



Newsletter March Quarter Issue 1. 2012



Self Help Queensland Inc, Sunnybank Community Hall, 121 Lister Street

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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 all,

I'd like to talk to you about the baby and the bathwater. I'm sure you've all heard the warning about not throwing out the baby with the bathwater. What does it mean? Is it relevant?

It seems that the adage arose out of the mediaeval household 'pecking order' and the need to conserve water, or to save someone the chore of fetching the bathwater up from the stream, boil it and use for bathing. It was quite a chore, so it wasn't done all that often.

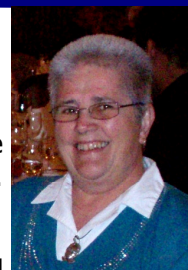
The diarist Samuel Pepys noted in his details of life in London in the 1600s that the Queen had a bath once a year, "whether she needed it or not". That's not to say they didn't have a wash here or there, of course.

The order of the universe was maintained by allowing the head of the household to have the first, nice clean bath. Then it was the turn of the sons in the order of their ages, next the wife, then the daughters, also in the order of their ages and last of all, the baby. By that time the water would be pretty murky and the risk of throwing out the baby with the bathwater would be pretty high.

Just to change the subject slightly.

We live in an age of change. Reforms are always good (aren't they?). When things run off the rails, re-form re-organise is the fashion, especially for large organisations. It puts everyone on their toes and might give some really good opportunities for change.

We all know about the Queensland Health (QH) need to reorganise. Federally also, health reform has been "on the Agenda". These reforms focus on the need to do something about the hospitals, about the doctors, about the nursing staff, about the physiotherapists and 'allied' services. QH has seen its chance to also reorganise, where it will be a 'purchaser' of these services, through the Local Hospital 'hubs' and the Medicare Locals providers of allied services. We, at SHQ, and quite a few of our member groups have our services 'purchased' by QH, which means they allocate us a grant to perform these services, according to our service agreement with them. (Continued on Page 3)



Thea Biesheuvel

Self Help Queensland Management Committee Members

President Thea Biesheuvel
Secretary Joe Soda
Treasurer Chris Spriggs
Member Jan Tipping
 Seonaid Linn

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

Administration Officer

Janette Evans

BOCDG Co-ordinator

To be advised

Office

The office is attended Tuesday 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

Postal Address

P.O. Box 353, Sunnybank QLD 4109

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



**Queensland
Government**

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. The SHQ newsletter editor reserves the right to edit contributed articles.

Please Tell Us!

Self Help Queensland welcomes feedback on any aspect of our services. We invite you to tell us if you have identified any areas for improvement. Constructive criticism is always welcome. Of course we'd also like to know what you think we are doing right!

SHQ Policy Manual Available

SHQ recently developed and ratified a comprehensive Policy manual in accordance with Standards for Community Services.

Viewing of the manual at the SHQ office is welcome.

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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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But nowhere in the brief for the Local Health and Hospital Network or the Medicare Local, or, indeed the National Health Reform does it mention community support services such as ours.

We have received a 'contract variation', to be agreed to and signed, to signify the 'new' approach. Some of you may have received these as well. The time frame for organisations to respond to the contract variation is short. It contains the paragraph:

"The Department may give notice to the recipient (Novation notice) confirming this agreement is novated or transferred by the Department to a Local Health Network (Novatee) as part of national health reform. Novation of this agreement takes effect from the date specified in the Transfer of Novation notice....."

Non-government organisations who have received this contract variation and some of the peak bodies have raised the following concerns:

- The clause does not allow for a period of notice and an opportunity for discussion with the Department and Local Health and Hospital Network (LHHN) on the implications of the transfer.
- As statutory bodies Local Health and Hospital Network need to agree to the transfer. The clause does not reflect the need for negotiation with LHHNs.
- The implications for state-based non-government bodies or programs funded by Queensland Health is unclear. It is more appropriate for state based functions to be centrally contract managed.
- It may be beneficial to delay contract variations until the outcome of the Queensland election is known when there will be more certainty about the Queensland Government's approach to transitioning services to LHHNs.

We suggest, along with the Community Health Services Network group set up by QCOSS, that the period for response be extended to allow for further discussion with Queensland Health about the broader relationship between non-government organisations and QH as a result of the implementation of national health reform in Queensland. An alternative clause could be considered to reflect the issues raised above for example: "Queensland Health may look to transfer contracts to Local Health and Hospital Networks and may enter into negotiations with Local Health and Hospital Networks and non-government organisations regarding the transfer."

This approach is consistent with the Queensland Compact founded on principles of co-operation and meaningful communication.

It seems that our non-government support services will be the last in the bath and that there's a real risk we'll be thrown out with the bath water.

If you also received a letter and addendum to your service agreement with QH and have concerns about how it will affect your organisation and its funding, we would encourage you to make contact with the QH officer named at the end of your letter.

Regards
Thea

"The older we get, the more we come to value the people 'Who Knew Us When'. They can remind us who we are, where we came from, how we got here. Sometimes these are fellow veterans of our most painful battles, and maybe we didn't always fight on the same side. But their presence in our lives, their unique ability to see us, the whole of us, is important.."

Mark Spearman, 2011
USA writer, pop culture and current affairs provocateur.



Would you like to Showcase your Community Self Help Group?

15,000 people
28th & 29th July 2012

Centenary Community Connections holds a weekend festival annually at Seventeen Mile Rocks which attracts up to 15,000 people. This year the festival will be held on the week-end of 28th – 29th July.

A number of small self-help groups attend – starting price for a stall space is \$25. Please go to their website and fill out the community group application form. <http://www.centenaryrocks.com/> The website is currently under construction but if you look down you will see a listing of stall holders – please select the community group application.

If you have any enquiries please contact Belinda at registrations@centenaryrocks.com

Sexual Assault Support Group Offered to Young Women



ZigZag young women's resource Centre is offering a support group for young women, between the ages of 15 and 25, who have experienced sexual violence.

The group will meet once a week for 7 weeks and will be facilitated by 2 sexual assault counsellors. If you need child care or want more information about the group:

Call Adela or Stephanie on 3843 1823

Date: Monday 2 April

Time: 5pm – 7:30pm


Venue: 575 Old Cleveland Road, Camp Hill

RSVP: 28 March 2012

*Monday 9 April and Monday 7 May are public holidays.

Sunshine Coast Autism Spectrum Disorder Support Group

We meet the last Wednesday of the month at Maroochy Waterfront Hotel, Bli Bli 10am
Contact: Lisa Chilman 0400 845 844 E: sunshinecoastasdsupportgroup@live.com.au

 www.facebook.com/home.php?sk=group_170357836322678&ap=1

The Australian Tinnitus Association

invites you, your family and friends to the Brisbane self-help group meeting on

Saturday, 26th May 2012, 2-4 pm at 21 Vulture St, West End

For more information contact: Rod Murphy (07) 3289 2835 Pam Ganly (07) 3399 5271
Jill Lindley by email on pandj@tadaust.org.au (Venue is looped)



PFLAG is very proactive in promoting acceptance and understanding of people who disclose their sexual diversity to family and loved ones. Parents often feel isolated, confused or angry when their loved one 'comes out' and this is an important area where PFLAG can offer assistance.

Join us at our meetings, held every 2 months or contact us by phone: 0400 767 832 or email: info@pflagbrisbane.org.au



IBIS | IRRITABLE BOWEL INFORMATION & SUPPORT ASSOCIATION OF AUSTRALIA

Noelene Kidd, Executive Secretary, receives emails like this:

- "I have had a few days when I can't leave the toilet. I'm desperate!"
- "When I'm out I get anxious I won't get to a toilet on time."
- "I am interested in joining from a professional and consumer point of view as I am a health professional with Irritable Bowel Syndrome (IBS)."
- "I have a son with IBS which affects his social life and affects his work."
- "I have constipation and bloating and I'm in such pain."
- "Over the years I've tried lots of medications but they don't always work."
- "I've had IBS for many years and now I've had a flare up. I feel I need to talk to people who understand."

People from all sections of the community and all walks of life can suffer from Irritable Bowel Syndrome. It is estimated that 20% of Australians over the age of 20 suffer from IBS at some time. It is the most common gastrointestinal disorder.

You are not alone! It is easy for sufferers of IBS to isolate themselves from the community or even their own family and friends. It can be an embarrassing condition. Understanding the condition and knowing others who also suffer can give those who have IBS knowledge and courage to improve their lives. The main trigger for symptoms of IBS is stress, whether this is dietary (food intolerances), emotional, or environmental stress. By accepting and understanding the condition, people with IBS can gain control and confidence.

Treatments. Treatment is a matter of trial and error. Diet plays an important part, especially lactose intolerance, fructose malabsorption, or eating FODMAPs. Balanced healthy eating with high fibre food frequently helps. Reducing stress is easier said than done.

What does the Irritable Bowel Information & Support Association of Australia, Inc. (IBIS) do? Everyone is welcome to email or telephone and discuss their problems.

Our newsletter, *Ibis Nest*, has news, educational articles, stories of people with IBS, ideas, and details of research. It contains the latest information on medications, natural products, and therapies, which may help in controlling IBS symptoms. Book reviews and website information are also featured.

Occasionally meetings are held to give information or encourage one another. Notices appear with the newsletter.

We have a *Member Resource Pack* which contains more detailed information on managing irritable bowel syndrome and a CAN'T WAIT card.

Who can join IBIS? Membership of IBIS is open to everyone who has irritable bowel syndrome and also family members and friends. Before joining, we recommend that you are diagnosed with IBS by a medical professional to rule out any other cause of

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your symptoms. Health professionals who assist people with IBS are welcome to join.

IBIS is a not-for-profit, self-funded mutual association which relies upon its members and volunteers. Donations over \$2 may be claimed as an Income Tax Deduction. We operate throughout Australia but all administrative matters are handled through the office in Queensland. Our logo features the straw-necked ibis, widespread throughout the country.

Enquiries: IBIS, PO Box 461, MT OMMANEY QLD 4074
Phone: 07 3376 2496 Email: contact@ibis-australia.org
Website: www.ibis-australia.org

How to Report Problems with Medicines, Medical Devices and Adverse Reactions to Medicines



Report an Adverse Reaction to a Medicine

For prescription, over-the-counter and complementary medicines and vaccines, reports can be made:

Adverse Medicines Events line on 1300 134 237

(This phone-in service, provided by the Mater Hospital, Brisbane, is available for members of the general public who suspect they have experienced an adverse medicine event. The service forwards reports of suspected adverse reactions to the TGA.)

Report a medicines deficiency or defect

For deficiencies or defects of medicines that may have arisen during manufacture, storage or handling, reports can be made:

Medicines: 1800 044 114 or email adr.reports@tga.gov.au

Report a problem with a medical device

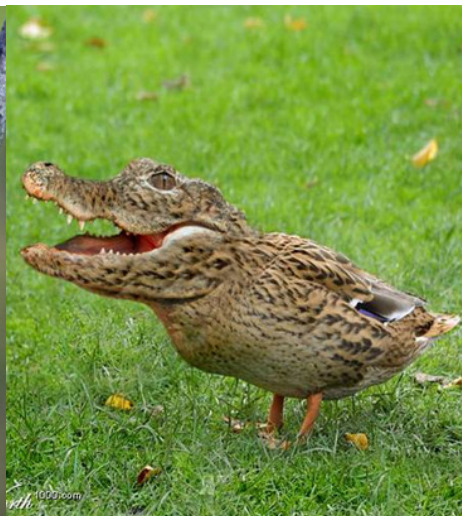
For medical devices, including in vitro diagnostic medical devices, reports can be made:

Medical devices: 1800 809 361 or email iris@tga.gov.au

Office of Product Review, Therapeutic Goods Administration, PO Box 100 WODEN ACT 2606

**SHQ Has a New Email Address - Please Change to:
info@selfhelpqld.org.au**

Ever Woken Up Thinking Things Seem A Bit Different?



Genetic Matters

by Kim Summers PhD

Live long and learn

The average life expectancy of an individual born between 2005 and 2010 is about 67 years. The range is from over 80 years in countries such as Australia, Switzerland, Japan and Iceland, to less than 50 years in several African countries with high levels of HIV/AIDS and other infectious diseases.

For those of us in developed countries, planning for this long life is a major concern as we get closer to retirement age and begin to wonder whether we can maintain our lifestyle on the pension or superannuation. Would it help if we knew exactly when we are going to die of natural causes? There are a number of on-line calculators that take into account your health, family and environment and give you an estimate of when you are likely to die. Recently one of these calculators told me I would live to 95 years old.

These calculators look at obvious causes of early death: history of smoking, family history of cancer or heart disease, sedentary occupation, overweight and so on. They also take into account whether you have elderly relatives who have made it beyond the average life expectancy. This is because there are strong genetic factors involved in determining the maximum length of life you might lead. Now a company is offering a genetic test that is supposed to predict how long you will live from the time of the test.

The test uses one of the genetic factors thought to be related to how long your cells can continue to divide, which gives some idea of how long those cells can support the whole body in life. Each time a cell divides it loses a little bit of DNA from the ends (telomeres) of each of the 46 chromosomes. This process is part of natural aging of the cells, and prevents a cell from continuing to divide long after it has accumulated changes to the DNA which affect its function. Fortunately, once the cell's DNA has become too short to function properly any more, there are other cells, stem cells, waiting to divide and replace it.

A few cells in the body do not lose DNA at cell division. These are the germ cells, the cells that are going to form eggs and sperm. They keep their DNA full length because of a protein called telomerase that rebuilds the ends of the chromosomes and prevents the loss of material. Cells with telomerase are essentially immortal, and we now know that many cancer cells also have telomerase and can keep dividing indefinitely, even though their DNA is damaged and they are causing havoc in the body.

Aside from those exceptions, cells shorten their telomeres each time they divide, so the length of the telomere can be an indication of how often the cell has divided, and hence of its age. If we can tell how old a cell is, can we tell how old the body is? And if so, can we tell how long the body containing these cells is likely to survive? That's the basis of this new test. The company claims that by measuring telomere length, they will be able to tell how well a person's biological age matches the chronological age. They provide an estimate of the percentage of short telomeres, which is thought to correlate with aging and disease (including Alzheimer disease and cardiovascular diseases).

How would knowing your biological age help you to live a long and healthy life? Lifestyle influences the shortening of telomeres, so if you find you have a high level of short telomeres it could be a warning call to change what you can about your life to try to override this biological aging process. You might retire early, make your will, be more vigilant about checking for signs of disease or try for dubious treatments supposed to increase telomere length and retard aging.

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Your insurance company might be interested in your results because they have a financial interest in having you living (and paying your premiums) as long as possible. You might even see this as a death sentence and give up trying to be healthy because your telomeres are controlling your fate.

However, currently this test does not provide precise predictive information that would allow high level life planning. It doesn't predict life expectancy to the level of months or years. There are many factors that influence the length of the telomeres, some of which you cannot change (genetics) and there are no medical treatments to restore telomere length. The test may be an indicator of underlying health but does it tell you more than your local doctor: all the things you can change are the things your doctor has been telling you for years (stop smoking, reduce weight, get more exercise, relax...) Would confirming that your 50 year old body contains the telomeres of an 80 year old be any more likely to make you make these changes than the constant barrage of advertisements and health advice we currently receive?

And do you really want to know when you will die?

Kim is Professor of Comparative Genetics at the Roslin Institute, University of Edinburgh, and a member of the School of Medicine at UQ. Kim is also a valued past member of the SHQ management committee.

Want to Connect With Others Who've Been There?

Join Mayo Clinic's Free Online Health Community

When you're facing a health concern, sometimes what you really need is someone who has already been there. That's what Mayo Clinic's online community is all about: connecting people who have been through the Mayo Clinic experience with others facing a similar health concern.

Each year, more than 500,000 unique patients from every U.S. state and nearly 150 countries visit one of the Mayo Clinic campuses in Arizona, Florida or Minnesota for diagnosis and treatment. These patients, their families and friends, and Mayo Clinic's 50,000 employees and students are part of the global Mayo Clinic community. This site provides a place for community members to share information, support and understanding.



www.mayoclinic.org/connect/

Food in an Emergency Fact Sheets

Many households may lose access to water, electricity and food stores during emergency events such as floods, storms, cyclones or bushfires. Households need to be prepared with a household emergency kit containing food and water for at least 3 days up to 7 days. Queensland Health has prepared some fact sheets on stocking your pantry for an emergency, available at www.health.qld.gov.au/healthieryou/disaster.

"When I give food to the poor, they call me a saint. When I ask why the poor have no food, they call me a communist."

Dom Helder Camara

Brazilian Poet, Mystic, Missionary, Defender of the Poor

1909 - 1999

(Exiled in his own country, the military dictatorship in Brazil in 1970 banned him from public speaking and forbade even the publication of his name in any media. He became as well known around the world as his countryman, Pele.)



Self Help Queensland News

3rd Annual Self Help and Support Group Awareness Day 2012

When: Wednesday 22nd August 2012
Where: King George Square, Brisbane
Why: To raise public awareness of the benefits of self help and support groups
What: Individual booths, signage, table, chairs, display board, for groups to display information, meet and speak with general public
How: Contact Trish at Self Help Qld for further information 33446919 or email info@selfhelpqld.org.au

From feedback gathered in 2011

- We have outgrown our previous venue, Reddacliff Place
- King George Square has more room, more traffic, designated entertainment stage
- Wednesday is very busy - market Day - more people in the City
- Less noise restrictions in KGS, therefore more entertainment to attract crowds
- Allocation of more booths to more groups, and friendlier floor plan for booths

Your group's Public Liability Certificate of Currency (photocopy) is required for viewing by SHQ's Insurance Company. If your group does not have Public Liability Insurance please let us know early so we can try to make arrangements to cover you for a special event.

What to do if you are interested in taking part in 2012

Contact Trish at SHQ on 33446919 or email info@selfhelpqld.org.au to express interest in taking part or offer to help with planning.

Farewell and Thank You Pat Minnaar

After 20 years of co-ordinating and facilitating the Brisbane Obsessive Compulsive Support Group, Pat Minnaar is now saying farewell. Pat has built a huge network of friends, and everyone will wish her well in her retirement. Pat's dedication and commitment to her work with the group could never be equalled. She was also instrumental in gaining funding for the group, a very rare accomplishment. For those of us who know her, we can remember Pat screaming for justice from the rooftops for many years until someone listened. Thank you Pat for your caring, your advocacy and your persistence!

Welcome Jan Tipping and Seonaid Linn

Self Help Queensland is thrilled to welcome two new faces to the Management Committee. Jan Tipping and Seonaid Linn have very impressive credentials, and we look forward to their valuable contributions to SHQ in 2012.



Congratulations to the Somali Community Association of Logan Inc

With a little help from Self Help Queensland, the Somali Community Association of Logan Inc was successful in obtaining a grant through the Logan Mayoress' Community Service Committee Inc Fund to purchase BBQ's, gazebos, outdoor tables and chairs, cooking pots and a camera. This grant has enabled the community to come together outdoors to celebrate special occasions and welcome new arrivals from the refugee camp in Eretria. Both the Somali Community and SHQ are very thankful to the Logan Mayoress' Community Service Committee for providing this great opportunity.

'Schizophrenia' - Unscientific and Stigmatizing

International Society Removes "Schizophrenia" from its Title

Members of the International Society for the Psychological Treatments of the Schizophrenias and Other Psychoses (www.isps.org) have just voted, by an overwhelming majority, to change the society's name to the International Society for Psychological and Social Approaches to Psychosis.

The change comes at a time when the scientific validity of the term schizophrenia is being hotly debated in the lead up to the publication of the latest edition of the Diagnostic and Statistical Manual (see <http://dxrevisionwatch.wordpress.com>).

Publication of the fifth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5) in May 2013 will mark one of the most anticipated events in the mental health field.

Release of DSM5 follows accusations of potential conflicts of financial interest among DSM5 panel members, bias, undue influence by the Pharmaceutical industry, and psychiatrists pitted against each other in a bitter war of accusations and co-accusations.)

ISPS promotes psychological treatments for persons who experience psychosis (eg hallucinations and delusions), and greater understanding of the psychological and social causes of psychosis. Founded in 1956, ISPS now has branches in 19 countries, has its own scientific journal, *Psychosis* (www.tandf.co.uk/journals/rpsy) and has published 13 books in the last decade. Members include psychiatrists, psychologists, psychoanalysts, nurses, occupational therapists, family therapists and academic researchers, as well as users of mental health services and family members.

In debates preceding the vote the two primary reasons put forward in favour of the change were that the term '**schizophrenia**' is **unscientific and stigmatizing**. It was pointed out that the construct has little or no reliability (the extent to which experts can agree on who meets criteria for a diagnosis) or validity (the construct's ability to predict things like prognosis or treatment responsiveness).

Research has also repeatedly found that 'schizophrenia' is one of the most stigmatizing of all psychiatric labels, and promotes unwarranted pessimism about recovery because of the implication that people with this diagnosis suffer from an irreversible 'brain disease'.

"This significant change reflects the ISPS's determination to persuade mental health services to provide high quality psychological interventions for users and families when psychosis is involved. We need to move on from the stigmatising and false idea that schizophrenia is a single identifiable biologically determined 'disease'" ISPS Chair person Dr Brian Martindale (a British psychiatrist and psychotherapist) said.

The new DSM-5 Web site, which includes proposed revisions and draft diagnostic criteria, is now available at: www.dsm5.org

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 also.

Thank you



Arafmi Carer Support Groups

- for people who care for, or about, someone with a mental health issue.

Arafmi is a not for profit community organisation that provides support to families and friends who care for or about someone with a mental health issue and /or psychiatric disability. Arafmi aims to provide emotional support for families and carers, to assist carers and families to cope with the demands of care giving.

Arafmi services include:

24 hour telephone support for carers - 3254 1881 or 1800 35 1881 (Regional QLD only)

- Skills development workshops
- Carer support groups in Brisbane and regional areas
- Carer connect
- Information and Referral
- Publications and resources for families, including customised non-clinical information kits.
- Lending library and newsletter for members
- Face to face counselling
- Community awareness and education
- Education and training for workers
- Kui - Lifestyle Support

Arafmi Respite homes :

- Jerendine - Brisbane South
- Coolibah - Brisbane North
- Adina - Pine Rivers / Caboolture
- Karinya - Ipswich

Arafmi aims to :

- Provide emotional support for families and cares of people who have a mental health issue
- Provide accurate information for carers and families
- Assist carers and families to cope with the demands of care giving
- Increase community awareness and understanding of mental health issues and the carers role
- Reduce the stigma attached to mental illness
- Convey the needs of carers and families to health care professional, Government and the community

Arafmi Support Groups in the Brisbane Region

- Indooroopilly - 1st Thursday of each month
- New Farm - last Saturday of each month
- Valley - 4th Tuesday of each month
- Beenleigh - 4th Wednesday of each month
- Carindale - 1st and 3rd Monday of each month
- Cleveland - 4th Monday of each month
- Sunnybank - 2nd Thursday of each month
- Ipswich - 1st Tuesday of each month
- Logan - 2nd Wednesday of each month
- Redcliffe - 3rd Wednesday of each month
- Caboolture - 2nd Friday of each month
- Strathpine - 2nd Thursday of each month
- The Park - Last Saturday of each month (This group is specifically for carers who have loved ones staying at he facility)

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Arafmi Regional Support Groups

- Bundaberg – 4th Friday & 2nd Monday of each month
- Caloundra - 3rd Tuesday of each month
- Gladstone – 3rd Wednesday of each month
- Maryborough – 2nd Monday of each month
- Rockhampton – 2nd Tuesday of each month
- Toowoomba – 4th Thursday of each month

What are Arafmi Carer Support Groups all about?

Arafmi Carer Support Groups are open to anyone who is caring for a friend or relative with a mental illness and /or psychiatric disability in Brisbane and regional QLD.

You do not need to be a member of Arafmi or book in to attend a group, just turn up. There is no cost in attending a Carer Support Group.

YOU ARE NOT ALONE

Groups meet for 2 hours. For information contact 3254 1881 or www.arafmiqld.org

2012 is the Australian Year of the Farmer

Australian Year of the Farmer is a celebration of the vital role farmers' play in feeding, clothing and sheltering us all.

To support farmers go to: www.yearofthefarmer.com.au

New – Veterans' Families Helpline

Are you a family member or carer of a veteran or former serving member? Do you have concerns about their mental health? For the Veterans' Families confidential information and referral helpline, please call 1800 156 005 or visit:

www.veteransfamilieshelpline.org.au

MHAQ Statewide Mental Health Information Line

The Mental Health Association QLD (MHAQ) has announced the launch of a Statewide Mental Health Information Line.

80% of people who have a dependence on drugs and alcohol also suffer with a mental health issue. The Mental Health Information Line can direct enquirers to relevant support services in this area.

The Mental Health Information Line utilises Queensland's most comprehensive services directory developed by the organisation over the past 10 years in assisting enquirers to find out about local service providers, support groups, community programs and many more mental health related services across Brisbane.

Mental Health Information Line
Phone: 1300 729 686

Contact MHAQ: Email: info@mentalhealth.org.au Website: www.mentalhealth.org.au

2012 - A National Year of Reading

Around Australia children aged 2–12 are being asked to participate. Each State and Territory will run a competition for the best short story, letter or picture which tells a story about a child's home town or a special place they have visited in Australia. Categories include under-five year-olds and five-to eight-year-olds.

www.love2read.org.au/awty-competition.cfm



About Compulsive Hoarding

By Mayo Clinic Staff

Hoarding is the excessive collection of items, along with the inability to discard them. Hoarding often creates such cramped living conditions that homes may be filled to capacity, with only narrow pathways winding through stacks of clutter. Some people also collect animals, keeping dozens or hundreds of pets often in unsanitary conditions.

Hoarding, also called compulsive hoarding and compulsive hoarding syndrome, may be a symptom of obsessive-compulsive disorder (OCD). But many people who hoard don't have other OCD-related symptoms.

People who hoard often don't see it as a problem, making treatment challenging.

Symptoms

In the homes of people who are compulsive hoarders, the countertops, sinks, stoves, desks, stairways and virtually all other surfaces are usually stacked with stuff. When there's no more room inside, the clutter may spread to the garage, vehicles and yard.

Hoarding affects emotions, thoughts and behaviour. Signs and symptoms of hoarding may include:

- Cluttered living spaces
- Inability to discard items
- Keeping stacks of newspapers, magazines or junk mail
- Moving items from one pile to another, without discarding anything
- Acquiring unneeded or seemingly useless items, including trash or napkins from a restaurant
- Difficulty managing daily activities, including procrastination and trouble making decisions
- Difficulty organizing items
- Shame or embarrassment
- Excessive attachment to possessions, including discomfort letting others touch or borrow possessions
- Limited or no social interactions

People who hoard typically save items because they believe these items will be needed or have value in the future. A person also may hoard items that he or she feels have important emotional significance — serving as a reminder of happier times, for example, or representing beloved people or pets. People who hoard may report feeling safer when surrounded by the things they save.

It's important to note that hoarding is different from collecting. People who have collections, such as stamps or model cars, deliberately search out specific items for their collections. Collectors often categorize their items and carefully display them. Hoarders, on the other hand, will save random items they encounter in their daily life and store them haphazardly in their homes or surrounding areas.

When to see a Doctor

Hoarding ranges from mild to severe. In some cases, hoarding may not have much effect on your life, while in other cases it affects you on a daily basis.

Clutter and difficulty discarding things are usually the first symptoms of hoarding. These early indications of a problem usually surface during the teenage years. As an affected person grows older, he or she typically starts acquiring things for which there is no need or space. By middle age, symptoms are often severe and may be more difficult to treat.

(Continued on Page 14)

(Continued from Page 13)

Causes

It's not clear what causes hoarding. The condition is far more likely to affect those with a family history of hoarding, so genetics and upbringing are likely among the triggering factors.

Risk factors

Hoarding can affect anyone, regardless of age, sex or economic status. It's not clear, though, how common hoarding is. That's partly because researchers have only recently begun to study it, and partly because some people never seek treatment.

Risk factors and features about hoarding that researchers have come to understand:

Age. Hoarding usually starts in early adolescence, around age 13 or 14, and it tends to get worse with age. Younger children may start saving items, such as broken toys, pencil nubs, outdated school papers and broken appliances.

- **Family history.** There is a very strong association between having a family member who is a compulsive hoarder and becoming a hoarder yourself.
- **Stressful life events.** Some people develop hoarding after experiencing a stressful life event that they had difficulty coping with, such as the death of a loved one, divorce, eviction or losing possessions in a fire.
- **A history of alcohol abuse.** About half of hoarders have a history of alcohol dependence.
- **Social isolation.** People who hoard are typically socially withdrawn and isolated. In many cases, the hoarding leads to social isolation. But, on the other hand, some people may turn to the comfort of hoarding because they're lonely.

Tests and diagnosis

Hoarding isn't yet considered an official, distinct disorder. However, it appears to be more common in people with psychological disorders, such as alcohol dependence, obsessive-compulsive disorder, depression, anxiety and attention-deficit hyperactivity disorder.

To diagnose hoarding, mental health providers check for three main characteristics:

- Acquisition of a large number of possessions that others would consider useless, along with an inability to discard them
- Having an overly cluttered home or living spaces — so cluttered that living spaces can't be used as intended, such as not being able to sleep in your bed, take a bath in your tub, or prepare food in your kitchen
- Having significant distress over your hoarding or difficulty accomplishing your daily activities

Treatment

There are two main types of treatment for hoarding — psychotherapy and medications.

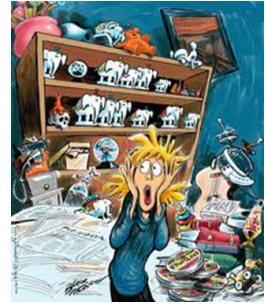
Cognitive behaviour therapy is the most common form of psychotherapy used to treat hoarding.

Research continues on the most effective ways to use medications in the treatment of hoarding. The medications most commonly used for hoarding are a type of antidepressant called selective serotonin reuptake inhibitors (SSRIs). However, not everyone responds to this treatment.

<http://www.mayoclinic.com/health/hoarding/DS00966>

Declutter Your House in 11 Easy Steps

By Maria Gracia



1. **Pick a room—Any room**

Decide on what room to start on.

Write it at the top of an A4 size sheet of paper.

This will be your Action Sheet. Example: Bedroom A

2. **Choose an enticing reward**

Designate an appropriate reward to give yourself on the Dumping portion of the job. The reward concept serves as your motivation, so be sure to choose something that you'd really enjoy! Write this reward on your Action Sheet. Example: Treat yourself to a massage or go out for a nice dinner -- whatever it is that you love to do. Write it on your Action Sheet

3. **Set a deadline**

Set a specific Dumping Completion Deadline for this one room. Write it on your Action Sheet. Eg. Dumping deadline: April 30

4. **Schedule time to dump**

Schedule 3 specific dumping dates (one hour for each). Hopefully this will be enough to complete the dumping portion of the job. Write it on your Action Sheet. Then, post the Action Sheet in a prominent place where you are certain to see it every day, like your bathroom mirror. It will serve as a reminder of your goal, deadline and pending reward. Eg. Dumping dates: April 18, 21,24

5. **Keep your appointment**

When the 1st dumping day arrives, keep that appointment, just as you would any other important appointment. Bring a bunch of large garbage bags. Play your favourite music in the background.

6. **Time it**

Set a timer for 2 Hours -- one that sounds off when the hour is up.

7. **Sort through it**

Pick up one item at a time, and start dumping. (If you come across items you want to give to charity or sell on EBay designate a special bag for those items) Whatever you are going to keep, just put to one side of the room.

8. **Do it until the time is up**

Continue doing this until the timer goes off. If you prefer to continue, keep going. Otherwise, stop and follow the same procedures for your next two scheduled dates. Don't let the garbage bags sit there. Make sure they are thrown out now (or donated), or on Garbage Day at the latest.

9. **Celebrate**

Once you've managed to dump everything you don't want or need in that one room, it's time to celebrate. Take advantage of that reward you designated.

10. **Keeping it organised**

Now that everything in that room that you wanted dumped is gone, you're ready to begin putting everything you are keeping back in an organized manner. Be very careful not to put anything else in this room that you don't want.

11. **Repeat**

Repeat this process for each of the other rooms in your house.

www.getorganizednow.com



Declutter Your Health Care Information in 6 Easy Steps

By *Kellie Haigh*

It can be tough to figure out a system for keeping track of health care information. Here are some tips that might help.

Step 1: Gather your information. The first step is to gather all of your health care information together. If you are just starting to manage your own information, you may need to ask a parent or guardian to give you any papers that they have about your health care. Information can include doctor records, bills, health insurance information.

Step 2: Sort your information into piles. Sorting all of this information can seem overwhelming. Start by making a few different piles. For example, make an insurance pile and a doctor's office pile. Put all of your papers into those two piles. Once done, break those two piles down eg prescription medications, disability information, insurance benefits information. Keep breaking down your piles until you are satisfied eg.

- Insurance, or Medicare benefits coverage information
- Prescription drug coverage information
- Doctor's office bills
- Doctor's office receipts
- Information about prescription medications that you are taking
- Information about your disability
- Any other health care information that you have

Step 3: Get folders. Put the information that you have sorted into folders. File folders work well for this. Label the folders so that you know what is inside. For example, one folder will be labeled "Doctor's office bills," and another folder will be labeled "Information about my disability."

Step 4: Read all of your health care information. It is important that you understand your own health care information, but reading it is hard. Start by reading the information in one of your folders. Write down any questions as you read. It is okay if it takes you a long time to read all of your information.

Step 5: Ask for help. Understanding health care information is hard. It is fine to ask for help! Look at your notes that you took while you were reading your health care information. Decide who you need to ask to get your questions answered. You may need to ring the doctor's office or the insurance company. You might want to ask a parent or guardian to help you sort out your questions and figure out how to get the answers. Talking to different people to get answers to your questions may be scary or frustrating. Make sure to get the person's name or ID number. Write down the answers to your questions and who told you the answers. This can be important in the future to show other people why you made decisions based on the answers you received from certain people, their employees. Getting answers to questions and who told you the answers is part of the "documentation" process - important in learning how to advocate for yourself.

Step 6: Add information to the folder. When you get new health care information, read it and write down any questions. Ask all of your questions until you get them answered. Write down the answers to your questions. Then you can add the new health care information to your folders.

<http://www.fvkasa.org/resources/files/health-track.php>



Improving Doctor/Caregiver Communication

There is much to be gained by improving communications between family caregivers and health care professionals, especially physicians. In order to reap these benefits family caregivers and physicians need to gain a better understanding of each other's worlds. Both need to try, as hard as it is, to "walk in each other's shoes." The following guide is offered as a path for doing just that.

Tips for Doctors from Family Caregivers

- Be open and forthright.
- Think about the practicality of the treatments you suggest and consider their effect on the entire family, not just their medical efficacy. When you prescribe medications, be sure caregivers understand potential side effects so they know what to expect.
- In non life threatening situations, assure caregivers that every decision doesn't have to be made on the spot. Respect the right of the caregiver and the patient to think things over.
- Now and then ask the caregiver: How are you? Let them know you understand that illness and disability are a family affair.
- Be accessible—especially when a caregiver is opening his or her heart.
- Reach out to the caregiver—literally. A simple touch can mean a great deal.
- Be sensitive about where you talk to caregivers about difficult subjects—waiting rooms and corridors are not appropriate.
- Always explain as completely as possible all of the legal ramifications of life-saving actions.
- Be prepared to point caregivers toward helpful resources. Living with a chronic illness or disability requires more than medicine has to offer.

Tips for Family Caregivers from Doctors

- Write questions down so you won't forget them.
- Be clear about what you want to say to the doctor. Try not to ramble.
- If you have lots of things to talk about, make a consultation appointment, so the doctor can allow enough time to meet with you in an unhurried way.
- Educate yourself about your loved one's disease or disability. With all the information on the Internet it is easier than ever before.
- Learn the routine at your doctor's office and/or the hospital so you can make the system work for you, not against you.
- Recognize that not all questions have answers—especially those beginning with "why."
- Separate your anger and sense of impotence about not being able to help your loved one as much as you would like from your feeling about the doctor. Remember, you are both on the same side.
- Appreciate what the doctor is doing to help and say thank you from time to time.

(Source: National Family Caregivers Assoc www.thefamilycaregiver.org/caregiving_resources/)



Rupture of PIP Breast Implants

Free Call 1800 217 257

As of 9th March 2012 the Therapeutic Goods Administration had received:

- 171 confirmed reports of rupture of PIP breast implants
 - 26 unconfirmed reports of rupture of PIP breast implants
- (The TGA is continuing to investigate all of these reports.)

Information for consumers and patients

The Australian Government has set up a free call Breast Implant Information Line. Anyone concerned about their implants can call **1800 217 257** for further information.



Questions to Ask Before Participating in a Clinical Trial

By Mayo Clinic staff

Clinical trials offer you a chance to try new treatments. Should you participate in a clinical trial?

Clinical trials are research studies to test ways to detect, prevent or treat disease. You might have a family member involved in a clinical trial, or you might be considering whether a clinical trial is an option for you. Choosing to participate in a clinical trial can be a complex decision. You first need to understand what clinical trials are and how they're used to test new treatments.

Before you agree to participate in a clinical trial, make sure you know the answers to these questions:

- Who is in charge of this study?
- Do the people running the study have a vested interest (conflict of interest) in the outcome?
- What is this study trying to find out?
- What will be expected of you?
- Is it possible that you might receive a placebo?
- What benefits or risks can you expect if you take part in this study?
- How long will the study last?
- What happens if your condition gets worse during the study?
- Can you continue seeing your own doctor during the study?
- Will you need to pay for any part of the study, eg doctor visits and routine tests?
- Who pays if you're unexpectedly injured during the trial?
- How will your participation in the study affect your daily life?
- What happens at the end of the study?
- Will you be told the results of the study? When?
- Who will know that you're participating in the study?

How do clinical trials protect participants' safety?

The same ethical and legal rules that govern medical practice apply to clinical trials. In addition, most clinical research is federally regulated with safeguards to protect the participants. Clinical trials must follow a scientific action plan called a protocol. The protocol explains what will be done in the study and why. It outlines:

- Who may participate
- How many people will take part
- What the treatment plan entails
- The type and frequency of tests
- How the results will be measured
- The reasons that a study may be stopped
- The situations in which researchers may stop giving the treatment to participants
- The likely or known side effects of the treatment
- The possible benefits of the treatment

The organization that sponsors the study, such as the medical centre where the work will be done, must approve the protocol. In addition, an institutional review board must review the protocol to be sure that participants are treated humanely and ethically, and to evaluate whether the likely benefit of the treatment is worth its risk. The review board also checks to see if any of the researchers have substantial conflicts of interest.

A clinical trial may also have a data safety monitoring board overseeing it. As the name suggests, this board monitors the safety of the study participants. (Continued on Page 19)

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The data safety monitoring board can stop a study at any time if it seems that the treatment isn't working or it's causing too many side effects. A trial can also be halted by the board if the treatment is proving to be better than the standard treatment and therefore should be made available to people outside of the clinical trial.

What is informed consent?

Informed consent is the process of learning the key facts about a clinical trial before deciding whether or not to participate. During this process, you learn about the purpose of the trial, as well as key details such as:

- What will happen during the clinical trial, including planned tests
- Known risks and benefits of the experimental treatment
- How long you'll be expected to participate in the clinical trial
- Other treatments that might be helpful to you instead of the treatment being tested
- Whom to contact with questions

You must sign an informed consent form to take part in a clinical trial, but it isn't a contract. If you later decide to leave the study, you can do so at any time.

If your child will be enrolled in a clinical trial, you will go through the informed consent process together. As the parent or guardian, you will have to give permission for your child to participate. Depending on your child's age, researchers may also ask your child directly if he or she agrees to be in the study.

How to decide if a clinical trial is for you

By participating in a clinical trial, you can gain access to new research treatments and help others by contributing to medical research. However, clinical trials aren't without risks. For one thing, the experimental treatment may not work for you. Or you may experience unpleasant, serious or even life-threatening side effects. If you're considering a clinical trial, it's essential to get all the facts and to talk with your doctor about the potential risks and benefits.

-oOo-



Washington Uni Neurofibromatosis Centre Seeks Australians with NF1 for online patient registry.

The Washington University Neurofibromatosis Centre has launched a unique internet-based NF Registry (NF1 Patient Registry Initiative) that will collect medical information to help physicians and researchers better understand the spectrum of medical problems found in children and adults with NF1. All individuals with a diagnosis of NF1 are eligible to complete the 30-minute online questionnaire.

The NF Centre has employed state-of-the-art methods to protect your information, including storing all data on secure computer servers and obtaining a Certificate of Confidentiality from the National Institutes of Health (NIH). The information gained from your participation may one day help doctors develop personalized treatments that improve the quality of life for individuals living with NF1.

Contact:

Kimberly J. Johnson, PhD, MPH

Institute for Public Health Scholar

Assistant Professor, Master of Public Health Program

email: kijohnson@brownschool.wustl.edu

websites: <http://brownschool.wustl.edu/Faculty/FullTime/Pages/KimberlyJohnson.aspx>

Clichés and Klutzes

A Serious Look at Foot in Mouth

By Bob Wyborn

Time will heal it	Get over it; it was 3 months ago	There's plenty more fish in the sea	It's Gods Will	You must be strong
You're only young etc	You can always remarry	They had a full life	I know how you feel	They're in a better place
You can always rebuild	Be grateful for the years that you had	I never liked him/her anyway	There's plenty of other jobs out there	Build a bridge and get over it
It's Karma	Toughen up	It was meant to be	It could be worse	Cheer up it's not the end of the world
Life goes on	It's character building	You'll get over it	Everything happens for a reason	God has a new little Angel

Have you ever experienced the death of a loved one, lost your job, suffered a broken relationship or been subject to some of life's unfairness? Then it is highly likely that you have needlessly suffered at the hands or should I say the mouth of a klutz delivering a cliché. The Yiddish word "klutz" describes, in part a "clumsy, foolish, or accident prone person" whilst the French word "cliché" refers to a "trite and overused expression that has lost its meaning."

The time has come when we must stop making excuses and carrying the load for those people who cart around their clichés and dispense them without thought. The difficulty that arises is that they principally come from those closest to us or from those who we turn to for comforting. Our pain, of course, is enhanced by the unexpected hurt created by such a dismissive comment as a cliché. Our disappointment comes from the realisation that one of our "rocks" with whom we could share our pain and tears has crumbled.

We dared to expose ourselves with our mind numbing pain and hoped to feel some cognisance and recognition that our close friend, carer or loved one had some idea and could empathise and not sympathise - Someone who could feel "sorry" with us and not for us.

The absolute tragedy is that clichés have become almost an ideology which has permeated some in the professional ranks. I recently listened to the head of the supportive department in a large hospital charged with the emotional care of its patients tell a group of bereaved people "that an uttered cliché is better than nothing said at all". I wondered how many bereaved people agreed with this comment and how many carried the needless burden of observed disinterest.

Clichés are often used to escape our feelings. We hear of someone with a significant problem and we turn them into their condition and they lose their name and identity. They become "bipolar or schizophrenic". Facile and crude remarks are made to justify abstract ideologies which will somehow justify ill thought out beliefs. Why haven't they got over their grief in the 8-12 weeks we have allocated them? They must be "Depressed". Get over it and move on.

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Clichés can be seen as heartless, glib comments made by those in denial or are afraid to face a personal reality that is being mirrored by the sufferer. Clichés create the space to retreat from our feelings and deny others theirs. Their use is a form of emotional cowardice. The stance adopted by some who often use clichés is sometimes called “professional distance” It is just a method to create a distance and impersonal contact - a façade at best, at worst - absolute hypocrisy. No one denies that any form of loss involves grief and that it takes immense effort for all those involved.

Professional distance is simply a survival strategy for those unaffected by the personal tragedy. It answers nothing, however its cost to both parties is enormous. To deny someone their feelings because we wish to ignore ours is self centred and destructive.

Nicholas Berdyaev said that, “the greatest sin of the age is to make the concrete abstract”

This is what happens to us when we receive this unsolicited spam. Our reality is invalidated. Our pain and agony is dismissed as an insignificant matter that will be rectified in a few weeks if only we would listen to those who do not know our pain.

Our reality is not only totally denied but we are not allowed our feelings and if grief is not about feelings then our only option is to deny them or add this attitude to our increasing burden of pain. We must not allow those who refuse to carry any personal understanding for our feelings to load us with any unjustified and additional weight.

Whilst we nearly all understand that our friends “meant well” and “didn’t know what to say” it neither eases the pain nor prevents the situation happening again. The simple truth is that we should say nothing when we do not know what to say. Telling someone that you do not know what to say but feel for them resonates with them and shows them that you are honest. The “fixit gene” that impels us to deliver a piece of curatory and profound worldly advice delivers the opposite message.

It is time that we developed simple educative programs in our organisations that taught how easy it really is to show love and compassion to others. As in all change it should begin in our home, education system, work place and social arena.

Let’s Stamp Out Foot in Mouth

(Bob Wyborn is the founder of Grief and Wellness Services. He is a grief counsellor, renowned public speaker, businessman, Australian Leukodystrophy Support Group Qld Representative, and well respected past member of the Self Help Queensland Management Committee)

Registering as a Bone Marrow Donor



Many Australians each year are diagnosed with leukaemia or other fatal blood disorders. A bone marrow or haemopoietic stem cell transplant is the only possibility of cure for many of these patients.

Donors need to be specifically matched to the patient which can make it very difficult to find a donor for certain patients with rare tissue types. Only 1 in 1000 donors will be asked to donate for a patient requiring a transplant in any given year.

Siblings are the ideal donors for a patient in need of a bone marrow or haemopoietic stem cell transplant, but only one patient in three will find a matched donor within their family. The other two in three patients rely on the ABMDR or other international registries to find a suitable match. With your commitment to become a donor we can continue helping those patients in need. To Contact your donor centre in Queensland:

Australian Red Cross Blood Service, 288 Edward Street Brisbane QLD 4000
Phone: +61 7 3309 4916 URL: www.abmdr.com.au

Do You Know Your Blood Type?

10% of Australians have B blood type. As type B is one of the rarest blood types, B type blood donors are always needed, particularly for plasma donations. By giving plasma regularly, you can help people with B and O blood types.

Blood type A

- 38% of Australians have type A blood
- As type A blood is common, it is in constant demand and more is always needed
- By giving blood regularly you can help other As and also people with AB blood types

Blood type O

- 49% of Australians have type O blood
- Type O is the most common. It is in constant demand and more is always needed.

Blood type AB

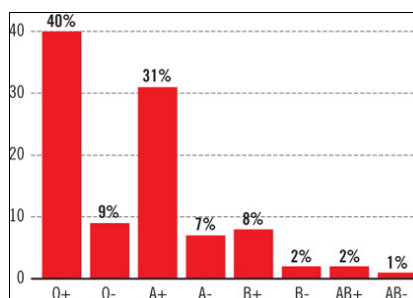
- Just 3% of Australians have type AB blood
- Even though type AB is the rarest blood type, type AB plasma can help people with any blood type. So, more type AB plasma donors are always needed
- By giving plasma regularly you can help people with AB, O, B and A blood types

I don't know my blood type – how do I find out?

Book an appointment to donate at your nearest donor centre or call 13 14 95. After you've donated and your blood has been tested, you'll receive a donor card which has your blood group on it.

How many blood types are there?

There are 8 different blood types and the graph to the right shows the percentage of Australians that have a particular blood type.



Where do we get our blood type from?

Everybody has a particular blood type which is inherited from your parents. A combination of genes from them determine the presence (or absence) of certain substances called antigens on the surface of all your red blood cells.

What blood types can be given in an operation?

When a transfusion is given, it's preferable for patients to receive blood of the same ABO and Rh(D) group. However, in an emergency, if the required blood group isn't available, a patient may be given another group as shown at right.

How donated blood is used

The majority of donated blood goes to people with cancer, as well as people who have suffered traumatic accidents, burns or who undergo surgery. Plasma is used to make 17 different products and contains very important proteins, nutrients and clotting factors which help to prevent and stop bleeding. Platelets are used to help clot the blood and seal wounds in surgical and cancer patients. Leukaemia and chemotherapy treatments can reduce a patient's platelet count.

Patient's Blood Type	Donor's Blood Type							
	O-	O+	B-	B+	A-	A+	AB-	AB+
AB+	✓	✓	✓	✓	✓	✓	✓	✓
AB-	✓		✓		✓		✓	
A+	✓	✓				✓		
A-	✓				✓			
B+	✓	✓	✓	✓				
B-	✓		✓					
O+	✓	✓						
O-	✓							

(Continued on Page 23)

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All blood components have a short shelf life, creating need for a constant blood supply.

Platelets up to 5 days Red Cells 42 days Plasma up to 1 year

Blood Safety

Each time you give blood, Red Cross tests your donation for ABO (blood type), Rh groups (i.e. positive or negative) and red cell antibodies.

Test are done for 5 transfusion-transmissible infectious diseases, using 7 different tests:

HIV/AIDS Hepatitis B Hepatitis C Human T-cell Lymphotropic Virus- HTLV Syphilis and **malaria** from donors who have resided in or travelled to malaria regions.

Test results

Donors of any abnormal results on infectious disease and red cell antibody screening are notified once testing is completed, usually within two weeks. The donor is advised about their health implications. The information is confidential and released only to the donor and agencies as required by law such as to the State Department of Health.

Source: www.donateblood.com.au/all-about-blood/blood-types

Thank you to the Australian Red Cross Blood Service for their informative material.

Some of our More Unusual Phobias

(www.phobialist.com)

Alektorophobia - Fear of chickens

Arachibutyrophobia - Fear of peanut butter sticking to the roof of the mouth

Catoptrophobia - Fear of mirrors

Chrematophobia - Fear of money

Cibophobia - Fear of food

Didaskaleinophobia - Fear of school

Deipnophobia - Fear of dining and dinner conversation

Eleutherophobia - Fear of freedom

Eosophobia - Fear of dawn or daylight

Gephydrophobia/ Gephyrophobia/Gephysrophobia - Fear of crossing bridges

Hippopotomonstrosesquippedaliophobia/Sesquipedalophobia - Fear of long words (Oh, the irony)

Homichlophobia - Fear of fog

Lachanophobia - Fear of vegetables

Limnophobia - Fear of lakes

Linonophobia - Fear of string

Myxophobia - Fear of slime

Panophobia/Pantophobia - Fear of everything

Pentherophobia - Fear of one's mother-in-law

Pogonophobia - Fear of beards

Scoleciphobia - Fear of worms

Xanthophobia - Fear of the colour yellow or the word yellow

A phobia is an irrational and excessive fear of an object or situation.

In most cases, the phobia involves a sense of endangerment or a fear of harm.

(American Psychiatric Association)

Common symptoms associated with phobias include:

- Dizziness
- Breathlessness
- Nausea
- A sense of unreality
- Fear of dying

In some cases, these symptoms can escalate into a full-scale anxiety attack. Contact your general practitioner if you experience these symptoms

Gender & Sex - What's the Difference?



Sex = Male/Female

Defines your biology via your reproductive organs.

Gender = Masculine/Feminine

This is you, your inner self. How you see yourself.

Sexual Orientation [e.g. Straight, gay, lesbian, bisexual]

Which sex, male or female, a person finds sexually attractive.

Sexual Identity

The anatomy sex that a person feels comfortable with

Gender Identity

Mentally, emotionally, spiritually how a person see himself or herself.

Trans = across or over, [cross over]

Gender = any set of two or more categories, such as masculine, feminine and neuter, into which words are divided according to sex, animation, psychological as- sociations, or some other characteristic and that determine agreement with or the selection of modifiers, referents or grammatical forms.

Transgender = an ordinary person with a medical condition - Gender Identity Disorder/ Gender Dysphoria

These are good terms because they are an accurate description. The condition is related to the sense and expression of gender. It has nothing to do with sex or sexuality. A person with this condition has a mismatch between the gender they experience in their mind and the sex of their body. Usually, both the body and mind are healthy and that is why it is such a difficult condition to treat. There is nothing wrong with the mind or body they are just mismatched.

This mismatch does however cause considerable stress and distress for the person with this condition. "Trapped in the wrong body" is an easy concept to grasp.

Medical science has shown that it's actually easier to change the body then to try and change the mind. That is why treatment for this condition involves hormone therapy and surgery to change the body to match the mind and relieve the distress.

No one chooses to be a transgender or transsexual.

Transgender/Transsexual

In Queensland we use the term transgender to remove the reference of sex. The term transsexual is often avoided because it tends to have emotional or sensational connotations for some people. Both terms are accurate though.

Transvestite/Cross-dresser

A male person who is usually heterosexual [straight], sometimes married with children, who enjoys being a man but needs to wear women's clothing on a regular basis for relief and/or to express their feminine side. Female cross-dressers are now so much a part of our culture and so common, it goes largely unnoticed.

Drag Queen/Drag King

The term Drag Queen is used to describe a cabaret show that involves gay guys dressing up outrageously to mime to a recorded song. Normally found in gay nightclubs. Sometimes a transgender person will do this to raise much needed money for surgery. The term Drag King is used for lesbian women dressing up as men in a cabaret show.

(Sourced from PFlag Feb/Mar Newsletter 2012 Page 4)

**For information and support contact:
Australian
Transgender
Support Association
Qld Inc
www.atsaq.com**



Invitation Cardiomyopathy Seminar

"Cardiomyopathy, a moving picture"
Brisbane - Saturday 15 September, 2012

1.00pm to 5.00pm
Edwin Tooth Auditorium
Royal Brisbane & Women's Hospital

www.cmaa.org.au Our 2012 seminar will be held in Brisbane. It will focus on recent developments in research, diagnosis, treatment and after care of people with CM. We are pleased to provide advance details of the program and speakers

Dr James Hare, Alfred Hospital, Melbourne. James specialises in the use of MRI diagnostic techniques for CM, having undertaken research and practice in Calgary.

Professor Chris Semsarian, Centenary Institute, Sydney. Chris is regular presenter at our seminars and has had a longstanding special interest in the research of CM.

Dr Jodie Ingles, Centenary Institute, Sydney. Jodie set up the National Heart Disease Registry at the Centenary Institute.

Ms Cecilia Peng, Pharmacy Department, Royal North Shore Hospital, Sydney. Cecilia has an extensive working knowledge of medications used in the treatment of CM.

Dr Charles Worringham, QUT's Institute of Health and Biomedical Innovation, Brisbane. Charles has been involved in the development of remote cardiac rehabilitation systems.

The seminar will conclude with a Q and A session with all speakers

There will be no charge for attending the seminar, but registration will be required for catering purposes. Brochures will be available later with further details. Meanwhile, please note the date of what promises to be an interesting event. You may register your and/or your organisation's interest with our seminar convenor who will arrange for you to receive brochures as soon as they are available.

If you have any questions please contact our seminar convenor:

David Abbott
Phone: 07 3202 8138
Mobile: 0421 055 355
Fax: 07 3202 8497
Email: abbottdm@gil.com.au or mapl@live.com.au



About the Cardiomyopathy Association of Australia Ltd

The CMAA Ltd. is a voluntary, charitable organisation founded in 1994. The Association's main aims are:

- to provide opportunities for members to share experiences and support each other.
- to provide up-to-date information about Cardiomyopathy to members and those in the medical profession via quarterly meetings and quarterly newsletters.
- to increase public awareness about Cardiomyopathy.
- to foster medical research in this area.



Diary Dates

24th - 25th May 2012: National Medicines Symposium: "Building a Medicinewise Community"

URL: www.nps.org.au/topics/nms

Venue: Sydney Convention & Exhibition Centre

28th - 29th May 2012: 10th Communities in Control Conference "Community Groups at the Crossroads" (*)Last ever Conference)**

Ph: 03 9230 6800

Email: service@ourcommunity.com.au

URL: www.ourcommunity.com.au/cic2012

Venue: Melbourne

31st May - 1 June 2012: Health and Community Services Workforce Innovation Conference

The Premier event for researchers, education and training providers, policy makers and members of the industries to explore new and creative workforce planning, development and innovation research and practices. Keynote Speakers: Tim Costello, Dr Jackie Huggins, Peter Baines, Robyn Moore

URL: www.workforceinnovation.org.au

Venue: Brisbane, Hilton Hotel

7th - 8th June 2012: Altering States: Working for Wellbeing"

Ph: (+61 3) 9349 2220

Email: info@conorg.com.au

URL: www.alteringstates.com.au

Venue: Brisbane Convention & Exhibition Centre

13th - 15th June 2012: Suicide and Self Harm Prevention Conference

"Every Life Matters: Collaboration Across Cultures Building Community Resilience"

Ph: 07 4051 0727

URL: www.kochfoundation.org.au

Venue: Cairns Convention Centre

"Clutter Begins in the Mind and Ends Up on the Floor"

Author unknown

21st - 22nd June 2012: Young Minds Conference. The Young Minds Conference is a summit of 50+ leading thinkers from Australia and around the world, addressing the vital issues facing our youth.

URL: www.youngminds.org.au

Venue: Sydney Convention and Exhibition Centre

27th July 2012: QCOSS State Conference

Ph: 07 3004 6936

Email: donettef@qcross.org.au

URL: www.qcross.org.au/qcross-state-conference-2012

Venue: Rockhampton

24th - 25th August 2012: Queensland Transgender, Sistergirl and Gender Diverse Conference: "Health and Wellbeing into the Future"

We acknowledge and respect the diverse range of ways people in our community identify and describe themselves and each other or their journeys.

We welcome people from the trans, sistergirl, brotherboy, transsexual, transgender, gender diverse, transman, transwoman, intersex, genderqueer, genderfluid, bigendered, agendered, androgyne, grrl, boi, MTF, FTM, transvestite, crossdresser, pre-op, post-op, female, and male community.

URL: www.transconference.org.au

Venue: Cairns - Rydges Esplanade Resort

Please Note Our New Email Address

info@selfhelpqld.org.au

