SELF HELP QUEENSLAND

December Newsletter Issue 4. 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

Sue Smyllie

Well another year, another successful AGM and another committee. I would like to congratulate our incoming committee...strangely they look a lot like the old committee, perhaps just a little wiser? Kim Summers remains secretary, Kathleen Zarubin is Treasurer and Thea Biesheuvel is a general member...so on to a new year!

At our first meeting as the incoming committee we decided on 2 major tasks for the coming year. One is to develop and distribute a self sustaining Directory of Self Help Groups. The other is to see if we can set up a sort of' Insurance Cooperative''. The cost of insurance has taken over the budgets of many small self help and incorporated organizations. We will consult with our insurance providers to see if we can set up a shared insurance process on a small scale. I know this was a bigger task than bigger fish were able to do but...nothing ventured, nothing gained.

We will be asking for your views and input on both these projects so I hope you'll be able to participate.

At the end of 2003 I'd like to thank the many people who have shared their stories with us this year. In our own very small way we try to participate in Government decision making and provide a conduit for views from our constituents.

My interest in and views concerning the Community Cabinet process continues. I would especially like to thank Val Dekker for sharing her story on interacting with a Community Cabinet process. Val's story, like my own, seems to indicate that Community Cabinets can be much like pond skippers...lots of scurrying about on the surface but little deep level change.

I would love to hear other stories which may show a different view!

Have a safe and peaceful celebratory season, talk to you next year

Sue

Win Your Group a Great Christmas Present

- it's easy!

- A Computer System courtesy of Green PC - details page 11
- "Grapple" - Coming to Grips with Mental Health CD Rom courtesy of Royal Flying Doctor Service - details page 7

Self Help Qld 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

Thanks to Queensland Health for providing funding to Self Help Qld for publication of the Self Help Qld quarterly 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 Brisbane family with a 13 year old son with XYY Syndrome would like to make contact with other Brisbane families who have experience of this condition.

A Brisbane family with a 23 year old daughter with Williams Syndrome would like to make contact with other families who may have a member with this condition - in Brisbane if possible.

A family in Western Australia is searching for other families who may have a member with a condition called Brachydacxtyly.

A Western Australian man would like to make contact with others living with a condition called Best's Disease or Vitelliform Macular Dystrophy (Degeneration)

To make confidential contact regarding the above, or for further information about Link Line, please call Trish at the Self Help Qld Office Phone/Fax (07) 3344 6919 or Email: qnosho@gil.com.au

Contents

New Category for Deductible Gift Recipient (DGR) Status

- "Health Promotion Charity"

Certain organisations can receive income tax deductible gifts. They are called DGR's, and the income tax law determines which organisations and types of organisations can qualify.

The ATO has a list of categories that determine eligibility. A relatively new category added to the ATO list is "Health Promotion Charity" (Number 1.1.6)

Below are some characteristics and a checklist for the "Health Promotion Charity" category for which some SHQ member organisations may now be eligible.

"A health promotion charity is a non-profit institution whose principal activity is promoting the prevention or control of diseases in human beings.

The characteristics of a health promotion charity are:

- Its principal activity is promoting the prevention or control of diseases in human beings
- It is a charity which is a charitable institution

The diseases in human beings are:

'any physical or mental ailment, disorder, defect or morbid condition whether of sudden onset or gradual development and whether of genetic or other origin.'

Examples of diseases include asthma, cancer, acquired immune deficiency syndrome, arthritis, heart conditions, brain conditions, paraplegia and kidney conditions.

Examples of control or prevention include:

- Providing various forms of relief to individuals suffering from a particular disease and their carers, including but not limited to any activity which enhances the support and quality of life for people with the symptoms of the disease and their carers.
- Providing broad based education to individuals suffering from a disease
- Providing broad based education to carers and service providers including health care workers and other organisations to enable them to appropriately support individuals suffering from a disease
- Engaging in medical research into the causes, prevention and treatment of a disease.
- Engaging in activities to raise community awareness of a disease and other similar diseases.

Checklist - are we a health promotion charity?

- What is the principal activity of the organisation
- How does the organisation's principal activity promote the prevention or control of diseases in humans?
- What is the disease in human beings?
- Is the organisation an entity (a corporation, unincorporated association, trust or partnership, etc)?
- Is the entity non-profit? This means that it is not carried on for the profit or gain of an entity's owners, members or other private persons.
- Is it able to demonstrate from its constituent or governing documents and its activities that it is carried on for the public benefit.
- Does it have purposes that are charitable with the legal sense of that term?
- Does it have a sole or dominant purpose that is charitable?
- Is the entity an institution and not a mere fund?

For more info phone ATO 1300 130 248

(Source: www.ato.gov.au)

Self Help Queensland Office Closure

Traditionally, the SHQ office closes for the Christmas/ New Year Break. This year the office will be closed from 24 December and will reopen on Monday 12 January 2004.

A message can be left on the answering machine and will be returned as soon as possible when the office reopens. Best wishes for the holiday season to all - from everyone at Self Help Queensland.

Genetic Matters

Kim Summers PhD

Connective Tissue Issues

A number of genetic conditions are said to be *connective tissue diseases*. Connective tissue is one of four types of tissue which make up our organs. (The others are epithelial tissue, muscle tissue and nervous tissue.) Connective tissue can be thought of as the glue which holds our organs together. It is responsible for cushioning and supporting the other tissues and gives the body shape and structure. It also allows organs such as the lungs, heart and arteries to undergo continual stretching and contracting.

Connective tissue lets cells communicate with each other and provides nutrition for the tissues it is in contact with. Finally, connective tissue is the main site of inflammation.

Connective tissue consists of:

- Special cells called fibroblasts which make the components of the connective tissue;
- Fibres consisting of proteins which provide strength and elasticity where needed;
- Ground substance which is usually a viscous fluid and contains various molecules;
- Cells involved in immune responses.

The fibres plus ground substance are called the extracellular matrix. Proteins include collagen which provides strength to the tissues, elastin and fibrillin which make up the microfibrils which give elasticity, fibronectin which is a linker molecule, growth factors like TGFß which regulate cell division as well as proteins forming the ground substance.

The connective tissue is slightly different in each tissue and organ. Some molecules are found in all connective tissue in varying amounts but some are only in specific tissues.

This is why connective tissue conditions have some similarities to each other but are all subtly different, depending on the molecule(s) affected. Most involve a number of organs which seem to be unrelated to each other.

There may be an abnormality or deficiency of an essential molecule. Faulty interactions between molecules may cause disease. Inappropriate activity of the cells of the connective tissue (for example inflammatory cells of the immune system) may be responsible for disease. Environmental factors may also play a role, for example diet or exposure to infections, chemicals or radiation.

One subset of connective tissue conditions involves abnormalities of genes which carry the instructions for making the extracellular matrix proteins. There are more than 200 of these heritable or genetic connective tissue disorders. Most are inherited in an autosomal dominant fashion (that is, an affected person has a 50% chance of passing the condition on to each child). Some cases may be the result of a new mutation, a DNA alteration which occurred in the egg or sperm which fused to become the affected person. Examples of genetic connective tissue conditions are given below.

- **Osteogenesis imperfecta.** There are a number of forms of this condition. Bones are brittle and fractures may occur before birth, reduced stature, hearing problems. Some forms are caused by a defect in genes coding for collagen molecules (type 1A1 or type 1A2).

- **Stickler syndrome.** This may be caused by a defect in genes coding for collagen type 2A1 or collagen type 11A2. Problems can occur in the eyes, hearing, heart and bones.

- **Ehlers Danlos syndrome.** There are many types of EDS. A severe form is EDS type I which is associated with gastrointestinal, skeletal and other abnormalities. It can be caused by a defect in collagen type V or collagen type 1A1. EDS type IV is associated with rupture of hollow organs such as bowel and uterus and is caused by a defect in collagen type 3A1. (Continued on Page 5)

(Continued from Page 4)

- **Marfan syndrome.** This results from mutations in a gene coding for fibrillin which leads to overgrowth of long bones, and problems with eyes, aorta and other tissues.

- **Supravalvular aortic stenosis.** This condition results from absence or abnormality of elastin. The aorta is narrowed just after it leaves the heart. It is common in **Williams syndrome** where there is a deletion of chromosome material leading to abnormalities in additional proteins. The symptoms of Williams syndrome affect many organs in addition to the aorta.

- **Homocystinuria.** In this condition, the body is unable to make the amino acid cysteine. Homocystine accumulates in the blood. Symptoms can be similar to Marfan syndrome but arise because of the absence of cysteine and toxic effects of the high level of homocystine.

- **Pseudoxanthoma elasticum.** This involves eye, cardiovascular, gastrointestinal and skeletal problems. The condition can result from an abnormality of the ABCC6 protein which may be responsible for transporting the components necessary to synthesise the extracellular matrix.

The overlap in symptoms sometimes makes it difficult to work out which connective tissue condition a person is suffering from. This is particularly true when the person has mild manifestations which could come from any of a number of known diseases. Where there is a family history of a particular condition, people with mild signs and symptoms probably have the same genetic mutation which for some reason is producing variable effects within the family. Where there is no family history it can be difficult to determine which condition is present and these people may be told they have a non-specific connective tissue disease.

There are many other conditions which affect the connective tissue including rheumatoid conditions such as scleroderma and systemic lupus erythmatosis. These may run in families but as yet we do not know which genes are involved in making people susceptible. The environment also probably plays a role in the development and severity of symptoms.

Connective tissue diseases affect a large number of people. Their effects can range from mildly inconvenient to life-threatening, even within the same family, and this means that genetic counselling can be difficult. There is world wide interest and extensive research into the components of the connective tissue, which should lead to suggestions for therapy over the next few decades.

Support groups exist for some of these conditions.

Marfan Association Australia, Queensland Branch
Stickler Syndrome Australia Support Service
National Association for Pseudoxanthoma elasticum (NAPE)
Scleroderma Association of Qld Inc
Lupus Australia Qld Inc

Useful website for hereditary connective tissue conditions:
http://www.niams.nih.gov/hi/topics/connective/connective.htm

Figures :
Connective tissue in Marfan syndrome.

Figure 1

Figure 1 shows cultured skin fibroblasts and extracellular matrix from an unaffected person. The cells have been stained for the protein fibrillin which forms the long string-like fibres.

Figure 2

Figure 2 shows cultured skin fibroblasts and extracellular matrix from a person with severe Marfan syndrome. The fibrillin no longer forms neat fibres and much of the fibrillin is retained within the cells instead of being secreted into the matrix area.

Fibrillin staining and photography performed by Dr M Nataatmadja, Department of Medicine, The University of Queensland.

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Win "Grapple" for your Group


The Royal Flying Doctor Service of Australia (Queensland Section) is giving three lucky Self Help Queensland newsletter readers the opportunity to win a copy of its latest mental health CD-ROM for their organisation. The CD ROM entitled 'Grapple' is a unique learning experience for people who wish to know more about mental health or for those who have been touched by the experience of mental health problems or disorders. (See flyer included with this edition)

All you need to do is write in your own words describing why this CD-ROM would benefit you and your organisation.

Post your entry to Grapple Competition, Self Help Queensland, PO Box 353, Sunnybank 4109 or email qnosho@gil.com.au by Friday 16 January 2004. Please include your Group's name, contact person, address, phone, email.

The SHQ management committee will choose the winning entry. The judges' decision will be final and no correspondence will be entered into. The lucky winners will be notified, and announced in the March edition of the SHQ newsletter.

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Families Department Assists Foster Carers to Join Support Groups

Under Child Related Costs foster carers are able to apply for the payment of fees related to subscriptions and membership fees for medical and support organisations relevant to the care of the children and young people they care for. To be eligible a child or young person must be subject to a protection order.

This means that if you are caring for a child or young person that has a particular medical illness or a physical, behavioural or mental condition or daily care issue (eg: special dietary needs) and there is an organisation or support group for this, your membership or subscription fees can be paid by the Queensland Department of Families.

In the first instance, it is always advisable to discuss this with your Family Services Officer or the Alternate Care Worker in your local Department of Families area office before joining. If there is any difficulty with this, please feel free to contact Foster Care Queensland on 3857 3753 for assistance.

Editor's Comment: *"Self Help Queensland congratulates the Families Department on recognising the valuable contribution made by self help and support groups in improving people's health and well being. Hopefully the innovators in the Department will extend this initiative to other sections of the community."*

Pulmonary Rehabilitation - why do it?

The primary aim of pulmonary rehabilitation is to reduce disability and handicap of persons with chronic lung diseases, and thereby restore them to the highest possible level of independent functioning. Despite well documented benefits of Pulmonary, fewer than 1% of Australians with moderate to severe COPD are receiving pulmonary rehabilitation per annum.

Benefits from PR documented in randomised controlled trials and other research include:

- Better exercise capacity and endurance
- Reduced perceived level of breathlessness
- Increased knowledge about respiratory disease and management
- Reduced hospitalisation rate and days per admission
- Enhanced mood, reduced anxiety, reduced depression
- Enhanced ability to perform activities of daily living
- Improved strength
- Extended survival

(LungNet News Oct 03)

The Thoracic Society of Australia & New Zealand and the Australian Lung Foundation recommend PR Programs in their management guidelines for COPD.

PR Programs are generally run by Hospitals and Community Health Centres, and are currently available in South East Qld, Gympie, Bundaberg and Townsville. For Program information call 1800 654 301

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Some Thoughts on Religion, Spirituality and Loss

By Dr Judith Murray
Director, Loss and Grief Unit

In considering issues of loss in different cultural settings, it is impossible not to take into account the spirituality of different cultures. One of the more obvious losses are those that involve death and bereavement and that ultimately involve the questions of what happens after death, the bonds with the deceased and one's reason for living. As well as death, the healing of other losses can confront people with the need to find meaning as to the cause of the loss or the consequences of the event. 'Why?' is sometimes one of the most common painful questions asked by those faced with loss. What is the meaning of suffering? What is the purpose of this event in my life? Does it have a purpose?

These 'big questions' of life and loss are often those that man has addressed within his spiritual beliefs. Hence understanding the spiritual beliefs of a person facing loss can be an integral part of being able to provide effective care. Of course it must be remembered that the struggle to deal with these issues that accompany loss in western cultures may not be reflected in other societies. This can be related to the fact that in developed, more materially comfortable countries, where longevity is the norm, people feel more control over their future. Assumptions about personal control can be severely threatened by loss and people are forced to review their basic beliefs about their power over their own life. Hence at times of loss these big questions of life can arise. And it can be a sign of luxury to have the time and resources to question and contemplate these issues!! In other societies where poverty, violence and death are parts of the lives of everyday people, there may not be the luxury to have ever felt control. Hence spiritual beliefs may be less questioned as they form the basis on which people just keep going on with life.

Most commonly we interchange the words 'spirituality' and ' religion'. Yet, many with no strong religious affiliations will confront spiritual issues as they struggle to deal with their loss.

What is spirituality? What is religion?

"We have a God-shaped hole in the human consciousness where God had always been." Jean Paul Satre

McCullough & Sandage (1996) made a distinction between being religious and being spiritual.

* 'Religious' applies to any organized religion and concerns beliefs (statements consistent with an espoused religious position) and religious values (statements consistent with what is considered by that tradition to be important in life).
* 'Spiritual' refers to believing in, valuing, or being devoted to some power higher than what exists in the physical world

Aldridge (1993) examined the definitions of spirituality used within medical literature. He found 13 definitions. However, there were some commonalties in definitions. He found that all cited, mentioned or alluded to the following elements:

* The need to transcend or rise above everyday material or sensory experience
* One's relationship to God or some other higher universal power, force, or energy
* The search for greater meaning, purpose and direction in living
* Healing by means of non-physical kinds of intervention (e.g., prayer, meditation, religious belief.)

With spirituality having such elements, we see that various religious traditions are different manifestations of human spirituality. According to these definitions, people can be both religious and spiritual. Religious and spiritual people are often the mainstays of established religious traditions. However, people can also be spiritual, yet not religious in terms of relating to a specific religious tradition. Similarly, people can be religious yet not very spiritual: 'going through the motion' of religion.

In fact, religion can be an organizing element, an identifiable marker of many cultures; yet, the majority of the population may not be spiritual. Rather, certain subgroups within the culture or ethnic identity may be defined in terms of their religion. At times there is little separation between the state and religion. Religious leaders are also political leaders. (Continued page 9)

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Hence, irrespective of their personal spiritual beliefs, people of that society will claim membership of a particular religion out of a desire to gain power or protect themselves from discrimination. However, the behaviour of people who adhere to a particular religion on the basis of a cultural or ethnic tradition may be inconsistent with the spiritual values of that tradition. For example, consider the confusion of the non-religious world in seeing people who define themselves as Christians being involved in the Holocaust in WWIII or Muslims and Christians killing each other; acts against the basic tenets of their religions, which value compassion and self-sacrifice.

Religion, spirituality and loss

Spiritual beliefs often help people make sense of certain aspects of life such as:

* How did we get here?
* How did the world come to be?
* What happens after death?
* What is the cause of suffering?
* What is the way of dealing with suffering?
* What is the reason for life events?
* What is my role in life and the community?

For many people around the world, answers to these spiritual questions, while intensely personal, are informed by, or provided by, the religious tradition to which they belong. Hence many of the religions of the world have been the systems of thought and belief around which people have organized their rituals and reactions to situations of loss. Consequently, while recognizing the very personal and individual nature of spiritual beliefs, we will consider more closely in this section the different ways in which religious traditions have viewed loss. Of course it will be impossible to make any detailed statements concerning each religious tradition. Hence we will make a few general comments and encourage you to read some more detailed discussion from material offered by the official religious organizations.

In its broadest terms, religions of the world can be broken down into two categories of influence - western and eastern. Ridenour (1979) argues that:

"Western thought began in ancient Greece where men like Socrates, Plato and Aristotle saw that the universe had a plan and purpose. To these early Greek ideas, Judaism and Christianity added the teachings of the Bible, which explained that this plan and purpose reflected the nature of a rational and energetic God who created the universe. Because Western man believed this explanation, modern science was born. In other words Western man became scientific because he was sure he could find law in nature...Things developed differently in the East. The typical Eastern man (the man of China, India, South East Asia) looks at the universe much differently. His religions teach him that all things that exist in the universe, including himself, are of no importance because they are temporary. He believes that the only important thing is the realm that exists out of and beyond this world, He wants to reach this realm, and he thinks that he can reach it only by completely denying the world around him."

If we consider this one stark difference in the essence of spiritual belief, then we begin to see where there can be very different interpretations of, and reactions to, loss depending on the spiritual beliefs of people and the predominant beliefs upheld within the cultural setting. If there is little value placed on status or control in this world but only concentration in a reality beyond, many of the strains associated with a loss of control felt by many in western cultures may not serve to complicate the mourning of those in other cultures. Similarly, the manner in which the losses are viewed by others in the community may be very different if what is of this world including this earthly life is seen as of little real value. Such a belief is also held by many followers of both eastern and western religions.

An except from GHSP7125 "Loss and Culture" - A course from UQ's Graduate Health Studies Program (www.sph.uq.edu.au/ghsp/students/LossGrief.html)

Social Isolation & Older People

Although the majority of older people are socially connected, there are some risk factors that occur later in life more than at other times that can lead to the person experiencing social isolation. Social interaction decreases for a number of reasons, including outliving relatives and friends, physical health and mobility problems, transport difficulties. The terms loneliness and social isolation are often used interchangeably but are, in fact, separate (but linked) concepts. Isolation has to do with the size of a person's social networks while loneliness refers to how they feel about the level and quality of their social contact. Generally, older people respond to a narrowing of their social network with varying levels of dissatisfaction; the more dissatisfied they are the more lonely they feel.

Australian studies have found that around 10% of older people are socially isolated and a further 12% are at risk of social isolation. Many of the causal factors are hard for individuals to address and designing effective interventions to address the problem is difficult. Whilst predictors and explanations for social isolation are becoming better understood the evidence base for effective responses is not well documented. To this end, then, the Queensland Ministerial Advisory Council for Older Persons and the Seniors Interest Unit, Qld Department of Families, are currently leading a cross government project that aims to identify good practice models in the reduction of social isolation of older people.

Social isolation and loneliness are associated with a variety of factors, including demographic characteristics, and a range of different sets of health, material and social resources. Many of these individual variables are linked. Vulnerability to loneliness is associated with poor mental health, low ratings for current health and expected health in later life.

This very significant relationship between social isolation, loneliness, health and well-being is well-documented. Studies in the United States, Scandinavia and Japan have shown that people who are socially disconnected are between two and five times more likely to die from all causes compared with matched individuals who have close ties with community and are members of community-controlled groups. Furthermore, social isolation is a " chronically stressful condition to which the organism responds by ageing faster".

Professor Len Syme of the University of California, Berkely, is one of the pioneers of the research about the links between social support and mortality. He believes that the importance of social support relates to the way such support helps people to control their lives, ie advice and support from others helps us to negotiate life's challenges. Having confidence and social support and knowing that we can work something out are the crucial factors in dealing with life's problems and having good mental health.

(From "Staying Nifty Beyond the Age of Fifty: Promoting Safe and Confident Living for Brisbane Seniors" by Diana East, Council on the Ageing Qld Inc.)

New Consumer Participation in Primary Care Training Resource

A new free resource is available to help run training in consumer participation for consumers and service staff. The Consumer Participation in Primary Care Training Resource includes a guide and four modules:

Module A - Perspectives and methods of consumer participation

Module B - Consumer participation and organisational changes: issues for staff

Module C - Consumer participation: seeing the health system through the consumer lens

Module D - Consumer participation in action

Each module contains notes for trainers, PowerPoint slides and handouts for participants. The National Resource Centre for Consumer Participation in Health developed the Consumer Participation in Primary Care Training Resource in consultation with consumer experts, primary care experts and academics.
Call 1800 625 61
Download the Training Resource:
www.particpateinhealth.org.au/train

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New Ways To Source Help For Your Group

- and you don't need to be a rocket scientist to do it!

Does your group need help starting a new and exciting venture, changing your legal structure, organising your finances, developing a website or running an awareness raising campaign etc?

Many groups find it difficult to attract funding to undertake worthwhile projects or purchase equipment, but often what they really need is someone with particular expertise or contacts to help. One alternative is to develop partnerships with business people who are willing to contribute their time and talents for free.

There are a number of programs and organisations that assist in linking community organisations and businesses. They can be accessed via user friendly internet websites, are open to both small and large groups and you don't need to have university degrees or vast business experience to participate. Small groups with just a germ of an idea can turn it into a successful project with the right kind of assistance from a willing partner.

Some options are Social Ventures Australia (www.socialventures.com.au), the community and business partnerships brokerage service run by Our Community (www.ourcommunity.com.au) and, for groups in Brisbane, the "Brisbane Serves, Brisbane Gives" program in the community section of ourbrisbane.com.

Tours for People with a Disability

Are you thinking about a holiday and don't know who runs tours and holidays for people with disability? Then contact IDEAS Inc and an experienced Information Officer can give you contact details of tour operators / travel agents, so that you can start planning your trip away....

IDEAS Inc can supply information to you from 8.30am - 8pm Monday to Friday. Call toll free 1800 029 904.

Win Your Group A Computer System From Green PC

Green PC refurbishes computers from government and business and makes them available to people and groups who may not be able to afford a computer package. Green PC is a program of Infoxchange Australia who are a not for profit social enterprise committed to social justice through technology. They offer low cost, internet ready computers (both desk top and lap top) priced from $250 to $650. As a special offer, all computers purchased before the end of January 2004 will receive three months free internet access. For more information refer to the enclosed flyer or go to the website www.greenpc.com.au

This offer is available to people throughout Queensland and your computer will be delivered by TNT at very reasonable rates.

Your group has an opportunity to win a Pentium III 667 computer with Windows 98, operating system, software, CD Rom, 17" monitor, internal modem and three months internet access. This system is valued at $650.

In 25 words or less tell us how your group would benefit from having a computer with access to the internet. Post your entry to Green PC Computer Competition, Self Help Queensland, P O Box 353, Sunnybank 4109 or email qnosho@gil.com.au by Friday 16 January 2004. Please include your Group's name, contact person, address, phone, email.

The SHQ management committee will choose the winning entry. The judges' decision will be final and no correspondence will be entered into. The lucky winner will be notified, and announced in the March edition of the SHQ newsletter.

Tell us about Your Group

If you belong to a self help or support group we would love to hear about it so we can let others know. Please contact SHQ on Ph: 07 3344 6919 or qnosho@gil.com.au

How Mental Health Support Groups Assist Recovery

- By Diana East

Recovery from mental illness is a journey as much as a destination and is different for everyone. It happens when people can live well in the presence or absence of their mental illness and the many losses (eg isolation, poverty, unemployment, discrimination) that may occur as a result. Recovery does not always mean that people will return to full health or retrieve all their losses. But it does mean that people can live well in spite of them.

Recovery requires an environment where people are not isolated from their communities, where they have access to choices, where they are provided with hope of getting better. Whilst historically mental health services have failed to use a recovery approach, support groups have provided, and will continue to provide, the type of environment essential for recovery to be assisted. Thus support groups are very clear examples of the current evolution in thinking which has occurred in the mental health sector and which now emphasises a recovery approach in the design and delivery of services.

Seeking and providing mutual assistance through self-help/mutual support groups seems to be an attractive option for many people but, in the mental health field in Queensland, there appears to be little official interest in supporting such activities. To date, there has been an inadequate exchange of information about the value of such groups and ways to support their development and sustainability. Far more recognition needs to be given to the fact that these groups reflect a recovery approach and are, therefore, at the cutting edge of the current shift in thinking that is happening throughout the sector about mental health service delivery.

From: "Learning, Loving and Living: How Self Help Groups Assist Recovery" by Diana East.

(Article published in Spring 2003 edition of Balance)

New Research on Treatment for Depression

Transcranial Magnetic Stimulation

Melbourne research into a new procedure for treating depression is proving to be an effective alternative when other methods are not successful.

For many years ECT (Electroconvulsive Therapy) has been considered the last resort for those who do not respond to medication or psychological counselling.

Recently the ABC program *Catalyst* reported on the work of Dr Paul Fitzgerald and his Melbourne team on the use of transcranial magnetic Stimulation (TMS) a technique used to stimulate areas of the brain using a magnetic field.

The procedure involves placing a coil over a person's head through which an electric current flows to generate a magnetic field. The magnetic field painlessly stimulates cells that lie below the area of the coil.

Although ECT helps many patients, TMS does not require a general anaesthetic and is more acceptable to patients.

TMS is a potential treatment for depression, auditory hallucinations or negative symptoms associated with schizophrenia. It is not known exactly how it works, but it is thought that the magnetic pulses actually induce the nerves in the brain to fire.

There is a type of TMS that increases brain activity and one which decreases it; whichever is appropriate to correct an imbalance in the activity on the two sides of the brain.

Dr Fitzgerald says the response from patients convinced the researchers that this project is worth pursuing. It is now a matter of refining treatment and ensuring a method of delivering TMS in an effective way for the greatest number of patients.

For people wanting information:
Tim Brown
Alfred Psychiatry Research Centre
Alfred Hospital, MELBOURNE
Phone: 03 9276 6596

Source: ARAFMI News Edition 89, Nov 2003/Jan 2004

Feedback Sheets

After every flight, pilots fill out a form called a feedback sheet, which conveys to the mechanics problems encountered with the aircraft during the flight that need repair or correction. The mechanics read and correct the problem, and then respond in writing on the lower half of the form what remedial action was taken, and the pilot reviews the feedback sheets before the next flight. Never let it be said that ground crews and engineers lack a sense of humour.

Here are some actual logged maintenance complaints and problems as submitted by Qantas pilots and the solution by maintenance engineers. By the way, Qantas is the only major airline that has never had an accident.

P = The problem logged by the pilot.
S = The solution and action taken by the en gineers.

P: Left inside main tyre almost needs replacement.
S: Almost replaced left inside main tyre.

P: Test flight OK, except auto-land very rough.
S: Auto-land not installed on this aircraft.

P: Something loose in cockpit.
S: Something tightened in cockpit.

P: Dead bugs on windshield.
S: Live bugs on backorder.

P: Autopilot in altitude-hold mode produces a 200 feet per minute descent.
S: Cannot reproduce problem on ground.

P: Evidence of leak on right main landing gear.
S: Evidence removed.

P: DME volume unbelievably loud.
S: DME volume set to more believable level.

P: Friction locks cause throttle levers to stick.
S: That's what they're there for.

P: IFF inoperative.
S: IFF always inoperative in OFF mode.

P: Suspected crack in windshield.
S: Suspect you're right.

P: Number 3 engine missing.
S: Engine found on right wing after brief search.

P: Aircraft handles funny.
S: Aircraft warned to straighten up, fly right, and be serious.

P: Target radar hums.
S: Reprogrammed target radar with lyrics.

P: Mouse in cockpit.
S: Cat installed.

P: Noise coming from under instrument panel. Sounds like a hobbitt pounding on something with a hammer.
S: Took hammer away from Malcolm.

(Thanks to Loss and Grief Unit Newsletter No. 9 Dec 03)

Consumer Adverse Medicines Events Phone Line

The Australian Council for Quality and Safety in Health Care launched Australia's first Consumer Adverse Medicines Events Phone Line on 19 October 2003. The phone-in service is available for members of the general public who suspect they have experienced an adverse medicine event.

The purpose of this 18 month trial is to:

- Provide advice to consumers on their suspected adverse medicine event
- Record all confirmed adverse medicine events and report all adverse drug reactions to the Adverse Drug Reactions Advisory Committee and the remaining adverse medicine events to the Australian Council for Safety and Quality in health Care.

The purpose of this reporting is to provide opportunities for the appropriate authorities to feedback information to health professionals of common medication dangers and provide advice to health professionals on reducing the medication hazards.

The Consumer Adverse Medicines Events Phone Line can be reached on 1300 134 237 between 9am and 6pm

(Health Issues Centre Email Bulletin Dec 2003)

Diary Dates

27 December 2003 - 1 January 2004
Woodford Folk Festival
Ph: 5496 1066
Email: qff@woodfordfolkfestival.com
URL: www.woodfordfolkfestival.com

February 2004 - National Indigenous Domestic Violence Conference "No Fear Within Our Family"
Phone: 07 5471 3161 or Email: indigenousconventions@bigpond.com

27 - 30 June 2004 Inaugural World Congress on Chromosome Abnormalities
Attendance is open to all families affected by a chromosome disorder, interested individuals and medical professionals. Three streams of presentations will include family topics, maintaining genetic support groups, research and scientific presentations. Online registration and abstract submissions will open March 1, 2004.
For more information:
www.chromosome18.org/worldcongress
Email: office@chromosome18.org
or
The Chromosome 18 Registry & Research Society (Aust) Phone: (02) 9580-5707

9 - 11 July 2004 - 5th International Mental Health Conference "Mental Health in Older People".
Ph: (61 7) 5577 3397 Fax: 07 5577 3766
Email: mailto:meetings@gcimh.com.au
URL: www.gcimh.com.au
Venue: Gold Coast International Hotel

Possibility of New Support Group

- for women who have not been able to have their own biological children.

An Ipswich lady would like to set up a support group for women who have not been able to have their own biological children, have been there and done that with IVF etc, have been unsuccessful with adoption, and are ready to try now to move on with life. For further information please contact Veronica:
veronath@optusnet.com.au

Free Telstra MessageBox Program

- a helpful service for those who cannot maintain adequate access to a fixed or mobile telephone service.

Telstra has been working with community organisations to provide ways for people on low incomes and those facing financial hardship to maintain contact with friends and family and remain contactable for employment, emergency or medical needs.

One of the new initiatives under this "Access for Everyone" program is a messaging service called Telstra MessageBox which has been designed particularly for people who are homeless and on low incomes and who cannot maintain adequate access to a fixed or mobile telephone service. It enables people to set up their own personal message service so that friends, relatives, employers, social workers, carers, real estate agents etc. can leave messages for them, which they can then retrieve for free no matter where they are in Australia when they access the service from most Telstra home, business or Telstra public Payphone services.

Telstra MessageBox consists of a pocket-size card, which contains a unique MessageBox number and PIN. As well, a number of "business cards" are included, on which customers can write their "number" and distribute to people they wish to be able to call them. To leave a message people call 0417 777 555 and enter the person's MessageBox number. To retrieve messages, the customer calls 1800 777 555 and enters their MessageBox number and PIN.

MessageBox services are being provided through a range of Supported Accommodation Assistance Program (SAAP) agencies, Job Network agencies, Personal Support Program (PSP) agencies, Domestic Violence (DV) agencies and other agencies that provide or refer people to emergency or crisis accommodation.

Telstra is keen to hear from agencies that are in contact with homeless people and who would like to offer MessageBox to their clients. To become a program agency (no agency fee) please contact Telstra Consumer Affairs on Tel: 1800 804 591 email: consumer.relations@team.telstra.com

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