



Newsletter June Quarter Issue 2. 2011



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Self Help Queensland Inc 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

Hello everyone

As you probably will have gathered by now, we, at SHQ, are very committed to building up a 'network' of organisations of non-government (NGOs) and not-for-profit (NFPs), so that we can better present the health and economic benefits of this volunteer 'sector' of our economy.

The Productivity Commission, when it had done its research published results that were astonishing. Well, not to you and me, perhaps. We know how much we all depend on volunteer workers. We contribute \$43billion in services as well as unpaid labour to our economy, they say.

Most of us don't get much help or support for our services, except for the trickle of grants for which we need to keep applying.

So – why are our voluntary labours continuing?

There have been suggestions, of late, that to become a volunteer can be a stepping stone to employment. This is especially so when Centrelink allocates benefits to those who perform specified hours of community work. Such community service is seen as a good preparation for stepping up to part-time or full-time work, which is perhaps what the volunteer prizes most.

What does this do to the organisation that has such volunteers?

It becomes a training ground and preparation for 'real' work.

Others in the organisation need to train the new arrivals and set the standards of behaviour expected in any workforce, whether paid or unpaid.

Those working to fulfil their Centrelink obligations are therefore not volunteers in the real sense of the word, as they do get some payment for their labours.

It has also been suggested that over the ages, a sense of 'giving back' to the community, via our NGOs, is the true meaning of Philanthropy.

Sure, there are those who can afford to give their money, their

(Continued on Page 3)



Thea Biesheuvel

Self Help Queensland Management Committee Members

President	Thea Biesheuvel
Secretary	Joe Soda
Treasurer	Chris Spriggs
Members	Casey Barber Cathy Wu Clemencia Naranjo

Committee Meetings

If you would like to attend our meetings, please contact us for dates and times. Everyone is welcome to attend.

SHQ Staff

Co-ordinator

Trish Fallon

Project Officer - Mental Health

Gina Jacobsen

Project Officer - General

Mosmin Marediya

Administration Officer

Janette Evans

BOCDSG Co-ordinator

Pat Minnaar

Office

The office is attended Monday to Friday, 9am to 4.30pm. However, staff are sometimes required to liaise with groups or attend meetings away from the office.

If you wish to call in to use the office facilities or talk to the project officer, please phone first to ensure that someone will be available to meet with you.

Office Location:

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

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Thanks to Queensland Health for providing funding to Self Help Queensland to help carry out its activities, and for supporting the publication of this quarterly Newsletter.



Disclaimer

The views expressed in this publication are those of the individual authors and not necessarily those of Self Help Qld

The material supplied is for information purposes only, and is not to be used for diagnosis/treatment, or as legal, tax, accounting or any other type of advice. Self Help Qld reserves the right to edit contributed articles.

SHQ Undergoing Significant Organisational Change

SHQ is currently working towards achieving the Standards for Community Services.

A contractor has been employed to help us with this process, and we have been working together since April 2011.

It is a lengthy, sometimes difficult and often dry experience, but it will be well worth it in the long run. SHQ is aiming for continuous improvement, and this is part of our strategy.

We are building a comprehensive Policies and Procedures Manual, and all staff and management will undergo training.

The manual will be available for viewing in the SHQ office, and consumer policies uploaded to www.selfhelpqld.org.au

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Thank you to all our current funding bodies - Qld Health, Dept Communities (Mental Health Branch), Brisbane City Council.

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famous name or their organisation's sponsorship to our endeavours. The Australian Tax Office, (ATO), gives tax 'breaks' to donors, especially if they donate to a registered 'charitable recipient'.

The dictionary definition of Philanthropy explains that this is:-

- 1 The practice of doing good to one's fellow men; and
- 2 Love of mankind

What does philanthropy (in its present form), do for the organisation? I'll leave you to draw your own conclusions.

So – why do we do it?

Is it that we know that our community needs these services and others don't know it?

How could we let others know?

It has also been suggested that we enjoy the challenge. Yes – enjoy.

It is hard to remember that we do enjoy the work when everything seems to be so hard and our organisation has to fight for recognition (and money). We enjoy the fellowship that builds up while united in this work. We feel useful and appreciated.

Do you know that this is the component that has the most benefits for us as volunteers? The work exercises our brains, gets us out of the house, gives us a group to which to belong, makes us feel useful and has obvious benefits to others. This will result in improvements to our own quality of life too.

I'd love this message to be widely spread throughout the community. Will you help explain it to others?

There are a number of organised activities that could do that but it only takes 2 minutes to explain this at your next morning tea, church fete, yoga class, stitching workshop or whatever it is you do.

You might end up with some really good volunteers. Without them our services would contract not expand. That would be a shame, wouldn't it?

Regards
Thea



Clarification of March 2011 Newsletter Article

In the March 2011 edition of the SHQ newsletter we published a poem entitled "I Can't Take It" by an anonymous support group member.

Unfortunately, the editor's note at the bottom of the poem moved during the layout process and became invisible to the reader.

After receiving feedback from a group concerned about the well being of the author, we would like to advise that while the poem was written during a period of ill health, the author is now doing very well thanks to support received through a self help group.

Thank You Councillor Steven Huang

Welcome to our new Councillor for MacGregor Ward, Steven Huang, who also happens to be Self Help Queensland's next door neighbour in Lister Street, Sunnybank. We have been fortunate to receive Councillor Huang's endorsement for the purchase of a new photocopier through BCC.



Thank you Steven! We are really looking forward to having a live photocopier rather than a dead one in the SHQ office!

Do You or Anyone You Know Have Prolonged QT Syndrome? (Long QT, LQTS)

Would you Like to Know About a New Support Group?

There is currently no known support group for people living with Prolonged QT Syndrome in Australia.

Thelma is a Queenslander who has identified the need for such a group, having spoken with others with the syndrome and various health professionals with an interest in the condition. A group is currently being formed, and it is intended that all Australians will be welcome to join.

The aim of the group is to:

- Support people with Prolonged QT, their carers and families through meetings, phone, email and website
- Raise awareness of Prolonged QT in the general community
- Provide information to the medical profession and allied health professionals about the practical, day to day experiences of people with Prolonged QT, and the wide range of symptoms that may accompany the condition – some less well known than others.

About Prolonged QT

'Prolonged QT syndrome is an inherited defect in heart rhythm that predisposes to sudden fainting spells (syncope) without warning, dizziness, palpitations, seizures and sudden death. The name of the syndrome comes from the QT segment in the tracing on the electrocardiogram (ECG). This segment lasts slightly longer in the syndrome than normal. The heart takes longer to recharge itself between beats. Certain conditions can trigger an abnormal cardiac rhythm. Among the known triggers are intense physical exercise, swimming, being suddenly startled or badly frightened.

The diagnosis of the Prolonged QT Syndrome can be made by the electrocardiogram (ECG) in about 50% of cases. However, in about 10% of cases, the QT interval on the initial ECG looks normal and in another 40% the QT interval is not sufficiently prolonged to permit a clear-cut diagnosis.'

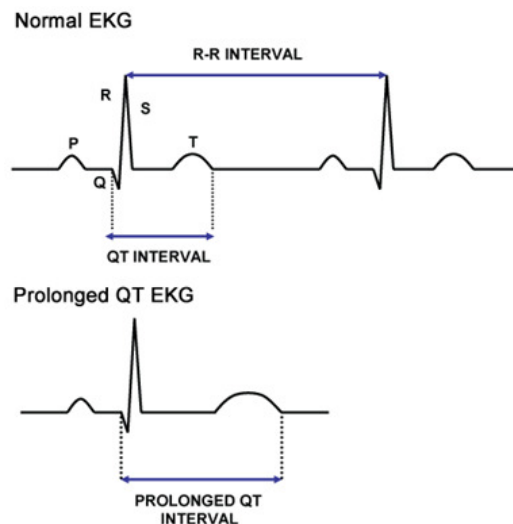


Figure 1

Thelma says that patients who experience a Prolonged QT episode feel that their heart has missed a beat. Doctors describe it as actually having added an extra beat.

To join the group, or for further information please contact Thelma:

Ph: 07 3805 2203 Mob: 0403 183 189

Email: thelmatowers@live.com.au

(Source: ¹ www.medterms.com)



World Health Statistics 2011

World Health Statistics 2011 contains WHO's annual compilation of health-related data for its 193 Member States, and includes a summary of the progress made towards achieving the health-related Millennium Development Goals (MDGs) and associated targets.

http://www.who.int/whosis/whostat/EN_WHS2011_Full.pdf

SELF HELP QUEENSLAND NEWS 1

Culturally and Linguistically Diverse (CALD) Focus Groups 2011

SHQ's Mercury Rising Project facilitated 2 CALD focus groups in QLD recently to assist with the development of the Explorer 2011 small grants program for mental health self help support groups.



Townsville CALD focus group (above) representatives were from various cultural backgrounds: Magyak from Sudan, Ana from El Salvador, Gloria from PNG, Sri from Sri Lanka, Najat from Iraq, Abdi from Somalia, Akol from Sudan, Ana Maria from El Salvador, Dominique from Italy, Thez from the Philippines who assisted in organising the focus group and a representative from Townsville Intercultural Centre Ltd. Other guests included Heather, Lea, Gary and Greg who belong to a multicultural self help support group and Grachelle representing TCCAG mental health.

The question was posed: What does mental health look like in self help support groups from Culturally and Linguistically diverse Backgrounds?

Each Townsville participant brainstormed a preferred description of mental health from their culture. We created two columns with words that were **IN** and words that were **OUT**.

The group then reached a consensus of a preferred description from the words that were IN: 'Multicultural social (well-being) group'. Words that were OUT include: 'illness', 'mental', 'disability'.



The Brisbane CALD focus group (above) represented several Brisbane organisations: Elvia from Qld Transcultural Mental Health Centre, Feli from ACCES Services Inc -CAMS Network, Grace from QPASTT, Cleavon from ATSICHS Healing Centre, Mosmin Mareidiya from SHQ and an absent contribution from Ofelia at Harmony Place. Representatives were asked to review the 2011 explorer small grants application and guidelines to ensure the program was considerate and suitable for the needs of self help support groups from diverse cultural backgrounds.

The group offered some important insight to the project workers: Participants agreed that the term 'mental illness' carries a lot of stigma and can be perceived as offensive. The preferred term is 'social, cultural, spiritual and emotional well-being'.

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SELF HELP QUEENSLAND NEWS 2

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Other findings from the Brisbane CALD focus group was:

- The term counselling is not recognised in some cultures rather people will 'go to church'.
- Mental health is often confused with mental illness.
- Some communities are actually comfortable with Western medical terms.
- Some group members do not want to sit around in a Western Style support group or information sessions as they feel useless. They would rather be using their skills for example sewing and knitting.
- Some groups feel better about being productive with their time and this may be in the form of making things and then selling them. This gives a sense of contribution. While they do this activity they may also practice their English and talk to each other about their worries.
- There are some groups that use exercise alone and some combine it with targeted information as a focus of their group activities.
- Isolation is a problem, so often members help each other by meeting, sharing problems and feel better knowing that others feel the same way.
- Often members will meet in each others home.
- Determinants of mental wellbeing is diverse.
- Healing is interchangeable for mental health from many Australian Indigenous people.
- Australian Indigenous groups may be called 'yarning circles' or healing groups' instead of support groups.
- There are separate issues between Australian Indigenous men, women and The Stolen Generation.

Written by Gina Jacobsen - Mental Health Project Worker SHQ

**Mercury Rising Project funded by Community Mental Health Branch,
Department of Communities.**

Free Training Day For Brisbane Self Help and Support Groups 22nd June 2011



As part of the Community Capacity Building project sponsored by BCC, SHQ is offering 2 free training days for self help and support groups.

SHQ is proud to start up a first Training Day on Wednesday, 22nd June 2011 with an aim to bring together the members of self help and support groups within Brisbane region for this event.

The Training program comprises of various topics to build the capacity of self-help/support groups such as Group dynamics: Forming- Norming -Storming and Performing, Roles within groups, Group Sustainability, governance, funding Submissions, communication skills, Group facilitation and conflict resolution etc.

For further inquiries of this event, Please contact Mosmin Marediya – Community Capacity Project worker at Self Help Inc. by emailing it at selfhelpccb@gil.com.au or by calling on P:07 3344 6919 or on M:0447 152 516

Community Capacity Building Project Sponsored By Brisbane City Council

SELF HELP QUEENSLAND NEWS 3

National Self Help and Support Groups Awareness Week

- helping each other to help ourselves

Thursday 8th September 2011

For the second year, SHQ and our sister organisations in other States will be undertaking activities aimed at raising awareness of the value of self help and support groups.

Brisbane groups are again invited to come together at Radacliffe Place, at the top of the Queens Street Mall, to introduce their group and provide information to the general community. Great feedback was received from last year's event, and some groups are very keen to participate again in 2011. There is no cost to the day, and each group will be provided with a tent, (share) 1 table, 2 chairs, 1 notice board.

Limited places available!

Please contact Trish on 3344 6919 or selfhelp@gil to register your interest

Of course we can't do it alone! We need all sorts of groups, small or large, to join us in our efforts to let the wider community, health professionals and government know about the existence of the broad range of groups and their value to the health, social, and economic fabric of Australian society.

In Queensland we are inviting groups from anywhere in the State to:

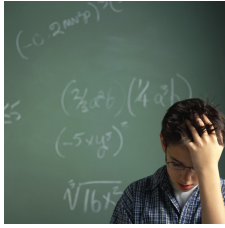
- Advertise the Awareness Day/Week in your group's newsletters, websites etc
- Think of any awareness raising activities you could undertake in your town on the day, or any day during Awareness Week 5th to 11th September
- Consider harnessing the support of any high profile personalities you think might lend a hand to raising awareness of the value of self help
- Investigate the use of public space for a promotional activity - ask your local council for permission/support for an event
- Think about what media outlets you could contact for publicity
- Register your plans with SHQ so we can keep track of what's happening in our State (and gain helpful suggestions at the same time) - or let us know if there is any way at all you think we could help you

Please try to encourage your group to be part of this day, or week, even in a modest way. Any participation would be welcome - even a telephone call to a radio talk back station just letting people know about your group, and the value of self help.

Promotional bags, pens and fridge magnets are available free to self help and support groups in Queensland. Please contact SHQ if you would like some posted to your group - regional and rural areas particularly welcome. You might like them to add to your own for a small Awareness Week event.

You may not even belong to a self help or support group, but you may be an avid supporter of the idea of people helping themselves to achieve better health and well being. **You may be a professional who facilitates a group.** If so, please consider joining the effort to raise the public profile of self help and support groups. **Please share your ideas and plans with us too.** We are all hoping that this will become a recognised national event. It can only be of benefit to groups to have a well informed community.

Contact 3344 6919 or selfhelp@gil.com.au



Struggles with Maths are 'Number Blindness'

Struggling with simple arithmetic is frequently a symptom of "number blindness", the mathematical equivalent of dyslexia, according to a leading British psychologist.

One child in 20 is afflicted with **dyscalculia**, according to Brian Butterworth University College London who is calling for the condition to be given equivalent status to dyslexia.

"If you've always struggled at school with arithmetic and get a panicky feeling when you see or hear numbers, these are typical indicators," Professor Butterworth said.

Dyslexia is widely accepted as a condition that is unrelated to general intelligence, but those who struggled with numbers continue to be labelled as "bad at math", he said.

A paper published in the journal *Science* (27/5/2011) suggests that although people with dyscalculia have trouble conceptualising the size and order of numbers, they often excel in other areas of maths, such as geometry.

Like dyslexia, dyscalculia can apparently be inherited. Studies suggest that dyscalculics use different brain networks when identifying numbers and carrying out simple arithmetic. They also tend to have a lower density of grey matter in the brain area that is normally active when a person is adding or subtracting, although it is unclear whether this is a cause of dyscalculia or a result of not exercising this brain area.

Others argue that putting a label on people who struggle with numbers will simply lead to excuses.

"Labeling generally isn't very helpful, and you can picture it being used as this let-off clause," said Mike Ellicock, who is setting up a charity, National Numeracy, to promote numeracy in Britain for all ages.

(Source: news.com.au 27 May 2011)

<http://www.news.com.au/breaking-news/struggles-with-maths-are-number-blindness/story-e6frfku0-1226063861217#ixzz1O53B8Wq5>

Accelerating Transitional Research through Community Engagement and Advocacy Leadership

Translational research is the process through which biological insights gained through basic research are transformed into products that improve human health. The potential products of translational research are many and varied, including genetic tests, molecular biomarkers, and therapeutic treatment options.

During the past decade, the majority of genetics research has focused on improving our understanding of the biology of genes and genomes. This has laid the foundation for future research aimed at understanding the underlying biological causes of disease.

Capitalizing on these advances in our knowledge of fundamental human biology will require an increase in translational research in the years to come. If translational research is to succeed in improving human health outcomes, community engagement and advocacy leadership will be essential.

To learn more about Transitional Research visit the Genetic Alliance website at: www.geneticalliance.org/accelerating_research



Forced adoption policies and practices. Submissions still being received.

Post to committee: The Senate, PO Box 6100, Parliament House, Canberra, ACT 2600.

Genetic Matters

Kim Summers PhD

Achieving immortality

All living things are made of cells, small factories that produce the molecules and structures required to make a functioning organism. To study how cells function within the organism, many of us use cell lines in the laboratory. These are living cells that have been taken from a living organism (mammal, insect, plant) and treated in a way that lets them grow and divide outside the body, usually in a plastic flask or petri dish. We provide them with all the nutrients they need as well as other molecules that enable them to grow, and we protect them from infections by maintaining sterile conditions. We keep them warm (at 37°C for mammalian cells or lower for insect cells) and suitably oxygenated. This process is called cell culture.

In return, we have a simple system for examining how they behave under different conditions. We can infect them with viruses or bacteria and test treatments; we can challenge them with possible drugs and see whether they survive; we can watch them change as they become more specialised; we can study different types of cells and the tumours that arise from them to discover the trigger for the cancerous change. Cell lines can replace animal studies, at least in the initial stages of developing a drug or understanding a disease.

Cell lines can be made directly from the cells of an individual. A common source of cells from humans is white blood cells, which can be separated from the blood and grown floating in special medium. The cells from an individual can be used to look at the chromosomes, to test responses to antibodies, to study the behaviour of different types of white blood cells. Another source of cells is the skin. A small section (biopsy) of the skin is placed into cell culture medium and after some time cells start to grow out of the tissue onto the plate. These are called fibroblasts and they are often used to study process involved in making connective tissue, the glue that holds cells together in tissues and organs. These cells are called primary cells or primary cell lines because they derive directly from the cells of the body. Primary cells can only divide for a number of times, and then they become aged and no longer have the capacity to make new cells. Figure 1 shows primary cells from the aorta (the large artery which comes out of the heart and carries the blood to the rest of the body) of a pig. The cells are growing in a plastic flask, but they have aligned in the same direction as though to form a muscle.

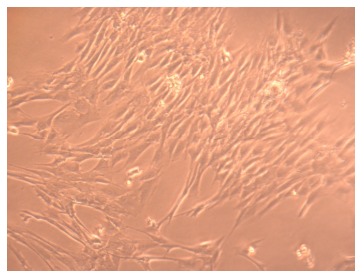


Figure 1. Cultured primary smooth muscle cells from the aorta (the large artery that comes out of the heart) of a pig. Hundreds of cells are seen, attached to the plastic of the culture flask.

Figure 1

Primary cell cultures are often made from patients with a particular disease. Having the person's cells in culture means that we can do experiments to find out the nature of the disease, test possible cures, understand the underlying defect and discover ways to help the patient without having him or her in the laboratory each day. Sometimes cultures of these cells are made available to the scientific community for more general research. For example, it is possible to purchase fibroblast and white blood cell lines from healthy people and those with specific conditions. Since these cells have a limited life span, the culture will eventually stop dividing and the cells will die. (Continued on Page 10)

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For many laboratory experiments we need immortal cells, cell lines which can continue to grow and divide indefinitely. This means that cells do not have to be obtained from patients for each experiment and we can perform many studies on the same cell line over many years. Most mammalian cells are not immortal, either in the body or in culture, so to get permanent cell lines we have to employ a number of tricks. One is to treat a primary cell line with viruses or chemicals that cause some of the cells in the culture vessel to change in a way that makes them immortal (they are said to be transformed).

Another way to develop immortal cell lines is to use cells from cancers. Most cancers contain cells that are already transformed by the cancer process – this is why they are able to keep growing and cause the tumour. So cells grown out of cancers are often already immortal, while retaining many of the characteristics of the cell type they came from. Figure 2 shows a cell from a bone cancer cell line. The cell can be identified as coming from bone, although in the process of becoming malignant it has lost some of its features and become less specialised.



Figure 2. Close up view of a cultured cell from a bone cancer cell line. The cell has been stained to show the nucleus (purple) and the filaments that give the cell its shape (red).

Figure 2

There are a large number of very famous cell lines that have been used by many laboratories over the years. Most are available to buy, so that any researcher can obtain them and get them growing. The companies that sell them make a profit from the cells, which they may have obtained from a research laboratory. The availability of this resource has allowed numerous studies that would have been impossible using whole animals, particularly humans.

But the human cell lines derive from a human. They contain the genetic make-up of that person and they came from some part of the person. A famous cell line is the human HeLa line. This is a standard cell line in many laboratories, used as a control, a treatment target, a teaching resource, genetically modified to test the effect of different proteins. HeLa cells are so efficient that many cell lines thought to be from other sources have turned out to be HeLa which has contaminated the cultures and then outgrown the original cell population. Now the story of the HeLa cell line has been told in a new book, *The Immortal Life of Henrietta Lacks* by Rebecca Skloot.

Henrietta Lacks died in 1951 at the age of 31 years, of an extremely aggressive cancer. As she lay in hospital, a small piece of a tumour on her cervix was taken to a laboratory where they had been trying unsuccessfully to grow human cancer cells outside the body for decades. Unlike their previous experiments, the cells from Henrietta Lacks grew out of the cervical tissue and didn't stop. The number of cells doubled in 24 hours, then doubled again and again, until the cells had filled the culture dish, piling on top of each other. When the cultures were split, the cells continued to divide in their new dish.

The cells, now called HeLa, became famous. They were distributed to researchers all over the world, who were able to start their own cultures of HeLa cells. They have been used in a wide range of research, from the effects of low gravity to development of vaccines. It has been estimated that more than 50 million tonnes of HeLa cells have been grown since Henrietta Lacks died.

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Henrietta's family did not discover for 20 years that their mother had been immortalised through her cells. By then, the cells were distributed by commercial companies seeking to make a profit. While the Lacks family struggled to pay their bills, their mother's cells were being purchased throughout the world to carry out important experiments. Henrietta and her family had no control over how the cells were used, and no possibility of recalling her cells, which contained her, and therefore their, genetic material. Today her descendants want to know how her cells have been used and how they will be used in the future.

The story of Henrietta Lacks highlights a major issue for laboratories developing cell lines today. Who owns the embryonic stem cells created from left-over IVF embryos? Who should profit from the sale of cell lines from people with genetic mutations, cell lines which might lead to a cure for their disease? Who should decide how the cells will be used? If individuals owned their tissues and cell lines, much vital research would not be possible. But it does seem inequitable that commercial companies can benefit when the source of the cells cannot. Without HeLa cells, many developments would have been delayed or prevented.

Henrietta Lacks' unwitting donation of her cells has made a major contribution to research into all human diseases. Her story should remind us all of the people behind the Nobel prizes and multinational companies: ordinary people often undergoing terrible health problems, who do an extraordinary thing by donating a part of themselves to help others. Society needs to protect these people and ensure that their interests are respected, so that research on human cells can continue to produce medical miracles.

Kim is a Senior Scientist at the Roslin Institute, University of Edinburgh and a member of the School of Molecular and Microbial Sciences at UQ. Kim is also a valued past member of the SHQ management committee.

Are You in a Location Where the New Primary Health System is Being Rolled Out?

The first five sites in Queensland for the new "Medicare Locals" have been announced by the Commonwealth Government. All of you working with disadvantaged Queenslanders know how important access to primary health care is for them. Many of you will have tried in vain to link them with doctors or a variety of allied health services. All of you should be interested in what this major health reform will mean for you in the future and how you might be involved in its evolution. **It is still in its early stages and the major players remain GPs. But there is a commitment from them to involve the community sector and the local communities more generally.** The role of Medicare Locals will include: identifying and respond to gaps in local health services; better connecting primary health care services and better targeted services. The Minister indicated Medicare Locals will have a focus on after hours care, chronic disease prevention and management programs and mental health initiatives.

It is essential that not for profit community organisations concerned with better access to primary health are involved in the development of this new system. In Queensland, five localities have been announced in this first stage:

- **Brisbane Metro North**
- **Brisbane Metro South**
- **West Moreton – Oxley**
- **Townsville – Mackay**
- **Gold Coast**

To find out more about Medicare Locals:

www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/medilocprofiles

Be sure to contact your Medicare Local and say you want to be involved.

(Source: QCOSS Email News Issue 23—10 June 2011)

New Group Formed - to Support Stroke Survivors

Queensland Stroke Supporters

This group (made up of Carers/Stroke Survivors & Group Facilitator) has been formed to bring more awareness of Stroke and give Stroke survivors and their carers and families more support and information regarding benefits and helpful contacts and resources. We intend to assist the Stroke Groups throughout Queensland with fund raising and sourcing helpful information relevant to their areas.

The present goal is to raise funds to produce an information booklet plus a diary for the use of both the stroke survivor and the carer. So many times when a stroke survivor leaves the hospital, the person who is going to be the carer is overwhelmed with 'paperwork'. This alone can be a hurdle in itself not to mention, the loss of income, endeavouring to come to terms with the situation they have found themselves in and also having to deal with the outcomes of a stroke. It can be life changing for everyone, including all family members. Stroke does not know age. We want to assist from the very start and stay with the families offering knowledge and support, endeavouring to come to terms with the situation they have found themselves in and also having to deal with the outcomes of a stroke.

Queensland Stroke Supporters are busily organising 2 events during Stroke Week which will start on Monday the 12th September with a Pamper Day held at the RSL in Gager Street, Sunnybank from 10.00 am until 2.00 pm for Carers but all will be welcome as we realise that sometimes it is not possible to leave the stroke survivor at home. On Wednesday the 14th September from 10.00 am until 3.00 pm there will be an Open Day. We have displays and speakers from many organisations and facilities as well as entertainment of various kinds. This will be at Pinelands House, 121 Pinelands Road, Sunnybank Hills. Both venues can be easily accessed by wheelchairs. A light lunch with drinks will be available on both days for a small charge.

Our logo is a wave – coping with the ever changing waves of Stroke (mood swings, highs, lows, crashing and serenity).

We would welcome anyone who is interested in helping us in anyway with our future endeavours. Little steps to begin with!!!

Any information can be obtained by phoning:

Robyn Burbank 3372 7735 Narelle Cresser 3805 3773 Sydney Broad 3818 6423

Times article on Pain Feb 24th 2011

New research into mental illness, genetics and molecular biology is giving researchers and patients new hope that pain may not have to remain so intractable and untreatable. And rethinking chronic pain as a disease, as a normally adaptive process gone awry instead of as a symptom, may be the key to finding safer and more effective ways of interrupting the hurt.

Brain-imaging studies and research in genetic and molecular biology, for example, suggest that a brain in chronic pain looks and acts differently from a normal brain and that the phenomenon can even run both ways: haywire circuits cause the brain to register persistent pain, which in turn leads to changes — perhaps permanent — in the way the brain and body work. All this suggests entirely new routes toward eliminating pain or at least managing it better.

Readmore:

<http://www.time.com/time/health/article/0,8599,2057269,00.html#ixzz1FsDttZRz>

(This article was resourced from 'Neurofibromatosis News' Issue 118 May 2011)



Brisbane Carer's Group Welcomes Carers who have a Shared Experience of Acquired Brain Injury (ABI)

For almost 10 years Synapse has been dedicated to reconnecting the lives of those affected by acquired brain injury, complex and challenging behaviours, and their families. Synapse supports carers and their families by offering services in the areas of supported accommodation, lifestyle support, community response and training.

Acquired Brain Injury is a silent epidemic that affects around 1 in 12 Australians (WHO, 2005). The number and severity of problems resulting from a brain injury will differ from person to person as each individual's brain injury varies in extent and location of damage. The scope of some of these changes may be immediately present but most frequently only become apparent as time progresses.

Acquired Brain Injury (ABI) is a single term describing difficulties observed in a large number of people in the community. This use of a single term (ABI) can lead to the misconception that this is one disorder, with one cause and one set of symptoms. The term ABI is often misconstrued as Traumatic Brain Injury (TBI), as would be caused by a car accident, or a fall, and while it is true that TBI sits under the ABI heading, it is not the only example. Damage to the brain from tumors, infection, hypoxia, age related degeneration, and substance abuse are classed as ABI also, with the true definition of ABI encompassing *any* damage to the brain after birth, not as a part of a congenital disorder. With the causes of ABI ranging from strokes, to car accidents, to infectious diseases, it is not surprising that diverse outcomes and symptoms are observed in patients with ABI. (Surviving Acquired Brain Injury, 2002)

The Brisbane Carers Group began when we recognised a need to support carers of people in these challenging situations. We saw an opportunity to help reconnect them, both with others who have a shared experience of ABI and the community in general. Caring for a loved-one is a full time job and it helps to have support. Synapse offers this free monthly get-together for anyone fulfilling a carer's role.

The Brisbane Carers Group brings together carers under the guidance of an experienced facilitator. Our current facilitators are Kellie Sentinella and Clare Humphries who are Synapse's Community Response Officers who have several years experience in the disability sector and a Psychology background. Often other carers or workers are invited to present information and training.

The Brisbane Carer's Group will provide each carer with support, information and an outlet for sharing. We endeavour to follow up after each meeting with a newsletter providing further information, contact numbers, and business names that relate to discussions held in the group. This is to ensure that our Carers are leaving with information and hope, as well as a feeling of community and friendship.

So, in short, why attend Brisbane Carers Group?

- You can meet others in a similar position as you, have a break, get information and get support from others who know and have first hand understanding and experience of what your situation is like.
- Speak freely without fear of judgement or disapproval
- Can listen to others without feeling obligated to participate
- Make new friends that have been or are going through similar experiences
- Gather additional knowledge on other services, programs or issues
- Enjoy a free coffee and cake

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To get in contact with us or for any queries on attending our groups, please call Kellie Sentinella or Clare Humphries on 3137 7400.

Alternatively, if you would just like to show up, we meet on the third Thursday of every month at Botanical Café at Mt Coot-tha Gardens from 10am-12pm. Just bring yourself and enjoy a complimentary morning tea in good company.



Never “just a wee problem”, this largely hidden health condition deserves better attention ...

“When it comes to healthcare, we’ve got a finger in a lot of pies!” Says the Continence Foundation of Australia. This is because poor bladder and bowel function is so often in the background of many other health problems: diabetes, stroke, heart and prostate issues, MS and Parkinsons, dementia, depression, brain or spinal injury and some cancers, for example. Because of this association, at-home carers are also frequently involved in continence management too - often needing quite a high level of expertise!

It’s understandable that incontinence can be overlooked when dealing with the challenges of the primary health problem, but incontinence can impact on our quality of life in so many ways – emotionally, socially, financially. For these reasons, people deserve expert advice, even for a so-called “small” problem, so it’s wise to talk about it and get help. Incontinence is never “normal” at any age or life-stage. It can almost always be better managed, treated and possibly cured.

The National Continence Helpline is a free and confidential service with a team of skilled continence nurses who can advise on poor control of bladder (urinary incontinence) and bowel (faecal leakage or soiling). They can talk to callers about childhood bedwetting, and right through every age group and into aged care. Their advice can also cover associated problems of toilet frequency and urgency, constipation, diarrhoea, and nocturia (getting up frequently during the night for a toilet visit) as well as information about products, where to get these, and eligibility for product funding assistance schemes.

The National Continence Helpline (1800 33 00 66) is managed by the Continence Foundation for the Australian Government. While this Helpline can supply contact details for continence services close to you, as a phone service it’s a good alternative for people who cannot easily access face-to-face services, or who would rather speak to a health professional from the comfort and convenience of home. The Helpline also has a wide range of free resources that can be mailed out.

National Continence Helpline 1800 33 00 66

Better Life Initiative: Your Better Life Index

The Organisation for Economic Co-operation and Development (OECD) has created “Your Better Life Index”.

The Index allows citizens to compare well-being across 34 countries, based on 11 dimensions the OECD has identified as essential, in the areas of material living conditions and quality of life: housing, income, jobs, community, education, environment, governance, health, life satisfaction, safety, work-life balance.

www.oecd.org/document/35/0,3746,en_2649_201185_47837411_1_1_1_1,00.html

Guilt in Grief

Bob Wyborn

Guilt is a very common feeling that sometimes becomes part of our grief when we have experienced the death of a loved one. In fact it would appear that guilt is part of grieving. There are many reasons why it arises and it torments us in many different ways and is often dependent and fashioned upon the manner in which our loved one died.

There are many ways we feel guilty and some are as follows;

- **Survivor Guilt.** That is the situation where we feel that we should have died instead of the person who actually did. Very often this relates to some form of disaster. It often relates to age (too young- why not me?), perceived future prospects (they have everything ahead of them – I've had a good life), self image (they have lived a better life than I have – how unfair- why them?) It can be a very real situation with children when a sibling or parent dies as they can feel totally responsible for it. They may have gotten angry and wished the person dead. Outliving our life partner can cause us to feel guilty – it also can make us angry as they left us behind.
- **Suicide Guilt.** This can be very hard for the family and friends involved as often they believe they could have, should have, would have stopped it happening if only they had done this or that. A very powerful but ill conceived belief. The person who completes suicide is often quite content just before the event and this reality adds to the pain of the loss and guilt. It would appear that when they finally decide upon their irreversible course of action it brings them some peace.
- **Commission or Omission Guilt.** Thoughts, word and deeds that we either did or did not prior to the death of our loved one. Cross words uttered when leaving home before a fatal accident very often severely torments the parties involved. Things we feel we should or should not do. Negative thoughts or wishes not expressed but felt deeply. Positive ones not delivered. You may feel that you have not done enough for them.
- **Disloyalty Guilt.** A very powerful emotion that occurs when we consider or enter another personal relationship. It is very common to feel disloyal to your partner and that you are replacing them with another. There are many remaining tangible items that remind you of your previous relationship i.e. house, clothes, activities etc. These constantly remind you that you had a relationship and can confuse you for wanting the same peace and happiness again?

Often with Alzheimer's or a prolonged terminal illness the subject can come up between the partners. It can lead to statements (or promises) being made that are later reviewed and we get into a real quandary of mixed emotions and guilt about wanting to change our decisions. Society can place its judgements upon us as to when we "should" date again. Family members and in particular children very often make harsh judgements.

What Is Guilt?

The Chambers Dictionary defines guilt as; **"the painful or uncomfortable emotion or state of mind caused by the awareness or feeling of having done wrong"**

We need to carefully analyse this definition and be very honest with ourselves. Are you guilty as charged to this definition in any of the ways we have just mentioned? What is it that you have done that is **wrong**? I doubt if anyone here can honestly find themselves guilty as stated. One of the self defeating things that we can do when we are in this state of indescribable pain (grief) is that we tell ourselves unrecognised lies. These will either appease or increase our pain.

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Magical thinking is another form of this activity. We place blame on events that it not humanly possible for us to achieve or be guilty of doing. We give ourselves magical powers that some how caused the death of our loved one, contributed to it or granted us omniscience and omnipotence. We ask ourselves impossible questions and they are therefore unanswerable.

Let us address the situation of future partner relationships and pass the blow torch over our thinking.

- Did you have a mutually loving relationship with your partner?
- Would they want to deny you future happiness?
- They are aware that loneliness is soul destroying.
- Did you marry "until death do us part?"
- Wouldn't your loving partner want you to be happy?
- Do you really believe that you are replacing your partner?
- Are you being self centred and disloyal to your deceased partner?
- Have you a right to happiness?

Facts about Guilt

Many years ago I was in an inconsolable state of mind due to my marriage finishing. I was misery personified and was trying to find some relief as I travelled around the USA. I was telling a Professor of Journalism how I had solely destroyed my relationship ad nauseum and how guilty I felt. She uttered these life changing words to me; **"guilt is an exercise in futility"**.

- Guilt is an exercise in futility.
- Guilt is non productive
- Guilt is destructive
- Guilt can be delusional
- Guilt is not useful

What can we do?

- Validate your beliefs - how true is it?
- Be kind to yourself
- Be realistic
- Acknowledge your needs and wants
- Allow yourself time to grieve your past relationship
- You will never desecrate the love you had
- You will have a new relationship
- Live in the present – become your own Time Lord
- Listen to your heart
- You will know the right time
- Exercise wisdom with your finances and emotions
- Make your own decision

We all have a right to happiness, peace and love. This right does not restrict us to only one partner. Love is the most powerful of all emotions. It is what makes you functional and a living vibrant human being.

(Source: Bob Wyborn is the founder of Grief and Wellness Services. He is a grief counsellor, renowned public speaker, businessman, support group facilitator and well respected past member of the Self Help Queensland Management Committee)

"To me, one of the great benefits of the group is finding out you're not alone.

Whatever you're thinking/deciding/experiencing, you're not the only person who's been there"

Ipswich's 'After the Flood' *The long term recovery of people and their communities* seminar

Nicole Mitchell

In May, the 'After the Flood' *The long term recovery of people and their communities* seminar was presented by the Ipswich Chamber of Commerce and Industry in partnership with The Ipswich Study as part of the ongoing 'Business Flood Recovery Program'. Professor, Richard Bryant of the University of New South Wales and Judith Murray of the University of Queensland both addressed the audience. The presentations were insightful and provided helpful information on how other communities such as those affected by hurricane Katrina in the USA, the tsunami in Indonesia and the Victorian bushfires have overcome disaster in their communities.

Michael Munt, President of the Ipswich Chamber of Commerce and Industry pointed out that there are a variety of local initiatives to support Ipswich in re-building a strong local economy. Mr Munt said that 'a successful community knows where it's been, where it is and where it is going'. It was clear that efforts are being focused in the region on rebuilding and helping Ipswich reconnect with its independence again and discover its ability to recover as a community. Professor Bryant stated early in his presentation that 'most of us are resilient' but discussed how the 'results of disasters are lasting, subtle and insidious; often we don't pick them up until down the track'. Bryant discussed how after the Canberra Christmas fires (in 2003) 'more people sought support years after the fires than at the time of the disaster or immediately after'. The Healthy Communities Research Centre of The University of Queensland tweeted this key message after the seminar '5 empirically supported intervention principles: Hope, Safety, Calming, Self-efficacy, Connectedness'. These principles were discussed in some detail by Professor Bryant as the way that people in disaster affected areas can be helped to reduce the many and varied personal costs they will experience.



Professor Bryant discussed the relevance of 'Psychological First Aid' training and 'Skills for Psychological Recovery' training in preparing communities to respond most effectively to any future disaster they may experience.

Associate Professor, Judith Murray brought to this seminar a very humbling perspective on the similarities of human suffering and distress—irrespective of the time or place where a disaster occurs. Murray has a professional background in supporting people experiencing loss and grief and had a great many stories to draw on. Murray discussed the 'dazed expression' that is observable in most images of people in disaster areas. She explored the idea that these people have often experienced a loss of their sense of safety and control and that their communities

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have been changed and in some cases lost, very quickly. Murray emphasized the importance of doing no harm in our interventions, protecting people's human rights and supporting the most vulnerable in our communities, which can sometimes be overlooked.

The theme of communities needing the space to regain their own control and autonomy was discussed by Murray, including the importance of people taking control of their decisions and actions in order to establish their self-efficacy. The audience was left to consider how they could support people to find ways for them to become productive in their own right and being mindful of the point in time when generosity and outside help and support can actually start to get in the way of a person or community recovering.

Murray closed her presentation with the message that whilst disasters are devastating and painful for many, it can be these very tragedies that create the opportunity and environment for significant social and community change. Murray cited examples she had witnessed of very disadvantaged people being recognised and suddenly gaining access to essential services after disasters and their living conditions being drastically improved. It will be interesting to observe the continuing changes to the Ipswich, Queensland and Australian Communities after the 2011 floods. It seems we could learn a great deal about how to be more prepared and limit the negative impacts of disasters on people and communities As well as focusing - now and in the future - on doing more of what people find helpful.

(This article was written by Nicole Mitchell (May 2011) in her role as Social Work Student on placement with Self Help Queensland's Mercury Rising Project . Editing by Self Help Queensland)

Do You Want Safer Australian Pesticide Laws?



According to World Wildlife Australia Fund, pesticides suspected of causing cancer and other health problems have been on the Australian market for years.

Pesticide Facts

- More than 80 of the pesticides registered in Australia are no longer authorised in Europe
- At least 17 pesticides registered for use in Australian agriculture are known, likely or probable carcinogens, and 48 are potential hormone disruptors
- 8 chemicals with known safety risks have been under review by our regulator for more than 13 years, some for more than 15 years
- Over 40 chemicals have been nominated for review because of concerns about their safety.
- WWF wants Australia's pesticide regulator to take a safer approach and give the benefit of the doubt to human health and the environment, not to the pesticide industry.

At the federal election last year, WWF welcomed the government's commitment to important reforms to better protect human health and the environment from pesticides.

To have your say about safer Pesticide Laws for Australia go to the WWF–Australia website to sign the open letter to the Hon. Julia Gillard MP, The Prime Minister of Australia and Senator the Hon. Joe Ludwig MP, Minister for Agriculture, Fisheries and Forestry.

[f.org.au/act/takeaction/Australian-pesticide-laws-must-be-fixed?
utm_source=petition&utm_medium=Email&utm_campaign=Pesticide-petition-June11](http://f.org.au/act/takeaction/Australian-pesticide-laws-must-be-fixed?utm_source=petition&utm_medium=Email&utm_campaign=Pesticide-petition-June11)

What Makes a Great 'Letter of Support'?

Many grant applications require letters of support. Apart from a great application, these letters are also what sets most projects apart from the others in terms of attracting the funding bodies' attention, and shaping the project as a great one to provide financial support to.

When we coordinate a grant application, we will ask the client if they have letters of support available, many do but they lack the content to demonstrate that the project is worthy of funding. So here are our tips for great letters of support:

1. Seek letters of support from your local MP, your local Councillor and peak bodies (eg: if you are a sporting club, seek a letter of support from your state governing body). Think big when you are seeking support.
2. A letter of support should ideally be about four paragraphs (no longer than 1 page) and should contain enough content to influence the evaluator. Some points to include are:
 - a brief history of the organisation and its role in the community,
 - what the funding will seek to achieve and how this will help all parties involved, and
 - whether the project is part of a wider plan and if so how crucial it is to achieving the big picture.
3. Do your research, read the guidelines. From these you should be able to ascertain the types of projects the funding body is keen to support. If the guidelines say the fund is designed to support projects that benefit the community, then structure your letters of support to demonstrate exactly how your project will do this. If the guidelines say they are looking for projects that support the creation of employment, seek letters of support from employment agencies that state that they will partner with your organisation to increase employment in the region if the funding is granted.
4. If you need further ideas of what types of projects the fund will support have a look at the list of projects previously funded.
5. The letter of support should emphasise your goals, visions and strategic direction, and how the realisation of this project will help you reach the big picture.
6. The last tip, and probably the most basic of all is to spell and grammar check your letters of support. Well worded and neatly presented documents really give a professional and well managed impression of your organisation.

(Source; Red Tape Busters 'Buster Bulletin' March 2011)

Consumer Alert: Viral email **Misinformation on release of mobile numbers to telemarketers**

The Australian Communications and Media Authority (ACMA) is reminding consumers that the viral email warning that 'mobile numbers will be made public' is a hoax.

The email started circulating around Australia in 2009 and tells consumers that mobile numbers will shortly be made public and that you will be charged for telemarketing calls that you receive.

The Do Not Call Register is managed by ACMA on behalf of the Australian Government. You can list your home, personal mobile or fax number to reduce telemarketing calls. Registration is free. Once your numbers are listed on the register, telemarketers and fax marketers must not contact you.

Some groups can still contact you after you register. These include charities, research companies, political parties and educational institutions.

Register easily by phone on 1300 792 958 <https://www.donotcall.gov.au/>



A Bad Job is Worse for Your Mental Health Than Unemployment

By Kate Southam, Editor CareerOne.com.au

AUSTRALIAN research that reveals being miserable in a job is worse for your mental health than being unemployed, is making headlines around the world.

A team from the Centre for Mental Health Research at The Australian National University in Canberra analysed data from more than 7000 people to find that jobs offering little control, poor recognition and low pay were at greater risk to mental health than no job at all. The ANU findings have hit the headlines in more than 100 media outlets around the world including Forbes, Bloomberg, CNN, Time, the UK Express, Toronto Sun, Los Angeles Times and Irish Times.

The research team claim the findings have huge implications for prevailing government social policies that promote "the notion that any job is better than none as work promotes economic as well as personal wellbeing." Using data collected in surveys since 2001, the ANU team looked at two key areas –the quality of the jobs held by participants and the state of their mental health in the preceding month leading up to their taking part in a survey.

Head of the research, ANU associate professor Dr Peter Butterworth, reported the team's findings and methodology in the journal, [Occupational Environmental Medicine](#). "We looked at four different aspects of work in our study: whether people were working in highly complex and demanding jobs, whether they had a say in how they did their work, whether they considered they received fair pay for their efforts, and whether they felt secure in their job," he said.

The mental health score was based on asking participants to describe their levels of anxiety, depression, happiness and feelings of calm in the month preceding the survey. Employed people had an average score of 75.1. Those who moved from unemployment to a good job increased their score by 3.3 points above average and those taking a bad job saw their score drop 5.6 points below average. Remaining unemployed led to a drop of one point.

The ANU researchers say the findings have significant implications for prevailing government social policy that promotes "the notion that any job is better than none as work promotes economic as well as personal wellbeing." The study concludes that "psychosocial job quality is a pivotal factor that needs to be considered in the design and delivery of employment and welfare policy." The research follows the release of other studies showing job satisfaction levels in Australia are at a critical low right now.

Carried out by The Acid Test, the research looks at the triggers that "push" people out of one job and "pull" them into another. Long hours, getting more work done with fewer resources and reluctance of organisations to increase salaries were key "push" factors.

The 2011 survey of more than 1000 people found that 37 per cent were actively looking for a new job and 82 per cent were open to offers.

A separate global study conducted by Gallup Consulting including 2000 Australians has found most employees are "just going through the motions" at work right now. The study found 61 per cent of workers were emotionally detached from work. A third of those not engaged had taken at least three sick days in the past month compared to only 11 per cent of engaged workers.

(Source: news.com.au 23rd March 2011)

Pain Toolkit



- for people who live with persistent pain



The Pain Toolkit is a simple booklet for patients which has been supported by the UK Dept of Health and now used extensively in the UK, Europe, Australia and NZ.

Since 2009, 200,000 copies have been printed and in circulation throughout the UK. They have translated into German, French and Italian by Grünenthal Switzerland. Please visit the Pain Toolkit website www.paintoolkit.org **You can download the Pain Toolkit free.**



Pete Moore

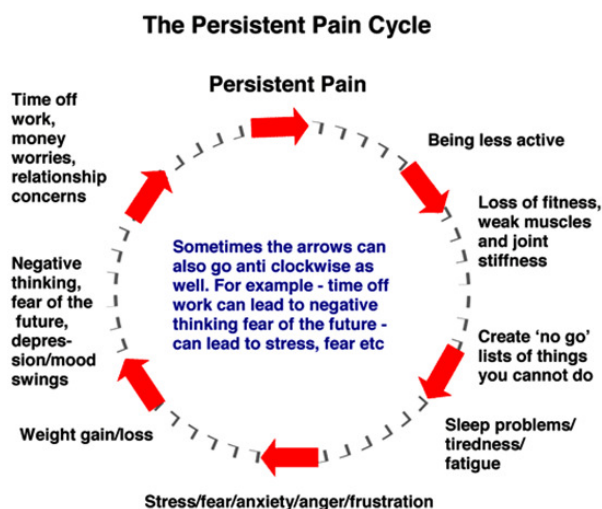
Pete Moore is the internationally recognised creator of the Persistent Pain Programme & Co-author of the Pain Toolkit with GP Dr Frances Cole, UK.

"A persistent pain problem can be difficult to understand and manage on an everyday basis.

The pain Toolkit is a simple information booklet that could provide you with some handy tips and skills to support you along the way to manage your pain.

It is not meant to be the last word in pain self-management but a handy guide to help you get started - all you need to be is willing to read it and take on board some of the suggestions."

Pete Moore Email: petemoore2@yahoo.co.uk URL: www.paintoolkit.org



For information or resources in Australia, or to find out the locations of pain support groups please contact:

Australian Pain Management Association (APMA)

07 3359 2275

secretary.apma@bigpond.com

www.painmanagement.org.au

**Pain Link Helpline
1300 340 357**

What is a Rare (or Orphan) Disease?

A disease or disorder is defined as rare in Europe when it affects less than 1 in 2000.

A disease or disorder is defined as rare in the USA if it affects fewer than 200,000 Americans at any given time.

In the European Union, as many as 30 million people alone may be affected by one of the 6000 to 8000 rare diseases existing.

80% of rare diseases have identified genetic origins whilst others are the result of infections (bacterial or viral), allergies and environmental causes, or are degenerative and proliferative. 50% of rare diseases touch children.

(<http://www.rarediseaseday.org/article/what-is-a-rare-disease>)



One BOOK Many BRISBANES

anthology of Brisbane stories



Now in its sixth edition, One Book Many Brisbanes is a creative collection of stories about the people and places of Brisbane.

Twenty authors contributed to One Book Many Brisbanes in 2011. There are terrific tales about our cultural diversity, creativity, friendship and fellowship.

Initiated by the Brisbane City Council in 2005, the program aims to discover and foster new literary talent, and provide opportunities for new writers to be published.

SHQ was fortunate to pick up one of a limited number of free copies at our local Brisbane City Council Ward office. You need to be quick though! You can also read or borrow One Book Many Brisbanes at all Brisbane libraries, or purchase for \$11.

To read more about the 2011 winners go to: <http://www.brisbane.qld.gov.au/facilities-recreation/libraries/one-book-many-brisbanes/index.htm>

The Change Management Toolbox

The Change Management Toolbox is a resource suitable for managing and supporting change on a personal and organisational level. This resource includes a vast array of templates and tools for use by program or service managers and management committee members interested in facilitating change in a positive and participatory way.

<http://www.change-management-toolbook.com/mod/book/view.php?id=74&chapterid=6>

HELP Enterprises Open Day 2011

Help Enterprises is a not for profit organisation offering a range of services and opportunities to jobseekers and people with a disability. Opportunities include; free training, employment services, job opportunities, post school options. Help are hosting an Open Day on Friday 17th June from 10am – 3pm at 41 Chessom St, Mitchelton.

Notice of Name Change

Queensland Alliance has recently changed its official name from The Queensland Alliance of Mental Illness and Psychiatric Disability Groups Incorporated to:

Queensland Alliance for Mental Health Inc



Phone: (07) 3252 9411

Fax: (07) 3832 2622

Address: Level 2, 266 Brunswick Street Fortitude Valley

Postal Address: PO Box 696 Fortitude Valley Q 4006

Email: admin@qldalliance.org.au Website: www.qldalliance.org.au

Go Green - Read the Screen!

Are you willing to receive this newsletter by email rather than post? It would be a big cost saving to SHQ as well as the environment.

We are still happy to send it by post to small groups or individuals who do not have their own computer. Please let us know at 07 3344 6919 or email selfhelp@gil.com.au If you no longer wish to receive the newsletter we would appreciate hearing from you



Cricketers with a Disability Talent Identification Program

Cricketers with a disability are invited to attend a talent identification session at the venues listed below.

Players identified may be eligible for selection in State and National Squads participating in teams such as the Australian Deaf Cricket Team, Australian Cricket Team for players with an intellectual disability and the Australian Blind Cricket team.

East Coast Trip to far North Queensland

- | | |
|---------------------------------------------|-----------------------|
| • GYMPIE – One Mile Fi | Mon 27Jun 2011 at 1pm |
| • BUNDABERG – Salter Oval | Tue 28Jun 2011 at 1pm |
| • GLADSTONE – Yarrala Sports Fields | Wed 29Jun 2011 at 1pm |
| • CLERMONT – Sports/Cricket Oval | Thu 30Jun 2011 at 3pm |
| • CHARTERS TOWERS – Mossman Pk | Fri 01Jul 2011 at 3pm |
| • TOWNSVILLE – Brothers CC, Kirwan | Sat 02Jul 2011 at 1pm |
| • CAIRNS – Endeavour Pk | Sun 03Jul 2011 at 1pm |
| • PROSERPINE- Cricket Oval | Tue 05Jul 2011 at 3pm |
| • ROCKHAMPTON - Juds Pk | Wed 06Jul 2011at 3pm |
| • HERVEY BAY – Keith Dunne Oval(Walkers Rd) | Thu 07Jul 2011 at 3pm |

Metropolitan

- | | |
|---------------------------------------------------|-----------------------|
| • SUNSHINE COAST – Caloundra CC | Mon 01Aug 2011 at 1pm |
| • MET NORTH – Northern Suburbs DCC(Shaw Rd) | Mon 08Aug 2011 at 1pm |
| • MET WEST – Western Suburbs DCC(Oxley Rd) | Mon 15Aug 2011 at 1pm |
| • SOUTH COAST – Dolphins CC (Robina) | Mon 22Aug 2011 at 1pm |
| • MET EAST – Redlands Sports Club (Wellington Pt) | Mon 29Aug 2011 at 1pm |

Inland Trip/Darling Downs /South & Central West Qld

- | | |
|-----------------------------------|--------------------------|
| • TOOWOOMBA - Heritage Oval | Mon 05Sep 2011 at 1pm |
| • THEODORE – School Oval | Tues 06Sep2011 at 3.30pm |
| • EMERALD – Cricket Oval | Wed 07Sep 2011 at 3.30pm |
| • BARCALDINE – Cricket Oval | Thu 08Sep 2011at 3.30pm |
| • BLACKALL – Catholic School Oval | Fri 09Sep 2011 at 3.30pm |
| • CHARLEVILLE – High School | Sun 11Sep 2011 at 1pm |
| • MITCHELL – Cricket Ground | Mon 12Sep 2011 at 1pm |
| • ROMA – Cricket Oval | Tue 13Sep 2011 at 1pm |
| • ST GEORGE – State School | Wed 14Sep 2011 at 1pm |
| • WARWICK – Slade Park | Fri 16Sep 2011 at 1pm |

Please contact Nev Paulsen to confirm your availability and that venue has not changed:

Nev Paulsen Mob: 0419 725 823 Office: 3281 2300

Email: nevp@qldcricket.com.au

Joe Marsh: 0422 133 021

Enquiries to Self Help and Support Groups are often answered by people in their own homes.....

Please call at an appropriate time.

13 MUSCLES are used to smile, but 47 are required for frowning.

You have to smile nearly a quarter of a million times to make 1 wrinkle



Diary Dates

5th - 11th September 2011: National Self Help and Support Groups Awareness Week. An opportunity for self help and support groups to promote their group and provide information to the general community.

Venue: Brisbane, Reda Cliff Place

26th - 27th September 2011: 51st National Adult Learning Australia (ALA) Conference

URL: www.ala.asn.au/conference

Venue: Melbourne

18th - 19th August 2011: International Unity in Diversity Conference - Media Marginality and Diversity: This Conference is aimed at Community, cultural and religious organisations; Mental health services; Community and residential aged care services; Migrant settlement professionals; Educational institutions; Government

URL: unityindiversityconference.com/

Venue: Townsville

6th - 7th August 2011: Androgen Insensitivity Syndrome Support Group Australia (AISSG) The meeting will cover a great deal of information and an opportunity to share stories. There will also be speakers with expertise valuable to our members.

Email: aissgaustralia@gmail.com

URL: <http://home.vicnet.net.au/~aissg/meet.htm>

Venue: Brisbane

Please let us know about your Conferences, Information Days, Seminars, Workshops, Celebrations etc and we'll do our best to let others know about them too!

Please contact Trish at SHQ

Ph: 3344 6919

Email: selfhelp@gil.com.au



**Important!
Please Put This Date in
Your Diary Now!**

**National Self Help &
Support Groups
Awareness Day**

Thursday 8th September 2011

**Contact Trish at SHQ to register interest or
for more information 07 3344 6919**

Oranges and Sunshine

A movie for those interested in learning about the shocking abuse of children deported to Australia (and an insight into a similar life of suffering experienced by our own Australian children in institutions and out of home care last century **'The Forgotten Australians'**)

Oranges and Sunshine tells the story of Margaret Humphreys, a social worker from Nottingham, who uncovered one of the most significant social scandals in recent times: the forced migration of children from the United Kingdom. Almost single-handedly, against overwhelming odds and with little regard for her own well-being, Margaret reunited thousands of families, brought authorities to account and worldwide attention to an extraordinary miscarriage of justice. She discovered a secret that the British government had kept hidden for years: one hundred and thirty thousand children in care had been sent abroad to commonwealth countries, mainly Australia. Children as young as four had been told that their parents were dead, and been sent to children's homes on the other side of the world. Many were subjected to appalling abuse. They were promised oranges and sunshine, they got hard labour and life in institutions.

