



## Driving the Reform Agenda

“The Commonwealth will contribute a total figure over a five-year period of \$1.8 billion towards addressing very significant areas of shortage and need in relation to mental health. We’re going to provide more health services in the community including support for more teamwork arrangements for psychiatrists, GPs, psychologists and mental health nurses.”

Prime Minister Hon John Howard MP

On 5 April, the Prime Minister announced a total of \$1.8 billion dollars over five years for mental health reform.

This is the largest ever commitment of Federal funds for a single illness, and includes:

- 900 personal helpers to assist people with a severe mental illness.
- Expanding Medicare to allow a rebate for people with mental illness who are referred to a psychologist by a psychiatrist or GP.
- 650 new respite places catering for up to 15,000 families a year.
- The Youth Pathways Program - funding to help 6,000 more young people with mental illness to finish high school and get employment each year.
- Funding for GPs and psychiatrists to employ mental health nurses to counsel people with mental illness.
- Funding for community-based organisations.
- Increasing the number of mental health nursing and clinical psychology university places by 400 and 200 respectively per year.

The announcement follows the meeting in February of the Council of Australian Governments (COAG) and ahead of the next meeting in June.

A new approach to mental health services is a key priority of COAG, and the PM’s announcement is seen by many commentators as an attempt to place pressure on the State Governments ahead of the next meeting.

The Prime Minister has called on State and Territory governments to provide “matching

funding” for mental health in the areas they are responsible for - hospitals, prisons and supported accommodation. The reaction from the States has been mixed but fast. Some say they already provide high levels of funding which the PM has failed to account for. A snapshot of State and Territory spending is included below, and sets the scene for rigorous debate at COAG in June.

## State Spending at a Glance

### New South Wales

Current spend: \$854 million/year.

Recent announcements: July 2005, an additional \$22 million per year for emergency care and community care.

### Queensland

Current spend: \$472 million/year.

Recent announcements: In the October mini-budget, an additional \$201 million over five years was announced for extra doctors, nurses and therapy staff; community care; non-government health care services; and services for people in the criminal justice system.

### Victoria

Current spend: \$750 million over 4 years in the period 2006-2010.

### South Australia

Current spend: \$181 million/year.

Recent announcements: On 25 February, the Government announced an additional \$20.5 million over the next four years to employ 56 more mental health workers.

### Western Australia

Current spend: \$173 million this year.

Recent announcements: Funding increases are expected in the May budget.

### ACT

Current spend: Figures are only given per capita - spending is \$76 per capita compared to the national average of \$52 per capita.

On Wednesday 29 March, Parliamentary Friends of Schizophrenia gathered to learn about health call centres, and their ability to deliver health support to Australians with mental illness and the medical community.

Dr Matthew Cullen, Co-President of McKesson Asia Pacific, Australia's largest provider of health and community telephone-based programs, presented a comprehensive overview about the mechanisms and benefits of health call centres.

He provided the group with examples of the challenges consumers and their families face

trying to access mental health services, which include a lack of awareness of or proximity to available services, as well as a lack of available mental health specialists, which is a particular problem for consumers in rural and regional communities.

As a practicing psychiatrist, Dr Cullen relayed that for telephone-based mental health triage to be effective, it is crucial that it is delivered by medical experts, as the first point of contact is the most critical. He also discussed that it is essential to make access to mental health specialists as easy as possible and available at all times.

He provided the group with descriptions of current mental health programs which McKesson delivers for Federal, State and Territory Governments, highlighting that when telephone health lines are run effectively, they can be an extremely efficient economic tool to help deliver effective mental health support regardless of a caller's location.

PFS found the presentation particularly relevant given the newly announced National Health Call Centre Network which will contain a mental health component.



Senator Ursula Stephens, Dr Matthew Cullen,  
Dr Andrew Southcott MP

The next PFS event will be held on Thursday 11 May at Parliament House in Canberra.

The guest speaker will be Major Sam Cochran who will discuss opportunities to improve partnerships between police and those with a mental illness.

illness. The NSW Police Association estimates that police respond to more than 18,000 incidents involving people with a mental illness in the 12 months to July 2005.

In Submission 254 to the Senate Inquiry on Mental Health the Police Federation of Australia [PFA] noted:

...."the objective of such a philosophy [deinstitutionalisation] is to give persons with a mental illness the opportunity to live as fulfilling and enjoyable a life as possible in a setting which, for the individual, is the most supportive and least restrictive....Whilst this philosophy was based on good intentions, in general the alternative community-based services it promised were not provided and therefore left many persons with mental illness homeless and without services."

The submission calls for an end to the criminalisation of people with mental illness which occurs as a consequence of inadequate

funding to mental health and calls for increased resourcing of community-based services.

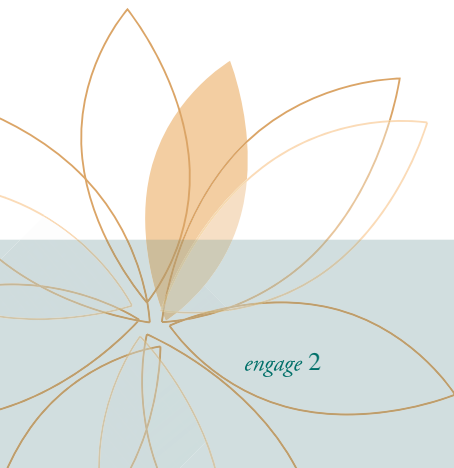
The PFA notes that early intervention, continuous structure and supervision of severely ill people with a mental illness following discharge from hospital will assist in stemming criminalisation. Increased resourcing of community-based mental health services will shift the responsibility for care back to where it belongs – that is with the staff educated in the care of people with a mental illness.

Major Cochran will share his broad experience in formulating the Crisis Intervention Team and introducing the successful model in over 20 US States. His visit occurs at a timely period as the Australian Government focuses on the need to address significant reform in mental health in the lead-up to COAG in June.

The next Parliamentary Friends of Schizophrenia event on May 11th will be a presentation by Major Sam Cochran, who is touring Australia in May as the international speaker for Schizophrenia Awareness Week.

Major Cochran heads the world renowned Memphis Police Crisis Intervention Team which has established a successful program of response to police call-outs for people with a mental illness.

Major Cochran's visit comes as the NSW Police Commissioner and the NSW Police Association call for urgent reforms to assist police in dealing with people with a mental





Major Sam Cochran

MIFA is calling on consumers, mental health professionals and advocates across Australia to engage in a series of dynamic nationwide events during National Schizophrenia Awareness Week.

Held annually by MIFA, this week aims to increase awareness of schizophrenia and mental illness, reduce stigma and boost the profile of programs and support services available across the country.

The keynote speaker at Schizophrenia Awareness Week events will be Major Sam Cochran, a leading US expert on police and mental health partnerships, crisis intervention and hostage negotiation.

Major Cochran is the founder of the National Crisis Intervention Team, a respected group of skilled law enforcement specialists who balance crisis management and community safety, with compassion. His insight and expertise in identifying opportunities for mental health professionals and police to build safer communities will be of particular interest. Central to his successful model is specialist training for all police officers in responding appropriately to mental health emergencies to avoid escalating crisis situations, and the development of mental health/substance abuse partnership programs.

Major Sam Cochran's tour of Australia for Schizophrenia Awareness Week is funded by an educational grant from Eli Lilly Australia. For information about local events visit [www.mifa.org.au](http://www.mifa.org.au)

## Schizophrenia Awareness Week Events Featuring Major Cochran:

- Canberra**  
*Working in co-operation with Mental Health Services*  
**When** 10 May at 6:00pm  
**Where** MIFACT Public Meeting  
5th Floor Theatrette  
ACT Health Building
- Canberra**  
*Parliamentary Friends of Schizophrenia*  
**When** 11 May at 7:30am  
**Where** Parliament House
- Melbourne**  
*Bruce Woodcock Memorial Lecture*  
**When** 16 May at 6:00pm  
**Where** BMW Edge  
Federation Square
- Sydney**  
*Annual Symposium - "Working on Wellness, Succeeding Together".*  
**When** 20 May at 8:30am-4:30pm  
**Where** Masonic Centre  
Cnr Castlereagh & Goulburn streets
- Perth**  
*Crisis Intervention: Making Partnerships Work*  
**When** 12 May at 7:30pm  
**Where** University of Western Australia  
Hackett Drive, Nedlands
- Adelaide**  
*Crisis Intervention: Making Partnerships Work*  
**When** 17 May at 7:00pm  
**Where** Annesley College  
89 Greenhill Road  
Gillingham Hall,
- Brisbane**  
*Crisis Intervention: Making Partnerships Work*  
**When** 18 May at 6:30pm  
**Where** Greek Club  
29 Edmonstone Street

Within the next month, the Law and Justice Foundation is expecting to release its long-awaited study to identify legal and access needs of economically and socially disadvantaged people.

A large part of this study focuses on prisoners or people released from institutions, the homeless, women, young people, people from rural and isolated areas, indigenous Australians and people from culturally and/or linguistically diverse (CALD) backgrounds. These groups report the highest prevalence of mental illness - including schizophrenia.

Some of the needs being investigated are:

- Experience in accessing justice and encounters with a lack of awareness and tolerance from those in the broader legal, housing, and employment sectors.
- The requirement of specialist mental health and legal services from personnel training in, and sensitive to, the needs and concerns of people with mental illness. This includes the NSW Police Service.
- Difficulties in obtaining legal representation or assistance from non-legal advocacy or support agencies.
- Difficulties in acquiring insurance as well as issues relating to privacy of information.
- Legal concerns with regard to involuntary/voluntary admission and detention in a psychiatric institution for those suffering a serious mental illness such as schizophrenia.
- Addressing a number of unmet legal needs for carers of people with mental illness.
- Concerns about Family Law requirements - particularly in regards to the division of property and the impact of a person being diagnosed with a mental illness.
- The ability of people with mental illness to participate effectively in the law reform process.

When published the report will be available at [www.lawfoundation.net.au](http://www.lawfoundation.net.au)



Senator Lyn Allison

## An Italian Approach to Treating Mental Illness

Mental health reform commenced in Italy in the early 1970s with deinstitutionalisation and provision of community services. In the Trieste region, that reform has been particularly successful. 94% of the mental health budget is now spent on community-based services and the balance on acute hospital beds. Health and social services are well integrated, employment rates are high, and few with mental illness are caught up in the criminal justice system. No one with mental illness is homeless in the region, and suicide rates have been reduced by 30% over the last eight years.

A significant difference between the Italian and Australian systems is that mental health services provided to people with mental illnesses are delivered by specialists in the community. Each team of mental health workers at the community-based mental health centres (MHCs) is headed up by a psychiatrist but the responsibility for care is shared with psychologists, social workers and psychiatric nurses.

MHCs provide accommodation for up to eight people overnight or longer. No one is turned away, yet it is unusual for all beds to be occupied. MHCs provide lots of formal and informal engagement between staff and people with mental illness, their families, and importantly, the outside world. The commitment to deinstitutionalisation, re-engagement

with community, civic rights, integration, innovation and evidence-based practice drives service delivery.

A separate consumer advocacy sector has not evolved as it has in Australia, because services are there for people who need them, and social cooperatives give people with mental illness a meaningful voice.

400 people with mental illness are employed on award wages in social cooperatives operating businesses including restaurants, horticulture, gardening, the arts, museums, and hotels, and 30% of these people are affected by psychosis.

The Italian Government raises taxes and determines the legislative basis for service provision. Italy has a mental health forum made up principally of family association members (carers) who look at the gap between the legislation and services. With 57 million inhabitants, Italy now has just 3,500 public psychiatric beds. A further 17,000 people with mental illness are accommodated in group homes of up to 20.

The challenge now is to bring community based mental health services to more distant communities. The Trieste region is also exploring opportunities for expanding the deinstitutionalisation model into other health areas.

### The Italian Vision

The century of the asylum is hopefully gone forever for citizens across the world. The mental health reform in Italy and closure of asylums represents a new commitment to effective prevention and community-based support to cope with isolation, disability, stigma and discrimination.

### Philosophies and Rationale Underpinning Trieste's Mental Health System:

- People must have the opportunity to be individuals with complex lives and needs, not just patients.
- The social capital of relational resources of individuals, measured by trust, reciprocity, the use of negotiation, political awareness and civic participation, are positively correlated with health conditions.
- Citizenship rights and the acquisition of material resources (housing, jobs), training (living and work related) and information (psycho-education, social awareness) are all necessary for recovery.
- People have a right to be partners with health professionals in the progress of their recovery.
- Work is not so much a goal as an instrument for recovery, for defeating stigmatisation and a very important way out of the psychiatric 'circuit'.

### About the Author

Democrats Leader, Senator Lyn Allison is Chair of the Senate Inquiry into Mental Health (see right hand page for report on findings). In January, she travelled to Trieste in Italy for extensive talks with mental health professionals to learn about Italy's approach to treating mental illness. She also visited a variety of groups homes, a cooperative hotel, and a former asylum.

Facial recognition computer software used around the world to train Customs Officers how to identify suspicious travellers has provided an exciting breakthrough in the treatment of one of the major impacts of schizophrenia.

Misinterpreting the emotions and facial expressions of others is one of the most socially debilitating symptoms of schizophrenia. It is caused by an inability to read subtle facial signals, and associated with abnormal visual scanning of faces.

A pilot study by a NISAD-supported team at the Macquarie Centre for Cognitive Science, led by Dr Tamara Russell and Dr Melissa Green, used the Micro Expression Training Tool (METT) system to see if it could assist people with schizophrenia to become better at facial emotion recognition.

Dr Russell said the technology would make the difference between being able to work and being isolated for people with schizophrenia, as they commonly misinterpretation emotion.

“You and I scan a face in a triangle - looking at the eyes, nose and mouth and then process very quickly the information about that person’s expression”, Dr Russell said. “People with schizophrenia generally show a restricted scanning style which frequently leads them to process the wrong information. Our study shows that we can now train people to overcome that hurdle,” she said.

In the study, people with schizophrenia and healthy participants were shown a series of face images, each expressing a particular emotion, and their scores for correctly identifying expressions were recorded. Using the METT, participants were trained to focus attention on relevant facial features of particular expressions in order to improve their emotion recognition accuracy.

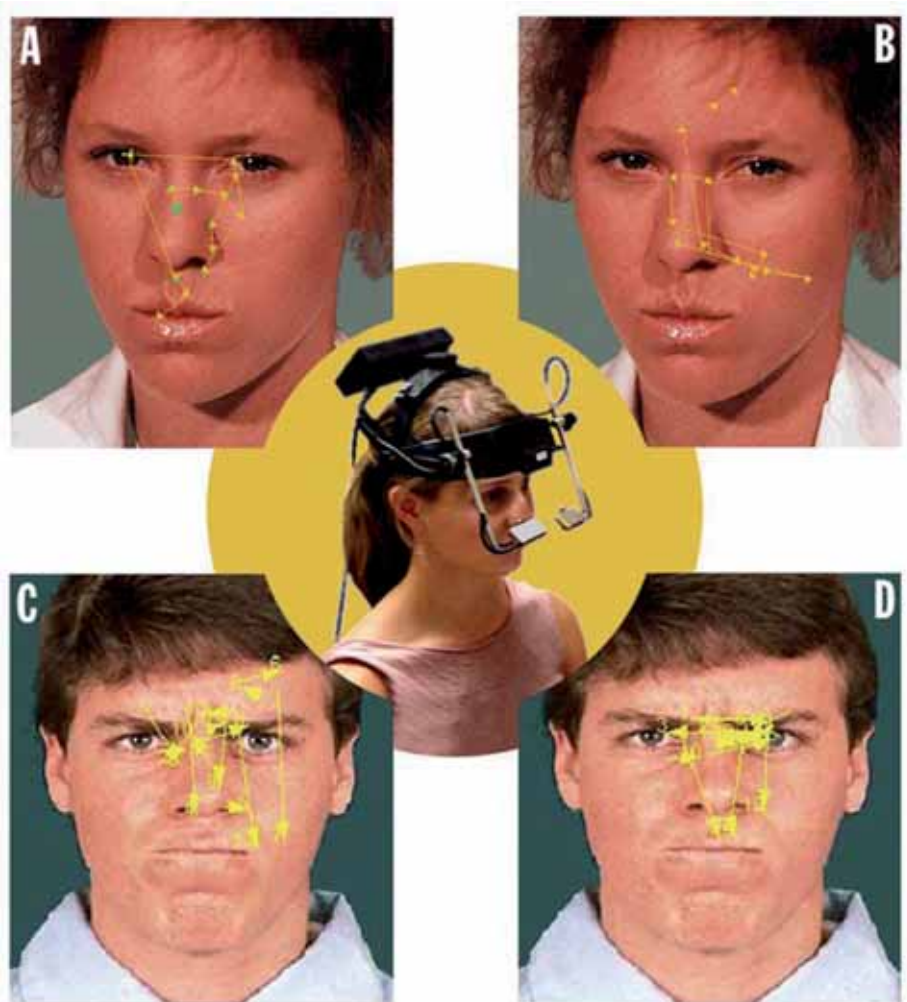
Preliminary results demonstrate a significant improvement in emotion recognition for all participants. People with schizophrenia started to look across the face in a less restricted fashion and were able to correctly identify fear, anger, joy and surprise.

“This is a very exciting finding with significant implications. It has the potential to radically improve the lives of schizophrenia sufferers the world over,” said Professor Vaughan Carr, Scientific Director of NISAD.

“We have been able to show for the first time that it is possible for people with schizophrenia to re-train their brains to properly scan faces and interpret subtle expressions - a crucial social skill which most of us take for granted. The development of normal facial scanning skills will improve their social interactions and employment options,” said Prof. Carr.

The Macquarie University team will now recruit more schizophrenia subjects to participate in a much larger study, in consultation with Dr. Carmel Loughland, at NISAD’s University of Newcastle centre.

“It is our hope that further research will help us create a social skills training package that may be used in conjunction with medication to significantly improve the quality of life, independence, and career prospects of all people with schizophrenia”, said Professor Carr.



A - A typical control subject’s triangular scan path of a face image

B - A schizophrenia subject’s scan path.

C - A schizophrenia subject’s scan path of an angry face before scan path training.

D - The same subject’s improved scan path after training.

Centre Picture - A study participant wearing the EYELINK II gaze monitoring system.

Images C and D courtesy of Paul Ekman ([www.emotionsrevealed.com](http://www.emotionsrevealed.com)).

The Mental Illness Fellowship of South Australia has an innovative variety of new programs worthy of our spotlight for their commitment to improving outcomes for carers and consumers living with mental illness.

A significant funding grant from the South Australian Government has made it possible for the Mental Illness Fellowship of South Australia (MIFSA) to develop and run a new series of psychosocial programs over the next three years. It is a significant extension of its current service provision capacity.

Mid last year, the SA Department of Health announced a one-off \$25 million funding increase between 2006-2008 for non-government organisations to support mental health service reforms across the state. This was developed to address the State's disproportionate funding levels between acute services and preventative community-based care. Before this new funding, SA had the lowest spend per capita on mental health compared to all other States and Territories in Australia.

The funding will begin to develop an integrated psychosocial rehabilitation system, whereby the public health system provides clinical and specialist mental health services, and the non-government sector offers community-based, rehabilitation support. Mental health NGOs in South Australia welcome this opportunity to improve the range of services available to people living with mental illness.

MIFSA is encouraged by the generous grant of \$1.25 million from the SA Government, and as a result has developed the following programs in an effort to reduce demand on South Australia's acute services.

MIFSA anticipates successful outcomes with these specialist programs, and hopes to continue them in a long-term capacity through ongoing funding to assist people in staying well in the community.

## New MIFSA Programs

### **Carer Education: \$50,000 over 18 months**

This grant ensures the roll out throughout South Australia of the successful "Well Ways" program, developed by the Mental Illness Fellowship of Victoria and promoted nationwide by MIFA. It is a peer-to-peer educational program designed to increase the capacity of families and carers to care effectively for people with mental illness. The program utilises trained carers as facilitators to offer treatment and recovery advice. It explores the emotional experience of families living with mental illness, the cause, treatment and recovery from mental health and the details for legal and carer service systems.

### **Psychosocial Groups Program: \$775,000 over 3 years**

This program is designed to develop, deliver and evaluate innovative services for people experiencing severe mental illness. The group programs will promote recovery and rehabilitation, relapse prevention, self management and general health and well being. Services are being offered in local community centres which assist individuals to forge links with their local community.

### **Peer Support: \$400,000 over 3 years**

The Peer Worker Program aims to develop an efficient and coordinated process for the recruitment, training, supervision and support of peer workers in South Australia. The term 'peer workers' refers to people living well with mental illness who are being trained to work in the public mental health service or non-government organisations to provide support, guidance and programs to fellow consumers. The funding for Peer Support will enable MIFSA to build on its successful Peer Specialist Project, which they have managed since 1998 in conjunction with the North West Adelaide Mental Health Service.





Dr Anthony Harris

## An Examination of the Links Between Cannabis Use and Schizophrenia

The relationship between schizophrenia and illicit drug use, in particular cannabis, has been an area of contention. Recent research both in Australia and overseas has begun to explain this relationship.

On one hand, you had the common sense observations of relatives and clinicians who saw people with psychotic illnesses like schizophrenia relapse when smoking cannabis. On the other, you had the experience of a large proportion of the population who had smoked cannabis, usually on an infrequent basis, and not experienced any untoward effects. Research shows nearly 40% of children and adolescents have tried cannabis at least once by the time reach age 17. If cannabis is so bad, why aren't the streets filled with psychotic people?

Most people's use of cannabis is relatively light, especially where the majority of young people have solely used it once or twice. However, heavy use or cannabis dependence increases the risk of developing a psychotic illness or experiencing psychotic symptoms.

This has been found in a number of studies that have followed populations of young people, some of whom were smoking cannabis. A dose-response relationship was also found- the more cannabis smoked, the more likely it was that the person would either develop symptoms of psychosis or be diagnosed with a psychotic disorder.

We know that cannabis use predicts earlier contact with mental health services. A study from the Hunter region of New South Wales shows if you abused drugs and had schizophrenia, and alcohol and cannabis were the drugs mostly likely to be abused,

you were more likely to be currently unwell, male and have been assessed for mental illness at a younger age.

Another New Zealand study on young people since birth shows those smoking cannabis three or more times by the age of 15 years were four times more likely to become psychotic than those who had "never" or only smoked cannabis "once or twice". If you held off the first cannabis use until you were 18 years of age, your risk of developing psychosis would be less than younger smokers.

We know from past research that if you smoke cannabis and become psychotic, there is an increased chance that you will have relatives with schizophrenia.

[Schizophrenia and cannabis use] appears to be related to a particular gene (COMT), a brain chemical long-associated with schizophrenia.

If you have a high-activity form of the gene and you smoke cannabis before you are 15 years of age, your risk of developing psychosis or schizophrenia increases ten-fold.

Having the mixed form of the gene only increases your risk 2.5 times. If you had the low activity form of the gene, smoking cannabis did not increase your risk at all. This interaction between genes and cannabis abuse only operated for adolescents and not for adult-onset users of cannabis.

It is important to realise that this is not the only gene involved in schizophrenia, which is a polygenetic disorder. Many people with schizophrenia do not appear to have this high activity form of the gene, however for some young people it appears to be a significant part of the puzzle.

In summary, cannabis is a risk factor for schizophrenia in young people. Starting to use cannabis at an earlier age, smoking more of it, and having a genetic predisposition to the illness increases the risk of developing schizophrenia.

These points are important because young people are beginning to smoke cannabis at an earlier age and are using cannabis that is stronger. It is more likely that the deleterious effects of cannabis use, which include psychosis, cannabis dependence and poor educational performance, will be experienced.

### About the Author

Dr Anthony Harris is a Senior Lecturer in the Discipline of Psychological Medicine, Faculty of Medicine at the University of Sydney, a senior staff specialist psychiatrist for the Prevention Early Intervention and Recovery Service in the Western Sydney Area Mental Health Service and the Deputy Director of the Brain Dynamics Centre at Westmead Hospital.

Harris has led significant research into chronic schizophrenia, including the development of cognitive behavioural treatments for co-morbid substance abuse and severe mental illness.

He is presently on the Management Committee of the Schizophrenia Fellowship of New South Wales and a member of the Fellowship's Board of the Research Trust Fund. Dr Harris is the chairperson of the NSW Early Psychosis Research and Evaluation Working Group, and is involved in a number of panels of the Neuroscience Institute for Schizophrenia and Allied Disorders (NISAD)



Parliamentary Friends of  
Schizophrenia

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Senator Eric Abetz  
Hon Dick Adams MP  
Senator Judith Adams  
Senator Lyn Allison  
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Senator Ruth Webber  
Senator Penny Wong  
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To join PFS contact the office of Senator Ursula Stephens or Dr Andrew Southcott MP.

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WORKability II Report

The Human Rights and Equal  
Opportunity Commission's second  
significant report for the National  
Inquiry into Employment and Disability  
has been tabled in Federal Parliament.

Entitled '*WORKability II: Solutions-  
People with Disability in the Open*

*Workplace*', this report offers  
recommendations to address the  
low employment rates and earning  
potential for people with a long-term  
illness or disability, starting with the  
development of a National Disability  
Employment Strategy.

Full report:  
[www.humanrights.gov.au/  
disability\\_rights/employment\\_  
inquiry/final/toc.htm](http://www.humanrights.gov.au/disability_rights/employment_inquiry/final/toc.htm)

engage  
Online

The Mental Illness Fellowship of Australia is a not-  
for-profit national organisation dedicated to ensuring  
that all Australians with schizophrenia receive  
adequate services and that policy and legislation  
address those needs.

To access a free PDF version of *engage*, visit:  
[www.mifa.org.au](http://www.mifa.org.au)

MIFA does not necessarily endorse the views of those quoted in this newsletter, but we recognise the importance of their commentary and ideas in the debate about mental illness.