



Newsletter March Quarter Issue 1. 2013



**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

Welcome to the first quarter of the New Year.

In the last Newsletter I advised that we received a Grant from the Gambling Community Benefit Fund. I am pleased to advise that this funding is being used to create a free, online searchable Directory of Queensland Self Help and Support Groups, as well as a major upgrade to our Website.



Joseph Soda

The upgrade will have the following benefits:

- A Queensland Directory of Self Help and Support Groups listed under the one roof
- Free, user friendly, and able to be accessed by anyone with a computer or laptop
- A mobile interface allowing access to the Directory via iPad, iPad Mini and iPhone
- Adapted to fit multiple screen sizes
- Updating of information easier and more economical
- Freeing up of SHQ worker time to give more attention to groups

We are excited about this project and have enlisted the GO1 organisation to develop the upgrades, including staff training.

While the upgrading is in process I hope you will have patience with our staff as they become familiar with the systems that will be put in place. In the long term this will be a major benefit in streamlining communication with the various organisations we assist.

There are a large number of Self Help and Support Groups in Queensland, and our staff have identified many more in recent weeks. This upgrade will be essential to enable us to continue to work efficiently with these groups.

In respect to ongoing funding for our core business, we are still yet to have confirmation from Queensland Health that this will be granted before the current expiry date of June 2013. However we remain confident that it will be continued.

The Brisbane Obsessive Compulsive Disorder Support Group, which we auspice, is continuing thanks to funding from the Mental Health Branch of Queensland Health.

(Continued on Page 3)

Self Help Queensland Management Committee Members

President Joseph Soda
Secretary Kathy Thomas
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

BOCDSG Co-ordinator

Janine Rhodes

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

Phone/Fax: (07) 3344 6919

Email: info@selfhelpqld.org.au

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

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 Community Services Standards

Viewing of the manual at the SHQ office

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Thank you to our current funding bodies - Qld Health and the Gambling Community Benefit Fund.

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Our Coordinator Janine Rhodes has experienced some challenges over the past few months but has capably handled them and has total support from SHQ staff and the Management Committee.

I would like to say again that our staff put a lot of effort into supporting organisations under our umbrella, and I would appreciate your support in being represented at our Annual General Meeting when it comes around.

Joseph Soda



About ausEE Inc

Support Group Available for Anyone Diagnosed with Eosinophilic Gastrointestinal Disorders (EGID)

ausEE Inc is an Australian charity providing support and information to anyone diagnosed with or caring for someone with an Eosinophilic Gastrointestinal Disorder (EGID) including Eosinophilic oEsophagitis (EoE), Eosinophilic Gastritis, Eosinophilic Enteritis, Eosinophilic Colitis and Eosinophilic Gastroenteritis. We are committed to raising public awareness and supporting the medical community for further research into eosinophilic disorders in Australia

Eosinophilic Gastrointestinal Disorders (EGIDs) occur when eosinophils (pronounced ee-oh-sin-oh-fills), a type of white blood cell, are found in above-normal amounts within the gastrointestinal tract.

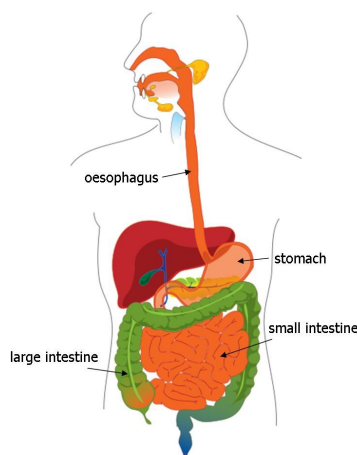
Eosinophils are important in your body's defence against parasitic infections (e.g. worms). However, they are also involved in allergy. In some individuals, eosinophils accumulate in the gut in response to food and/or airborne allergens and can cause inflammation and tissue damage. The abnormal amounts of eosinophils can occur in the:

- oesophagus (eosinophilic oesophagitis) EE/EoE
- stomach (eosinophilic gastritis) EG
- small intestine (eosinophilic enteritis)
- large intestine (eosinophilic colitis) EC
- throughout the gastrointestinal tract (eosinophilic gastroenteritis) EGE

Support group meetings have been established across Australia so that adults, parents, and kids can meet each other face-to-face to share experiences and gain support. Meetings are held at a mutual place, date and time suitable to those members attending.

Queensland support groups meet at the Sunshine Coast, Brisbane and the Gold Coast. If you would like to get together with other individuals and families living with an EGID then please contact:

Qld Support Group Convener:

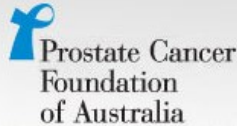


Online EGID Support Groups

Eosinophilic Gastrointestinal Disorders Australian Support Network :
http://www.facebook.com/home.php?sk=group_298406988298

Eosinophilic Gastrointestinal Disorders for Adults (Closed group):
<https://www.facebook.com/groups/124865137666159/>

Secret facebook group just for teens:
Email: admin@ausee.org



New 'Gay, Bi and Trans Prostate Cancer Support Group for Queensland

The Prostate Cancer Foundation (PCFA) and the Queensland Cancer Council are supporters of a new support group for same sex attracted and gender diverse people who have experienced prostate cancer.

As with any chronic condition, the experience of diagnosis can be devastating, the treatment and medical processes can further exasperate any related difficulties. For a person who is same sex attracted or gender diverse, their lived experience of prostate cancer can be further hindered by; social isolation, discrimination, and on-going side effects such as physical changes to a person's sexual being, self-esteem/self confidence, depression, anxiety and many other negative experiences.

The support group gives the members an opportunity to communicate about their experience and share and learn varied techniques to improve their quality of life as well as involvement in initiatives aimed at making the process easier for others.

Dave Wells who is the team leader of the 'Gay, Bi and Trans Prostate Cancer Support Queensland' says; there are many people in our community who require this kind of support, and in this instance it is the experience of prostate cancer that brings them together. This group is Brisbane-based, although support through other mediums is also available for people who reside outside of Brisbane.

This confidential group is open to all gay bisexual and transgender men who have had a prostate cancer diagnosis. All issues concerning prostate cancer will be open for discussion including:

- an overview of prostate cancer
- side effects of treatment
- the impact of a diagnosis
- communicating with your partner
- having an ongoing support group for gay men with prostate cancer

The support group is held on the first Saturday of each month in a safe, confidential, respecting setting. For further information please contact:

Dave Wells

Ph: 0411 081 653

Email: holisticsexualtherapy@gmail.com

The Metabolic Dietary Disorders Association (MDDA)

is a national self help group supporting people affected by genetic (inborn) errors of metabolism. The aim of MDDA is to offer families a comprehensive resource of information and support.

Members and families are offered forums to share experiences and information, to educate themselves, and the general community about living with an inborn metabolic dietary disorder.



The MDDA will be holding a national conference in Australia in **October 2013**. Keep checking the MDDA website for details.

Go to www.mdda.org.au or Ph 1800 288 460



Gardening for those with Autism and Special Needs

In our modern society filled with stress, getting “back to the garden” is a good idea for everyone. According to a 2010 report released by the Royal Horticultural Society (RHS), teaching gardening to special needs children and young people is especially conducive to their development. Gardening is practical and process-orientated, suiting the visual and learning-through-doing needs of this group perfectly.

Ninety-five students with various developmental disorders, including autism, participated in a year-long study of teaching gardening in school. Over the course of the study, the avid gardeners grew in confidence and became more engaged in the activities, embracing a new level of responsibility for their own learning and progress. Interactions with one another and with adults improved as participants who once only wanted to work alone developed as members of a team. The students themselves reported that gardening calmed them down and made them happy.

Gardening can also be a gateway to meaningful future employment for young adults with autism. The first farm model for adults with autism was established at Somerset Court in England in 1974.

The quiet, simple life and meaningful work of farming is conducive to the well-being of individuals with autism. Whether you garden with your child on acreage, in your yard or with pots on your apartment balcony, the benefits are great.

Here are some tips for gardening with your special needs child, [courtesy of Gardening-Guides.com](http://www.gardening-guides.com):

- Paint your gardening tool handles a bright color so you can easily spot them when you’ve set them down.
- Improve your grip. Use colorful electrician’s or bicycle tape to add foam padding to hard-to-hold gardening tool handles.
- Go for the lightweight. Tools don’t have to be heavy to be sturdy. Aluminum handled and fiberglass reinforced nylon tools are both strong and lightweight.
- Consider handle extenders for short tools.
- Replace old and broken garden tools and tool handles with ergonomically correct models.

(Source: <http://www.autismkey.com/gardening-for-those-with-autism-and-special-needs/>)

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



Head & Neck Cancer Support Group

New Members Always Welcome!

We are a small Brisbane group who have been through the treatment for a variety of forms of head, neck and mouth cancer. We offer a safe environment and an opportunity to meet with people who have been, or are currently in a similar situation to yourself. We discuss what to expect, methods of dealing with the diagnosis, treatment and returning to an active life afterwards.

None of us are clinicians or health professionals, though we do have qualified guests present each month to bring us more knowledge and insights into how to better deal with the illness and side effects. Any advice our guests give the group is not a substitute for seeing a qualified doctor who can determine your individual needs.

All of us have different Head and Neck Cancer locations and treatments pre, during and post. The group, co-ordinated by Marty Doyle, meets every second Tuesday of the Month at the Cancer Council Queensland Building, Gregory Terrace, Bowen Hills between 6.30pm and 7.30pm.

About Marty Doyle:

Marty Doyle was diagnosed with Head and Neck Cancer (Metastatic Squamous Cell Carcinoma with an Occult Primary) in August 2004. In 2005 Marty along with Marg Hegarty from Cancer Council Qld started the Head and Neck Support Group in Brisbane.

Marty has presented his experiences as a cancer patient to IPOS /COSA Consumer Forum last year in Brisbane as well as other seminars on Cancer. He has written a book about his experiences "Letting Go – how to survive life and keep a smile on your face"

Marty is the administrator of the Head and Neck Cancer Support Group Australia Facebook site <http://www.facebook.com/headandneckcancersupportaustralia>

He is currently trying to raise the profile of Head and Neck Cancer (now the 6th biggest cancer in Australia and growing) and is making a list of all Head and Neck Cancer Support Groups around Australia.

You can contact Marty Doyle:

Ph: 0419 708 188

Email: martydoyle@bigpond.com



To Widowed People Everywhere

To Widowed people everywhere
Let us be your friend
For despite the pain and loss
The suffering does end.

Allow us to walk the road with you
On this journey that you make
Step forth, in faith, for it may be
The most important step you'll take.

Take time to smell the roses
Find that peace within
It's there, if you just search for it
Don't put it off, Begin.

Poem by Jean Almond O.A.M. Founder of SOLACE Australia in 1983 (For SOLACE contact details please refer to Page 10 of this

Telstra Agrees to Waive Fees

Silent Number Fees for Victims of Domestic Violence are to be waived.

Telstra states that it will take a month or two to make system and process changes.

In the meantime, any customers who find themselves in need of having the silent number fee waived, feel free to call Telstra on 13 2200 to discuss what can be done for you.

Source:
<http://exchange.telstra.com.au/2013/02/26/telstra-to-review-silent-line-fees/>

Genetic Matters

by Kim Summers PhD

How do we tell you?

Results of genetic tests ordered by your doctor are provided by certified pathology laboratories. They have undergone a process of quality control which confirms that the laboratory operates under specified rules and regulations and therefore the results are reliable and accurate. But research laboratories are not governed by the same certification process. Instead, all research protocols are examined and approved by institutional ethics committees, that consider the impact of the research on the subjects who donate their cells for DNA extraction.

When you agree to take part in a genetic study, you will be provided with an information sheet that explains the purpose of the study. Almost always you will sign a consent form which acknowledges that this is a research study and there will be no direct benefit to you. Frequently ethics committees request that all samples are anonymous and often want a clear statement that no results will be passed back to participants.

These procedures protect patients from being misled about the research, ensure that they are fully informed about what to expect from the research and prevent the premature or inaccurate release of unconfirmed results. The researchers are usually not the patients' doctors; they may be in another country and may not have medical qualifications. Their results are no less valid, but the accepted approach of ethics committees is to safeguard both patients and researchers by stating openly that the participants will not receive the results.

But what if the research reveals incidental information that could have a big impact on the subject or the family? In the early days of DNA research, the most likely unexpected information was that the family tree wasn't quite right: perhaps a father wasn't the biological father or there was evidence that someone had been adopted. Although we would warn participants that this kind of information might be found, we would also tell them that this would never be revealed. But what if it would make a difference?

With the increasing sophistication of genetic techniques, more and more different kinds of information are made available during genetic studies. DNA extracted from one patient in a cancer study showed all the usual human genes, but also genes of the human immunodeficiency virus (HIV), that is responsible for AIDS. This patient might have been infected with HIV, a notifiable disease, but the sample was anonymous and there was no way to contact the donor to suggest further testing.

In a number of studies, genetic sequencing that was looking for genes involved in a specific cancer, also detected variants associated with different cancers. A study of DNA sequences in colon cancer found that a proportion carried mutations associated with breast cancer or melanoma. Perhaps treatments that worked for these cancers might also have helped the colon cancer patients. However, the rules of the study, dictated by the ethics committee, prevented contact with the donors and so the patients could not be told.

We all carry a single copy of many genetic variants that would cause a disease if we had two copies. We are said to be heterozygous for these variants. If we have children with another heterozygote, there is a 1 in 4 risk that any child will carry two copies and

(Continued from Page 7)

Many subjects in studies of the genetics of unrelated conditions will be found to be cystic fibrosis heterozygotes and at risk of having an affected child. But research usually can't reveal this information, which can only be provided by certified testing laboratories.

The difficulties of informing study subjects of unexpected results don't just arise from the constraints applied by the ethics committees. Sometimes the study subjects can't be found. Often samples are taken by doctors and sent to a central despatch area where the clinical details are recorded but all identifying information is removed. The samples may then be distributed to a number of research laboratories and the results eventually pooled. So tracking the person who supplied the sample may be impossible.

DNA is very stable. Some studies continue for years, by which time the patient may have moved, changed name or died. Many labs do not have the financial resources to track the sample back and identify the person who should get the results. Even if revealing the results to the study subject was permitted by the ethics committee, there may be no provision to inform the family members if the subject had died or if the result had wider implications.

If you are asked to take part in a genetic study, be aware of all these complications. Your sample will be extremely important and researchers will carry out the tests with the utmost care (after all, their careers depend on getting it right). They may find out more than they thought they would find, but they may not be able to tell you about it. Ethics committees and genetics researchers are only just starting to work out how to deal with this explosion of information arising from the revolution in genetic technologies.

(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.)

World Health Organization Declares Antibiotic Resistance 'One of the Greatest Threats to Human Health Today'

Australians are amongst some of the highest users of antibiotics in the developed world, with around 19 million prescriptions written every year.

Every time we take antibiotics unnecessarily or incorrectly we encourage the development of dangerous antibiotic-resistant bacteria and contribute to the spread of superbugs in the community.

Antibiotics are one of our most important weapons against bacterial infections. And yet we are now on the verge of losing the power of these miracle medicines forever.

The development of antibiotics revolutionised medicine. Conditions such as bacterial wound infections and tuberculosis, once killers, suddenly became treatable saving millions of lives. But overuse and misuse of antibiotics has made it harder and harder to treat many bacterial infections. Antibiotics are losing their power against illness-causing bacteria. This is called antibiotic resistance.

The National Prescribing Service is asking 35,000 Australians to join the fight against antibiotic resistance. To learn how to become a 'resistance fighter', gain the tools to help you get started, and generally find out more about bacteria and superbugs go to:

<http://www.nps.org.au/conditions-and-topics/topics/campaigns-events/antibiotic-resistance-fighter>

Self Help Queensland News

The Development of Self Help Queensland's Free, Online Searchable Directory is Finally Under Way!

In a nutshell, we are producing a comprehensive database of self help and support groups in Queensland which will be available free to the entire community.

About the Directory - it will be:

- Free - no charge to search for or to register a self help or support group
- Relating to self help and support groups only
- User Friendly - several ways to search for what you need
- Large - all the groups we can find in Queensland (2,000 to date & rising)
- Broad Ranging - across all health conditions and well being issues
- Designed to provide comprehensive information about each group
- A one stop shop for locating Queensland self help and support groups
- A place to locate national groups if Queensland groups do not exist
- A place to find individual contacts if no groups exist for particular issues
- Accessible at the Self Help Queensland website
- Updated twice a year
- Flexible for groups to register — online, email, post, phone to SHQ workers
- A valuable resource for students and professionals
- Mobile interfaced - to suit iPad, iPad Mini and iPhone
- Adapted to fit multiple screen sizes
- Completed by October 2013

What the Directory will NOT be:

- A database of **SERVICES** that might be provided by counsellors, allied health professionals, medical specialists, commercial enterprises etc
- A database listing short group **PROGRAMS** that run for weeks or months only, **CLOSED GROUPS** (eg a therapist's private patients),
- A database of groups that have no purpose other than being social

We are very thankful to the Gambling Community Benefit Fund for awarding SHQ the funding grant to provide this very useful resource for the Queensland community. We are pleased to acknowledge their generous contribution.

Gold Coast Medicare Local Values Social, Self Help & Support Groups

On the 12th March 2013 SHQ was pleased to attend the first of four workshops being held on the Coast by the Gold Coast Medicare Local to facilitate linking people locally, increasing social connections, networking with existing self help and support groups, and encouraging new groups - to improve the health and well being of the people of the Gold Coast.

Congratulations to team GCML! We hope other Medicare Locals follow suit.

Self Help Queensland News

Profile – Kathy Thomas From Solace to Self Help Queensland



After growing up in Sydney and marrying when I was 20, I graduated from Sydney Teachers' College in 1975. I taught in Engadine as a primary teacher for 5 years before taking leave to have my first son. I moved to Nambucca Heads on the New South Wales mid north coast three years later while on maternity leave following the birth of my second son. In all I taught in Nambucca Heads for 20 years. During this time I was divorced from my first husband, married my true soul mate, Geoffrey Thomas, built a new home and gave birth to our son who is now 20 years old.

In October 1998 the direction of my life was radically and devastatingly changed when Geoff died as the result of a heart attack while he was driving on the highway a few kilometres from our home. For four years I tried to continue in the career that I had loved but was no longer able to gain the fulfilment from it that I feel is essential to be able to do that job effectively.

In 2003 I moved to Brisbane with my youngest son and enrolled at Griffith University where I have since completed degrees in Psychology and Criminology.

Shortly after moving to Brisbane I became aware of Solace, a nation wide grief support group that focuses on helping those who are coping with the death of their husband, wife or partner. I have been an active member of Solace ever since and seen the tremendous difference the group has made in the lives of ever so many people.

In 2005 I became the president of the Mt Gravatt Solace Branch, organising two support meetings each month and participating in a range of social activities. These activities are aimed at helping those who have suffered the devastation that accompanies the death of ones partner to learn ways of coping with their loss and to begin to reinvest in life. I find that being able to be of some assistance to those who are going through one of life most difficult and stressful experiences to be very rewarding and, to at least some extent, make the suffering that I went through after Geoff's death worthwhile.

I have been on Solace Australia's national executive committee since 2006 and became a board member in 2012. At the recent national executive meeting in Ballarat I was elected as the National President.

My involvement with Solace resulted in my coming into contact with Self Help Queensland and over the years I have always found them to be helpful and supportive. At last years AGM I accepted the position of secretary on the Self Help Queensland Management Committee and am looking forward to being involved as the organisation continues its efforts to support the many worthwhile groups in the Queensland community that do so much to help thousands of people.

To contact SOLACE Support Groups in Queensland:

Mt Gravatt: Kathy Thomas Ph: (07) 3341 4643
Chermside: Charles Cannon Ph: (07) 3263 9121
Gold Coast: Betty Mounser Ph: (07) 5580 7034



How to Prevent Your Group From Becoming a "Pity Party"



Have you ever attended a support group where members just sat around swapping horror stories about how terrible their lives had become?



Have group participants ever "dumped" their problems onto the group, only to have additional group members unload even more complaints onto the group, instead of their offering ideas or solutions? Does there seem to be no good balance of people talking about their problems, and others relating their own experiences in having dealt with similar problems or in offering solutions?

Have participants ever left your meeting feeling worse than they did when they arrived? If so, your group has experienced a "pity party."

While this can happen occasionally to many groups, if it occurs on a regular basis, it's time to "accentuate the positive!" and make the group a more positive and uplifting experience for all who attend.

Below are some suggestions on how group facilitators (and members) can turn the meeting around to focus the group more on hope and recovery than on misery.

Ground Rules

Put a sentence in your ground rules or mission stating that an important purpose of your group is to help members recognize and share their strengths, successes and hopes--not just their problems. Make sure that this is read at the start of every meeting.

Check-in

Include in your group's check-in or initial "go around" a question that draws out a positive statement or response. These questions can include: "What good thing happened to you since our last meeting?" or "What did you do between meetings to achieve the goals that you set for yourself?" This can help start the group on a positive note.

Ask Questions During Group Discussion

When facilitating the group discussion, don't move on to the next person's problem until the first person's problem has been addressed. Before moving on to the next person, ask the speaker "Is there anything that you have tried, or would like to try, to help solve your problem?" Then listen to their answer.

You can also ask, "Would you like feedback from others?" And if they would like feedback, ask the other members "Does anyone have any helpful experiences or suggestions that might be helpful?" This will stop the "snowball" effect of other people jumping in with their own complaints and dumping their problems onto the group as well. This reinforces the idea that a support group is a place to get ideas on how to deal with problems rather than just a place to complain. And it also encourages an exchange of experiential knowledge among members.

Focus on Progress

Remind the participants that support groups should be positive, and should focus on

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the progress that members are making. Sometimes people don't want to take time away from someone who is having a tough time and wants to talk about it. But talking about progress is a very important part of a support group. Members can offer each other suggestions and strategies for improvement.

Help Members Set Goals

At the end of the meeting, have members set personal goals, then at the start of the next meeting, members can talk about how well they did on accomplishing their goals. These goals should focus on things that will help member get closer to recovery or to be better able to cope with their situation.

Assign "Homework"

If many people in the group have the same specific problem, ask them to think about possible ways to deal with the problem in between meetings, and talk about their thoughts at the next group meeting. This is a good way to get people to take positive action. Ask members which of these ideas they plan to use. This puts the emphasis on making progress and taking action.

Share Good News

Find hopeful news related to your issue or disorder. These can include new research studies, helpful magazine articles, news from national organizations, etc.

Encourage "Old" Members to Stay

Encourage those who are doing better or recovered, to stay and give back to help others in the group.

State Your Feelings

As a leader or group member, you can state your reaction to the way the meeting is going without blaming or criticizing. For example you could say, "I'm feeling that some of us are monopolizing the meeting with some pretty negative comments. Does anyone else feel the same way?" A leader's way of reacting to the meeting can provide a model for members. However, all group members need to take responsibility for how a meeting is going and should not rely solely on the designated leader to keep things on track.

Let Others "Feel the Helpers High"

Make sure members are aware of the health benefits of helping others. Enable others to experience the "helpers high" that one gets when you help another person either by sharing solutions or giving them a helpful "nod" of understanding when they are sharing.

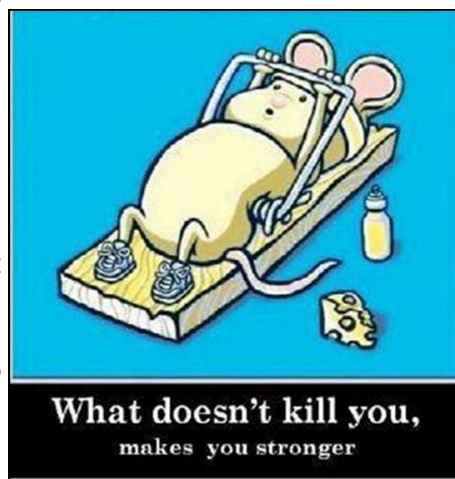
Bring a Little Exercise into the Group

Try an "ice breaker" or group exercise during the group to help inspire group members.

Remember, if your members feel better after they leave the meeting, then you did your job, and did it well!

(Source: "Network" Newsletter of the New Jersey Self-Help Group Clearinghouse Winter 2012 - 2013)
www.NJgroups.org

-oOo-





Australian Tinnitus Association Coming to Brisbane in May 2013!

You Are Warmly Invited to Join In

A Rare Opportunity for Queenslanders to Attend
Presentations by World Experts in their Field!

Keynote Speaker – Prof. Paul Fagan, Otolaryngologist (Ear, Nose & Throat Surgeon),
Sydney

TOPIC: Tinnitus and Cochlear implants

Keynote Speaker – Prof. David Kyugo, Neuroscientist, Garvan Institute of Medical
Research, Sydney

TOPIC: Hearing Research

Keynote Speaker - Prof. Paul Fagan, Otolaryngologist (Ear, Nose & Throat Surgeon),
Sydney

TOPIC: Tinnitus and Meniere's disease

Professor Paul Fagan

Paul is a Fellow of the Royal College of Surgeons (London) Otolaryngology; Conjoint Professor, University of New South Wales; Founding Member of the International Skull Base Society (Founding Member); Member of the Australian Association of Surgeons; American Otological Society: Corresponding Member (By Election); Member of the Royal College of Surgeons (England) and the President of International Society of Skull Base Surgeons 2004 – 2008.

His specialities are: Skull Base Tumours; Benign and malignant; Neuro-otology; Meniere's Disease; Acoustic Neuroma (has personal experience of over 800 cases); Surgery of Vertigo, Surgery of the Facial Nerve; Chronic Ear Disease (cholesteatoma) and Cochlear Implants, Otosclerosis. His practice is at St. Vincent's Hospital in Sydney.

Paul also participates in Outreach programs helping the indigenous and disadvantaged in remote areas of Australia. He and his team made the trek to one of the world's most populous countries, Nepal, to participate in a surgical camp for people with ear disease. The act of stewardship allows the healthcare professionals of St Vincent's & Mater Heath Services to extend its work to the most needy and disadvantaged communities, not just in Australia but across the world.

Professor David Kryugo

David is a Curran Foundation Chair of Neuroscience, Garvan Institute of Medical Research; Conjoint Professor, School of Medical Sciences, University of New South Wales; Principal Honorary Fellow, Bionic Ear Institute, Melbourne; Professor (retired and part time) Departments of Otolaryngology and Neuroscience, Johns Hopkins University USA.

He spent 9 years on the faculty at Harvard Medical School and 23 years at John Hopkins University School of Medicine before joining the Garvan. His research focuses on understanding brain mechanisms of hearing, and he studies structure-function relationships in neuronal circuits of the auditory system. David is especially interested in how deafness and hearing loss alter brain organisation, and in exploring strategies for hearing restoration. David grew up in a small college town in California that centered around agriculture. He enjoyed sports, woodworking, hiking and camping, and was drawn to mathematics and science because of his interest in problem solving.

(Continued from Page 13)

He prizes education, loves his work and considers preservation of the environment mankind's greatest challenge.

Housekeeping Details:

An audio loop is available for those who wear hearing aids with a T switch. This gives improved sound in a group setting. Real Time Captioning is being sponsored by Bradley Reporting. Auslan interpreting service is being sponsored by Deaf Services Queensland.

- Date:** Saturday, 4th May 2013
Time: 1pm to 4pm
Venue: Meeting Room P9, Brisbane Convention and Exhibition Centre
Cnr Merivale & Gleneg Streets, South Bank, Brisbane
Cost: FREE
RSVP: By phone or email by 19th April 2013 (For Catering Purposes)
Contact: Ph (02) 8382 3331 or Ph: (02) 8382 3333 Fax: (02) 8382 3333
Email: info@tinnitus.asn.au

Refreshments Provided

Presentation followed by AGM

**To contact the Brisbane Tinnitus Support Group please phone:
Jill Lindley Ph: 07 3824 1159**

Medicines Line - for Consumers

Medicines Line is a telephone service providing consumers with information on prescription, over-the-counter and complementary (herbal, 'natural', vitamin and mineral) medicines. Information includes:

- how a medicine works
- how to take medicines
- side effects
- interactions with other medicines
- medicines during pregnancy and breastfeeding
- medicines for children
- storage of medicines
- how to obtain consumer medicine information (CMI) for your prescription medicines

Call from anywhere in Australia for the cost of a local phone call (calls from mobiles may cost more).

Hours of operation: Monday to Friday, 9am to 5pm AEST

Ph: 1300 633 424

Diet Mixers Increase Blood Alcohol to Higher Levels Than Sugar-based Mixers

Alcoholic drinks made with artificial sweeteners lead to a high rate of alcohol absorption, resulting in a greater blood alcohol concentration than from drinks made with sugar-based mixers.

The reason, according to an Australian research team led by Dr Chris Rayner of the Royal Adelaide Hospital, is the accelerated emptying of the stomach caused by artificial sweetening agents.

"What people do not understand is the potential side effects that diet mixed alcoholic drinks may have on their body's response to alcohol"....

He recommends product labelling include information on the intoxicating qualities of artificially sweetened alcoholic drinks.

"There could be legal implications for those driving home, as well, he notes."

(Source: <http://www.abc.net.au/science/articles/2006/05/24/1646002.htm>)



Parent to Parent

Parent to Parent is a not for profit organisation funded by Disability Services

Parent to Parent originated from a small group of parents who have a family member with a disability. These families came together in 1998 and established Parent to Parent with funding from Disability Services. These parents have a passion to help others learn exciting and innovative ways to improve the life of their loved one with a disability.

My name is Matt and my work background stems from promoting wellness and community inclusion for people living with mental health issues and also working with families who have a son and or daughter living with a disability.

We have just started a monthly planning study group at Self Help Queensland. The next study group will meet on Saturday 20th April from 1:30pm to 4:30pm. The study group has a focus on planning and connecting with other families or people living with a disability.

A bit about planning

Having a personal plan alleviates the need for the person or their family to have to tell their story over and over again. For example the same plan could be used or adapted for respite, school, in home supports and, being involved in the community.

Detailed plans may take several sessions to develop.

Planning activities include, but are not limited to:

Essential Lifestyle Plans – are created using a template that outlines how people want to be supported in their day to day lives. They are based on what is Important **to** the person, what is Important **for** the person and finding a balance between both that makes sense to the person and the people who support them.

One page profiles – are usually an introduction to a person or can be created to meet a purpose. eg. emergency support, respite. They are not a complete plan, but can give information suited to a given situation or purpose. These profiles allow the reader to get to know important information about the person in an abbreviated format. They can also be used to share this information in an urgent situation such as when a Parent or Carer suddenly becomes ill. One page profiles complement other forms of planning.

Support plans – are a complete plan developed to accompany applications for funding, such as Community Living Initiative applications.

(Continued on Page 16)

(Continued from Page 15)



If you would like to RSVP to attend the planning study group phone Matt on 0499 163 497 or email matt@parent2parentqld.org.au or Free Call 1800 777 723 for more information on Parent to

Like to have Fun, Friendship, A Sense of Purpose?

- and all for a good cause!



Southside Community Craft Circle Welcomes You

Five groups, predominantly grandmothers, meet across Brisbane each month to swap skills, enjoy friendships and share stories.

At the same time, they knit, crochet, sew and create other forms of handiwork to be distributed to children in foster care, survivors of natural disasters and other disadvantaged Queenslanders.

The groups welcome newcomers, even those who do not know how to sew or crochet. Learn to knit and crochet classes are run throughout the year, and they are always booked out.

Donations of materials and yarns are urgently needed and very much appreciated, especially 8 ply acrylic yarn to help make rugs, jumpers and beanies as the colder months approach.

The groups, which also help break down social isolation, meet at the following venues:

Fairfield Library, 1st Tuesday of the Month, 1.00 pm - 3 pm

Bulimba Library, 2nd Saturday of the Month, 9.00 am - 12.00 noon

Wynnum Library, 3rd Friday of the Month, 11.30am - 2.30 pm

Coopers Plains Library, 2nd Wednesday of the Month, 10.00 am - 1.00 pm

Sunnybank Hills Library, 4th Friday of the Month, 1.00 pm - 4.00 pm

To join, to donate materials, or for further information about the group, please contact:

Betty	Ph: 3396 1480
Wendy K	Ph: 3272 1183
Lois	Ph: 3216 7479
Wendy M	Ph: 3341 2039
Elinor	Ph: 0420 300 336

Email:
southsidecraftcircle@gmail.com

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Lifeline runs two types of groups for people who are bereaved by suicide.

The first is a peer support group which is held on the first Thursday evening of each month in New Farm. Our aim is to give everyone the opportunity and a safe space to share their stories and their feelings with others in a similar situation. The group is facilitated by a bereaved person and a counsellor. People are free to join this group whenever they want, and can come and go as they please. In between group meetings, participants receive a follow-up phone call from one of the facilitators. Anyone bereaved from suicide, whether a work colleague, friend, sibling, partner or parent are welcome in the group.

The second group is an eight week psycho educational group. This group is held weekly at our Chermside and Fortitude Valley counselling centres. Participants are accepted in the first and second week and it is then closed to new membership for the duration. As well as providing an opportunity and safe space to share stories and feelings this group follows a programme which looks at things such as the grieving process, trauma, coping strategies, self care and honouring the life of the person who has passed away.

RSI & Overuse Injury Association Of ACT Inc

'Providing a Support Network for People in Australia with Repetitive Strain Injuries (RSI) or Occupational Overuse Syndrome (OOS)'



Repetitive strain injuries, like tendinitis, carpal tunnel syndrome (CTS) and epicondylitis (tennis elbow) are very common in Australia today, and affect people in many occupations, including computer professionals, hairdressers, butchers, assembly-line workers, painters and other trades.

RSIOOS has developed a set of "Tips & Tools" Information Sheets based on their newsletter articles. These are available in print form from the Association, or will be emailed to you on request. See list of information sheets below:

- Book holders
- Cycling
- Driving
- Handles
- Holidaying
- Sewing
- Weeding
- In the kitchen
- Getting on top of your emails
- Gadgets to help with medicines
- Emails with Microsoft Outlook

RSIOOS is a not for profit community organisation which has been operating on a shoestring to support Australians with RSI.

Please consider joining RSIOOS if you need to access their services - membership is only \$10 per year for low income earners.

Find other valuable information on the RSIOOS website at: www.rsi.org.au/
You can also Ph: (02) 62 625011 Fax (02) 62 496700 or e-mail admin@rsi.org.au
Write to: RSI and Overuse Injury Association of the ACT, Room 2.08 Griffin Centre, 20 Genge Street, Canberra City 2601 ACT

"If my critics saw me walking over the Thames they would say it was because I couldn't swim."

**Baroness Margaret Hilda Thatcher, Prime Minister of the United Kingdom
1925 - 2013**

'Although a painful process, if a community is to move forward, it must come to understand where wrongs have occurred and so far as possible, right those wrongs.'

Justice Peter McClellan



Justice Peter McClellan appointed Chairman of Royal Commission Investigation into Institutional Responses to Child Sexual Abuse

The Royal Commission will inquire into how institutions with a responsibility for children have managed and responded to allegations and instances of child sexual abuse.

It will investigate where systems have failed to protect children, and make recommendations on how to improve laws, policies and practices to prevent and better respond to child sexual abuse in institutions.

The Commissioners can look at any private, public or non-government organisation that is, or was in the past, involved with children.

People can phone the commission to share their experience, make a written statement, have a private face-to-face hearing, or speak in a public hearing.

Types of institutions the Commission will be investigating:

- Residential care facilities such as orphanages
- All religious organisations and their various entities
- Recreational and sporting groups
- Child care centres
- State government child protection agencies
- State government departments and authorities, including the police force
- Detention centres, including those that house refugees
- Defence forces
- Educational facilities, including kinder garden, primary, secondary schools and boarding schools
- Juvenile justice centres

How to contact the Commission

- Call 1800 099 340 between the hours of 8am and 8pm
- Write to GPO box 5283, Sydney NSW, 2001
- Email: solicitor@childabuseroyalcommission.gov.au
- Website: www.childabuseroyalcommission.gov.au
- There is no cut off time to make a submission

Practice Guidelines available at <http://www.childabuseroyalcommission.gov.au/PracticeGuidelines/Pages/default.aspx>

Feedback on the Draft Practice Guidelines, can be sent to Email: solicitor@childabuseroyalcommission.gov.au

To register your interest in being contacted to tell the Commission your story, please email registerinterest@childabuseroyalcommission.gov.au

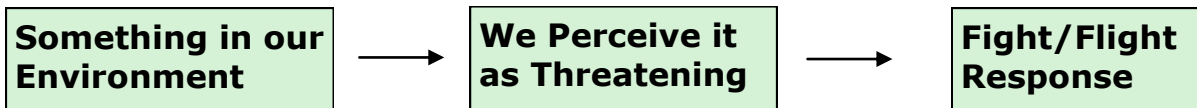
Source: www.childabuseroyalcommission.gov.au

What is Anxiety?

Anxiety is the name used to describe all the feelings and symptoms a person experiences when they feel that they are in danger. The feelings of caution, alarm, fear, terror, and panic are all part of anxiety.



Anxiety is our body's way of preparing and protecting us from danger. It is a physical response that is triggered firstly by our **Perception** of a **Threat** in our environment. When we perceive something as dangerous (whether or not it is life-threatening) our body prepares us to Fight or Flight for our survival. (Called the **Fight/Flight** response).



The Fight/Flight response is automatic and sets about a range of changes in your body with the aim of helping you to fight or to run for your safety.

- **Breathing speeds up** to increase the amount of oxygen available for the muscles
- **Heart rate and blood pressure increase** to distribute the oxygen and nutrients to the major muscles. Blood is diverted to the large muscles for this purpose and away from the organs and the skin (this is why you feel sick and go pale when anxious).
- **Muscles tense**, preparing for action.
- **Sweating increases** to keep your body cool should you start to fight or flight.
- **Digestion** and other non-essential functions are temporarily put on hold until the danger passes (this can lead to nausea).
- **The mind becomes preoccupied** with the threat and the danger and is not able to reason and concentrate as it normally would.

All of these symptoms serve a crucial function when you are faced with a life-threatening situation. However, your body will react in the same way whether you are actually faced with a serious danger or whether you simply perceive a situation as dangerous.

When you perceive a situation as dangerous, your body can not tell whether that situation is life-threatening or not. It will react in the same way regardless. When a person's fight/flight response is repeatedly triggered over things that other people do not find threatening, it can impair their functioning and their happiness. This is when anxiety becomes a problem.

(Source: Information sheet provided to SHQ was compiled by Psychologist Colleagues)

Types of Anxiety Disorders

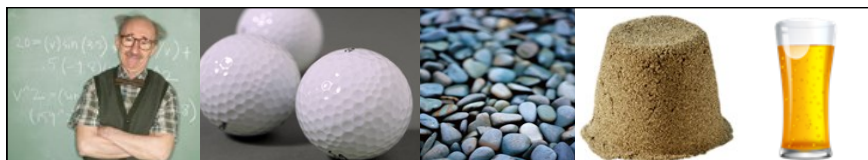
Courtesy of the Anxiety Recovery Centre, Victoria

- **Obsessive compulsive disorder** - people with OCD experience recurrent and persistent thoughts, images or impulses that are intrusive and unwanted (obsessions), and perform repetitive and ritualistic behaviours that are excessive, time consuming and distressing (compulsions). Common obsessions include fears of contamination and fears of harm to self or others. Common compulsions include excessive handwashing, showering, checking and repeating rituals. These compulsions and obsessions may take up many hours of a person's day. They may intrude into every activity and action - for example, walking, eating and reading may involve complex rituals.

(Continued from Page 19)

- **Social anxiety disorder** - People with social anxiety disorder (or social phobia) have a persistent fear of social and/or performance situations, due to fears of scrutiny and negative evaluation by others. Social anxiety may include acute physical anxiety symptoms which may lead to avoidance of the feared situation(s). Physical anxiety symptoms which often accompany social anxiety fears include heart palpitations, faintness, trembling, blushing and sweating.
- **Panic disorder with or without agoraphobia** - A panic attack is a brief episode of intense fear. It is accompanied by multiple physical and cognitive symptoms that occur repeatedly and unexpectedly in the absence of any external threat. People with panic disorder experience recurrent and unexpected panic attacks and persistent fears of repeated attacks. Anticipatory fears of having panic attacks in public places, or where no help or escape seems possible may lead to the individual becoming housebound and the development of agoraphobia.
- **Generalised anxiety disorder** - people with GAD experience excessive and persistent anxiety and worry, occurring more days than not over a six month period. The worries are about events or activities related to work or study, health, finances, family issues or other general concerns. People with GAD find it difficult to control their worrying, and experience associated physical and emotional symptoms such as restlessness or feeling on edge; being easily fatigued; difficulty in concentrating or mind going blank; irritability; muscle tension; shallow, uneven breathing; and sleep disturbance.
- **Specific phobias** - people with specific phobias experience persistent and excessive anxiety cued by a specific object or situation. The anxiety reaction is generally inappropriate and excessive to the object or situation. Phobias often lead to avoidance. If the phobic object or situation is not easily avoided the person may suffer with acute anticipatory anxiety and/or chronic stress.
- **Separation anxiety disorder** - separation anxiety most commonly occurs in children. It is experienced as excessive anxiety about separation from the home and/or parents or carers to whom the child is emotionally attached, and is beyond what would be expected for the child's level of development. Separation leads to preoccupation with worries about accidents or illnesses occurring to parents/carers and fears of long-term loss.
- **Substance induced anxiety disorder** - people with a substance-induced anxiety disorder experience strong anxiety symptoms (panic attacks, obsessions or compulsions) that are due to the direct physiological effects of a substance, as determined by the person's history, physical examination or medical tests.
- **Post-traumatic stress disorders** - post traumatic stress may develop after a person is exposed to severe physical and/or mental trauma. Recurrent thoughts, images and nightmares of the trauma occur, and changes in mood. Emotional reactivity, memory and concentration difficulties are some of the symptoms experienced.
- **Hoarding** - Collecting is something many people do as a hobby or just because they like to keep things that remind them of fond memories. People collect everything – from stamps to antiques, cards to their baby's first tooth. But when does collecting become hoarding? This is a complex question and undoubtedly something that is subjective in many cases. However, for some people, the fact that they collect a lot of things can cause them a range of other problems that have a negative effect on their daily lives.

Life Philosophy & Beer



A professor stood before his Philosophy class and had some items in front of him. When the class began, wordlessly he picked up a very large and empty glass mayonnaise jar and proceeded to fill it with golf balls. He then asked the students if the jar was full. They agreed that it was.

The professor then picked up a jar of pebbles and poured them into the jar. He shook the jar lightly. The pebbles, of course, rolled into the open spaces between the golf balls. He then asked the students again if the jar was full. They agreed it was.

The professor picked up a box of sand and poured it into the jar and of course the sand filled up everything else. He asked once more if the jar was full. The students responded with an unanimous yes.

The professor then produced two cans of beer from under the table and then proceeded to pour the entire contents into the jar, effectively filling the empty space between the grains of sand. The students laughed.

"Now," said the professor, as the laughter subsided, "I want you to recognize that this jar represents your life. The golf balls are the important things -- your family, your partner, your health, your children, your friends, your favorite passions -- things that if everything else was lost and only they remained, your life would still be full.

"The pebbles are the other things that matter, like your job, your house, your car. The sand is everything else -- the small stuff.

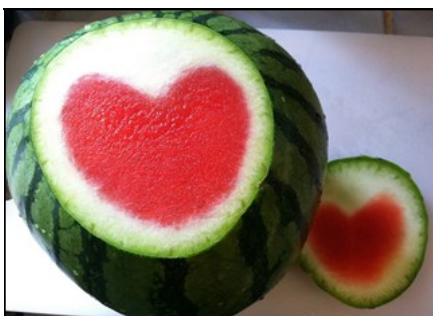
"If you put the sand into the jar first," he continued, "there is no room for the pebbles or the golf balls. The same goes for your life. If you spend all your time and energy on the small stuff, you will never have room for the things that are important to you. Pay attention to the things that are critical to your happiness. Play with your children. Take time to get medical checkups. Take your partner out dancing. Play another 18.

"There will always be time to go to work, clean the house, give a dinner party and fix the disposal. Take care of the golf balls first -- the things that really matter. Set your priorities. The rest is just sand."

One of the students raised her hand and inquired what the beer represented. The professor smiled. "I'm glad you asked. It just goes to show you that no matter how full your life may seem, there's always room for a couple of beers with a friend."

(Or substitute coffee as desired!)

Anonymous



You are so loved, even the watermelon loves you !!!

SHQ Website Undergoing a Facelift

Please tell us:

- **what you would like to see us add/change**
- **Are there any particular resources you would like us to provide?**
- **We would welcome any of your suggestions for improvement.**

Please contact Trish: 07 3344 6919 or email info@selfhelpqld.org.au



Mixing Grapefruit with Medications

What We all Need to Know

Authoritative medical sources warn of the dangerous interactions that can occur when mixing grapefruit and medications.

Anyone taking medication would be wise to discuss this subject with their doctor, as adverse side effects can be very serious.

Currently, more than 85 drugs have the possibility of interacting with grapefruit; of these drugs, 43 have interactions that can result in serious adverse effects.

- Drugs that interact with grapefruit have all of the following characteristics:
they are administered orally,
they have very low to intermediate absolute bioavailability,
they are metabolized by the cytochrome P450 3A4 enzyme (CYP3A4).
- All sources of grapefruit and certain related citrus fruits can irreversibly inhibit CYP3A4 in the gastrointestinal tract; to prevent this interaction, affected drugs should not be consumed with any of these fruits during the treatment period, or noninteracting alternative medications should be prescribed.
- Older patients have the greatest possibility of ingesting grapefruit and interacting medications and are the most vulnerable to the adverse clinical consequences.

The National Prescribing Service (Medicines Wise) advises that:

- Consuming any part or form of grapefruit can cause an interaction
- Interactions can result from just one serve of grapefruit
- The number of medicines that interact with grapefruit is rising
- Certain medicines are more likely to have serious interactions with grapefruit than others
- Affected medicines should not be taken with grapefruit at any time

A Chance Finding

Dr Karl Kruszelnicki (of radio and television fame) has written a really interesting and easy to read story about the amazing discovery of the medications/grapefruit interaction by Dr David Bailey - it was a chance finding and involves alcohol. Well worth checking out! Go to:

Drugs get juiced-up with grapefruit by Dr Karl Kruszelnicki

<http://www.abc.net.au/science/articles/2008/10/01/2378830.htm>

A list of medicines that interact with grapefruit, their predicted interaction risk and potential alternatives can be found on both websites below:

Information sourced from:

Grapefruit-medication interactions: Forbidden fruit or avoidable consequences?

David G. Bailey BScPhm PhD, George Dresser MD PhD, J. Malcolm O. Arnold MB BCh MD (Canadian Medical Association Journal) 2012

http://www.wusa9.com/assetpool/documents/121127024323_grapefruit%20medication%20interactions.pdf

Mixing grapefruit with medicines

National Prescribing Service - Medicines Wise

<http://www.nps.org.au/publications/consumer/medicinewise-living/2012/mixing-grapefruit-with-medicines>

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When Collecting Becomes Hoarding

Collecting is something many people do as a hobby or just because they like to keep things that remind them of fond memories. People collect everything – from stamps to antiques, cards to their baby's first tooth. But when does collecting become hoarding? This is a complex question and undoubtedly something that is subjective in many cases. However, for some people, the fact that they collect a lot of things can cause them a range of other problems that have a negative effect on their daily lives.

Hoarding is described as a disorder if someone collects too many things, have difficulty letting go or throwing out things that are no longer needed or wanted, and if they have considerable problems with organisation. Often, people who hoard have difficulty moving around their home due to the amount of things they have accumulated inside it or even around the outside of their home. It can also create a situation where the person can no longer maintain their home and keep it clean.

People who hoard often report that they shop excessively in order to acquire more things. This can cause financial difficulties and problems in their relationships. This compulsive buying has been found to be associated with OCD and depression. Even though the person may be aware that they have too many things, the thought of throwing things away, giving them away or even recycling them is too difficult.

The accumulation of things throughout the home causes many problems, and people who hoard have difficulty organising their home in a way that helps them to live a normal life. Often their home contains piles of things which contain both useful and worthless items together, making it difficult for them to find things and move around comfortably. The task of locating things that they do need becomes extremely time consuming.

The three C's is a simple way of looking at the stages of acquisition:

Clutter: Clutter is easily shifted and is part of a lively, sometimes disorganized life. Some people are disturbed by small amounts of disorganization or disorder. Others thrive in the midst of a 'creative mess'. What matters is: Are the things being used? And can the owner get rid of things easily?

Clots: Clots are when collections of clutter aren't used or moved for 6 months or more. The household still works. The rooms can still be entered and lived in but there are 'dead' places. The physical clots are often accompanied hoarder rationales, and avoidance. Touching clots or moving them can provoke the same cries and panic that hoarders have when their things are touched or moved.

An ever increasing **laundry** pile that is never completely folded or put away. Items are added the top layer is regularly churned by household members looking for things but the foundations can be untouched for 2 years or more.

- **Unfinished clearouts** - the bags or boxes that have happened after a sort out but the rejects have never made it out the door to the charity shops or the rubbish bins.
- **Unfinished projects** - collecting fabric for a quilt, cutting the first bits and then not touching it again for 5 years.
- **Unwanted purchases** - in their original packaging. These have sat there so long that they can no longer be returned, but the owner doesn't know what to do with them.

Clogs: Clogs are when clots all over the house have become stuck to one another. For example a spare room can become a dumping ground. Imagine all the clots described above have been carried into the spare room and left.

(Continued on Page 24)

(Continued from Page 23)

Eventually it is impossible to open the door or get into the room. That is a clog. When a whole house is clogged it is a completed clog. The things have become a hoard.

Rather than a living space, the home has become a storehouse. Part of the description for compulsive hoarder's houses includes semi-blocked and blocked doorways. It is very difficult to move through the spaces. Circulation has stopped. The possessions are no longer being used. The person is now serving their things rather than the other way around.

Recovery

Recovery from hoarding can be difficult and requires a collaborative approach between the therapist and client. Primarily, treatment for hoarding involves cognitive-behavioural therapy with similar aspects to that used to treat OCD. CBT has been shown to be successful in treating people who hoard with recovery rates reported to be up to 80%. Group therapy can also be helpful as this reduces feelings of isolation and shame associated with hoarding behaviours and can even help motivate the person to seek individual treatment. Group therapy can help people develop their own skills, and understand the emotions and thoughts associated with their disorder. Self-help and peer-support groups such as on-line support groups can also be helpful in reducing feelings of isolation and help to increase the person's self-esteem through sharing stories and skills which are helpful in the recovery process.

(Source: Anxiety Recovery Centre, Victoria <http://www.arcvic.org.au/hoarding>)

To find a Queensland group to assist people with hoarding issues, please contact the Brisbane Obsessive Compulsive Disorder Support Group Ph 04873 04873 (Wed and Thurs or leave a message) or email bocdsg@gmail.com



Peach Tree Coastal Trek 2013

Please Join Us On a Scenic Walk

It's fun! It's healthy! It's a good cause!

Peach Tree is a not for profit association, founded and operated by mothers who have personal experience with perinatal mental illness (including ante and postnatal depression and anxiety). We are passionate about minimizing the impact of these illnesses through understanding, acceptance, education and support.

The Peach Tree Coastal Trek is a scenic 22km walk along the beautiful Sunshine Coast coastline. We ask Trekkers to fundraise a minimum of \$100 on our behalf, to raise the much needed funds to allow us to continue our weekly parent meetings and ante-natal education programs across Brisbane.

This is a charity founded and operated by two Mt Samson mothers, and we think it would be lots of fun if the Mt Samson school community joined in with a team of Trekkers! The Trek is not competitive at all, and can be a fun, healthy and active way to socialise with your friends while supporting a valuable local charity!

To participate in this years' trek, please register online at www.peachtree.org.au Registration is \$50 and you will receive a t-shirt to wear on the day, a Peach Tree canvas bag, lunch and a BBQ to celebrate at the finish. Registrations close 30 March.

For more information please email:

deb@peachtree.org.au or viv@peachtree.org.au

Website: www.peachtree.org.au

Bits & Pieces



How Australians Can Find Unclaimed Money

Australians can check if they have unclaimed money by doing a free search on ASIC's MoneySmart website:

<https://www.moneysmart.gov.au/tools-and-resources/find-unclaimed-money>

The Australian Securities and Investments Commission's database of unclaimed money has risen to a record \$677 million this year.

For the first time, interest will be paid on unclaimed moneys held by ASIC at the rate of CPI inflation, from 1 July 2013. The interest earned will be tax-free.

ASIC's MoneySmart Search

Search ASIC's Unclaimed Money for lost bank accounts, shares and life insurance policies.

<https://www.moneysmart.gov.au/tools-and-resources/find-unclaimed-money/unclaimed-money-search>

Australian Taxation Office (ATO) Search

Search the ATO's Superseeker for lost superannuation and ATO-held super.

<http://www.ato.gov.au/individuals/content.aspx?doc=/content/33301.htm&alias=superseeker>

Queensland Government Search

Search Qld Government for deceased estates, lost share dividends, salaries and wages, cheques, over-payments, proceeds of sale and more.

<http://www.pt.qld.gov.au/unclaimed-money/index.html>

Fair Work Ombudsman Search

Search the Fair Work Ombudsman website for unpaid wages.

<https://www.fairwork.gov.au/resources/search-for-unpaid-wages/pages/search-for-unpaid-wages.aspx>

Could Voice Recognition Help You?

Voice recognition (also known as speech recognition) converts spoken words to text. Put simply, you talk to the computer and your words appear on the screen. Voice recognition software programs work by analysing sounds and converting them to text. They also use knowledge of how English is usually spoken to decide what the speaker most probably said.

Most people speak over 120 words per minute but type less than 40 words per minute. With speech recognition software you can turn your voice into text three times faster than most people type with up to 99% accuracy. The software learns to recognise your voice instantly and continually improves the more you use it.

The two most popular speech recognition programs are Dragon NaturallySpeaking for PC's and Dragon Dictate for Mac.

Dragon NaturallySpeaking and Dragon Dictate for Mac work with the most commonly used desktop applications, including Microsoft Word, Internet Explorer and more! Just about anything you do now by typing can be done faster using your voice. Create and edit documents or emails. Open and close applications. Control your mouse and entire desktop. You may want to check out the websites below:

Free: <http://freesr.org/> or <http://dictation-pro.en.softonic.com/>
Purchase: <http://www.voicerecognition.com.au/dragon-naturallyspeaking-12.htm>



Diary Dates

20th April 2013: Infant Gastro-Oesophageal Reflux and its Complications Conference

Email: risaconference@ymail.com

URL: www.reflux.org.au/conference

Venue: Brisbane, QLD

7th - 10th May 2013: 7th Australian Women's Health Conference 'Gender Matters: Determining Women's Health'

<http://www.womenshealth2013.org.au/>

Venue: Sydney, NSW

9th - 11th May 2013: 4th International Society of Advance Care Planning and End of Life Care Conference

Email:

acpelconference@acpelsociety.com

URL: www.acpelsociety.com/conference

Venue: Melbourne, VIC

14th - 17th May 2013: Alzheimer's Australia 15th National Conference

'The Tiles of Life - Colouring the Future'

<http://www.alzheimers2013.com/>

Venue: Hobart, TAS

16th - 18th May 2013: Heart Foundation Conference 2013

Contact: Lexi Duncan

URL: www.heartfoundation.org.au/about-us/conference/Pages/welcome.aspx

Venue: Adelaide, SA

31st May - 2nd June 2013: Balance - Unbalance Conference 2013: A major International Conference designed to use art as a catalyst to explore intersections between nature, science, technology and society as we move into an era of both unprecedented ecological threats.

URL: www.balance-unbalance2013.org

Venue: Noosa, QLD

20th - 21st June 2013: International Working Communities Congress The Congress will explore global and local perspectives on policy and innovations that get communities working.

URL: www.working-communities.com/

Indigenous Dementia Web Resource

www.healthinonet.ecu.edu.au/chronic-conditions/dementia

The indigenous dementia web resource is designed for people working, studying or interested in dementia among Aboriginal and Torres Strait islander peoples. The site provides information and resources on topics such as:

- What is dementia
- How is dementia assessed?
- Dementia among indigenous people
- Sources and key readings including indigenous specific resources
- Organisations which address issues related to dementia

It also provides details and links for programs and projects that address dementia among Aboriginal and Torres Strait Islander peoples and information on health promotion resources, practice resources, and journals.

(Source: Queensland Women's Health Network News April 2013)

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!

Please contact Trish on (07) 3344 6919 or email info@selfhelpqld.org.au

WITNESS PROTECTION PROGRAM

