

Appendix A

Freedom Of Information And Protection Of Privacy Fact Sheet

Releasing Personal Health Information to Third Parties

Reader's Summary

This fact sheet provides guidelines for releasing client's information to third parties, such as family or friends of the client or health care providers. *The Freedom of Information and Protection of Privacy Act* allows health care providers employed by a public body² (e.g. hospitals and publicly funded clinics) to disclose the personal information of clients to third parties under certain circumstances. Public bodies may release personal information to third parties if the client consents to the release. Public bodies may release necessary personal information to third parties without the consent of the client where disclosure is required for continuity of care or for compelling reasons if someone's health or safety is at risk.

Disclosure of Client Information by Health Care Providers

Health care providers are regularly required to make decisions on disclosure of information relevant to a person's health. This information is the client's personal health information. Clients often ask for access to their test results, assessments or progress notes. In addition, there may be circumstances when providers need to disclose client information to third parties outside this provider-client relationship.

Authority to Release Client Information to Third Parties

The Freedom of Information and Protection of Privacy Act (the Act) allows for disclosure of personal information to third parties:

1. if the client has consented to the release of the personal health information to the third party³; or
2. if the information will be used for
 - the same purpose for which the personal information was originally collected; or
 - a purpose consistent with the purpose for which the personal information was originally collected⁴ (see "consistent use" below); or
3. if compelling circumstances exist that affect anyone's health or safety. Under this section of the Act, notification of disclosure must be mailed to the client.⁵

2 The *Freedom of Information and Protection of Privacy Act* does not apply to health care providers in private practice. It only applies to health care providers working for a public body.

3 Section 33(b) of the Act.

4 Section 33(c) of the Act.

5 Section 33(p) of the Act.

Consistent Use

Consistent use has a direct and reasonable connection to the original use. Disclosing personal information for a consistent use is permissible if it is directly connected to the original use or is a logical extension of the original use. There is no strict rule on what constitutes a consistent use, but it must have a plausible and logical link to the original purpose.

If a client's personal information was collected for health care purposes, public bodies may release necessary information to third parties for "continuity of care". This means public bodies may disclose personal information to health care professionals, family members, or to other persons, such as friends and relatives, involved in a client's care for the purpose of that care. The release of the information must be in the best interests of the health of the client.

Preserving Client Trust and Privacy

Although public bodies have authority to disclose personal information, they also have a responsibility to minimise invasion of client privacy. Wherever possible, consent for the release of personal information should be obtained from the client.

Each release of information must be considered on its merits, in keeping with the standard of reasonable clinical judgement. The provider must strike a balance between the need to share the client's information with a family member or other third party who is involved in the client's care and the need to safeguard the client's trust and privacy. In exercising his/her judgement on whether to release personal information to a third party, the health care provider should ask why the information needs to be released and consider the three grounds for release listed above.

It is recommended that health care providers explain the limits of confidentiality early in the provider-client relationship. When disclosing client information to third parties, document what information is being released, to whom it is being released, and the reason the third party "needs to know" the information.

There are no definitive rules regarding the release of personal information. Releases of personal information need to be considered on a case-by-case basis. A client's history, their health, and the care provided by the third party are mitigating factors which the health care provider needs to consider prior to disclosing any personal information.

Obtaining consent from the client is generally preferred when releasing any personal information to a third party. However, health care providers do encounter circumstances when consent is not viable. The examples below are a discussion of some of these circumstances. When disclosing information without consent, the health care provider must be confident the release of the information is in the client's best interests, is required for the continuity of care of the client, and only the information that is absolutely necessary is released to the third party.

Examples:

An adult with schizophrenia is being discharged from a psychiatric unit. Although she does not have a close relationship with her family, they do take an active role in ensuring her day-to-day needs for food and shelter are met, and they also monitor her health status. The client is suspicious and distrustful of her family members, and asks her clinician not to share any information about her with them. In deciding whether or not to disclose the client's personal information to the family, the health care provider should consider whether the family's "need to know" outweighs the client's wishes. If the provider believes it is in the best interests of the client to disclose personal information to the family so they can provide care to the client, the health care provider may do so [section 33(c)]. The provider should exercise caution to ensure only necessary information is released. Reasons for disclosing the client's personal information should be recorded in the clinical file.

An adult is admitted to a hospital in Kelowna because he has been in a physical altercation. The clinician at the hospital determines the adult is from Victoria, believes he has a mental illness and may be violent or dangerous. The clinician calls psychiatric units in Victoria to obtain confirmation of this diagnosis, and information about the patient's history, including the client's possible medications. The health care professionals at the psychiatric unit may release to the clinician in Kelowna for continuity of care [section 33(c)].

3) Parents have an adult son with a mental illness. The son lives in their basement and will not leave his room. Although the parents provide shelter and care for their son, they are in fear of him, and do not know what to do. The parents contact the hospital where their son has been hospitalized and his mental health worker. The hospital and the mental health worker may release the son's personal information which is necessary to assist the parents provide care to their son [section 33(c)]. The head of the health care body could also release information to the parents if there are compelling circumstances that affect the health or safety of the parents [section 33(p)]. *

A father has an adult son with an addiction and a mental illness. The son has attempted suicide and has been committed involuntarily to a psychiatric unit. The psychiatric unit is only able to keep the son committed for a limited time, and wishes to refer the son to a detoxification service. The son refuses to go. The father would like to find out more about his son's condition to assist his son pursue ongoing therapy and counselling. If the son will not consent to releasing this information to his father, and the psychiatric unit believes the participation of the father is necessary to improve the son's condition, they may release pertinent information to the father [section 33(c)].

The relevant sections from Part 3, Division 2 of the Act are as follows

Part 3 - Protection of Privacy

Division 2 - Use and Disclosure of Personal Information by Public Bodies

Any time Section 33(p) of the Act is used, notification of this disclosure must be given to the individual whom the information is about. The requirement for notification does not apply to Section 33(c). 989. CP.FP.083.0083 11/98

6 This section was adapted from Provincial Working Group (2002) Supporting Families With Parental Mental Illness.

Section 32 - Use of Personal Information

A public body may use personal information only

- (a) for the purpose for which that information was obtained or compiled, or for a use consistent with that purpose (see section 34),
- (b) if the individual the information is about has identified the information and has consented, in the prescribed manner, to the use, or
- (c) for a purpose for which that information may be disclosed to that public body under sections 33 to 36.

Section 33 - Disclosure of Personal Information

A public body may disclose personal information only

- (a) in accordance with Part 2,
- (b) if the individual the information is about has identified the information and consented, in the prescribed manner, to its disclosure,
- (c) for the purpose for which it was obtained or compiled or for a use consistent with that purpose (see section 34),
- (d) for the purpose of complying with an enactment of, or with a treaty, arrangement or agreement made under an enactment of, British Columbia or Canada,
- (e) for the purpose of complying with a subpoena, warrant or order issued or made by a court, person or body with jurisdiction to compel the production of information,
- (f) to an officer or employee of the public body or to a minister, if the information is necessary for the performance of the duties of, or for the protection of the health or safety of, the officer, employee or minister,
- (g) to the Attorney General for use in civil proceedings involving the government,
- (h) to the Attorney General or a person referred to in section 36 of the *Coroners Act*, for the purposes of that Act, for the purpose of
 - i) collecting a debt or fine owing by an individual to the government of British Columbia or to a public body, or
 - ii) making a payment owing by the government of British Columbia or by a public body to an individual,
- (i) to the auditor general or any other prescribed person or body for audit purposes,
- (j) to a member of the Legislative Assembly who has been requested by the individual the information is about to assist in resolving a problem,
- (k) to a representative of the bargaining agent who has been authorized in writing by the employee, whom the information is about, to make an inquiry,
- (l) to the British Columbia Archives and Records Service, or the archives of a public body, for archival purposes,
- (m) to a public body or a law enforcement agency in Canada to assist in an investigation
 - i) undertaken with a view to a law enforcement proceeding, or
 - ii) from which a law enforcement proceeding is likely to result,
- (n) if the public body is a law enforcement agency and the information is disclosed
 - (i) to another law enforcement agency in Canada, or
 - (ii) to a law enforcement agency in a foreign country under an arrangement, written agreement, treaty or legislative authority,
- (o) if the head of the public body determines that compelling circumstances exist that affect anyone's health or safety and if notice of disclosure is mailed to the last known address of the individual the information is about,
- (p) so that the next of kin or a friend of an injured, ill or deceased individual may be contacted, or
- (q) in accordance with sections 35 (research or statistical purposes) and 36 (archival or historical purposes).

Effective Date: November 1998

For more information contact
Information and Privacy Branch
Ministry of Health
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E-mail: FOIPPMOH@bcsc02.gov.bc.ca

November 98 - 06

Ministry of Health and Ministry Responsible for Seniors

Appendix B: Stages of Recovery

Progression through stages is not fixed; stages are arbitrary divisions in a continuous journey. Stages can be experienced in various orders (e.g., may not go through them in the order they are listed, some may be skipped or revisited along the way).

unaware/
dependent

Stages Of Recovery

Aware/
interdependent

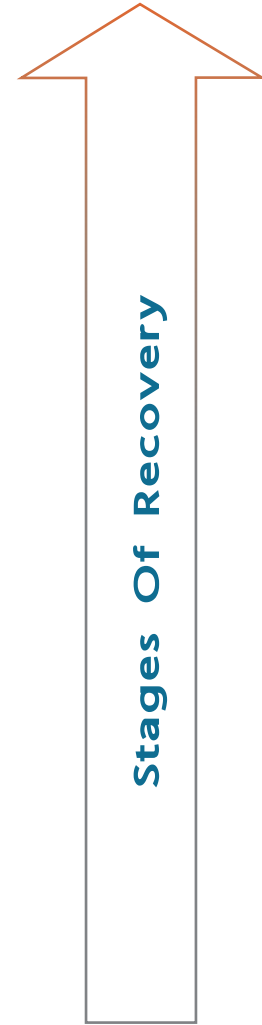
	Early Signs	Crisis	Recuperation	Rebuilding	Life Beyond Illness
Experience of Ill Relative	Unusual or disturbing changes in thoughts and/or moods; possible substance use	Fear; frustration; confusion; helpless; anger, resistance to "anything wrong"; relief; overwhelmed; exhaustion; ashamed; pain of stigma	Feelings of helplessness; despair; isolation; dependent on others; angry; difficulty holding onto hope; loss of identity; low energy and motivation; challenge of managing symptoms/side-effects; beginning to adjust to having a mental illness	Increased hopefulness; gradual acceptance of illness; awareness that "I am not my illness"; increased desire to be self-sufficient; lingering frustration & confusion; better understanding of illness & ways to stay well; overcoming stigma; active coping; strengthening relationships with others	Sense of well-being; self-identity; optimistic and hopeful outlook; increased self-confidence & sense of control over the mental illness; work through setbacks and disappointments
Needs of Ill Relative	Reassurance; trust; support in accessing help before symptoms get worse	Accessing mental health help; basic daily care; protection from harm; consistent love & assurance; low stimulation; undemanding scheduled activities; support with treatment plan	Assistance with needs; provision of safe & healthy environment; education about illness management; increased physical & cognitive stimulation; support to become more responsible for self & to renew interests and activities	Building empowerment & increased self-sufficiency; increased responsibility for personal decision making & mistakes; learning to set realistic expectations and manage stress; ongoing encouragement & belief in success of ill relative	Ongoing illness management & relapse prevention; supportive work/education environments; opportunities to socialize and contribute to their community

	Early Signs	Crisis	Recuperation	Rebuilding	Life Beyond Illness
Experience of Family	Confusion; worry; denial	Fear; shock; denial; lack of acceptance of diagnosis; resistance to change; confusion; guilt; grief; relief; overwhelmed; ashamed; pain of stigma	Increased understanding of illness; more optimistic about future; holder of hope; frustration with setbacks and time it can take to see improvements; frustration with mental health system	Encouraged by progress; improved coping strategies; overcoming stigma; ongoing "dance" between loss and hope; illness begins to take a "step back" in the family's life; renewed focus on having fun together	Healthy, interdependent relationships amongst all family members; confidence in managing the impact of the mental illness on their family
Needs of Family Caregivers/Members	Support in getting help for ill relative; understanding early signs of mental illness	Assessment of strengths/capabilities of family to provide care & supports needed; information about services & supports for ill relative and themselves; education about mental illness; practical support & recovery; compassion & empathy from professional care team	Maintaining focus on family needs as a whole; begin transitioning -- starting with small steps; collaboration & communication with care team; opportunities for respite or "time out"	Renewed focus on caregiver to ensure a balanced life; encouragement to work towards personal goals in life; support from other families when needed	Continued collaboration with mental health care team; support from other family members when needed; opportunities to advocate for other families & improvements in the mental health system
Treatment/Programs to Consider	Early intervention	Medication; hospitalization; treatment planning & discharge planning	Medication; ongoing mental health care; mental illness education; peer support; additional therapies or counselling; supported or independent living	Vocational training; peer-led support & educational groups; clubhouses	Supported education or work opportunities; social events; training to help others who are dealing with mental illness

**unaware/
dependent**

Stages Of Recovery

**Aware/
interdependent**



Appendix C: References

- Andresen, R., Caputi, P., & Oades, L. (2003). The experience of recovery from schizophrenia: Towards an empirically validated stage model. *Australian & New Zealand Journal of Psychiatry*. 37(5):586-594.
- Andresen, R., Caputi, P., & Oades, L. (2006). Stages of recovery instrument: Development of a measurement of recovery from serious mental illness. *Australian & New Zealand Journal of Psychiatry*. 40(11-12):972-980.
- Anthony, W.A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990's. *Psychosocial Rehabilitation Journal*. 16(4):11-23. <http://web.bu.edu/cpr/repository/articles/pdf/anthony1993.pdf> (accessed 09/09/2008).
- Bland, R. & Darlington, Y. (2002). The nature and sources of hope: Perspectives of family caregivers of people with serious mental illness. *Perspectives in Psychiatric Care*. http://findarticles.com/p/articles/mi_qa3804/is_200204/ai_n9032257?tag=artBody;col1 (accessed 09/09/2008).
- Boss, P. (1999). *Ambiguous Loss: Learning to Live with Unresolved Grief*. Harvard University Press, Cambridge, MA.
- Burns, D. (1981). *Feeling Good: The New Mood Therapy*. New American Library, Penguin Group (USA) Inc, New York, NY.
- Cousins, Norman. (1979) *Anatomy of an Illness as Perceived by the Patient*. W.W. Norton & Company, New York, NY.
- Crabtree, L. (2004). Patterns of Family Caring: Help That Helps—Help That Hurts. www.projecttransition.com/pages/article_help.php. (accessed 03/22/08)
- Davidson, L. (2004) Recovery: Challenging the Paradigm. *Newparadigm*. (June 2004) http://vicserv.org.au/publications/new_para/pdf/davidson.pdf (accessed 01/04/2008).
- Deegan, P.E. (1988). Recovery: The lived experience of rehabilitation. *Psychosocial Rehabilitation Journal*, 11(4), 11-19.
- Deegan, P.E. (1996). Recovery and the conspiracy of hope. Paper presented at the Sixth Annual Mental Health Services Conference of Australia and New Zealand. www.patdeegan.com/pdfs/articles_hope.pdf (accessed 09/09/2008).
- Depression and Bipolar Support Alliance (DBSA) (2007). Recovery Steps. <http://www.dbsalliance.org/site/PageServer?pagename=recoverysteps> (accessed 09/09/2008).
- Duff, K. (1993). *The Alchemy of Illness*. Bell Tower, Crown Publishers Inc, New York, NY.
- Ellis, A. (1999). *How to make yourself happy and remarkably less disturbable*. California: Impact Publishers, 1999
- Falloon, I. (2003). Family interventions for mental disorders: Efficacy and effectiveness. *World Psychiatry*. 2:20-8. <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1525058> (accessed 09/09/2008).
- Frese, P.A. (2004). Water from the rock: Living with serious mental illness in the family, *Law Review*, Vol 32 966-967 <http://culsnet.law.capital.edu/LawReview/BackIssues/32-4/SymposiumFinal/LFrese.pdf> (accessed 17/10/2008)
- Greenberg, J.S., Seltzer, M.M., & Smith, M.J., (2005). Aging families of adults with schizophrenia: Planning for the future. University of Wisconsin & Wisconsin Families and Mental Health Services.
- Groopman, J., MD (2004). *The Anatomy of Hope: How People Prevail in the Face of Illness*. Random House, New York, NY.
- Harding, C.M. (1987). *American Journal of Psychiatry*. Vol 144 No 6:718-735.

Hatfield, A. (1997). Families of adults with severe mental illness. New directions in research. *American Journal of Orthopsychiatry*. 67(2): 254-260.

Irving, R. (2005). *The Power of a Thought*. Community Psychiatric Services, North Vancouver, Canada.

Jevne, R. (1993). Enhancing hope in the chronically ill. *Journal of Humane Medicine Health Care*. Vol 9 No 2.

Kübler-Ross, E. (1969). *On Death and Dying*. Touchstone/Simon & Schuster, New York, NY.

McKenzie, P. (2006). The holding of hope: Exploring the relevance of the recovery vision for families. http://www.vicserv.org.au/publications/new_para/pdf/2006/mckenzie0906.pdf (accessed 09/09/2008).

Marshall, T., & Solomon, P., (2003). Professionals' responsibilities in releasing information to families of adults with mental illness. *Psychiatric Services*. Vol 54 No 12, <http://psychservices.psychiatryonline.org/cgi/content/full/54/12/1622> (accessed 09/09/2008).

National Center on Youth Transition. Seeking Effective Solutions. Partnerships for Youth Transition Initiative (PYT) (2007). *On the move: Helping young adults with serious mental health needs transition into adulthood*. <http://ntacyt.fmhi.usf.edu/publications/what-we-learned.pdf> (accessed 09/17/2008)

Provincial Working Group (2002). *Supporting Families With Parental Mental Illness: A Community Education and Development Workshop*. A Training Tool for Communities to Organize Services to Support Families. www.parentalmentalillness.org.

Shankar, J. & Muthuswamy, S.S. (2006). Support needs of family caregivers of people who experience mental illness and the role of mental health services. *Families in Society*. Vol 88 No 2. www.ce4alliance.com/articles/101108/shankar.pdf (accessed 09/09/2008).

Smith, G. (2004). Predictors of the stage of residential planning among aging families of adults with severe mental illness. *Psychiatric Services*. 55:804.

U.S. Department of Health and Human Services (2005). National Consensus Statement on Mental Health Recovery. <http://mentalhealth.samhsa.gov/publications/allpubs/sma05-4129/> (accessed 09/09/2008).

Appendix D: Resources

British Columbia Mental Health Organizations:

Anxiety Disorders of British Columbia

Web: www.adabc.org
Email: info@anxietybc.com
Tel: (604) 681-3400

BC Partners for Mental Health and Addictions Information

Web: www.heretohelp.bc.ca
Email: bcpartners@heretohelp.bc.ca
Tel: (604) 669-7600 (Toll Free: 1-800-661-2121)

British Columbia Schizophrenia Society

Web: www.bcscs.org/
Email: bcscs.prov@telus.net
Tel: (604) 270-7841 (Toll Free: 1-888-888-0029)

Canadian Mental Health Association BC Division (CMHA)

Web: www.cmha.bc.ca/
Email: info@cmha.bc.ca
Tel: (604) 688-3234 (Toll Free: 1-800-555-8222)

The F.O.R.C.E. Society for Kids' Mental Health

Web: www.bckidsmentalhealth.org
Email: theforce@bckidsmentalhealth.org
Tel: (604) 878-3400 (Toll Free: 1-800-661-2121)

Mood Disorders Association of British Columbia

Web: www.mdabc.net
Email: info@mdabc.net
Tel: (604) 873-0103

Jessie's Hope Society

Web: www.jessieshope.org
Email: info@jessieshope.org
Tel: (604) 689-9854

Information Lines:

BC Nurse Line: (604) 215-4700 (Toll Free: 1-866-215-4700)

Mental Health Information Line: (604) 669-7600 (Toll Free: 1-800-661-2121)

Books:

Advance Planning

The Special Needs Planning Guide: How to Prepare for Every Stage of Your Child's Life, John W. Nadworny & Cynthia R. Haddad. 2007. Brookes Publishing, Baltimore, MD.

www.brookespublishing.com/store/books/nadworny-68028/index.htm

Parental Mental Illness

"I'm Not Alone. A Teen's Guide to Living with a Parent Who Has a Mental Illness." Michelle Sherman & DeAnne Sherman. 2006. Beavers Pond Press, Edina, MN.

www.seedsofhopebooks.com/im-not-alone.html

"Wishing Wellness. A Workbook for Children of Parents with Mental Illness." L. Clarke. 2006. Magination Press, APA, Washington, DC.

<http://www.maginationpress.com/441A313.html>

Supporting a Spouse with Mental Illness

"Loving Someone with Bipolar Disorder: Understanding and Helping Your Partner". Julie A. Fast and John D. Preston. 2004. New Harbinger Publications, Oakland, CA.

Siblings

"Troubled Journey: Coming to Terms with the Mental Illness of a Sibling or Parent." Diane Marsh & Rex M. Dickens 1997 Jeremy P. Tarcher-G. P. Putnam's Sons: New York:NY.

Mad House: Growing Up in the Shadow of Mentally Ill Siblings. Clea Simon 1998. Penguin Books: Toronto, Ont

Publications/Fact Sheets/Toolkits

BC Mental Health Guide

www.health.gov.bc.ca/mhd/pdf/MentalHealthGuide.pdf

BC Ministry of Children & Family Development: Child & Youth Mental Health

www.mcf.gov.bc.ca/mental_health/publications.htm

Centre for Addiction and Mental Health (CAMH)

www.camh.net/Publications/index.html

Family Toolkit. BC Partners for Mental Health and Addictions Information

<http://www.heretohelp.bc.ca/skills/supporting-family>

Mental Illness Fellowship of Australia (MIFA)

http://esvc000144.wic027u.server-web.com/papers_the_fact_sheets.htm

Mind

www.mind.org.uk/Information/Factsheets/

Specific Topics:

Advance Planning

Representation Agreement Resource Centre (now called NIDUS)
www.rarc.ca or www.nidus.ca

Crisis Planning
www.mentalhealthrecovery.com/recovery_crisisplanning.php

Planned Lifetime Advocacy Network (PLAN)
www.plan.ca/homepage.php

Child & Youth Mental Health

The F.O.R.C.E. Society for Kids' Mental Health Care
www.bckidsmentalhealth.org

Children's Mental Health Ontario
www.kidsmentalhealth.ca

BC Family Education & Support

British Columbia Schizophrenia Society. Strengthening Families Together.
www.bcss.org/2007/05/08/strengthening-families-together

Mood Disorders Association of British Columbia
www.mdabc.net/support.html

(NAMI) Family to Family Education Program (FFEP)
www.northshoreschizophrenia.org/Education.htm

Financial Planning

BC Ministry of Employment and Income Assistance
www.eia.gov.bc.ca/publicat/pdf/DisabilitiesTrusts.pdf

Parental Mental Illness

"Family Talk". Children of Parents with a Mental Illness (COPMI).
www.copmi.net.au

"Making Time to Talk. Advice For Parents with Mental Illness". NSF Scotland. 2006
www.nsfscot.org.uk/uploads/attachments/1101732018_MakingTimetoTalk.pdf

Helping Children Understand Mental Illness: A Resource for Parents and Guardians. Mental Health Association of Southeastern Pennsylvania. 2001
www.mhasp.org/coping/guardians.html#3

"Someone in My Family Has a Mental Illness". Lin Brindamour, Family Services of the North Shore. 2000
www.parentalmentalillness.org

Supporting Families Affected by Parental Mental Illness. Provincial Working Group
www.parentalmentalillness.org/

Understanding Mental Illness in Your Family. 3 booklets
www.bcss.org/2008/02/resources/educational-booklets-for-children-newly-updated-and-revised/

Visions: BC's Mental Health and Addictions Journal: *Parenting*. Vol 2; No 2. 2004
www.heretohelp.bc.ca/publications/visions

Parenting Well: Resources for Healthy Families.
<http://www.parentingwell.org/>

Recovery

Copeland, Mary Ellen. *Wellness Recovery Action Plan (WRAP)*.
www.mentalhealthrecovery.com

Depression and Bipolar Support Alliance (DBSA)
www.dbsalliance.org/site/PageServer?pagename=recoverysteps

Hamilton County Mental Health Board, *Mental Health Recovery*.
www.mhrecovery.com

Rethink
www.rethink.org

Sainsbury Centre for Mental Health
www.scmh.org.uk/pdfs/Making_recovery_a_reality_policy_paper.pdf

Spouses

British Columbia Schizophrenia Society: Spouses Handbook.
<http://www.bcss.org/2004/05/05/spouses-handbook/>

General Mental Health Information

US:

National Alliance on Mental Illness (NAMI)
www.nami.org

National Institute of Mental Health (NIMH)
www.nimh.nih.gov

US Department of Health and Human Services: Substance Abuse and Mental Health Services Administration (SAMHSA)
<http://mentalhealth.samhsa.gov/>

UK:

BBC Health
www.bbc.co.uk/health/conditions/mental_health

NSF Scotland
www.nsfscot.org.uk

Rethink
www.rethink.org/about_mental_illness/index.html

Sane
www.sane.org.uk

Australia:

Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet)
www.auseinet.com

Beyond Blue
www.beyondblue.org.au

Mental Illness Fellowship of Australia (MIFA)
www.mifa.org.au

SANE Australia
www.sane.org

