

SELF HELP QUEENSLAND

June Newsletter

Issue 2. 2003



Self Help Queensland is a network of self help organisations and groups in Queensland. The network was formed by self help organisations to share resources, support each other, assist in the development of new groups, raise community awareness of the importance of self help and provide a strong united voice on issues which affect our members.

From the President

In the last newsletter I promised (or threatened) to share my experience of providing a submission to a community cabinet process with you. If you are considering a submission, or have been engaged with this process you may like to contrast my experience with yours. For those who haven't caught up with this yet it is a Government process which brings cabinet meetings into the community and provides an opportunity for community members to talk directly to Ministers and the Premier about issues that concern them.

Notices detailing when Cabinet will be in your area usually appear in your local paper. SHQ decided as an organisation not to pursue this process when it was in our area. Generally as an organisation we have experienced the outcomes to be limited compared to the effort it requires to engage in the process.

I attended as an individual in my own electorate. I must admit I was quite excited to have my submission given the chance for an airing with a minister. I had 15 mins of uninterrupted time. I was listened to politely and questioned intelligently. However there have been no outcomes, no follow up other than receiving a newsletter with pictures of the day and no evidence that anything was achieved other than a chance to have my say.

This is valuable in itself but I would have liked to know "what happened next". I have since had the opportunity to chat with others who provided submissions on the day...their experience was similar to my own. Of course my submission may not have been viable, important or noteworthy to any other

than myself. There are after all, limited Government funds and the cost of replying individually to all would be time consuming.

However, "engaging with Government" has always and will always be taken personally by community, I can only hope that the Government will take it personally too. I would be very interested to hear of others experiences, we would be happy to carry stories in our newsletter so we can all learn from each other's experience.

Regards
Sue Smyllie

Free Meeting Room for Self Help Groups

A meeting room adjacent to the Self Help Queensland office at Sunnybank is available free of charge for the sole use of self help/support groups. A telephone, white board and computer are available for use. The room will hold a dozen or so chairs comfortably. It is also suitable as a counselling/interviewing room.

A kitchen adjacent to the meeting room has a stove, fridge, microwave and urn. The room is wheelchair accessible and there is also access to a disabled toilet facility.

The meeting room is available 7 days a week, day and evening. Arrangements can be made for groups to have their own access and individual security code. Low cost photocopying is still available at the Self Help Qld Office as well as support and information required in starting up a new group.

For further information please contact Trish at Self Help Queensland. Ph/Fax 3344 6919

Self Help Old Management Committee Members

President Sue Smyllie
Treasurer Kathleen Zarubin
Secretary Kim Summers
Member Thea Biesheuvel

Committee Meetings

If you would like to attend our meetings, please contact the office for dates and times. Everyone is welcome to attend and we look forward to seeing some of you at our meetings. We are always on the lookout for new committee members!

Project Officer

Trish Fallon

Office

The office is attended (unless our staff are at meetings) from Monday to Friday from 9am to 4.00pm each week.

If you wish to call in to use the facilities at the office or talk to our project officer please phone first and check that there will be someone in the office.

Office Location:

Sunnybank Community Centre
121 Lister Street (Cnr Gager Street)
Sunnybank 4109

Postal Address

P.O. Box 353
Sunnybank QLD 4109

Phone/Fax: 07 3344 6919

Email: qnosho@gil.com.au

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Queensland Health provided funding to Self Help Qld for publication of the Self Help Qld Newsletter.

Link Line



A mutually respectful, sensitive and confidential means of connecting individuals and families for whom no known support group exists.

Self Help Qld will endeavour to facilitate contact wherever possible but is unable to determine the suitability or compatibility of linked individuals and families.

A lady in Bundaberg with Klippel Trenaunay Syndrome (KTS) would like to make contact with someone with the same condition.

A Brisbane family has a child with a diagnosis of the rare condition Non-Ketotic Hyperglycinemia, as well as additional unrelated symptoms. The family would like to make contact with another family with experience of this condition, particularly if there are unexplained additional symptoms.

If there is no support group for you or someone you know, then perhaps you might like to connect with someone in a similar situation via Link Line. Please call Trish at the Self Help Qld Office Ph: 07 3344 6919

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Scleroderma

Scleroderma is a disorder of the connective tissue of the body. The word scleroderma comes from two Greek words 'sclero' meaning hard and 'derma' meaning skin. Scleroderma is an uncommon disorder and affects:

- The connective tissue in the skin, blood vessels, joints and internal organs such as kidneys, lungs, heart and bowel.
- Peripheral blood vessels undergo changes that cause reduced blood flow to the skin and particularly the hands and feet. These changes may also occur in some internal organs.

Scleroderma affects both sexes with a female to male ratio of approx. four to one. The onset of the disease is most commonly between ages 25 to 55 years but Scleroderma can occasionally develop in childhood.

It is important to stress that the symptoms of Scleroderma vary greatly from person to person. It is as though each person has his/her own version of the disease. Although scleroderma can indeed be serious, most people are able to live normal life spans with varying degrees of discomfort and/or disability.

Some of the most common symptoms of scleroderma and again we emphasise that some people will experience very few of these, while others may suffer rather more.

Calcinosis – Little nodules of calcium, deposited on the fingertips and over bony prominences.

- **Raynauds** causing skin colour changes in the hands and feet, usually on exposure to cold and may well be the first symptom anyone has.
- **Esophageal** (American spelling) with digestive problems such as heartburn and difficulty in swallowing.

- **Sclerodactyly** – the thickening of the skin, which may occur in patches or may affect all of the fingers, toes or face.
- **Telangiectases** – prominent red blood vessels, which can occur over the face and fingers.

The first letters of these 5 most common symptoms of scleroderma form the word **CREST** that is one of the most common classifications of Scleroderma.

Other common symptoms are:

- Sores (ulcers) on the outside of certain joints, often the knuckles and elbows.
- The wall of the bowel may thicken causing diarrhoea or constipation.
- Shortness of breath.
- Stiffness in the muscles and joints.

Also, over 20% of patients with Scleroderma suffer from secondary **Sjogrens Syndrome** – the hallmark of which is dry eyes and dry mouth.

Since the cause and cure of Scleroderma are still unknown, treatments consist mainly of attempting to control symptoms by medication. Of course, since people with this disease have different symptoms, treatment must be individualized.

The aim of the *Scleroderma Association* is to provide support and information to people with Scleroderma, Raynauds and Sjogrens, their carers and interested health professions by offering:

Meetings ~ Seminars ~ Newsletters ~ Literature

Members carry out all of the Association's work on a voluntary basis. The Association is also strongly committed to raising funds for research. Scientists are now intensively investigating this disease and quite encouraging progress is being made.

Contact address: The Secretary,
P.O. Box 154,
Mansfield Qld. 4122

Phone: (07) 3411 3558 or (07) 3341 2167

Email: sclero@pacific.net.au

Website: www.scleroderma.org.au

Donations of \$2 or more are tax deductible

Genetic Matters - with Kim Summers PhD

Cancer Genes and Cancer Risk

Cancer is one of the major causes of death in Western societies today. It is not uncommon for a family to have several members affected by the same or different cancers. Since families often share the environment they live in as well as their genes, this clustering of cancer within a family doesn't necessarily mean that family members have an inherited susceptibility to cancer. For example, the major cause of lung cancer is smoking. Since many members of one family may smoke, or be exposed to the smoke of others, lung cancer can cluster in a family because of environmental factors. The major cause of melanoma is sun exposure, and if children have copied their parents by sunbaking throughout many summers, melanoma is likely to cluster in the family.

Cancer happens when genes controlling cell division are inappropriately active or inactive. So all cancer results ultimately from abnormal gene activity. Carcinogens (cancer-causing factors) such as UV light from the sun and components of cigarette smoke increase the chance that genes will become abnormal. Some people also inherit gene changes which predispose them to abnormal gene activity. Once enough genes have become aberrant there is a high probability that some cells will escape the mechanisms that control their division. This is when a cancer develops.

In some families there is a major genetic change which means that all people inheriting the changed gene have a very high likelihood of getting the cancer. This is the case with familial adenomatous polyposis (FAP), where affected family members develop large numbers of polyps in the bowel at a young age and bowel cancer usually before their 40s. Affected people have a 1 in 2 chance of passing on the gene for FAP to their children. Some families with breast and/or ovarian cancer also have high risk genetic changes in the BRCA1 or BRCA2 genes.

These confer a lifetime risk of between 50 and 80% of developing breast or ovarian cancer, depending on the family history.

It is important to realise that these genetic changes account for a very small proportion of all cancers. For example, less than 5% of all breast and ovarian cancers are thought to result from an altered gene. Genetic factors are more likely when the condition in the family is unusually severe, for example where cancer which develops at a young age, has unusual aspects (such as breast cancer in males), appears in both sides of the body (eg affecting both ovaries), or where there is more than one primary cancer in one person. Your doctor can assess whether the cancer in your family falls into this category. If so, you may benefit from talking to a clinical geneticist or genetic counsellor at the Queensland Clinical Genetics Service. Your doctor can refer you to this Service.

Queensland Clinical Genetics Service:
Phone 07 3636 1686; Fax 07 3636 1987; E-mail qcgs@health.qld.gov.au

For more information on genes and cancer, go to www.genetics.com.au and look for factsheets 29, 30a, 30b, 30c.

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Folic Acid (Folate) and Neural Tube Defects

Birth defects affecting the neural tube, such as spina bifida, are surprisingly common. In 1994 conditions of this type affected about one in 600 pregnancies, or about 400 births in Australia. Then it was discovered that a simple dietary supplement taken before and during pregnancy could reduce this number by at least 70%. Unfortunately many women of childbearing age still have inadequate levels of this supplement, folic acid or folate, at the critical time very early in pregnancy.

At an early stage of the development of a baby in the mother's womb (during the first few weeks of pregnancy), a layer of cells folds around and joins to form a tube, called the neural tube, which will develop into the brain and spinal cord. If the sides of the cell layer fail to meet and join completely, the baby will have a defect called a neural tube defect. (NTD)

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If the defect occurs in the head, the brain and skull do not develop normally and the baby is born with anencephaly. Babies with this problem die at or soon after birth. If the defect in closure occurs in the back region, the bones of the spine will not fuse completely. The spinal cord and the protective sac which surrounds it may protrude through the open part of the spine. This is called spina bifida. The symptoms vary depending on the position of the opening along the spine and how much of the sac and cord protrude. The condition tends to be more severe when the opening is higher on the back, and/or if the cord and nerves protrude and are damaged.

Folic acid or folate plays an important role in tissue growth and cell function. It is involved in the breakdown of proteins and in the synthesis of new proteins and DNA. It is also necessary for the production of red blood cells. A diet containing an adequate amount of folate is important for everyone, but particularly for women in the very early stages of pregnancy. Since many pregnancies are unplanned and women often don't know that they are pregnant until several weeks after conception, the current recommendation is that all women of reproductive age should make sure they have 500 micrograms of folate per day.

Good sources of folate include cereals and breads with folate supplementation (check the packaging), yeast extracts like Vegemite, green leafy vegetables, asparagus, oranges and orange juice, nuts and whole grain foods. Cooking can destroy folate so raw or lightly steamed veggies are best. To make sure folate intake is adequate women planning a pregnancy can also take folate tablets, available from chemists, health food stores and supermarkets. Women with a family or personal history of NTDs and women on some anticonvulsant medications have special requirements and should consult their doctor or the Queensland Clinical Genetics Service for advice. Phone 07 3636 1686; Fax 07 3636 1987; E-mail qcgs@health.qld.gov.au

For more information on neural tube defects and folic acid, call the Queensland Clinical Genetics Service and ask for the Folate Factsheet or go to www.genetics.com.au and look for factsheet 25. Information is also av-

ailable through SBH Queensland, at www.spinabifida.org, or phone 07 3844 4600.

Look for the Folate Book Mark accompanying this edition of the newsletter.

(Kim Summers is the Director, Queensland Genetics Education Program, Qld Clinical Genetics Service, and Management Committee member of Self Help Qld)

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Approaching Dementia - "Naturally"

Queensland leads the way with the world's first comprehensive natural therapy course designed specifically for use in aged and dementia care - Dementia Care Naturally.™

This innovative course teaches practical, non-invasive and complementary techniques for inclusion in the daily care routines for the aged, with special emphasis on people with dementia.

The use of natural therapies as an alternative treatment for people exhibiting challenging behaviours has received greater currency in recent times, with new studies proving the positive benefits in the treatment of dementia.¹

Dementia Care Naturally™ course participants are trained to use massage, aromatherapy, music and movement therapies, nutrition, colour and multi-sensory techniques, to optimise the care and well being of people with dementia.

The program is designed to be used alongside conventional medical treatments with the aim of slowing the rate of mental and functional decline in people with a dementing illness.

Dementia Care Naturally™ was developed by Sonya Fiebig, Senior Education Consultant, Alzheimer's Association of Queensland. Sonya holds a Bachelor of Science majoring in anatomy, physiology and pharmacology, a Bachelor of Acupuncture, and is a qualified Naturopath and Registered Nurse.

For more information about this course call the Alzheimer Association of Queensland's toll-free National Education Hot Line on 1800 1800 23.

¹ British Medical Journal Dec 2002

Treacher Collins Syndrome

and

*Brendan's Story as told by his mother,
Michelle*

Our son, Brendan, was born with Treacher Collins Syndrome (TCS). It is a condition which can cause mild to severe facial malformations and hearing loss. Before writing a little about our son, I will explain what I know Treacher Collins Syndrome to be.

TCS is a genetic condition (named after an ophthalmologist called Treacher Collins in 1990) which is characterized by malformations of the cheekbones and temple bones, lower jaw and chin, nose and nasal passages, and ears. Hairlines and palate may also be unusual. The TCS gene is Dominant, therefore if either parent has TCS there is a 50-50 chance of passing it on. In approximately 60% of cases however, there is no previous family history – the child has developed the syndrome as a result of genetic mutation. The occurrence of TCS is about 1 in 10,000. Also TCS is not progressive, i.e. individuals do not get worse. In fact many features are improved by surgery and other treatment.

Characteristics and Surgery Options

- The cheekbones can be underdeveloped or absent. This means that the cheek muscles join onto the lower jaw muscles, and so cause the eyes and eyelids to droop. This can be corrected by surgery using implants and bone grafts.
- The lower jaw is usually much receded and this in turn compromises the airway. In babies and small children breathing can be very noisy. A tracheostomy may be required in some cases. It also impacts on feeding and speech. The jaw can be extended by distraction surgery.
- The nasal passages can be very small or completely blocked by membrane or bone (choanal atresia). Surgery can help in most cases though may have to be repeated.

- The ears vary greatly from case to case. Some may just have small ears; others may have no ears at all. The outer ear may be folded or squashed. The middle ear can also be malformed or missing. Any hearing loss is almost always conductive and can vary from partial to severe. A conduction hearing aid attached to a headband gives fairly good quality hearing and there is also a bone anchored hearing aid which can be implanted into the mastoid bone when it is the required thickness which offers even better hearing. Prosthetic ears are an option from about age 10 onwards.
- The hairline can be affected where sideburns continue across the cheek towards the mouth. This may only be temporary.
- Mild to severe cleft palate can also occur.

*Now to a little about our
beautiful boy Brendan.*



Brendan Aged 4

Brendan was born 8 weeks premature and had immediate breathing problems which required an emergency tracheostomy. He had the choanal atresia so couldn't breathe through his nose. He wasn't able to feed normally so was fed via an oral gastric tube from birth then at 5 months was given a gastrostomy button which allowed us to take him home from hospital (a great day).

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Having the gastrostomy meant that Brendan could get all his nutritional needs easily via the tube which then meant we could gradually get him used to eating orally once he was old enough. I'm now happy to say that he was eating all his food orally by the time he was 3 ½ .

Having a tracheostomy meant that Brendan wasn't able to vocalize so from the age of 1 he was taught to sign. Then at 2 he was able to have a speaking valve on his trachy so we were finally able to hear his voice (fantastic). He had the jaw distraction surgery and surgery to open up the nasal passages when he was nearly 3. His eating and speech which was improving all the time took a definite leap after this surgery. He was still quite proficient at signing as well so Brendan's communication was great.

So to the present, Brendan will be 5 in two weeks. This is his second year at both the Pre-school for the Deaf and Inside-Outside Montessori Children's House (regular child care). He still has his tracheostomy but it is blocked off during the day. He has had the 1st stage to the Bone Anchored Hearing Aid with the final stage happening in 3 weeks.

I and my husband's lives have certainly been more hectic due to Brendan's condition as well as the stress of operations and the public's attention but he is a blessing like every child and pure delight to us and everyone he meets. We have had great support from all areas of the medical, health, teaching and care professions and have met and continue to meet many wonderful people.

As there is no known support group for Treacher Collins Syndrome or other craniofacial syndromes that I'm aware of, my husband and I are considering forming one. We would be interested in any feedback on this.

Contact: Michelle
Ph 07 3849 8302

(TCS information sourced in part from the Treacher Collins Family Support Group UK at www.treachercollins.net)



Gold Coast Chemically Induced Arachnoiditis Sufferers Support Group (CIAASA)

CIAASA (Gold Coast) is a support group established on the Gold Coast for sufferers of a debilitating disease caused by dyes injected into the spine for the purpose of investigation of spinal injuries. ie. Myelograms, Disco-grams, Epidurals and other associated anaesthetic procedures. . The dyes contained chemicals such as sulphuric acid, hydrochloric acid, benzene, sodium permanganate, iodine and others. There are up to 80 side effects caused by Myelogram procedures including:

- pain in joints
- ringing in ears
- crawling skin
- bladder and bowel problems
- chronic fatigue
- tremors and muscle spasms
- body seizures
- unexplained heart attacks

CIAASA is a non-profit support group associated with the Redback Foundation with branches throughout Australia. The group offers support and information to members to assist them in managing their condition. They give practical advice in relation to what government benefits might be available, counselling and other support services.

Meetings are held from 10am to 12 noon on the 2nd Wednesday of each month at:
Palm Beach Neighbourhood Centre
16 Third Avenue, Palm Beach
GOLD COAST

Contact:
Peter Groves 07 5535 6655
Email: xcues@optusnet.com.au
URL: www.redback.org.au

The announcement of an Independent Senate inquiry will be made in the next two months. (The inquiry into the importation and usage of the dyes and why there has been a 42 year cover up).

Memory Problems?

Have you or someone close to you recently been diagnosed with a memory loss disorder?

The Alzheimers Association of Queensland conducts information and support groups for people with early stage dementia and their family members and friends. These groups are free of charge.

For information on locations and times please contact

1 800 639 331



Alzheimer's Association
QUEENSLAND

Early Stage Dementia Support and Respite Project



A Commonwealth Government Initiative

“Essential” Treatment

Three British studies have found essential oils, such as lavender and lemon balm, help soothe patients and curb behavioural problems such as agitation, aggression, wandering and sleep walking.

The findings - summarised in the British Medical Journal - have been welcomed by those concerned about the use of powerful sedatives and tranquillisers for dementia.

Prince Charles Hospital Director of Geriatric Medicine Dr Chris Davis said the results were encouraging and he hoped it would trigger similar research in Australia.

One study, led by Dr Clive Holmes, from the Thornhill Research Unit at Moorgreen Hospital, Southampton, found a significant improvement in agitation levels of 60% of patients treated with lavender oil.

“One of the most interesting findings from the studies was that almost 100% of participants completed treatment without major adverse reactions.” Dr Davis said one only had to look at the billion-dollar fragrance industry to realise scent played a powerful role in memory and emotion, but the effects on the brain were poorly understood.

“Lemon Balm has been recognised for centuries as something that was useful for mental problems. Now we have the ability to prove what has been known.”

Tarpenes, found in essential oils such as lemon balm, are believed to trigger calming brain chemicals and in doing so work much the same way as the prescription treatment Aricept.

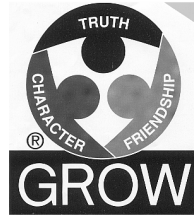
Alzheimer's Association of Queensland Senior Education Consultant, Sonya Lusk, said carers had long used aromatherapy, but it was now gaining a toehold in nursing homes as an accepted treatment.

The Alzheimer's Association's Rosalie nursing home employs an aromatherapist to mix treatments for patients.

Ms Lusk advised people considering aromatherapy treatment to consult a professional first as some oils could have an adverse effect or react to other treatments.

(Source: “Dementia Matters” Autumn 2003)

GROW (QLD) Mutual Self Help Groups



GROW provides mutual self help support groups with a Program of personal growth for people struggling with life's circumstances or recovering from mental or emotional problems.

Through membership to a GROW mutual self help group in an area, GROW offers a "real life" mini community where people can develop new skills in a safe learning environment. These skills come from using the Blue Book (GROW Program), from practical tasks, leadership and simply learning to relate to a group of people. The benefits are concrete and practical in terms of developing communication skills, social skills and problem solving skills.

GROW's emphasis on networking with other members by phone at least once a week as well as social activities are designed with more than comfort or leisure in mind. Given that isolation and deterioration of social skills are major problems for most of the GROW members, particularly those who have been hospitalised/institutionalised, GROW's operations and structure are designed not only to counter these tendencies but to actively promote the development of new skills.

In addition to attending a GROW group people are encouraged to participate in social activities, live in community weekends to assist in enhancing their social network, training days and workshops that will develop leadership and understanding of the GROW program and how the Group Method and the Caring and Sharing Community of GROW work.

Listed below are the locations of current GROW support groups throughout Queensland.

Brisbane North

Bridgeman Downs	Caboolture
Indooroopilly	Nundah
Pine Rivers	Redcliffe
Sandgate	

Brisbane South

Annerley
Holland Park
Ipswich
Wynnum

Crestmead
Inala/Corinda
Rochedale

Rural Old

Toowoomba
Gympie
Mackay
Burdekin

Gladstone
Townsville
Cairns

Gold Coast

Isle of Capri

Sunshine Coast

Maroochydore

For further information and enquiries about groups please contact the GROW Centre:

Address: 1014 Logan Road
Holland Park QLD 4121

Postal Address: P.O. Box 178
Holland Park QLD 4121

Phone: (07) 3394 4344
Fax: (07) 3397 6079
Email: grow.qld@bigpond.com
Internet: www.growint.org.au

Loss and Grief Peer Support Program

If you have experienced one of the following:

- Death of a loved one
- Separation/divorce
- Relationship breakdown
- Unemployment
- Illness
- Other significant life events

Pine Rivers Neighbourhood Centre offers a program four times a year to assist in managing loss in life. Small group work is the focus, and the program consists of six sessions (2.5 hrs each) and is open to all community members. Next programs are Tuesdays beginning 29/7 to 2/9 and Wednesdays beginning 30/7 to 3/9.

Venue: Pine Rivers Neighbourhood Centre
730 Gympie Road, Lawnton

Contact: Melinda 07 3205 2955

Support Group on Northside of Brisbane a Possibility - for People Bereaved by Suicide

An inaugural meeting has been planned for those people in Brisbane North and the Pine Rivers Shire who have been affected by the suicide of a loved one.

Losing a friend, family member or colleague to suicide can have a devastating impact on the people left behind. Often they feel they have no one to turn to for support, or who will understand their pain. A number of professionals and survivors of suicide from Brisbane North and the Pine Rivers Shire have recognised the need for a local support group for those bereaved by suicide. The purpose of this initial group on June 25th is to provide support for local survivors of suicide, and to plan for future support meetings that may be offered. All stories shared will be treated in a confidential and respectful manner. The meeting is open to anyone affected by suicide and will be facilitated by fellow survivors experienced in running such support groups.

Date: 25 June 2004

Time: 7.30pm - 9.30pm

Venue: Nundah House, 15 Union St, Nundah
(Limited parking at Nundah House with more available at Toombul Shoppingtown)
Light refreshments will be served.

For more information please contact:

Sophie: 07 3835 1499

Email: sophie_morson@health.qld.gov.au

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Group Support for Young People with a Parent with a Mental Illness

The Child and Youth Mental Health Service of the Royal Children's Hospital and Health Service District will be conducting the Koping Adolescent Program for young people (aged 12-18 years) who live in the district and have a parent with a mental health problem. The purpose of the group is to provide peer support, information and coping skills training to those young people who might otherwise feel unsupported and alone. A participant of a previous group has told us "it was really helpful because I learned and shared my problems and how I

cope with them". A parent of a recent participant has also stated "He enjoyed the group so much! Talking to people with similar or even worse problems than he has to deal with has changed him a great deal. He appears to be coping much better...keep up the good work".

The next program is scheduled to commence on **Tuesday 22 July from 1pm to 6pm** at Nundah House, with two fortnightly sessions to be offered thereafter (5 August and 19 August). Transport can be provided, participants will be offered snacks and written resources, and the group is free, fun, voluntary and completely confidential. For more information or to make a referral, please contact Sophie Morson on 3835 1499.

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Southside Anxiety Disorders Support Group

Anxiety disorders are serious mental illnesses that fill people's lives with overwhelming anxiety and fear. Anxiety disorders are chronic, relentless, and can grow progressively worse if not treated. Hence, the Southside Anxiety Disorders Group.

The group does encourage sufferers to seek diagnosis and treatment from a Health Professional, and used as adjunct therapy, our self-help support group can also assist most people with anxiety disorders to lead a productive, fulfilling life.

The Southside Anxiety Disorders Group is for the mutual support and release from isolation for us all. We endeavour to convey hope, strength and recovery. We conduct a relaxation session, an educational session which includes coping with anxiety using ongoing management techniques, but most importantly, interaction with other sufferers. Cost is by a \$3 donation at each meeting.

The Southside Anxiety Disorders Group hold their support group meetings on the 2nd & 4th Thursdays of each month. The group meets at the Mt Gravatt District Community Centre, for people who are suffering with panic and anxiety disorders. Partners and/or support persons are also encouraged to attend. Please phone Kevin on 0407 574739 or 3807 0228 (a/h)

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Facilitation Skills Workshops - a Great Success!

In our last newsletter, as a response to repeated requests, we advertised that SHQ would conduct a Facilitation Skills Workshop to assist facilitators of self help and support groups. We ended up with a "full house" and conducted two separate workshops; receiving excellent reviews and evaluations from the participants. Thanks to presenter, Thea Biesheuvel, for sharing her skills and vast experience in this area. Because of the success of the workshops we are exploring the possibility of holding another one later in the year. We would be pleased to hear from anyone interested in participating.

Below are comments and photo kindly provided to us by Donna Van Druten.



"Logan Community-Safe recently invited several of their Members to attend Self Help Queensland's *Facilitation Skills Workshop*. Facilitator for the Workshop, Thea Biesheuvel, delivered a full day of thought provoking and inspirational material to the group. The activities encouraged a great deal of discussion and input from the people attending with Logan Community-Safe. As Coordinator, it was an excellent opportunity for me to see my Members outside of our regular 'team environment'. The easy, friendly atmosphere invited everyone present to participate, and some wonderful contacts were made. I really appreciated seeing Logan Community-Safe Members networking and proudly promoting our organisation."

Anyone interested in participating in a future workshop is invited to call Trish at the Self Help Qld office Ph/Fax 07 3344 6919 or Email: qnosho@gil.com.au

Free Desktop Publishing For Groups

- *Salvation Army's Work for the Dole Community Marketing Project has dual purpose.*

Salvo's WFD Marketing, Calamvale, is offering a valuable service to community groups as well as to participants in the project.

The aim of the project is to provide assistance to community groups by designing and producing a brochure, handbill, flyer etc for groups to promote their services or special event and improve the participant's desktop publishing skills at the same time.

The service is free as it is done as a community service and to provide work experience for the participants. Participating groups will receive a draft copy of the promotional material. It is then up to the group to copy or mass produce the material if they desire (WFD only produces the original draft).

Groups are under no obligation to use the material. Please contact Salvo's WFD Marketing if you are interested in gaining assistance to promote your group. Any not for profit community group is welcome, and location is no barrier to eligibility.

For further information contact Bill Minniss, Supervisor. Ph: 0407 273 467

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Parents, Kids and Drugs (PKD Program)

The Parents, Kids and Drugs (PKD) program is a 5 week education and support program for parents concerned about the actual or suspected drug use of their son or daughter (up to the age of 25 years).

There are two programs running (at Mitchelton and Spring Hill) in Brisbane North the week starting June 16.

For more information, please contact Sophie Morson Ph: 3835 1499

Out of Hospital, Out of Mind

A damning report on the state of Australia's mental health services - Out of Hospital, Out of Mind - has just been released by the Mental Health Council of Australia and beyond-blue, the national depression initiative.

Key Findings:

- Mental illness accounts for 20% of the total burden of disease in Australia, but only 7% of the healthcare dollar goes to mental health. Other developed nations spend 10% - 14% on mental health.
- 62% of people with a mental illness do not access any kind of mental health care. Less than 1 in 6 people with depression or anxiety currently receive proper treatment.
- Most clinical care in mental health is being provided by general practitioners, who are poorly supported by specialist psychiatric care services.
- While mental health spending has increased over the last decade, there has been no increase in the proportion of total health expenditure devoted to mental health.
- Over two-thirds of the increase in Commonwealth spending on mental health has been accounted for by the increase in pharmaceutical costs - not by any expansion of mental health services.
- Current systems of care are under-resourced and overly focused on providing brief periods of medicalised care within acute care settings.
- There is ongoing abuse within hospital forms of care, and ongoing discrimination against people with a mental illness in the community.

Key Recommendations:

- Lift mental health expenditure to at least 12% of total health expenditure (i.e. an increase of 5%) within 5 years.
- Develop agreements between all heads of government to support and review mental health reform, with an annual reporting system on progress achieved.
- Establish a permanent independent commission to report on the progress of mental health reform in Australia, and

investigate evidence of ongoing abuse or neglect.

- Establish a national innovation and service development system with a \$100 million initial investment, followed by 5% of recurrent mental health expenditure per annum.

(Source: Qld Alliance Media Release 24 April 2003)

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Helpline 0800 Aliens

by Graham Johnson

You have reached the Mental Health Team
Would you like to hold the line
You can listen to the music
You are caller number nine

We are sorry for the short delay
We hope that you will wait
The doctors are all out to lunch
But you've moved to number eight

We've lost another customer
He's died and gone to heaven
But don't feel sad it's not so bad
You've climbed to number seven

Breathe in, breathe out and just stay calm
Your problems we can fix
We care you know so please don't go
You've moved to number six

You could try some gentle exercise
To make sure you're still alive
By the end of twenty press ups
You're sure to be at five

We know this phone queue makes you mad
You want to scream and roar
But just keep calm and you will find
You've moved again to four

It gets a little tricky now
Please don't go off your tree
But we've got a schizophrenic stuck
On numbers two and three

The waiting has been worth it
Don't touch that loaded gun
Don't lose it now, don't touch that dial
You're next - you're number one

Your patience is commendable
And I tell you this with sorrow
It's four o'clock we're closing now
Please call again tomorrow

(Graham is from Wellington and his poem was presented at an MHS Conference in NZ.)

Domestic Violence Court Assistance Network (DVCAN) 4th Conference

DVCAN provides court assistance and support primarily to women who are seeking protection orders. They monitor the impact of the DV legislation, provide input to legal reforms, liaise with the courts, the police and community to help clients access the legal system. DVCAN workers have rooms within the Magistrates Courts.

Conference highlights will be examining the impact of Domestic Violence on children, ATSI perspectives, the changed legislation (incorporating protection against date-rape and de-facto abuse) and generally new or emerging issues.

If you are working in this field, or police, disability sector workers, child protection workers, counsellors, solicitors, youth workers, aged care workers and Dept. of Justice or Family workers you will get a lot out of this conference.

Date: 17 June (Networking) Conference: 18 and 19 June
Time: 8.45 am to 5pm
Fax: 07 3392 0658
Email: Catherine_Hunt@fcl.fl.asn.au
Cost: \$40 per day (Earlybird 6 June)
Venue: Parliamentary Annexe, Parliament House, Brisbane.

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Kids' Brains

Survivors of Domestic Violence interested in the effects of divorce, abuse and separation on kids.

We've all heard about the 'Knowledge Nation', the 'Smart State', etc., mainly from our politicians. We, at the Survivors of Domestic Violence have often wondered if people know how many children are malnourished, impoverished, traumatised and abused.

We already know the effect of all these conditions on children's abilities to think, to learn and to form self-esteem. And still there seems to be no willingness to move beyond the crisis response and a research mode.

The School of Professional studies at Metropolitan State College of Denver is hosting its fourth annual **KIDS' BRAINS: Healthy Connections for the Future** conference next month. The conference is co-hosted by the Denver Mayor's Office and the Junior League of Denver. The author of *Scientists in the Crib*, Dr. Alison Gopnik will be a keynote speaker.

We can't travel to that conference, nor can we (seemingly) convince our mayors or Scouts or YMCA/YWCA to take on such weighty topics.

But we can do the next best thing. Send the web-site address to those who should be interested perhaps? www.kidsbrains.org If you'd like more international information you could e-mail fvconf@alliant.edu

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Protective Parents Association Speaks Out About Abused Children

"Thousands of children across Australia are currently forced to either visit or even reside with known child abusers. In cases of child sexual abuse it is even worse. These children are often forced to live with their abuser full time.

Both the Family Law Council Report (2002) titled 'Family Law and Child Protection' and the Family Court's Magellan Project (Brown et al. 1999, 2001) have recognised that children who are subject to serious abuse are NOT protected from continuing abuse in the current family law system.

The Protective Parents Association believes it is time to demand serious changes in order to protect children from sexual and other forms of abuse. The Association is calling for community help in their efforts to obtain justice for the abused children of Australia. A Family Court picket is being held on 18 June at 10am at North Quay. Alternatively, people are encouraged to write to their local, state and federal politicians to demand safety for children or to fax the Prime Minister on 02 6271 5414

For further information:

Tania: (07) 3345 2424 or 0412 195 338
Barb (07) 3391 2970



Diary Dates

12 - 15 June: 10th Annual Suicide Prevention Australia National Conference
Website: www.suicidepreventionaust.org
Venue: Brisbane Convention & Exhibition Centre

16 - 19 June: Domestic Violence Court Assistance Network 4th Conference
Email: Catherine_Hunt@fcl.fl.asn.au
Fax: 07 3392 0658
Venue: Brisbane

16 - 21 June: Crohn's & Colitis Awareness Week (Educational Meeting 18 June at Wesley Hospital Auditorium)
Contact: ACCAQ 07 5437 7662
Email: help@acqaq.org.au
URL: www.acqaq.org.au

26 - 27 June: Delivering Flexible Transport Conference - Showcasing the Way Forward
Enquiries QCOSS Ph 07 3832 1266
www.qcross.org.au
Venue: Mercure Hotel, Brisbane

30 June - 3 July: Winter School in the Sun
Annual intersectoral conference on alcohol, tobacco and other drug addictions. (A Program of the Alcohol and Drug Foundation - Queensland)
Ph: 07 3832 3798
Fax: 3832 5625
Email: winterschool@adfq.org
www.adfq.org
Venue: Carlton Crest Hotel, Brisbane

3 - 5 July: The 2nd International Inside Out Conference "Charting Uncertainty: Capital, Community and Citizenship"
www.uq.edu.au/insideout/
Venue: University of Queensland, Ipswich Campus

23 July: Day Workshop for Clinicians - "Indigenous Mental Health Problems" presented by Tracey Westerman, an expert in the area from WA.
Contact: Andrea Smith
Ph: 0404 460 641
Venue: Walkabout Creek, Brisbane

24 July: Social Justice Conference - "Is the Smart State a Just State? The Social Justice Challenge for Human Service Organisations" This conference is very suitable for people assisting in social welfare/social policy areas.

Enquiries: Kate Kunzelmann
Ph: 07 3512 9421 Mob: 0419 709 775
kkunzelmann@ucareqld.com.au
www.ucareqld.com.au/SocialJustice/socialjustice.html
Venue: Parliamentary Annexe, Brisbane.

22 August: Ways and Means to Reach to Teach Conference - *Removing the Barriers to Learning* for children with educational or behavioural difficulties including Attention Deficit Hyperactivity Disorder.
Presented by ADDISS (Attention Deficit Disorder Information & Support Services)
Enquiries: Jenny
Ph: 07 3855 3711
Fax: 07 3855 2811
Email: jenny@eventsolutions.com.au
Venue: Carlton Crest Hotel, Brisbane

12 - 14 September: International Conference on Trauma, Attachment and Dissociation
Phone: 03 9482 7668
Fax: 03 9482 7669
Email: info@delphicentre.com.au
Website: www.delphicentre.com.au
Venue: Grand Hyatt, Melbourne

13 September: Scleroderma 2003 Seminar
Phone: 07 3411 3558 or 07 3341 2167
Email: sclero@pacific.net.au
Venue: Griffith University, Brisbane

19 September: The Death of Older People: Providing Sensitive and Appropriate Care to Those Who Grieve
Freecall 1800 642 066 www.grief.org.au
Venue: Brisbane

26 - 28 September: Women in Prison Conference - State, National & International - presented by Sisters Inside Inc
Contact: Rebecca Baird
PO Box 3407, South Brisbane, Qld, 4101
Fax: 07 3844 2788
Email: admin@sistersinside.com.au

12 - 14 November: National Chronic Disease Self-Management Workshop
www.chronicdisease.health.gov.au
Venue: Melbourne