



MHYF Vic Newsletter No. 72 August 2020

This edition

MHYFVic Annual General Meeting

News from Emerging Minds

Opinion 2020

Our Website

ANNUAL GENERAL MEETING

Our AGM has been postponed from August to be on Thursday 24th September 2020 at 8.00pm by Zoom teleconference. The papers accompany this newsletter. The link details will be provided with our next newsletter shortly before the event. After the formal business, our speaker is to be Sister Brigid Arthur of the Asylum- Seekers Resource Centre, who will bring us up to date on what has been happening to the children and their families as the political games play out.

The Brigidine Asylum Seekers Project newsletter for June:

What is the current reality of the situation in Australia for people who are seeking asylum here?

Immigration detention

Currently, 569 asylum seekers are in immigration detention centres in Australia, with a further 577 people in alternative accommodation, including hotels, in particular The Mantra in Melbourne and Kangaroo Point in Brisbane.

A large number of organisations and individuals, for example The Australian Human Rights Commissioner, more than 1100 doctors, more than 1500 academics, churches, trade unions, the Refugee Council of Australia, Human Rights Law Centre and many more have called for the movement of people from detention into the community. Before the crisis, 846 people were living in community detention. Community detention is only a partial answer, but it is better than locked in detention.

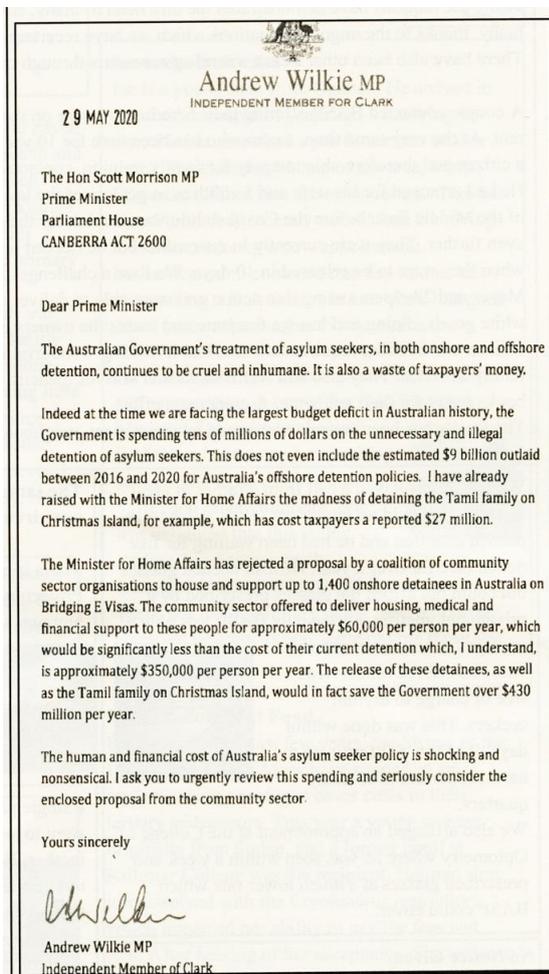
439 asylum seekers and refugees are still in limbo in PNG and Nauru. At the beginning of the Covid 19 situation resettlement flights to the USA were suspended but they have been started again - even

though the USA is hardly to be seen as a safe place right now. Under the 2016 agreement with the USA, 702 refugees have been transferred there. The original agreement was for 1250 individuals. President Trump would not take individuals from many Muslim countries in 2017; he would not allow these rejected individuals to be considered in the subsequent years.

Asylum seekers living in the community.

Asylum seekers and refugees who do not have Permanent visas are not eligible for wage subsidies implemented as a result of the coronavirus pandemic. People on Bridging visas are eligible for the Jobkeeper or Jobseeker program. The Refugee Council of Australia estimates that close to 90,000 people on bridging visas have no safety net during this time. Moreover, some asylum seekers living in the community do not have access to Medicare which poses health risks if they become unwell.

The ACT, Queensland, South Australia, Tasmania and Victoria have offered packages of support to enable asylum seekers and others on temporary visas to access essential goods and services if they are experiencing financial hardship as a result of Covid-19. However, none of these are substantial enough to give people money for rent or other necessities.



Even though our mainstream politicians remain unmoved, at least one independent has some humanity.

News from 'Emerging Minds'

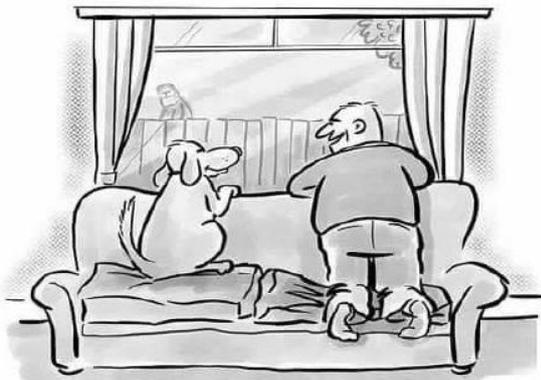
The first week of June was Infant Mental Health Awareness week, and this year's theme was "2020 Vision: Seeing the world through Babies' eyes". It provided an opportunity to reflect on the importance of infancy and early childhood as an essential period in social, emotional, physical and mental development.

'Emerging Minds' hosted several webinars, which can be viewed on their website.



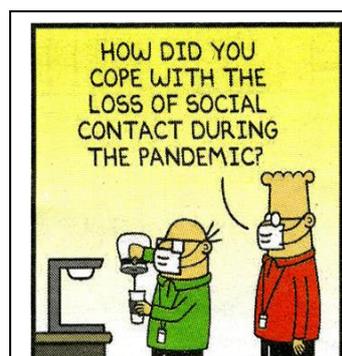
OPINION

As a follow-up to our recent commentary on the Covid-19 crisis:



"Until now, I never understood why you got so excited when someone walked past the house."

Or,



alternatively, we have Dilbert's view:



Alongside the social impact, there is the work impact. Our last couple of newsletters have highlighted this. We remain concerned about that impact and would be happy to hear from you through our email admin@mhyfvic.org

Your feedback please!!

The impact of COVID-19 on mental health organizations and service delivery.

MHYF Vic has observed changes in work practices with the impact of the corona virus pandemic. We have been changed: our committee meet on Zoom and our sense of fellowship has been challenged. We know that those working in child and adolescent mental health programs have had to adopt different practices, including social distancing and mask-wearing, and quite a few are providing services online and from their homes. While changes can be a source of potential innovation, they may also be a source of potential threat to professionals and their clientele. MHYFVic wishes to understand what these impacts are in various settings. We wish to compile a policy of recommendations for what may be ongoing practice for a prolonged period.

We ask people to send (anonymously if preferred) their accounts of adaptation and change in work practices to our website. We do not expect all the news will be positive, even though we hope it would be so.

In my (Jo's) continuing work as privately practising clinical psychologist and family therapist, I still have people coming to my home consultation room. I also still visit a medical practice, one morning a week, where I see people within the clinic. However, my telehealth practice has greatly expanded; using both telephone and Zoom.

My most challenging work is with First Peoples' Health and Wellbeing where all consultations are done using the telephone. Mostly these go well, but resistant adolescents can refuse. The other day, the client was out walking at the appointed time, but when he finally answered after several attempts to make contact, he was huffing, puffing, and spluttering, as he had been jumped by three "randoms" and was soon after being questioned by Police. The interview could not proceed!

This is a radical difference to the safety we usually like to have in our consultation rooms where the client comes to us. Telephoning or contacting by other online means, places onus on the practitioner to contact at the appointed time, and the inevitable making contact problems can cause foreshortening of sessions. Or, if an invitation is sent ahead of time, the client can jump in early.

At my front door, there is a collection of sanitizing means: spray sanitizer, gel sanitizer, sanitizing wet cloths, masks, and disposable gloves. Nobody gets in to the consultation room without sanitizing and nobody can attend if they have a sniffle of any sort. Nobody has objected to these procedures, at all.

These are all sensible adjustments to usual practice. What adjustments have you made to your practices? What adjustments has your agency made to their practices? Take Two only has online or

telephone consultation. RCH CAMHS seems to be all off-site, apart from some inpatient units. Are there different practices in separate units within your service?

Further, are practices different for clients and about protecting clients? Are some of the changes in practice about protecting staff, as well? This may include safe spacing of workstations and consultation rooms, sanitization practices, rostering, hours of work, and PPE, especially rules about mask wearing. It may include ready access to resource materials to support such changes.

MHYF Vic is an advocacy group for clients and families. It is also an advocacy group for professionals. And we are an advocacy group for good practice.

Please send us your feedback; we are concerned that service quality and safety can be compromised by our personal and organizational responses to consulting during the time of COVID-19.

Professor Jolyon Grimwade, PhD,

Clinical Psychologist and Clinical Family Therapist,
President, MHYF Vic

Suzanne Dean, PhD,

Committee member, MHYF Vic

Our email admin@mhyfvic.org

Jo Grimwade has worked in clinical psychology in urban and rural settings in four states. Currently in private practice working with children of all ages, on-line across Australia, and in clinics in Melbourne, including First Peoples' Health and Wellbeing. He has been MHYF Vic President since 2010.

HISTORY CORNER, 2001:

Asylum Seekers' Resource Centre

On 8 June 2001, Kon Karapanagiotidis, a lawyer and welfare studies lecturer at Victoria University TAFE, with the aid of students and many others, opened the first Asylum Seeker Resource Centre as a food bank in a disused shop in Footscray. In 2007, larger premises were opened in West Melbourne near the Flagstaff Gardens and moved again to much larger premises and the current site at 214-218 Nicholson Street, Footscray, in 2014. Most of the services are supplied by volunteers, but there are important coordination roles for each of the programs, and administrative and human relations paid roles within the ASRC.

Another ASRC was opened at 179 Lonsdale Street, Dandenong in September 2013, providing employment and support services in this region. In 2018, plans were launched for an Integrated Services Hub at 205 Thomas Street, Dandenong, of similar dimensions and service delivery scope as that in Footscray. Construction is still in process. At the time of the opening of the service in Dandenong, the name "Home of Hope" was adopted.

In the last fifteen years, 12,000 people have found help from the ASRC. Currently, the foodbank supports 600 families per week and serves daily lunch to 200 people at the cost of sixty cents; the donated food is prepared by volunteers. The health workers (doctors, nurses, physiotherapists, social workers, psychologists) and legal workers are mostly volunteers. There are volunteers in

childcare and language studies. Volunteers support the Social Enterprises, where refugees can gain paid employment.

Food and housing were important initial services, but legal advocacy and social security were important early services, as were the social and recreational program, and later came employment services and health services, welfare casework, and counselling. Some of the services became independent companies with the Social Enterprises of catering, cleaning, and the Food Justice Truck which provides a mobile market store. The social programs are diverse involving Kidzone, Outreach Children's Playground, the Micro-Credit Scheme, Repatriation, and the Post Detention Release Support Program.

As stated on the website, the ASRC “offer more than forty holistic programs that protect people seeking asylum from persecution and destitution, support well-being and dignity, and empower people to advance their own future.

The ASRC “are proudly owned and run by our community and supported by a network of more than 1000 volunteers and 100 staff in assisting around 4600 people seeking asylum each year”.

The ASRC has '5 pillars': Aid, Justice, Empowerment, Community and Sustainability (referring to the sustainability of the ASRC), which then divide into programs under these pillars.

Aid:

Material Aid, Food Bank, and Community Meals.

Justice:

Human Rights Law, Casework, Health, Counselling, Campaigns, Supporting Asylum Seekers at Hearings (SASA).

Empowerment:

Social & Community Development, Employment, ESL, Home English Tutoring, and Catering.

Community:

Marketing, Philanthropic Engagement, Corporate Partnerships, Volunteer Support, Youth & Student Engagement, and Community Speakers.

Organisational Sustainability:

Finance, Administration, and Operations.

It is important to note that one of the programs concerns Community Speakers: MHYF Vic is pleased that longtime volunteer, Sister Brigid, will be the speaker at this year’s AGM presented by Zoom. One can only marvel at what Kon Karapanagiotidis has initiated from the student TAFE project in 2001!

We are humbled. We are in awe. We are very grateful.

Jo Grimwade

MEMBERSHIP SUBSCRIPTIONS

Annual membership of MHYFVic runs for the Financial Year. Only paid-up members are entitled to vote at our AGM, normally held in August each year. Friends and associates who are not paid-up will

still receive our electronic newsletters and notices because it is our mission to promote improvements in mental health for the young and their families.

However, it is important to reflect upon the difference between paid-up and non paid-up members.

Membership subscriptions of \$50 per annum enable the organisation to maintain its website, mailbox, telephone service and to undertake its administrative tasks. If you value the work that MHYFVic does, we need your financial as well as your ethical support.

Our mail address is PO Box 206, Parkville, Vic 3052. If you prefer to pay by Direct Funds Transfer, the BSB is 033 090 A/C Number 315188 with your name in the Reference tab. It would be appreciated if you could also send a confirmatory email to admin@mhyfvic.org

OUR UPDATED WEBSITE

After much thought our website has been significantly revised to give casual visitors immediate information about what we do and what we stand for, whilst at the same time allowing members to go straight to specific sections such as Projects or Newsletters or Events, without having to navigate past reams of information.

Now that the main revision has been implemented we are working on tasks of development of Projects to give us the evidence base for our advocacy. There are quite a few items under development at the present time which are not yet reflected in the website but over the next few months we expect to see a burgeoning of activity.

Visit us on **mhyfvic.org**

2019 MHYF Vic Committee

- * President : Jo Grimwade
- * Vice-President : Jenny Luntz
- * Past President: Allan Mawdsley
- * Secretary : Cecelia Winkelman
- * Treasurer and
- * Membership Secretary:Kaye Geoghegan
- * Projects Coordinator, Allan Mawdsley
- * WebMaster, Ron Ingram
- * Newsletter Editor, Allan Mawdsley
- * Youth Consumer Representative, vacant
- * Members without portfolio:
Suzie Dean, Miriam Tisher, Celia Godfrey.