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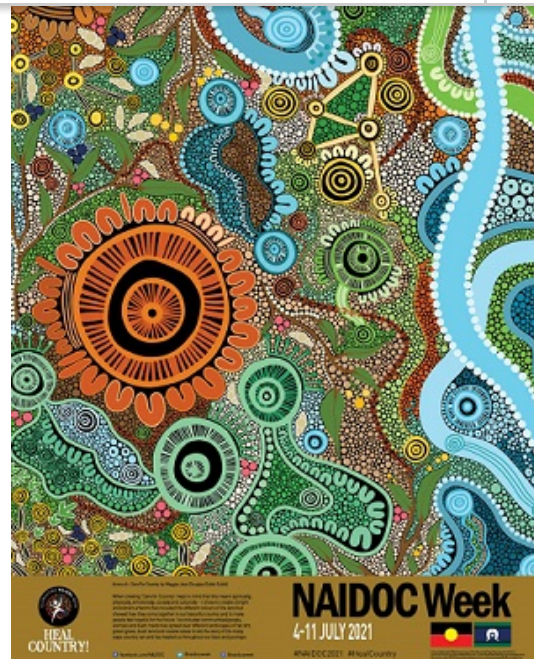
June 2021 edition:

- [Refugee & NAIDOC Week](#)
- [The 2021 Suicide Prevention Summit](#)
- [Home Care Supplement for Dementia and Cognition](#)
- [Watch: What Is It Like To Survive A Suicide Attempt?](#)
- [Handling Disclosure in a Group](#)
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In 2021, the [Refugee Council of Australia](#) is calling on you to help build a more cohesive community during Refugee Week. Whether hosting a local meal, a community event or attending an online event to hear from people all over the world, join us as we call for the spirit of unity as we recover from the isolation we have all endured in 2020.

No matter who you are, there is something for everyone during Refugee Week. Find out how you can [get involved](#).



The 2021 National NAIDOC Poster, 'Care for Country' was designed by Gubbi Gubbi artist Maggie-Jean Douglas.

Using the 2021 NAIDOC Week theme, [Heal Country!](#), as inspiration; 'Care for Country' is a bright and vibrant artwork that explores how Country has cared for and healed First Nations people spiritually, physically, emotionally, socially and culturally.

Find out more about the [2021 National NAIDOC Poster](#).

[The 2021 Suicide Prevention Summit](#)

TW: Suicide

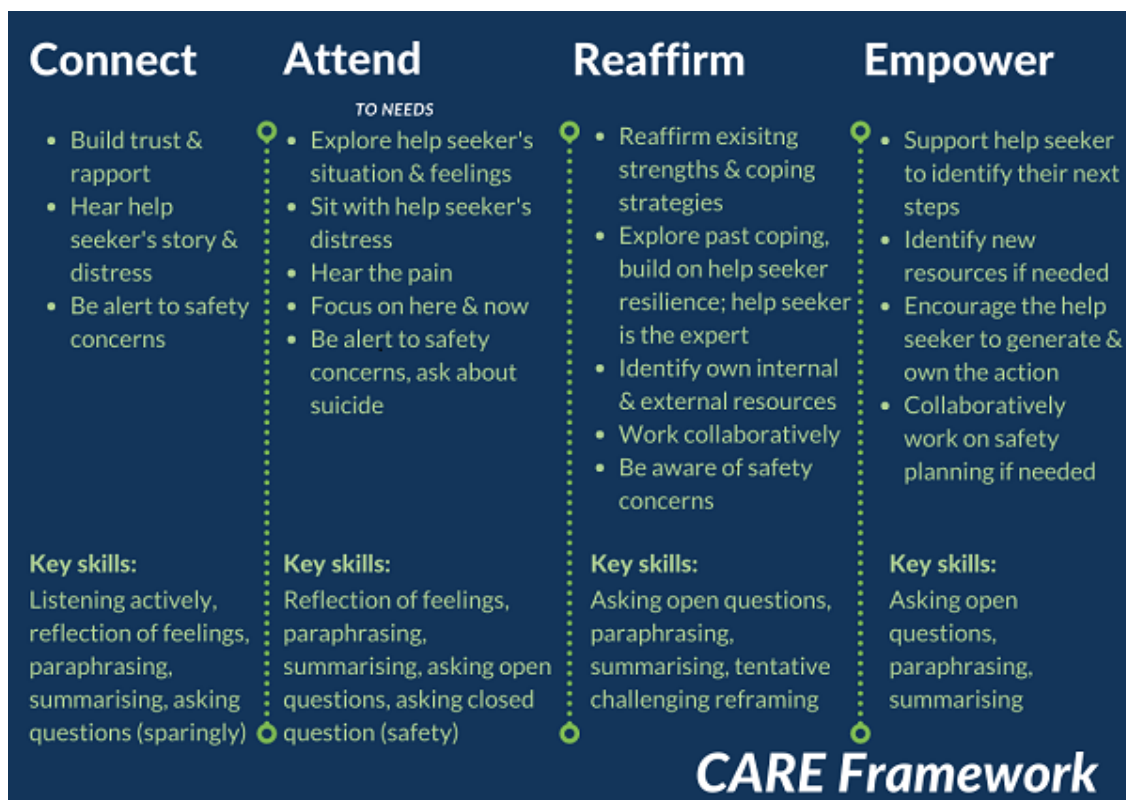
One of our volunteers, Roy, attended the 2021 Suicide Prevention Summit by the Mental Health Academy in partnership with Lifeline. The purpose of this Summit is to equip practising mental health professionals in Australia with the most up-to-date, advanced knowledge and treatment options on suicide prevention. Roy shared some of the things that stood out for him

- 1. The importance of lived experience**, Aboriginal and Torres Strait Islander Lived Experience program at the Black Dog Institute Presented by **Vicki McKenna** from the Torres Strait Islander Lived Experience Centre.

“A lived experience recognises the effects of ongoing negative historical impacts and or specific events on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. It encompasses the cultural, spiritual, physical, emotional, and mental wellbeing of the individual, family or community.

People with lived or living experience of suicide are those who have experienced suicidal thoughts, survived a suicide attempt, cared for someone through a suicidal crisis, been bereaved by suicide or having a loved one who has died by suicide, acknowledging that this experience is significantly different and takes into consideration Aboriginal and Torres Strait Islander people’s ways of understanding social and emotional wellbeing.”

Crisis support and the CARE model by Amy Webster, Clinical Manager at Lifeline, spoke about Lifeline’s CARE framework. The CARE Framework organises communication with colleagues and the people you serve. It helps you document your actions and decisions. It’s an evidence-informed, patient-centred, and practical framework. In 2020 they supported more than a million people. Learn more about the framework [here](#).



3) **Engaging men in mental health care** by Dr Zac Seidler, Research Fellow, Orygen

75% of suicide death are men, and many men never seek support. As a man, I think the reasons are complex.

~~“Men don’t self refer”~~

Most common referral pathway (34%)

~~“Men feel ashamed going to therapy”~~

Vast majority felt none to very little shame (65%)

~~“Men aren’t motivated to attend therapy”~~

Almost half of the sample were very-extremely motivated

~~“Men don’t like to talk”~~

Most common response for ‘best thing’ about therapy was “space to talk” (34%)

~~“Men only want to see male clinicians”~~

Over half (60%) had no pref, with equal numbers preferring female & male (20%)

**Stop assuming.
Start asking**



Dr Seidler says there needs to be a change to our workplace and parenting programs; to the mental health practitioners who treat men when addressing men’s mental health. It’s not necessarily just a case of MORE services, programs, practitioners. Its often just a question of WHAT:

- What are we offering?
- What do men actually want and need (preferences)?
- What are men’s strengths, and how can they be included?
- What are the best times and places to implement programs?
- What do clinicians think they know about working with men?

To explore some of the answers to these questions, [click here](#).

Additional Resources:

1. [Sharing the stories, science and strategy of suicide prevention](#). Blog by Dr Sally Spencer-Thomas, President of United Suicide Survivors International’s
2. [Forget Me Not: Preventing Suicide among the Elderly](#)
3. [Lifeline Resources](#)
4. [Crisis Contacts](#)

Home Care Supplement for Dementia and Cognitive Impairment

What it is

2016. However, few people seem to be aware of its existence. The supplement assists home care providers with the cost of caring for people with moderate to severe cognitive impairment. If eligible, the supplement is paid as an additional 11.5% of the home care package they are already receiving (up to 16.07/day for level 4 HCP recipients)

How to apply

A diagnosis with Alzheimer's is not enough to get this supplement (as someone may have a low level of impairment despite having a diagnosis). Most care recipients need to be assessed with one of the Psychogeriatric Assessment Scales (Kimberley Indigenous Cognitive Assessment can be used if the care recipient is CALD or Aboriginal or Torres Strait islander. The assessment can be completed by a range of medical professionals, including:

- a registered nurse
- a clinical nurse consultant
- a nurse practitioner
- a clinical psychologist
- a medical practitioner.

When approved, the supplement is backdated to the date of application.

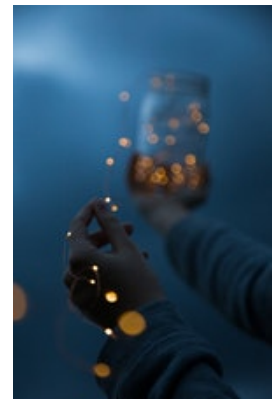
What Is It Like To Survive A Suicide Attempt? People Share Their Stories



Survivors of suicide attempts told us what went through their minds in what they expected to be their final moments — and what it's like to return to a life they tried to end.

What to DO when someone discloses suicidal thoughts/self-harm

- Take the person seriously; do not ridicule, minimise or negate their thoughts and feelings
 - Stay respectful, patient and calm.
 - Let the person know that you care about them and do not want anything to happen.
 - Ask them if they are currently having those thoughts
-
- Listen non-judgmentally; accept what they are saying without agreeing or disagreeing with their behaviour or point of view
 - Let them know before you move on to another person that you'll connect with them at the end of the group to support them accessing crisis services or professional help
 - Remind the group at the end of the supports available to them and if you're contactable after the session or at any time.



Source:

[QLS Information Sheet: Responding to threats of imminent serious physical harm](#)



Be strong, be fearless, be beautiful. And believe that anything is possible when you have the right people there to support you.

Misty Copeland



FREE
SLEEP HEALTH & WELLBEING EXPO
Saturday 9th October 2021
Brisbane Convention & Exhibition Centre



SLEEP



NUTRITION



EXERCISE



MINDSET

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REACH PEOPLE WITH CHRONIC ILLNESS AND DISABILITY

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Let us share your team and stories!

about your group with others, through our newsletter, Facebook or website. Please let us know how your group is going.

We are currently building an image bank to brighten up our newsletter and website. We invite you to share your photos with us. Please ensure the photos are high-resolution, captioned, and have been consented to by those featured. If you know anyone or group that'll be interested please let us know, we would love to have you featured on our page. We look forward to your submissions at admin@selfhelpqld.org.au!

Self Help Queensland supports you to nurture yours' and your groups' well-being. We connect people to support groups across a broad range of health issues, assist people in starting new groups and working with support groups to build their capacity.

121 Lister Street (PO Box 353),
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Phone: 07 3344 6919

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