13 years into my daughter’s illness, and with other
health issues and business worries, I saw a ‘Carer’s Group’ advertised. I went along and now don’t know how I managed without the warmth, friendship, understanding and total support of this group, which has been invaluable. I believe this has helped immensely and has made a big difference not only to me, but the rest of the family. Personal counseling provided a confidential means of talking freely of my concerns and at the time helping me with strategies to deal with issues and challenges.

Two other things have helped over the years – I never hid my daughter’s illness and speak openly on this and I have never given up hope that one day, a much better quality of life will be hers....  (Mum)

I feel like I am going to explode...I need help too
Caring for someone with a serious mental health condition can be socially and emotionally isolating. It is difficult to navigate these seas without incurring some personal problems along the way. I developed two sides to me – the public “I am coping/I’ve got it together” face and the private secret face that only I knew. I felt I had to keep things together on the surface because people were depending on me to help my sister and my brother as well as dealing with my own family’s needs. I was being torn in several directions and eventually I thought I was going to explode.

I developed an ulcer that did not go away and I had to receive treatment which eventually fixed that problem. I began to find sleep very difficult which was affecting my ability to concentrate and function in the day. I needed to take medication to help me switch off at night. Eventually I learned to manage this situation with herbal teas, calming myself before bedtime and taking time out for me.

But one serious sign that I discovered meant I needed professional help was when I realised one day that I no longer felt anything. I didn’t know how to laugh, cry or simply enjoy life any more. I was flat. Ice. Numb. I was a robot just going through the motions with no hope for the future and no capacity to love. It was not until I went on a quiet retreat to the mountains for a week that I was able to let go of my pent up feelings and literally ‘let it all hang out’. I cried and cried for days. I felt lighter and awake once more. I found a counselor to talk to and every year I take time to be alone to get in touch with myself – because the danger of losing sight of what I want out of life is not worth the risk.  (Sister)
I have no idea of how I got through the initial six months after his first psychotic episode. Some counseling and anti-depressants after the first 6 months for 3 months helped. There was very little information given about the diagnosis and absolutely no support from the mental health system. My son was told to live independently, not be a bother to his family and to get a job. These instructions were absolutely ludicrous, he was sleeping 16 hours a day and became like a zombie. I think that the word paralysed would describe my emotions at that time... (Mum)

Something or someone’s got to change. Maybe it’s me
I am convinced that the transition from purposeful coping to recovery came about when I faced my fear of losing my brother and understood that this journey was about sharing the load with others. Reaching out for help from mental health organisations, support agencies and professionals, really made a difference at times. Through consistent, ongoing support my brother’s life has progressed from repeated suicide attempts and total paranoia, to independent living and part – time study.

I have learned that I CAN make a difference in certain areas of his recovery but there are times when I have also had to accept that I have NOT been helpful in my attempts at caring. Ultimately I had to really understand that my brother was his own person, an adult who had the right to make his own decisions, that stepping back and letting him exercise his rights was essential.

My family and I have learned that it is important to become informed about dealing with mental illness – learn strategies that work eg how to support someone financially without creating dependency, how to recognise signs of early breakdown to intervene sooner, how to cope with dual diagnosis – drug/alcohol dependency. Realising that I cared more effectively when I gained knowledge about the ‘big picture’ of my brother’s recovery has made a great difference to our relationship. Learning my limitations and recognising my own needs have helped me to recover from the initial devastation. I feel that today I am caring more effectively than I was many years ago. (Sister)

Learning to say “no” helped me cope and helped me look after my own health. There came a time when I decided that I would only allow a certain amount of my time to be used up by my son and I learnt not to feel guilty when I was doing something for myself that I enjoyed. It was sometimes very hard not to feel guilty when my son had been home on his own in a bad way, but I decided I just needed to live a life too. (Mum)
As a carer of siblings with mental health problems, I have discovered the importance of letting go....After eleven years of caring for my sister, I had the ultimate challenge of having to let go when she ended her life. It was shattering to lose her after all our efforts to keep her alive. It was difficult to accept that she no longer felt capable of going on; that our support and love were not enough to sustain her. The mental illness that plagued her day and night had won. This kind of involuntary letting go is no easy matter to recover from. I truly believe that the only reason my world has continued is because I reached out for help from others who understood the grief and loss I was experiencing. I could not have dealt with this pain on my own. I had to rediscover the loving relationships I had with family and friends and that insight eventually made it worthwhile for me to continue. (Sister)
What can I do to Make a Difference?

Join a carer organisation such as NT Mental Health Carers, which is the NT branch of the national organisation that represents mental health carers, the Association of Relatives and Friends of the Mentally Ill (ARAFMI).

ARAFMI’s aims are to:

- Ensure state and federal governments recognise the role, contribution and needs of carers.
- Advocate for policy changes and improve services to address carer needs.
- Support carer involvement in the planning, delivery and evaluation of services for people with mental illness and their carers.
- Facilitate communication between carers and government.
- Establish partnerships between carers and service providers.
- Encourage research on best practice in carer support.

Carer issues are identified and worked on through monthly Carers Network meetings and specific working groups. Carer issues and policy positions are taken to State and Federal government officers and Ministers via:

- Regular meetings with the Mental Health Branch;
- Letters, submissions, deputations;
- Liaison and representation on government committees.

On a local level carer representatives are often asked to:

- Sit on interview panels for staff selection of mental health services staff;
- Represent carers at mental health service quality meetings;
- Represent carers at mental health service strategy workshops;
- Advise mental health services on carer issues and perspectives.

Northern Territory Community Advisory Group on Mental Health

The Northern Territory Community Advisory Group on Mental Health (NTCAG) provides advice to the Minister on a range of mental health issues. NTCAG provides an ongoing mechanism for consumer and carer input into mental health policy decision making processes, assisting the Minister in the formulation of mental health policies, plans and associated legislation and monitoring their implementation as well as providing advice on other matters related to NTMHS to ensure they best meet the needs and requirements of people with mental health problems or mental disorders and their carers.

As a carer of someone who is a patient/client of NTMHS, you are eligible to nominate for NTCAG. Call (08) 8999 2717 for more information.
Emergency/On-call contact numbers
Extended hours services are available in Darwin (Tel 08 89994988) and in Alice Springs (Tel 08 89517777). Ask for the on call worker for mental health.

MENTAL HEALTH PROGRAM

CAMHS

Alice Springs Hospital
PO Box 2234 Alice Springs NT 0871
Tel 08 89517777 Fax 08 89517758

Barkly Mental Health Service
CO Tennant Creek Hospital
PO Box 346 Tennant Creek 0861
Tel 08 89624300 Fax 08 89624304

Tennant Creek Hospital
Schmidt St, Tennant Creek NT 0860
Tel 08 89624203 Fax 08 89624205

CAMHS (Community)
PO Box 2234 Alice Springs NT 0871
Tel 08 89516931 Fax 08 89517836

CAMHS Mental Health Unit
(Ward One)
PO Box 2234 Alice Springs NT 0871
Tel 08 89517610 Fax 08 89517618

TEMHS

Tamarind Centre
12 Ross Smith Ave
PO Box 140 Parap NT 0812
Tel 08 89994988 Fax 08 89994999

Cowdy Ward, RDH
Rocklands Drive Tiwi NT 0810
Tel 08 89228850 Fax 08 89228878
RDH Tel 08 89228888

East Arnhem Mental Health Team
Community Health Building,
Chesterfield Circuit
Po Box 421 Nhulunbuy 0881
Tel 08 89870414 Fax 08 89870443

Gove Hospital (East Arnhem)
Matthew Flinders Way
Nhulunbuy NT 0880
Tel 08 89870352

Katherine Mental Health Team
1st floor, Government Centre
PMB 73 Katherine NT 0851
Tel 08 89738724 Fax 08 89738561

Katherine Hospital
Gorge Rd Katherine NT 0850
Tel 08 89739211 Fax 08 89739000
Useful Contacts & Services

***The following services are listed alphabetically by service type***

**ABORIGINAL HEALTH SERVICES**

**Alice Springs**

Central Australian Aboriginal Congress Inc.
25 Gap Rd Alice Springs NT 0870
PO Box 1604 Alice Springs NT 0871
Tel 08 89514444 Fax 08 89523397
Freecall 1800142900

Nganampa Health Council Inc.
3 Wilkinson St
PO Box 2232 Alice Springs NT 0871
Tel 89525300 Fax 08 89522299

**Darwin**

Danila Dilba Health Service
32-34 Knuckey St, Darwin
Tel 08 8942 5444 Fax 08 8941 3542

Danila Dilba
Emotional & Social Wellbeing
3/1 Malak Place, Malak NT 0820
Tel 08 89279335 Fax 08 89479002

**Katherine**

Katherine West Health Board Aboriginal Corporation
Unit 10, Riverbank Office Village
38 First Street, Katherine NT 0850
PO Box 147 Katherine NT 0851
Tel 08 8971 9300 Fax 08 8971 9340

Sunrise Health Service Corporation
Pandanus Plaza
Level 1 25 First St Katherine NT 0850
Tel 08 89711120 Fax 08 89712511

Wurli Wurlinjang
Tel 08 89711156

**Nhulunbuy**

Miwatj Aboriginal Corporation
Arnhem Rd Nhulunbuy NT 0881
Tel 08 89873177 Fax 08 89873355

**Tennant Creek**

Anytinginyi Health Aboriginal Corporation
1 Irvine St Tennant Creek NT 0860
Tel 08 89622385 Fax 08 89622541

**ABORIGINAL INTERPRETER SERVICES**

**Alice Springs**

Aboriginal Interpreter Service
Leichardt Building, 21 Gregory Tce
PO Box 1596 Alice Springs NT 0871
Tel 08 8951 5576 Fax 08 8951 5244
Office Hours: 8:00am - 4:30pm.
After hours Tel 08 8999 8353

Institute for Aboriginal Development (IAD)
3 South Terrace
PO Box 2531 Alice Springs NT 0871
Tel 08 89511311 Fax 08 89531884

**Darwin**

Aboriginal Interpreting Service
Ground Floor, RCG House,
83-85 Smith St,
PO Box 4450 Darwin NT 0801
Tel 08 8999 8353 Fax 08 8999 8855
Office Hours: 8:00am - 4:30pm.
After hours Tel 08 8999 8353
ADULT GUARDIANSHIP

(OFFICE OF)

Alice Springs
Flynn Drive
Community Health Centre
Tel 08 89516744

Darwin
PO Box 40596 Casuarina NT 0811
Tel 08 8922 7343 Fax 08 8922 7304

ADVOCACY SUPPORTS

Alice Springs
NT Council of Social Service and NT Shelter
4 Elder Street
PO Box 1251 Alice Springs NT 0871
Tel 08 89514290 Fax 08 89528521
Mob 0438 552 584

Aged Care Advocacy Service
Centrecare NT
8 Hartley St
PO Box 832 Alice Springs 0871
Tel 1800354550 Fax 08 89533019

Disability Advocacy Service
63-65 Railway Tce
PO Box 8267 Alice Springs NT 0871
Tel 08 89531442 Fax 08 89530471

Darwin
Aged and Disability Rights Team
Darwin Community Legal Service
Cnr Manton and McMinn Sts
GPO Box 3180 Darwin NT 0801
Tel 08 89821111 Fax 08 89821112
Free call 1800812953

AGED CARE SERVICES

Alice Springs
Aged Care Assessment Team (ACAT)
Flynn Drive Alice Springs NT 0870
Tel 08 89516744 Fax 08 89516789

ACAT Remote
Tel 08 89517842

Central Australian Supported Accommodation (CASA)
6/5 Hartley St
PO Box 9190 Alice Springs NT 0871
Tel 08 89534311

Aged and Disability Services
Eurilpa House
Todd Mall Alice Springs
Tel 08 89516744

Alzheimers Australia
Shp 5 Cinema Complex, Todd mall
PO Box 4648 Alice Springs NT 0871

Tangentyere Old Persons Programme
4 Elder St Alice Springs NT 0870
Tel 08 89514240

Darwin
Aged Care Assessment Team (ACAT)
Casuarina Plaza
Casuarina NT 0810
Tel 08 89227392 Fax 08 89227216

ACAT Remote
Tel 08 89228317

Katherine
Aged Care Assessment Team
Kintore St
Katherine NT 0850
Tel 08 89738778 Fax 08 89738983
Useful Contacts & Services

**AGED CARE SERVICES**

**Tennant Creek**

Aged Care Assessment Team  
Tel 08 89624201

**Nhulunbuy**

Aged Care Assessment Team  
Tel 08 89870404

**ALCOHOL AND OTHER DRUG SERVICES**

**Alice Springs**

Alcoholics Anonymous  
PO Box 978 Alice Springs NT 0870  
Tel 08 89530802  
Meetings at various sites

ADSCA  
2 Stuart Terrace  
PO Box 721 Alice Springs NT 0871  
Tel 08 89517580 Fax 08 89517585

Alcohol and Other Drug Services  
Stuart Terrace  
Tel 08 89517580 Fax 08 89117585

Bush Mob  
4 Schwartz Cres  
Tel 08 89533798

Central Australian Aboriginal Alcohol Planning Unit (CAAAPU)  
290 Ragonesi Rd  
Tel 08 89555336 Fax 08 89555385

Central Australia Youth Link Up Service (CAYLS)  
Tangentyere Council  
4 Elder St  
Tel 08 89514236

DASA/Aranda House  
Aranda House, 7 Kempe St  
Tel 08 89531062 Fax 08 89532527

DASA Sobering Up Shelter  
4 Schwartz Cresent  
Tel 08 89528412 Fax 08 89534686  
AH 08 89534044

Holyoake  
21 Newland St  
PO Box 1052 Alice Springs NT 0871  
Tel 08 89525899

Darwin

Alcohol Awareness and family Recovery.  
18 Geranium St The Gardens  
Tel 08 89243200 Fax 08 89243299

Alcoholics Anonymous  
18 Bauhinia St Darwin  
Tel 08 89485202

Alcohol and Other Drug Services  
Royal Darwin Hospital  
Tel 08 89222839 Fax 08 89228403

Amity Community Services Inc  
155 Stuart Highway Parap  
Tel 1800684372 Fax 08 89818456

Banyan House  
Berrimah  
Tel 08 89470832 Fax 08 89471093

Bridge Programme  
Lot 5043 Salonika St  
Stuart Park NT 0820  
Tel 08 89814199 Fax 08 89811184
CAAPS (Council for Aboriginal Programme Services Inc)
60 Boulter Rd Berrimah
Tel 08 89224800 Fax 08 89224833
Freecall 1800894800

Sobering Up Shelter
Tel 08 89480793

Darwin Withdrawal Services
2 Caryota Crt Coconut Grove
Tel 08 89480087 Fax 08 89482525

FORWAARD
33 Charles St Stuart Park
Tel 08 89236666

Katherine

Alcohol and Other Drug Services.
Government Centre 1
Tel 08 89738402 Fax 08 89738592

Tennant Creek

Alcohol and Other Drug Services
Tennant Creek Hospital
Schmidt St
Tel 08 89624282 Fax 08 89624420

BRADAG
29 Stanton St
Tel 08 89621912 Fax 08 89622896

ANTI-DISCRIMINATION COMMISSION

LMB 22 GPO Darwin NT 0801
Tel 08 89991444 Fax 08 89813812

CARER SUPPORT SERVICES

Alice Springs

Carers NT Inc
Westpac Breezeway Todd Mall
PO Box 4929 Alice Springs NT 0871
Tel 89531669 Fax 08 89531669
Freecall 1800242636

Carer Respite Centre
Shop 6 Cinema Complex Todd Mall
PO Box 4577 Alice Springs NT 0871
Tel 08 89532899 Fax 08 89532911

Mental Health Carers NT
Tel 08 89531467

Darwin

Mental Health Carers NT
PO Box 40556 Casuarina NT 0811
Tel 08 89481051 Fax 08 89482473

Carers NT
The Clocktower
5/1 Caryota Court Coconut Grove
Tel 08 8948 4877

COMMUNITY VISITOR PROGRAM

9-11 Cavenagh Street, Darwin
LMB 22 GPO, Darwin NT 0801
Tel 08 89991451 Fax: 08 89813812
TTY 08 89991466
Freecall: 1800021919
Website www.cvp.nt.gov.au
Email cvpprogramadc@nt.gov.au
CONSUMER SUPPORT ORGANISATIONS

Alice Springs

Mental Health Association of Central Australia (MHACA)
65 Hartley Street
PO Box 2326 Alice Springs NT 0871
 Tel 08 89504600 Fax 08 89535577

Darwin

GROW Darwin
Suite 11 Rapid Creek Business Village
48 Trower Rd Millner
PO Box 42644 Casuarina NT 0811
Freecall 1800 558 268
Tel 08 89854799 Fax 08 89856799

GROW Palmerston
Brennan Electoral Office
Palmerston Shopping Centre
Tel 08 89854799 Fax 08 89856799

TEAM Health
Shop 30
Rapid Creek Business Village
48 Trower Rd Millner
PO Box 950 Parap NT 0804
Tel 08 89484399 Fax 08 89484055
STD 1300780081

TEMHCO
Tel 08 8999 4909

Katherine

GROW
1/17 First Street
PO Box 509 Katherine NT 0851
Tel/Fax 08 89713344

COUNSELLING SERVICES

Alice Springs

Anglicare
16 Hartley St
PO Box 2579 Alice Springs NT 0871
Tel 08 89518000 Fax 08 89518016

Centacare NT
8 Hartley Street
PO Box 832 Alice Springs NT 0871
Tel 08 89529730 Fax 08 89533008
Email asp@centacare-nt.org.au

Employee Assistance Scheme (EAS)
1st Floor Eurilpa House
Tel 08 89534225 Fax 08 89 536894

Catherine House
86 Hartley Street
Tel 08 89526048 Fax 08 89525207

Central Australian Aboriginal Congress Inc.
Social and Emotional Wellbeing.
25 Gap Rd
Tel 08 89514457 Fax 08 89523397

Relationships Australia
4/11 Railway Terrace
PO Box 8367 Alice Springs NT 0871
Tel 08 89504100 Fax 08 89525878
Free call remote areas 1800634405

Darwin

Anglicare Darwin Head Office
5 Nermakuk Drive Ludmilla
PO Box 36506 Winnellie NT 0821
Tel 08 898500

Resolve
1/5 Goyder Rd Parap
Tel 08 89464800 Fax 08 89464801
Centacare Darwin
17 Hidden Valley Rd Berrimah
Tel 08 89442000 Fax 08 89442099

Centacare Palmerston
Shop 10B Ground level
Goyder Centre
PO Box 3081 Palmerston NT 0831
Tel 08 89329977 Fax 0889326590

Danila Dilba Emotional & Social Wellbeing
3/1 Malak Place Malak
Tel 08 89279335 Fax 08 89479002

Relationships Australia
2nd Floor Cavanagh Centre
43 Cavanagh St
GPO Box 4193
Tel 08 89234999 Fax 08 89816190
Free call 1300364277
Free call remote areas 1800634405

Somerville Darwin
147 Lee Point Rd Wagaman
PO Box 42644 Casuarina NT 0811
Tel 08 89204100 Fax 08 89204101

Somerville Palmerston
3 Bonson Terrace Moulden
PO Box 42644 Casuarina NT 0811
Tel 08 89351500 Fax 08 89351501

Katherine

Anglicare
15 Third Street
PO Box 415 Katherine NT 0851
Tel 08 89721571 Fax 08 89712794

Centacare Katherine Family Link
Cnr Giles & First Sts
PO Box 919 Katherine NT 0851
Tel 08 89710777 Fax 08 89711400

Somerville
30 First St
PO Box 430 Katherine NT 0851
Tel 08 89725100 Fax 08 89725101

HEALTH AND COMMUNITY SERVICES COMPLAINTS COMMISSION
GPO Box 1344 Darwin NT 0801
Tel 08 89991969 Fax 08 89991828
Freecall 1800806380
Email hcscc.omb@nt.gov.au

LEGAL SERVICES

Alice Springs

Central Australian Aboriginal Family Legal Unit (CAAFLU)
84 Hartley St
Tel 08 89536355 Fax 08 89536749
Free call 1800088884

Central Aboriginal Legal Aid Service (CAALAS)
55 Bath St
Tel 08 89522933

Central Australian Legal Aid Commission
77 Hartley St
PO Box 969 Alice Springs NT 0871

Central Australian Womens Legal Service
3/15 Leichhardt Terrace
Tel 08 89524055 Fax 08 89524033

Domestic Violence Legal Service
Suite 3, 15 Leichhardt Terrace
PO Box 3496 Alice Springs NT 0870
Tel 08 89521391
Useful Contacts & Services

NT Legal Aid Commission
77 Hartley Street
PO Box 969 Alice Springs NT 0871
Tel 08 89515377 Fax 08 89515378
Freecall 1800019343

Darwin

NT Legal Aid Darwin
Level 6, 9-11 Cavenagh Street
Tel 08 89993000 Fax 08 89993099

NT Legal Aid Palmerston
Shop 6 Goyder Centre
25 Chungwah Terrace
Tel 08 89994750 Fax 08 89994747
Freecall 1800019343

Aboriginal Legal Aid
1 Gardiner St Darwin
GPO Box 1064 NT 0801
Tel 08 89815266
Fax 08 89825195 (Criminal)
08 89825199 (Civil)
Freecall 1800898251
Mobile (AH) 0410 633 261

Katherine

North Australian Aboriginal Justice Agency
PO Box 1944 Katherine NT 0851
Tel 08 89721133
Fax 08 89710381 (Criminal)
08 89825199 (Civil)
Freecall 1800897728
Mobile (AH) 0407 412 426

NT Legal Aid
20 Second Street
PO Box 145 Katherine NT 0851
Tel 08 89738704 Fax 08 89738551
Freecall 1800019343

Nhulunbuy

Aboriginal Legal Services
PO Box 120 Nhulunbuy NT 0881
Tel 08 89871300 Fax 08 89871344
Freecall 1800022823
Mobile (AH) 0417 883 879

Domestic Violence Legal Service
Tel 08 89819726

Tennant Creek

NT Legal Aid
61 Patterson Street
PO Box 749 Tennant Creek NT 0861
Tel 08 89621985 Fax 08 89621945
Freecall 1800019343

MENTAL HEALTH REVIEW TRIBUNAL
Level 1,Nichols Place Cnr Cavenagh and Bennett Streets Darwin
PO Box 1281 Darwin NT 0801
Tel 08 8999 5002 Fax 08 8999 5005
Email: mentalhealthreviewtribunal@nt.gov.au

OMBUDSMAN NT

Alice Springs

Gnd Foor Centrepoint Building,
Hartley St
PO Box 2388 Alice Springs NT 0871
Tel 08 89515818 Fax 08 89515828
Email hcscc.omb@nt.gov.au
Darwin
12th Floor NT House, 22 Mitchell St
GPO Box 1344 Darwin 0801
Tel 08 89991969 Fax 08 89991828
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TRANSLATING AND INTERPRETING SERVICES

Alice Springs
Aboriginal Interpreting Service
Leichardt Building 21 Gregory Terrace
Tel 08 89515576 Fax 08 89515244

Darwin
Aboriginal Interpreting Service
RCG House 83-85 Smith St Darwin
Tel 08 89998353 Fax 08 80998855

Interpreting and Translating Service NT
GPO Box 4621 Darwin NT 0801
Tel 08 89998506 OR 1800 676 254

YOUTH SERVICES

Darwin
YWCA
Freecall 1800799226

Anglicare NT
5 Nemarluw Drive Ludmilla
PO Box 36506, Winnellie NT 0821.
Tel 08 8985 0000 Fax 08 8985 0001

Headspace
Oasis Shopping Centre
Tel 08 89315999 Fax 08 89315995