

# Self Help Queensland Support & Information Since 1983



'supporting people in finding their own solutions to improve well being'

## Queensland Self Help & Support Group Sector

News & Information  
Bi-monthly

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2016



Self Help Queensland Office  
Located at Sunnybank, Brisbane

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### What We do

Provide free online Directory of Qld self help and support groups across a broad range of health conditions and related issues

Help people start new self help and support groups

Give assistance to existing groups to identify needs and work towards achieving them

Promote benefits of above groups to wider Qld community

Disseminate information to above groups, organisations and professionals.

Make referrals and provide low cost training to groups as needed

Auspice above eligible groups



### From the President

#### Joseph Soda

Welcome to the second edition of our bi-monthly Newsletter, and thank you for the positive feedback from a number of our member organisations.

Thanks to Trish for the quality of the layout and dissemination of information. Our thanks also to David Fishel from Board Connect, the Consultancy contracted by Queensland Health to help us plan for the changes and challenges ahead.

I am pleased to advise that we have completed our first draft of an Impact and Organisational Statement, and will continue to work on the Organisational Statement with David's assistance so we can formalise it as a working document. Our website is being updated, and Trish is busy working with GO1 on this project.

We have received a positive response to date from members contributing to our membership fee structure. I understand that some member organisations operate as we do on a very tight budget, and we recognised this by implementing a three tier system at very modest rates.

Your management committee has a real challenge in the future to raise additional funds so that we may continue to function successfully. Please consider becoming a financial member or making a donation.

We are very thankful to the current Qld Government for restoring our funding, and thereby preventing closure in December 2015. However, if we are to survive, we need to realistically prepare for the uncertainties and limitations of Government funding.

Have a safe and Happy Easter  
Joseph Soda

### Please Help Us by Becoming a Member of SHQ

After 33 years, Self Help Queensland has been forced to introduce a membership fee to help sustain our work. There are three tiers of membership which we have kept to an absolute minimum cost.

Concession: Students, pensioners (\$10)

Support groups and individuals: (\$20)

Professionals and organisations: (\$30)

To become a member please go to Page 14 or click on the link at:  
<http://www.selfhelpqld.org.au/membership>



Standing for Freedom, Social Justice & Growth.

The SHQ Newsletter is kindly sponsored by FSG

### To receive This Newsletter in Hardcopy

Self Help Queensland can no longer afford to distribute a free hardcopy newsletter. The cost of paper, printing, postage and handling has forced us to charge a fee of \$20 per year for 6 issues.

We appreciate that some professionals like to leave them in their waiting rooms, or facilitators take them to group meetings, and we apologise that we are no longer in a financial position to provide this service free.

Please contact Trish if you would like to opt for a hardcopy by post. Ph 07 3344 6919 or Email [info@selfhelpqld.org.au](mailto:info@selfhelpqld.org.au)

### Looking for a Self Help or Support Group in Queensland?

The Self Help Queensland Directory of Self Help and Support Groups is now online and free. To search for a self help or support group follow this link <http://www.selfhelpqld.org.au/> On the Home Page click on 'Search the Directory' and follow the prompts.

### Please Register Your Group in the Free SHQ Online Directory

**We are aiming to feature all of the Self Help and Support Groups in Queensland under the one roof so they can be found more easily.**

Please go to <http://www.selfhelpqld.org.au/> and click on 'Register a Support Group' or call Trish at the SHQ office on 33446 919 or email [info@selfhelpqld.org.au](mailto:info@selfhelpqld.org.au) for a registration form.

**Would you like to promote your group through this Newsletter?**

or

**Do you have any helpful, practical information to share with other Groups?**

or

**Do you know of any free or low cost resources, bargains or "good deals", that might benefit others not for profits**

Please contact Trish at SHQ Ph 07 3344 6919 or email [info@selfhelpqld.org.au](mailto:info@selfhelpqld.org.au) so we can share your good news for the benefit of others.



Queensland Government

Thank you to Queensland Health for continuing to provide funding to Self Help Queensland to help us carry out some of our important activities.

### Who We Are

President	Joseph Soda
Secretary	Kathy Thomas
Treasurer	Christopher Spriggs
Committee Members	Val McNamara
	Rosa Pahl
	Elizabeth Carrigan
Co-ordinator	Trish Fallon
Bookkeeper	Janette Evans

### How to Contact Us

Phone:	07 3344 6919
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### Office Hours

Tuesday to Friday	9am - 4.30pm
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### 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.

### Ask Izzy: The A to Z Directory of Homeless Help

Ask Izzy - for mobile, tablet and desktop devices

**No-one expects to be homeless and often they don't know where to find help. Finding shelter, food, health and other services can be difficult – information can be outdated, waiting lists long and service criteria complex.**

Ask Izzy gives people information about more than 350 000 services including housing options, where to access meals, clothing and health services, legal and financial advice, family violence, mental health and drug and alcohol support. Results are location-based, using Google maps technology, and searching is completely anonymous.

Ask Izzy helps people find important information when they need it most.

<https://askizzy.org.au/>



**Please support Self Help Queensland by becoming a Financial Member. Our fees are minimal and we NEED you! See stories & form page 14.**

## Queensland Support Group Helps People with 2 Devastating Conditions

Not many people have heard of GBS (Guillain Barré Syndrome) or CIDP (Chronic Inflammatory Demyelinating Polyneuropathy). They are both devastating conditions that usually have a sudden onset and can be very upsetting not only for the patient, but also for family and friends.

### Guillain Barré Syndrome & CIDP Support Group of South East Queensland

- aims to help people affected by GBS & CIDP, their families and friends

#### What is GBS?

GBS is short for "**Guillain-Barré Syndrome**" (pronounced Ghee-Yan-Barray), also called 'Acute Idiopathic Polyneuritis' & 'Landry's Ascending Paralysis'. It is an inflammatory disorder of the peripheral nerves; those outside the brain & spinal cord. The syndrome occurs sporadically. It can't be predicted, and can occur at any age and in either sex. It can vary greatly in severity from the mildest case, that may not even be brought to a doctors attention, to a devastating illness with almost complete paralysis and on life support. Because it is so rare, most of the public has never heard of the illness, or if they have, know little about it. Yet for those affected, the illness can be severely frightening and disabling.

#### What is CIDP?

CIDP is closely related to Guillain-Barre syndrome and it is considered the chronic counterpart of that acute disease. Although it can occur at any age and in both genders, CIDP is more common in young adults, and in men more so than women. It often presents with symptoms that include tingling or numbness (beginning in the toes and fingers), weakness of the arms and legs, loss of deep tendon reflexes (areflexia), fatigue, and abnormal sensations.

#### Incidence:

Guillain-Barré Syndrome is a very rare disorder. Its frequency is about 1-2 cases in every 100,000 people per year. Men and women, young and old, are equally prone to contracting GBS or CIDP.

#### Services available from the South East Qld Group include:

- Visits to patients by recovered persons
- Support via phone & email
- Support to family & friends of patient
- Information booklet
- Yearly newsletter
- Medical accessory information
- Occasional get togethers with other sufferer
- Recommendations to medical facilities
- Recommended health care
- Books and reading material
- Advice & Recommendations
- A friendly ear to understand

The main aim of the support group is to help people affected by GBS and CIDP; to help ease the trauma for each person, and to make each day a little easier to handle.

The group's experience is that home or hospital visits, along with phone calls and emails have had a very positive impact on people when they come from someone who has recovered from the same condition and who understands the associated problems.

Just being able to talk with someone who has 'been through it' can often bring hope and comfort. The group recognizes that it is also a difficult time for families as they feel quite helpless. There may be an added financial burden if the person with GBS or CPD cannot work. However, there are plenty of things that people can do to help the patient. Please refer to "Recovery" on the group's website for details.

Meetings are held about once a year, where everyone gets together over nibbles & drinks to share information and experiences, and very importantly, to have a laugh. Efforts are made to provide updates on the latest medical breakthroughs, and the latest treatments available.

**Please contact us if you would like to join our group. Donations are always welcomed.**

**Guillain Barré Syndrome & CIDP Support Group of South East Queensland**

**Ph: 0422 609 104 (Current at time of publishing but will change. Please check website for new phone no)**

**Email:** [gbsqueensland@gmail.com](mailto:gbsqueensland@gmail.com)

**Website:** <http://www.gbsqld.com/>

(Sources:) Guillain Barré Syndrome & CIDP Support Group of South East Queensland <http://www.gbsqld.com/>

National Institute of Neurological Disorders and Stroke <http://www.ninds.nih.gov/disorders/cidp/cidp.htm>



# Foster care info sessions

Did you know you can provide  
full time or part time foster care?  
Explore your options at our  
information sessions.

**Join the journey!**

**BOOK  
NOW!**

Visit [fsg.org.au](http://fsg.org.au)  
Call 5564 0655



# Genetic Matters

by Professor Kim Summers PhD FRSB

## Genetic modification might be a natural

Our genetic material, the DNA, is constantly under assault by the environment, by the process of being copied, by by-products of life itself. Cells have excellent, accurate mechanisms to detect and correct changes in the DNA, so that most of the damage is repaired before it becomes permanent. Occasionally a DNA change (a mutation) slips through the surveillance system and gets incorporated into the DNA of all the daughter cells from the original cell.

If this happens in a germ cell (egg or sperm) or the cells that give rise to germ cells, the change can be passed on to the offspring, who may therefore look different from their parents, or have a genetic condition that was not carried by either parent. This is called a new mutation or spontaneous mutation. Some conditions (such as achondroplasia) are almost always new mutations, while others are almost always passed from parent to offspring. If the DNA change happens in other cells of the body (called somatic cells) there is the possibility that the cell will escape growth controls and become a cancer. Sometimes the change is desirable (it might give resistance to an infectious disease, or give the carrier a better chance of surviving in the current environment), and this is probably organisms evolved to have very good, but not perfect, DNA repair systems.

Now researchers have discovered a way of changing the DNA in an organism in the same way as these natural processes, but targeted to a specific, known piece of DNA. In theory this would allow the correction of an undesirable DNA change in an egg, sperm or embryo so that the offspring could be born without the change. But changing human DNA in this way is in general not approved by ethics committees. So the more likely use of this technology would be in animal and plant production, to make the organisms more resistant to pathogens (hence requiring smaller amounts of harmful chemicals), better suited to requirements (drought resistant or better able to convert feed to meat) or more desirable in some other way.

The technology uses a system from bacteria that recognises a segment of DNA, breaks the DNA strand at a known point, and then repairs the break in such a way that the researchers can change a single DNA letter. Unlike other means of genetic manipulation, this technique does not insert any foreign DNA into the host organism's genome - there is no detectable footprint of the process except the single altered DNA letter.

Currently debate is raging about whether an animal or plant with such a change is "transgenic". Trans (across) and genic (gene/DNA) implies the addition of DNA from a different species usually in a place in the DNA where it is not usually found. Since there is no added DNA (foreign or from the same species) in the new "genome editing" process, the resulting organisms can't really be said to be transgenic. Their genome has been modified, but only in a way that can (and often has) occur in nature. There is no way to know that the genome has been edited by human hands rather than by natural processes.

Over the years of domestication, plant and animal breeders have chosen to mate only those organisms that have the desired characteristics. This is possible because of natural genetic variation in the population. Genome editing is just another way of increasing this kind of genetic variation, in order to make the animals and plants more appropriate for the current environment. With the global demand for food expected to double in the next 30 years, and the resources of land and water to grow food diminishing, genome editing should be embraced as a way of increasing productivity without diminishing resources.

(Kim is Professor of Comparative Genetics, The Roslin Institute, University of Edinburgh and Honorary Professor, School of Medicine, The University of Queensland. Kim is also a valued past Committee Member of Self Help Queensland Inc)

**It is not the strongest species that survive, nor the most intelligent, but the most responsive to change.**

**Charles Darwin, Biologist and Scientist  
1809 - 1882**

## Self Help Groups

- **Reduce Depression and Isolation**
- **Increase self esteem**
- **Provide more personal contact**
- **Give a comparative perspective of one's own problems**
- **Lead to more selective use of the formal care system**



## KSN Needs Your Support

- to Continue Providing Our Unique Services to Queenslanders with Kidney Disease & Their Families

Welcome to the Kidney Support Network and yes we are open for business and we are continuing to support people impacted by Kidney Disease.

**The Kidney Support Network (KSN) has fought off a number of recent challenges, including significant loss of Queensland Government funding to transport kidney patients and an unsuccessful partnership opportunity.**

We are now turning the corner but face continuing financial hurdles. We have a fresh and enthusiastic Management Committee and a number of exciting initiatives on the way.

**For those who are not fully aware of KSN's support services, we provide:**

- Renal Patient Support and therapeutic massage
- Information & Referral
- Accommodation and referrals for families attending hospital (Brisbane)
- Kidney Patient Transport in Mackay and transport for DVA clients in Brisbane
- Medical Equipment
- Hospital Visiting including dialysis peer support
- Volunteering Opportunities
- Member Benefits



**The Kidney Support Network also provides Childhood KSN & and Kidney Kids Programs**

To deliver support services to kidney patients, we rely on membership subscriptions (\$20.00); donations, bequests, sponsors and revenue from our Op shops (Brisbane, Sunshine Coast and Mackay); patient accommodation and our transport services.

**As a registered Charity all donations are valid Tax deductible items and funds are applied directly to supporting Renal patients**

**We are really proud to say that we continue to:**

- Deliver a wide range of support services through our enthusiastic team of amazing Volunteers and supporters across Queensland, many of whom have survived renal disease or are kidney transplant recipients themselves. We are always looking to increase our Volunteer support
- Despite funding cuts, we continue to assist patients to and from their dialysis treatments in Mackay and Defence Force Veterans in Brisbane.
- Provide hand and foot massaging services by volunteers for patients at several renal hospitals including Gold Coast, Brisbane, Sunshine Coast and Northern NSW. Medical staff report that this has really positive benefits for those patients, for improved circulation and relaxation during dialysis.

**Our plans for 2016/2017 are to continue supporting renal patients and build on this by:**

- Collecting stories from patients on their journeys through dialysis and in-home therapy treatment to share with patients considering different dialysis treatments.
- Reviewing accommodation options for transplant patients, so they have a comfortable place to stay close to hospital and to reduce the financial burden while away from their loved ones.
- Reviewing our Op Shop businesses across Queensland. This provides essential income so we are able to keep providing services to people who need it. Once again our wonderful Volunteers ensure these services can continue.
- Increasing our support to Australia's First Peoples who are impacted by Kidney Disease
- Offering more volunteering opportunities and training

(Continued on Page 7)

(Continued from Page 6)

### How You Can Help

We are really excited for the coming year and hope you will consider becoming a member or a kidney support volunteer, or making a donation to KSN, to help us help people impacted by Kidney Disease. We can only do it with your support.

If you have questions about becoming a member of KSN, please contact us.

**Phone:** Steve on 1800 358 797 or 07 3855 9781;

**Website:** [www.ksn.org.au](http://www.ksn.org.au) **Email:** [information@ksn.org.au](mailto:information@ksn.org.au)



## What Every Not-for-profit Organisation Should Do Now to Help Prevent Child Abuse

**Download The FREE Child Protection Toolkit to ensure your organisation is acting appropriately**



Our Community, in partnership with law firm Moores, has released an important new resource to help not-for-profits and schools protect children, promote child safety, and meet their legal responsibilities to prevent child abuse.

**The Child Protection Toolkit** sets out practical advice to help organisations across Australia meet their child protection obligations (including new obligations that came into force for most Victorian not-for-profit organisations on January 1), and ensure their environment is a safe place for children.

The toolkit is designed to provide practical advice to organisations of all sizes across the country. It includes a rundown on laws and obligations in every state and territory, child-safe volunteer and employee recruitment and screening tips, template policies and codes of conduct, and a checklist to ensure your organisation is meeting its obligations and, if not, knows where to go to get help.

By making the toolkit available at no cost to Australian organisations, Our Community and Moores aim to play their part in helping to preserve every child's right to a safe childhood.

"By downloading this toolkit and putting in place the strategies, policies and procedures it recommends, organisations will be taking the first invaluable step toward preventing child abuse," said lead author Catherine Brooks, a principal at Moores.

"It's vital we as a community work together to reduce the number of Australian children experiencing neglect or abuse. We'd like to see these figures reduced to zero."

**To Download the Child Protection Toolkit**

[https://www.communitydirectors.com.au/files/ICDA/Child\\_Protection\\_Toolkit\\_2016\\_Online.pdf](https://www.communitydirectors.com.au/files/ICDA/Child_Protection_Toolkit_2016_Online.pdf)

## Common Myths about Refugees and Asylum Seekers

The circulation of myths and misinformation is one of the biggest barriers to understanding the issues affecting refugees and asylum seekers. Myths create confusion and can fuel conflict and resentment.

Self Help Queensland has frequent contact with Refugee Support Groups. Arming ourselves with facts is the best way to educate and dispel Refugee and Asylum Seeker myths that do the email rounds.

**MYTH: Refugees and Asylum Seekers receive higher social security payments than Australian Age Pensioners.**

**FACT: A single person applying for Newstart Allowance receives the same benefit whether they are from a refugee background or not. The same applies for the Age Pension.**

Asylum seekers are not entitled to the same sorts of financial support as citizens or permanent residents. The Asylum Seeker Assistance Scheme (ASAS) provides assistance to asylum seekers living in the community who are experiencing financial hardship. ASAS offers income support to cover basic living expenses, paid at 89 per cent of the Centrelink Special Benefit (usually paid at the same rate as the Newstart.)

For the latest Centrelink payment rates, visit <http://www.humanservices.gov.au/customer/dhs/centrelink>

**To read another 15 common myths and mythbusters about Refugees and Asylum Seekers please go to The Refugee Council of Australia website at:**

<http://www.refugeecouncil.org.au/fact-sheets/myths-about-refugees/detailed-mythbuster/>

## Support Groups Can Provide a Safe Place for People Bereaved by Suicide

The trauma of losing a loved one to suicide can be fraught with a wide range of emotions such as shock, anger, confusion, guilt, shame, rejection, abandonment, resentment, unbearable grief, stigma, pain, hopelessness, distress over unresolved issues and others.

The effects of suicide on family members and loved ones can be severe and far-reaching, and there is no blueprint for how we react to suicide and how we cope afterwards. There is no timeline for the healing process - it may take twelve months, 3 years or a lifetime.

There are many complexities of suicide bereavement. As well as family and loved ones, entire communities can suddenly be thrown into shock and confusion. In some instances there are quite a number of services and options for people to seek help, and in others there may be next to none.

**Support Groups for people bereaved by suicide offer opportunities to express grief and seek support in a safe environment with others who understand what they are going through.**

Members of the group can share mutual support and understanding, express thoughts and feelings, seek helpful referrals, gain practical information, coping strategies and resources.

Suicide Prevention Australia (SPA), the lead agency of Australia's National Suicide Prevention Coalition, recognises that **'different people require different responses to their loss.'** For this reason, SPA specifically addresses health care providers and other caregivers when stating that it is vital to recognise the importance of no longer treating those bereaved through suicide as a homogeneous group.

The benefits derived from belonging to a mutual support group are well documented. However, in light of SPA's findings and in a departure from the norm, which usually means working with members as a group rather than as separate individuals, facilitators of support groups for people bereaved by suicide might find it challenging to plan sessions that address both individual and group needs.

**The following principles have been adopted by SPA as their guide. They reveal insightful new aspects of suicide bereavement:**

- Suicide bereaved individuals are at increased risk of developing adverse physical and mental health reactions, including prolonged grief disorders and complications to pre-existing health problems. This is a major public health issue, especially since such reactions can substantially heighten the risk of suicidal ideation, behaviours and attempts among those bereaved by suicide.
- Bereavement specific to suicide can be said to be unique from other forms of bereavement following death as a consequence of the societal and individual stigma often associated with suicide.
- Social stigma remains a major inhibiting factor in the reluctance exhibited towards help-seeking among individuals bereaved by suicide, and may potentially preclude successful suicide postvention and crisis Intervention strategies.
- Grieving is an intensely personal and individual process, and the bereavement journey following a suicide is typically prolonged. This highlights the need for continuity of care of the bereaved that extends beyond immediate follow-up after a suicide to longer-term care - even, in some cases, lifetime support.

**\*Despite the tragic rate of suicide in indigenous communities, there is only one support group in Australia specifically for indigenous people bereaved by suicide. Located in Cairns, the group is culturally sensitive to indigenous needs.**

Source: Suicide Prevention Australia  
<http://suicidepreventionaust.org/>  
 Self Help Queensland Inc

For a Comprehensive, up to date list of Queensland Support Groups for People Bereaved by Suicide please refer to Page 8 of this Newsletter.

### World Federation for Mental Health International Conference 2016 17—19 October Cairns, Queensland

The Conference Theme is 'Moving Toward a Mentally Healthy Community'  
 The Conference is about bringing together researchers, practitioners, health workers, those within the community, and anyone affected by mental health issues. Please go to <http://www.wfmh2016.com/> for more information

Tea .....  
 "It's a hug in a cup"

Simon Baker  
 The Mentalist

**Below is a list of Queensland Support Groups for People Bereaved by Suicide.  
Information is current as at 16th March 2016**

Thank you to the groups below for verifying their information and giving us permission to publish them

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### **Annerley, Brisbane**

#### **SOSBSA Brisbane Support Group**

Meets fortnightly on a Friday at 7.30pm  
Contact Cherrie: 0423 567 055

### **Bundaberg**

#### **SOSBSA Bundaberg Support Group**

Meets on the 2<sup>nd</sup> Wednesday of each month.  
Supports people in all stages of their grief. Telephone support available.  
Contact Peter: (07) 4155 1015

### **Cairns**

#### **SOSBSA Cairns Support Group**

Meets monthly on the 2<sup>nd</sup> Tuesday from 7.30pm to 9pm at the Red Cross Wellness Centre  
Contact Fran: 0407 695 891/ Anne: 0407 163 039

### **Cairns**

#### **Life Aboriginal and Torres Strait Islander Suicide and Other Unexpected Deaths Bereavement Support Group**

Meets every 3 weeks or as decided by group.  
Family, friends, work colleagues welcome.  
Very unique. Only Indigenous group in Australia.  
Ph: (07) 4053 6757  
Email: admin@kochfoundation.org.au

### **Caloundra**

#### **Living Beyond Suicide Caloundra Support Group (United Synergies)**

For meeting location or more information please phone United Synergies Standby Response Service  
Contact: (07) 5409 4995 or 0407 766 961

### **Chermside**

#### **Suicide Bereavement Group**

The Group is an 8 week closed, psycho-educational and therapeutic group program for people who are bereaved by suicide.  
Day and night groups run throughout the year.  
Contact Lyndall (Wednesday & Thursday)  
Phone: (07) 3624 2400  
Email: [enquiries@ucommunity.org.au](mailto:enquiries@ucommunity.org.au)

### **Cleveland**

#### **Redlands Suicide Bereavement Group**

Contact:  
Kelly: on 0488 234 812 Rose on 0422 124 564  
Kerrie on 0401 938 806 Maria on 0432 482 213  
Email: [rsbgqld@gmail.com](mailto:rsbgqld@gmail.com)

### **Gold Coast, Broadbeach**

#### **Suicide Bereavement Support Group**

(Lifeline)  
Meets 1st Friday of each month from 6pm to 8pm  
Phone: (07) 5570 6000  
Email - [broadbeach@ucommunity.org.au](mailto:broadbeach@ucommunity.org.au)

### **Hervey Bay**

#### **Support of the Bereaved by Suicide**

Meets monthly on 3rd Sunday  
Contact Olwen: 0401 311 468

### **Ipswich**

#### **Suicide Bereavement Support Group**

(Lifeline)  
Meets on the 1<sup>st</sup> Wednesday of each month from 6.30pm to 8.30pm  
The suicide bereavement support group provides a confidential, non-judgemental and compassionate setting where participants are able to give and receive support.  
Phone:( 07) 3816 9606  
Email - [Sbg.ipswich@ucommunity.org.au](mailto:Sbg.ipswich@ucommunity.org.au)

### **Mackay**

#### **Support After Suicide**

Meets on the last Saturday of the month from 2pm until 3.30pm at Lifeline 287 Shakespeare st Mackay.  
The entrance is at the rear of the building.  
For anyone who has lost a loved one to suicide at any stage in their grief.  
For information or a one on one meeting contact:  
Kim 0430 186 149

### **New Farm, Brisbane**

#### **Suicide Bereavement Support Group**

(Lifeline)  
Meets monthly in the evening. Facilitated by a Psychologist and a Professional Counsellor  
Contact Lyndall (Wednesday & Thursday)  
[enquiries@ucommunity.org.au](mailto:enquiries@ucommunity.org.au)  
(07) 3624 2400

### **Townsville**

#### **Hope 4 Life**

(Salvation Army)  
Meets fortnightly on a Monday night.  
Support, education, quarterly coffee night  
Contact: 0408 688 474  
Alternate landline contacts: (07) 4779 3791 or (07) 4723 5607

## Want to Increase your Emotional Intelligence?

..... then the quality you need to improve is Empathy

The following article on Emotional Intelligence had been adapted from writings by Justin Bariso, founder of Insight, a consultancy that helps organisations think differently and communicate with impact. He was ranked by LinkedIn as one of the top 3 management writers of 2015.

Working in the community sector, we often talk about the need for empathy, but Bariso tells us that few people understand it, and even fewer demonstrate it effectively. It's missing in the disconnected team leader and in the dysfunctional family as well. He says that it is so rare in everyday life that when we do see examples of it in the news those stories often go viral.

Oxford defines empathy as "the ability to understand and share the feelings of another." So, why is empathy so sorely missing, asks Bariso?

**Empathy is often confused with its closely related cousin, sympathy.** Sympathy is akin to compassion, and it can prove beneficial. When a colleague loses a loved one, for example, we show sympathy by writing a card or expressing ourselves in another way. But then, we move on. Sympathy is limited in that it doesn't really affect our everyday dealings with our colleague.

Empathy is different. In the above situation, it begins when we take time to remember how we felt when we lost someone close to us (or how we would feel, if we haven't had this experience). We think about how this affected our work, our relationships with others.

It doesn't stop there. To truly show empathy, we must try to imagine how our colleague feels in this situation. We recognize that he (like every individual) will deal with the trauma in his own, unique way. When he takes longer than usual to respond to an email or his performance at work suffers, you remind yourself of the situation he's going through.

Then, you allow those feelings to affect your actions. If your relationship is close, it may mean providing a listening ear. In other cases, it's simply giving your colleague space to heal, and reducing your expectations for a while.

### Empathy has been described as "your pain in my heart"

But how does empathy help you beyond the situation mentioned above? Here are some suggestions for applying empathy, practically:

- If you're a manager, the next time an employee comes to you with a problem or complaint, resist the "Not again. What now?" attitude. Remember: You've felt the same way when dealing with a problem of your own. Ask yourself: What can I do to make things better?
- If you don't understand the problem, go the extra mile until you do. Maybe work alongside the disgruntled team member for a while. Showing empathy in this way takes time, but you will motivate the one you are trying to help. If you do it sincerely, you'll gain his or her loyalty.
- If you are an employee who feels your manager is unreasonable, try to understand why. Look for an opportunity to express appreciation for *the manager's* work. Be authentic. When you show empathy for this person, he or she will notice. In time, this person will be moved to do the same for you.

It's important to remember that whenever we work on a team, various points of view are involved. Of course, each of us has the tendency to see things from our own perspective: *My problem is bigger than the other person's*. The problem is, that's what the other person is thinking too. (We call this the perspective gap, and it's surprising how deeply it affects each of us.)

Instead of fighting to get others to see things our way, why not proactively show empathy? Phrases like, "Sorry, I'm not getting it. Show me what you mean" go a long way.

When we put forth the effort to understand another person, he or she will naturally reciprocate. Because after all, both perspectives are right. They're simply viewed from different vantage points. And therein lays the key to empathy: To get others to see the world through your eyes, you must first learn to see it through theirs.

<http://www.inc.com/justin-bariso/want-to-increase-your-emotional-intelligence-here-is-the-quality-you-need-to-imp.html>



Ladypause Network is a group offering a forum for women of middle years.

**Our group offers** friendship and information on varying topics relating to health and lifestyle; these seminars are presented by a number of speakers from our community. These specially chosen speakers cover different topics each month relating to Health and Lifestyle using visual presentation with the latest in house AV Data and projection equipment.

The seminars are predominately run for women in middle years, but may interest others including Men who are most welcome to attend our meetings. Ladypause has been running now since 1999 bringing together women in middle years.

There are no annual joining fees for the group and on arrival our members can enjoy morning tea for a **gold coin donation**, while chatting with other members before the sessions begin; Members can receive our monthly Newsletter by email which gives them details of the next month's topic.

After the meetings some of the ladies will stay and have lunch together, forging long-term friendships over the years with likeminded women. We also like to get together during the year for special luncheons at venues in the city.

Meetings are held on the 3<sup>rd</sup> Monday of the month from March – November 10.00am - 12noon. Current venue is the Brisbane Square Library 266 George Street City. Community Meeting room Ground floor.

We are always open to suggestions if someone has a particular topic they would like us to run, please don't hesitate to contact us.

**For further information contact Jacqui by Email:** [jacqui@ladypausegroupinfo.org](mailto:jacqui@ladypausegroupinfo.org) or visit our web sites. <http://www.yourthyroidandyou.org/ladypause> & <http://www.ladypausegroupinfo.org>

### Older Gay Men's Social Support Group Welcomes Locals and Visitors in Cairns

BoyZout is a gay men's social group based in Cairns. Whether you are a resident or visitor you are welcome to BoyZout. This is a great way for gay men to make new friends! While there are lots of events going on for younger gays we cater for the older generation, who are often left out of the gay scene.

Once a month we meet for a meal at a restaurant. We also hold gay themed film evenings, barefoot bowls, BBQ's, picnics and other social events.

BoyZout offers free membership, with frequent email updates listing all the local events for gay men. Contact BoyZout Email: [info@boyzout.net](mailto:info@boyzout.net) Website: [www.boyzout.net](http://www.boyzout.net)

### Care4Dementia App is Helping Carers

A dementia care app developed by the Dementia Collaborative Research Centre is providing guidance for carers and families on the behavioural changes associated with dementia.

More than 90 per cent of people with dementia display some form of behavioural or psychological symptoms during the course of their condition. These can include aggressive behaviours, agitated behaviours, anxiety, apathy, calling out, depression, delusions and hallucinations, resistance to care, socially inappropriate behaviours, sleep pattern changes and wandering behaviours.

The Care4Dementia App is free and can be downloaded at:

<https://play.google.com/store/apps/details?id=au.edu.unsw.Care4Dementia&hl=en>

### Grants Available to Celebrate Seniors Week in Queensland

Queensland organisations are invited to apply for subsidies up to \$1,000 to hold events and activities during Seniors Week, which will be celebrated from 13 to 21 August 2016. For more information, visit, Council on the Ageing Queensland at: [www.qldseniorsweek.org.au](http://www.qldseniorsweek.org.au).



Queensland Government

Applications close on 31 March 2016

## What Does the Term Legal Blindness Mean?

You might have heard the term “legally blind” before. Legal blindness does not mean that a person is totally blind; in fact very few people have no sight at all.

The following information has been adapted from information provided by Retina Australia and is a useful guide to understanding what is meant by legal blindness. The legal definition of blindness has two fields. In people with normal sight, this is measured as 170 degrees. A person is “legally blind” if the combined visual field for both eyes is less than 10 degrees.

Therefore a person who is “legally blind” may have a visual acuity of 6/60 or less, or a visual field of less than 10 degrees, or both. Some conditions, such as Retinitis Pigmentosa (RP) affect mainly the visual fields, while Stargardt disease and Macular Degeneration (MD) affect mainly visual acuity or central vision. Although some people with RP and MD develop a complete loss of all sight, most retain at least limited vision. Depending on the degree of this limitation, the person may have legal blindness but will still have the capacity to get around and do things.

### Components:

Firstly, ‘normal’ vision is tested in two main ways. Visual acuity defines the ability to read and detect objects at a distance. It is measured using the vision chart, which everyone is familiar with. The chart has lines of letters in different sizes. The person is then asked to read the letters from top to bottom. The top line has a very large letter, which a person who has normal sight would be able to see at 60 metres. However a person with a severe vision impairment may only be able to see this at 6 metres. Similarly, for the subsequent lines, a person with normal sight would be able to see the letters at 36, 24, 18, 12, 9 and 6 metres respectively.

Normal vision means that a person can read the “6 metre” line (usually the second bottom line) at the correct distance from the chart. This means this person sees at 6 metres what other people with normal vision would see at 6 metres (6/6 vision). This is also known as 20/20 vision (6 metres or 20 feet). People with less than normal vision would have their vision described as 6/12 or 6/24 etc. depending on which line they could see on the chart.

People who are legally blind are people whose visual acuity or sharpness (with glasses or contact lenses, if needed) is 6/60 or worse in the better eye. This means that a person who is legally blind can see an object at a 6 metre distance, as compared with a person with normal sight who could see the same object at 60 metres. This means that she/he can only read the top line on a vision chart.

Secondly, when people look straight ahead, they can normally detect objects to either side, or above or below the direction in which they are looking. This measurement is called the visual in people with normal sight; this is measured as 170 degrees. A person is “legally blind” if the combined visual field for both eyes is less than 10 degrees.

Therefore a person who is “legally blind” may have a visual acuity of 6/60 or less, or a visual field of less than 10 degrees, or both. Some conditions, such as Retinitis Pigmentosa (RP) affect mainly the visual fields, while Stargardt disease and Macular Degeneration (MD) affect mainly visual acuity or central vision. Although some people with RP and MD develop a complete loss of all sight, most retain at least limited vision. Depending on the degree of this limitation, the person may have legal blindness but will still have the capacity to get around and do things. (Source: Courtesy EYE Q News Autumn 2016, published by RAQ)



Retina Australia (Qld) Inc  
Phone: 07 300 300 65  
[www.retinaqld.org.au](http://www.retinaqld.org.au)

**Retina Australia (Qld) Inc** is a volunteer-based Charity providing information and support to people, their families and friends, affected by a blinding retinal eye disease.

These diseases affect thousands of Australians and millions worldwide and include: retinitis pigmentosa, Stargardt, macular degeneration, usher syndrome and other associated dystrophies.

Enquiries from anyone with an interest in retinal eye disease are welcome.

## When Life Does Not Go the Way We Planned...

- by Doctor Harmony, Psychiatrist

How do you manage disappointments? When was the last time you felt let down? Did someone disappoint you? Did you lose your job or were you overlooked for a job or promotion? Did someone make a promise which they did not keep? Did you trust someone but they betrayed your trust? Were you diagnosed with an illness that affects your quality of life and ability to achieve your dreams?

The list of disappointments in life is endless. As long as we have high expectations of how life should be, how others should behave and how much we should achieve, then we will continue to have disappointments at some point in time.

Where do our expectations come from? It is natural to have expectations as it is usually based on our past experiences and upbringing. For instance, adults who grew up with critical parents or was bullied at school and felt they were never good enough, are more likely to think people are critical of them as adults. They are also more likely to have high expectations of themselves. This makes it challenging when they do not think they achieve their goals or standards for themselves. This can lead to disappointment, anger, hopelessness, shame or depression.

Many life situations can make it difficult for us to achieve our expectations and standards, such as chronic illness, unemployment and relationship separation. We cannot control many situations that happen to us but we can limit the disappointment and stress if we keep our expectations realistic, accept our circumstances and make the most of our existing strengths. It is then that we are more likely to maintain inner peace and find hope.

For example, let us discuss Greg's situation. He is a 59 year old builder who has chronic pain from a back injury at work. His doctor declares that it is unlikely that he will ever be able to return to work. Greg feels depressed, hopeless, useless, embarrassed about his situation and self-conscious. He grieves the loss of his career, financial stability, the prospect of a comfortable retirement and limitations on his ability to enjoy life.

With time, he comes to terms with these losses in his life. Eventually he learns to pace himself, depending on pain severity. He rests when he needs to and does not push himself when pain is worse. He realises that he can still enjoy more sedentary activities and learns to appreciate other positives in his life, such as a supportive family and close friends, his caring and practical nature, his intellect and sense of humour. He also realises that early retirement brought about benefits, such as more time with his partner and a closer relationship to her. With her support, he realises how lucky he is despite his circumstances. Greg now has renewed enjoyment in life given his changed circumstances, after he changed his expectations of himself and life.

In summary, when faced by disappointments in life, this is a chance to learn about our expectations: Keep our expectations realistic.

- Accept our circumstances, however disappointing.
- Make the most of the situation. Be flexible. Learn and grow.
- Be grateful for what we still have.
- Know that we are all human. People may not mean to disappoint us. Likewise, as we are human, we make mistakes and are not perfect. Forgive ourselves and others.



If you would like to find out more ways of dealing with disappointment and other uncomfortable feelings, go to [www.doctorharmony.com](http://www.doctorharmony.com). There are great tips for children and adults alike.

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### Multicultural Queensland Advisory Council Nominations Now Open

Queenslanders are encouraged to nominate now as representatives on the new Multicultural Queensland Advisory Council. The Council will advise the Minister for Multicultural Affairs on how to support a unified, harmonious and inclusive Queensland. Nominations are encouraged from people located throughout Queensland. For information or to nominate online visit [www.qld.gov.au/multiculturalcouncil](http://www.qld.gov.au/multiculturalcouncil)

**Nominations close at 5pm on 29 March 2016.**

## We Invite you to Read Some of our Success Stories

### Rare Genetic Condition

**Issue:** ‘Take your baby home and love it, it is going to die.’ The joy of a new born child, from a remote rural Queensland town, was sabotaged by the announcement of a rare genetic, terminal disease. Desperate for practical information and emotional support from other families, the baby’s grandfather contacted over twenty organisations. He said SHQ was his last hope. There were no support groups in Australia.

**Outcome:** SHQ located and linked the rural family with the only other family in the same situation in Qld at the time. (Brisbane). Both families met and provided emotional and practical support to each other. SHQ continued to help the Brisbane family establish a national support group of ten members.

### Mental Health

**Issue:** 5 residents of a supported accommodation block in Brisbane suicided within two years. The body of the last person was not found until 3 weeks later, even though only metres away from others. 3 residents contacted SHQ saying “this is no way to live” and wanting to support each other better, but not knowing how. SHQ helped the group identify what would help. They cleaned out a storeroom and converted it to a cosy meeting place and also established a community garden. The group grew from 3 to 30.

**Outcome:** Suicides reduced from five to zero in a two year period. There were noticeable reductions in police, ambulance and fire brigade callouts.

### Culturally and Linguistically Diverse (CALD)

**Issue:** A group of Somali women (in a refugee camp for 14 years) sought SHQ’s support to learn new skills. They wanted to feel useful in contributing to their family’s budget.

**Outcome:** A sewing group was established in Sunnybank. Sewing machines, teachers and fabrics sourced by SHQ with the help of government and the local community. Ten women completed three months of training. They learned to make their own and their children’s clothes. English improved, friendships formed, self-confidence grew and women enjoyed time to talk to other women in private. The project was so successful another group of 10 refugees graduated and 12 more are waiting to learn.

### Gay, Lesbian, Bisexual, Transgender Intersex, Queer (GLBTIQ)

**Issue:** Street attacks and bashing of members of a Transgender Support Group were occurring on the way to meetings. The group contacted SHQ reporting there was a lack of a safe, confidential venue for members to meet and support each other.

**Outcome:** Through its networks, SHQ sourced a free, safe, easily accessible meeting venue for members to provide support to each other with no further adverse incidents.



## Self Help Queensland Membership Form

**SHQ needs members to support us in carrying out our work. (See some practical story examples above) Anyone is welcome to join. Fees have been kept to the very minimum. You will receive a bi-monthly email newsletter, vote at AGM, services provided by SHQ, and the knowledge that you are giving others a hand to improve their lives. Any donations are extremely welcome and appreciated greatly.**

**The following membership categories are available for the coming year:**

- Concession (\$10) for students, pensioners and others with a valid concession card
- Support groups and individuals (\$20)
- Professionals and organisations (\$30)

Please complete the form below and send with cheque or money made out to Self Help Queensland Inc to PO Box 353 Sunnybank 4109, or you can pay directly to:

**Bank of Queensland    Account Name: Self Help Queensland Inc Business Account**  
**BSB: 124032            Account No: 10389118**

**Name:** .....

**Organisation: (If applicable)**.....

**Postal Address:** .....

**Phone:** .....

**Email:** .....

**Membership Category:** .....\$.....

**Thank You**

