



**ARAFEMI NEWS Volume 16, Issue 3 | Summer 2010-11**

## **ARAFEMI launches its Personal Helpers and Mentors (PHaMs) Program**

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Families, Housing, Community Services & Indigenous Affairs (FaHCSIA). It commenced nationally in December 2007.

**PHaMs stands for 'personal helpers and mentors'. It was established to help people with mental health problems improve their well being, overcome social isolation and increase their connections to the community.**

ARAFEMI PHaMs assist people aged 16 years and over living in and around Greater Dandenong.

Specifically, the service aims to:

- Provide advice and support around accommodation issues
- Restore hope and meaning
- Build connections and community strength
- Promote human dignity
- Demonstrate understanding and caring
- Reduce the sense of isolation
- Reinforce capacity to problem solve and take control
- Look for and identify strengths that can raise self-esteem
- Set realistic goals

PHaMs is an Australian Government initiative funded by the Commonwealth Department of

- Provide links with groups of agencies that are understanding and supportive; and
- Facilitate coping and problem solving skills.

PHaMs support participants using recovery focused and strength based services. In PHaMs, recovery is about a personal journey that is driven by **the participant's point of view**. It focuses on their strengths (what they can do), hopes, wishes, goals and achievements and provides ways for them to cope better within the confines of their illness; equips them to overcome difficulties and challenges that they must face along the way. Recovery means that participants learn to cope with difficulties in their life, regain control and make choices and decisions for themselves, strive to achieve their goals, and develop skills to help them overcome future challenges.

The new ARAFEMI Southern PHaMs team is based in offices at level 1, 345 Lonsdale St, Dandenong. The team is made up of a Team Leader, three Outreach workers, two Peer Support workers and a Family/Carer Peer Support person. Our two Peer Support positions and the Family/Carer Peer Support position emphasise the value of **'lived experience'**. It provides a unique insight and understanding to the people we support. We also

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## Executive Director's Report

Welcome to our summer edition of ARAFEMI NEWS. By now many of you will have received a letter from me asking for your assistance in

providing input to our strategic plan. I welcome any feedback as we progress forward. In reflecting on the development of our plan – two things particularly strike me.

One is how consistent our many ARAFEMI voices are. I suspect that the very grassroots nature of our organisation and our constant daily contact with people affected by mental illness, consumers and carers alike, means that we have the ability to hear and see the **problems 'on the ground' and respond.**

Carers and consumers alike find the current trend to only consider size and economic viability a little disturbing. Were we to follow this path would we hear what consumers and carers say they need? Would we retain the specialist skills, responsiveness and voice we are so well known for?

Perhaps the re-emergence of new grassroots movements similar to our own, symbolizes that for many consumers and carers our service system is just missing the point.

The second thing that strikes me about ARAFEMI is our uniqueness. Are we a carer organisation or are we a consumer organisation? In fact we are both! But how do you describe such a service model?

Over my four years at ARAFEMI it is obvious this uniqueness is special, but presents us with a dilemma when trying to articulate our services. How do you market us? How do you tell someone who we are in ten words or less? Without a fancy name for what we do can we progress? As we get down to the teeth and

nails of steering the future of ARAFEMI, by sitting and analyzing the components of what we do, much of it cannot be encapsulated in a nice fitting name. So perhaps we need to move beyond finding the perfect name and instead find a model that fits us – one that instead focuses on our opportunities for sharing and leadership. In many respects, it is the model that we have become!

Finally, in relation to our strategic plan – the other key area of focus is housing. As we progress beyond elections and the festive season – **let's think of those people** who are denied a basic human right – a home. For anyone with a mental illness, families and carers and those of us who work in mental health – the need for affordable, safe and supportive housing is a number one priority.

Turning the clock back 30 years when consumers and carers first acted in response to this very same need, just think of the organisations they founded (ARAFEMI included); think of the houses they bought and the support they gave! There were no policies to lead the way, they came up with innovative and practical solutions unassisted.

Looking on the capacity of consumers and carers to provide ideas and action gives me hope. Together, the think tank potential is enormous. This opportunity to join our strategic planning is a call to arms - an opportunity for you to contribute and shape the future for consumers, families and carers.

Happy summer

**Frances Sanders**

ARAFEMI Executive Director



## ARAFEMI in the Round

### Outreach Services

While the lead up to Christmas is can be an exciting time, for many it can be a time of trepidation and stress. Everyone in our Outreach team will be working hard over this period to ensure people are safe, feeling secure and have things to look forward to.

The New Year is expected to be busy, as once again we will have a fully staffed team. Our focus will be on consolidating the new PHaMs team in Dandenong and Northern Outreach in Rosanna.

One of the main challenges will be to secure more accommodation opportunities, as this remains such a desperate need.

Best wishes for the summer

### Hugo Steinbergs

Program Manager – Outreach Services

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### Family Services

There will be temporary changes to family services between December and January.

**Counselling:** Counselling will be available until Monday 20<sup>th</sup> December, on Monday and Thursday of each week, as usual. Services will resume on the 6<sup>th</sup> of January. Contact the Helpline on 1300 550 265 to make appointments.

**Helpline:** The Helpline will be available on the non-public holidays, Monday to Friday, 9am to 5pm.

**Support Groups:** Support Groups will not be meeting after the 9<sup>th</sup> of December. They will resume in February 2011.

**Respite:** From the 24<sup>th</sup> of December until the 10<sup>th</sup> of January, there will be no new referrals taken, but messages can be left on voicemail or by email, and these will be followed up after the 10<sup>th</sup> of January. Banyan House will be closed during this period. No carer activities are scheduled during this time. Existing arrangements with clients of the service will be covered. Contact reception on 9810 9300 during this time.

**Education:** No seminars or workshops will run from December to January. The education officer will be available during this period, and can be contacted via reception on 9810 9300.

A calendar of activities for education, support groups and Respite carer activities in 2011 is being developed at present, and will be available through the website by the end of December.

Have a safe and enjoyable festive season.

### Helen Kane

Family Services Manager

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### Northern ARAFEMI office

The Northern ARAFEMI office is indeed busy with many different activities and events scheduled over Summer. We have new staff in both the outreach team and in family services, including myself! We now have a full team again in the Rosanna office.

We will be commencing two new Carer Support groups in the Northern region starting in February next year in addition to the two existing groups. Over Summer we will be supporting clients to take care of themselves in the heat and of course to support their wellbeing over the Christmas and holiday period, which can be a challenging time for some.

### Fiona Jenson

Team Leader—Northern Office

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promote the broader value of supporting both the participant and their family, when possible, as both are affected by the impact of mental illness and homelessness and both need to work together towards recovery.

If you would like further information about any aspect of the program, contact Deb Sariman the Team Leader on (03) 9791 1088.



## In Brief

### Minister for Mental Health holding open forums

The Minister for Mental Health, Mark Butler MP, is holding a series of forums across the country for Mental health carers and consumers where they will be given the opportunity to discuss issues related to mental health care and reform in Australia. For those unable to attend but eager to contribute to the discussion, email your comments and suggestion to [mhwebsite@health.gov.au](mailto:mhwebsite@health.gov.au)

### Report on Public Housing in Victoria

A recent parliamentary report released on public housing in Victoria found that "in a context in which affordable housing is increasingly difficult to access, many Victorians on low incomes have turned to public housing as an option to meet their housing need."

In response to the report, the Victorian state government has committed to a \$500 million, four-year initiative to provide an additional 400 social housing properties and 4500 new units by the end of 2012.

### 2011 edition of Law Handbook Online now available

The 2011 Law Handbook Online is now available and contains law current as at 30 June 2010. Sections that have been expanded include employment conditions, disability, work injuries, privacy rights and freedom of information sections, among others. For more details about the Law Handbook Online go to [www.lawhandbook.org.au](http://www.lawhandbook.org.au)

### Mental Health Week Celebrated

Mental Health Week was celebrated across the country in October. Unlike previous years, a new consensus emerged from the Federal Parliament in its support for mental health reform. All three major parties agreed the current failures in our mental health system are unacceptable and acknowledged mental health

funding must be increased, especially in community care and early intervention.



### The Economic Value of Informal Care

During Carers Week, launched on Monday 18 October at Old Parliament House in Canberra Access Economics also launched important research. Commissioned by Carers Australia and entitled 'The Economic Value of Informal Care in 2010,' their research found that the annual replacement value of informal care provided by unpaid family carers now exceeds \$40 billion, up from \$30.5 billion five years ago. To read the full report go to



[www.national.carersaustralia.com.au](http://www.national.carersaustralia.com.au)

### Towards a National Carer Strategy – discussion paper launched

Another highlight of Carers Week was the launch of the Federal Government's discussion paper about the National Carer Strategy. The paper was launched as a basis for consultation with carers, carer support organisations, service providers and the community. The government's stated aim is to "support carers with a range of government policies, programs and services. We want to make sure that these work well together and that they support carers." For more information go to [www.health.gov.au](http://www.health.gov.au) and look under "Mental Health".



## National standards for mental health services 2010 released

A review of the National Standards for Mental Health Services (the Standards) was commenced in November 2006, in consultation with the sector, and with consumers and carers. The new National Standards for Mental Health focuses on:

- How services are delivered
- Whether they comply with policy directions
- whether they meet expected standards of communication and consent
- Whether they have procedures and practices in place to monitor and govern particular areas - especially those which may be associated with risk to the consumer, or which involve coercive interventions.

For more information on the national standards go to: <http://www.health.gov.au/mhsc>

## Falling through the cracks report released

The Commonwealth Ombudsman has released its report "Falling through the cracks: Centrelink, DEEWR and FaHCSIA - engaging with customers with a mental illness in the social security system." The report identifies four key areas where procedures and policy could be further developed to ensure staff are encouraged and equipped to better match services and payments to customer circumstances and reduce distress and disadvantage.



The report suggests:

- Greater consideration of a customer's barriers to communication and engagement
- Increasing training and opportunities for staff to identify customers with a possible mental illness
- Encouraging customers to disclose a mental illness or associated difficulties with communication
- More transparent recording of information about a customer's illness or barriers.

To read the full report go to:

[www.ombudsman.gov.au](http://www.ombudsman.gov.au) within the 'Publications and Media' section.

## Marketing/Communications Volunteer Wanted

If you are a university student or graduate looking to gain work experience in the area of marketing and communications we have the role for you.

As our marketing/communications volunteer you will be primarily responsible for the development of membership communications materials. The successful candidate will either be experienced, or have a capacity to carry out work copywriting, editing text and proofreading newsletters and online materials.

In return for your contributions, you will receive ongoing supervision and professional development. You will be exposed to, and learn to use online technologies while working within a professional organisational environment.

For more information and a full position description go to [www.arafemi.org.au](http://www.arafemi.org.au).

### How to Apply

Send your application to:

Sarah Rosenberg  
ARAFEMI  
PO Box 83, Hawthorn 3122  
or email to: [sarah.rosenberg@arafemi.org.au](mailto:sarah.rosenberg@arafemi.org.au)



## Kali's Story— Caring for a Carer

*Kali Paxinos has been involved in carer peer support and worked as a carer consultant for many years.*

Memories are very special as we reach our senior years.

I was at Federation Square to have breakfast with a group of carers. 13 years have passed since we first met, we still meet every 3 months and this was our Spring meeting.

With the passing of years we have shared **stories, we've cried but most of the time we laugh.** One of our members Susan has a great sense of humour, however her life has been full of anguish and sorrow.

One morning Susan rang me and told me the latest news about her son Michael.

**"Michael is back Kali, I can't believe it. After all these years he's come back to me. He hugs me and asks me, "How are you Mum"?"**

I remember her story.

**"He's always aggressive towards me, he makes me angry, he won't listen to me and we always argue and say bad things to each other. He tells me I'm not his mother and won't take his medication. He disappears for months on end then rings and demands money. Why does he behave in this way? Of course I'm his mother. I ring the clinic and they say they can't give me any information Michael refuses permission to contact me.**

Over the years we discussed strategies and ideas about how to manage but Susan was stuck **and couldn't face the reality that she had to change the way she communicated with her son.**

I knew Susan trusted me and when I explained **that it was "The illness that was the enemy not Michael".** I suggested some changes. The following sentence was the catalyst

**"IF YOU ALWAYS DO WHAT YOU ALWAYS DID, YOU'LL ALWAYS GET WHAT YOU ALWAYS GOT"**

She laughed and eventually put these words into

action. She stopped giving him money when he demanded it. Michael disappeared for a long time. She blamed herself for changing, she felt guilty. Maybe she blamed me!

**A clinician rang from a regional hospital "Your son Michael is an involuntary patient here. He has been here for 6 weeks and only now has he told us your details. Please come to the hospital we would like to meet you."**

Michael stayed in hospital for 3 months, he responded to new medication and through rehabilitation he found good accommodation.

Susan saw her son improving. He knew she was his mother and she was able to speak with him again without anger. Susan had told Michael that meeting with the support group helped her during the difficult years and she was disappointed not to be able to go to **the Spring meeting. "Could I go instead?"** Michael asked her. Susan rang and we agreed that it was important to welcome him.

When I finally met Michael, I saw before me a tall gentleman. He was so like his mother.

**"You know my mother" was all he said.** He joined the group and listened to our talk, occasionally he spoke, but mostly he looked around and saw a world that was new and different.

Then he asked me if he could say something to the group.

**"I want to thank you all for helping and being kind to my mother. I now know how difficult it has been for her during all those years."**

There are many things that I learnt from this story. The most important is that we never lose hope. It is important to learn that we can change the way we communicate with our ill relative.

**It's great to know that the emerging carer/peer support program can play a part in this important area of communication. As a carer/**

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consultant I realised many years ago that my personal experiences caring for my son were to become the tools of listening, supporting and helping the myriad of family/carers, no matter their background, status or culture. There is no greater bond between two family carers than when they share, listen and help each other.

Telling my story and listening to another carer gave me courage and strength to accept and realise that I was not alone. **However it's** important to emphasise that the greatest tool that helped me achieve this acceptance and understanding of mental illness were the education programs that I attended, the books I read, the eloquent speakers from around the world who spoke at the many mental health conferences over the years.

As I gained knowledge I realised that knowing is not enough, I had to apply that knowledge. I

learnt that I must be prepared to make my knowledge accessible and useful. I learnt that the knowledge stored within me could be transferred to so many families/carers. When knowledge is not available to families/carers whether it be because of language difficulties or cultural differences or that there are no programs available in the area, then this is inequality and it is unacceptable.

There is so much for all of us to learn, no matter what our roles or professions. Learning from each other, accepting each other in the complex area of mental health will no doubt bring changes. Sometimes money is not the only answer.

### **My own story**

We were happy with our little brood of two girls and two boys. The reality of a fifth baby caused me to become very distressed and unsure of the future.

My husband had sensed my distress and when I finally told him of another pregnancy he smiled and said,

"Don't worry Kali, we'll manage, there's always a way. We'll slice the loaf of bread into 7 pieces instead of six."

At the time I really didn't understand what he was talking about!

At the age of 23 my fifth child was diagnosed with Schizophrenia. As his symptoms became more bizarre I blamed myself. I thought I was the cause of his illness and as I remembered the early days of my pregnancy I was convinced that my unborn baby had sensed my rejection of him while in the womb.

My blame and guilt escalated to the point that my family suggested I attend a series of talks given by a business man at Monash University. He had experienced a serious personal trauma.

His topic was "How to manage the memories of trauma."

trauma."

The lecture was full and we all spoke briefly about our trauma.

***"Don't move my mountain, just give me the strength to climb"***

After some discussion the business man helped us to relax, close our eyes and breathe deeply. He then spoke these words very quietly.

"I would like you to go back in time and remember the most beautiful feelings you experienced with your person before the trauma."

My guilt was profound and it took me awhile to relax. Tears dominated, however it was the silence in the room that took control.

How could I be guilty of my child's illness I said to myself over and over again. It was the silence in the room that helped me clarify my feelings.

That night I cried into my pillow and the guilt had gone.

**I'd like to bring my story to an end by quoting Nelson Mandella.**

***"Don't move my mountain, just give me the strength to climb."***



## Peer Support



*At the recent Evaluation Caring Together Gillian Scaduto spoke about her experiences as a peer support worker at the Northern Hospital and ADEC. This article is based on her speech.*

As a peer support worker I am able to offer carers the opportunity to air their feelings in a safe environment. During this time carers use words such as 'anger', 'guilt', 'helplessness', 'blame', 'walking on eggs shells', 'when is the next wave going to happen', 'exhaustion', 'nothing I can do helps', and so many more.

I get a tremendous sense of community, caring and offering empathy to other carers. It gives me a feeling of self-worth. I have also experienced and felt the pain of the emotions that are mentioned above. It gives my journey a sense of purpose, meaning and justification.

Having a connection with a carer is unique. It is not like the connection you might make with a doctor, nurse or social worker.

The feedback from carers is one of relief being able to share their concerns. They value the opportunity to be heard and speak freely, not being judged or asked the 20 questions that the health professionals usually ask about their loved one. Instead, we ask: how are they feeling?

Often this question alone has never been asked and it opens a flood of emotions. You see the facial expression change, the body relax and **it's almost as if they haven't given this a thought** – it has just dawned on them. Their focus has been on their loved one and just the fact that someone has enquired about them is a wake up call to the emotions they have pushed aside.

As a peer support worker, I see my role as one where I can offer other carers respite that they

previously may not have known. I encourage carers to seek information and education about **their loved one's illness**. Through the Northern Alliance team I am able to provide referrals to a range of services.

Reaching out to the multi-cultural community of carers is of particular importance. I have a tremendous amount of empathy towards them, especially the older female long-term carers that seem to have resilience on the outside but are holding so much inside.

For many, their cultural background and values often implies that they not talk about the illness or even acknowledge that it exists. Only when their loved one is admitted into hospital does it finally hit them that they need assistance too.

Feeling like you have been able to help someone in their time of need is very humbling.

***As a peer support worker, I see my role as one where I can offer other carers respite that they previously may not have known.***

I have done many jobs but never have I learnt so much as I have being a peer support worker. I have learnt so much from the carers themselves and co-workers. It is a two-way affect. They teach me. I feel privileged to be invited into their space.

The last thing that carers want to do is to take the focus off their loved one and look after their own needs, but as a peer support worker I see it as my job to explain how important this is - for the sake of themselves and their loved one.

Peer support workers, being carers themselves know what it is like to be a carer and they have **a real empathy which validates carer's experiences**. It is that lived experience that peer support workers provide to carers enabling them to be heard and understood when often they feel so isolated and overwhelmed.

***Gillian Scaduto is a Peer Support worker at our Northern ARAFEMI office. For more information contact Gillian (03) 9547 7130 or email [gillian.scaduto@arafemi.org.au](mailto:gillian.scaduto@arafemi.org.au)***



## Travelling companions, perspective of family and friends



Depression devastates more lives than that of the individual suffered. Depression's fall-out affects parents, partners, children and friends, permeating the lives of all who love and care for a person with a mental illness.

*There are no words powerful enough to describe this demon. A depressed person can be very frustrating and uncomfortable to be around...You long for them to be back to normal.*

Friends and family may feel transported into an alien land, with no road map to show them how to guide their family member or friend to solid ground. Propelled along, caregivers are often forced to cope out of pure necessity. Their own emotional journey often parallels the chaotic moods of the person with depression, and it can take years to learn the most effective strategies to keep from sinking with them.

When people lose their way and can no longer trust their own thoughts or perceptions, family and friends can be the mirror to remind them of who they once were. Love, constant reminders of the individual's significance and assurances that 'it will pass' can help pilot the way through depression's wasteland.

*Extract from "Journeys with the Black Dog, Inspirational stories of bringing depression to heel." Edited by Tessa Wigney, Kerrie Eyers & Gordon Parker. Published by Allen & Unwin, 2007.*

### About Black Dog Institute

Black Dog Institute is an educational, research, clinical and community-orientated facility, dedicated to improving understanding, diagnosis and treatment of mood disorders. For more information go to [www.blackdoginstitute.org.au](http://www.blackdoginstitute.org.au)

**"Journeys with the Black Dog" is available from the ARAFEMI Library. Your ARAFEMI membership entitles you to borrow books from the ARAFEMI Library.**

## Member Contribution: Writing as therapy

**Graeme Wilson**

If I counted it an honour to be made a life member of ARAFEMI, I now see the award in a different light – 'a member for life' – and a reminder that, although many years may have elapsed since the first emergence of psychosis, I still report regularly to my psychiatrist, take my medication as prescribed, and remain vigilant about my mental health.

A remaining symptom is self-absorption and a lack of insight into the effect of my communications on others. But rather strangely, it has been writing – especially the idea of *useful writing* – which has proved helpful.

Some years ago, I decided, having evidently made a good recovery from mental illness, to pass on the benefits of my experience to others following a similar path, and I set out to write a short piece entitled 'recovery' for the ARAFEMI newsletter.

However, when I re-read the first draft, it was clear that I perceived myself as very much misunderstood – and I was an angry person. It was not until the fourth draft that I produced a paper, acceptable to myself and the editor, and useful to other manic depressives.

Since then I have written a much longer paper, which I presented (nervously) at the 2004 Mental Health Services Conference (THEMHS Conference) and my subsequent efforts have been directed towards a diploma in theology and a graduate certificate of professional writing.

I commend 'writing as therapy' to everyone, but be sure to make it *useful writing*.

**Member contributions are always welcome in the ARAFEMI newsletter. If you would like to contribute your own article please contact the editor [chandi.piefke@arafemi.org.au](mailto:chandi.piefke@arafemi.org.au)**



## ARAFEMI Staff News

### Introducing Sonya Trifunovski - Northern Support Group Convenor

Sonya Trifunovski is the newly appointed Northern Support Group Convenor. Sonya is based at ARAFEMI's Rosanna office and works with the Darebin Community Mental Health Service and various sites and programmes within NAHMs. Sonya's role is to redevelop and deliver support groups to carers living the Northern region.

Sonya's formal qualifications are in the field of counselling where she has done some extensive voluntary work with different organisations within the mental health industry and support services. Through her own voluntary contributions Sonya has experienced many rewarding moments and the satisfaction of helping those in need. As one who enjoys challenges, Sonya looks forward to making a real difference in her role with ARAFEMI.

With Sonya's non judgmental attitude and hands on experience in group design, facilitation and support, she will be a great asset to ARAFEMI.

Away from work Sonya enjoys spending time with her family, the beach and travelling.

### Staff Profile - James Kelso, Consumer Consultant



Hi, my name is James Kelso and I work as the ARAFEMI Consumer Consultant. I have been working at ARAFEMI since 2006, and my role aims to involve consumers (users of mental health services) of ARAFEMI in its feedback, service improvement and governance.

Some of the ways in which we have been doing that include convening a 'Consumer Reference Group' which has been running continuously since 2006. It involves a group of approximately ten consumers of ARAFEMI, meeting for lunch and discussing issues relating to feedback on ARAFEMI's services, recovery-related activities and awareness of issues in mental health, general health and community activities. We also usually host a guest speaker to talk on an aspect of mental health and recovery, or issues relevant to consumers.

I also visit the Linwood Prevention and Recovery Care Unit (PARC) in Mont Albert. Here we meet with a smaller group of consumers and they provide feedback on all aspects of Linwood's service. Linwood is a supportive home environment for people that are recovering from mental health issues. We receive their feedback on groups and activities run, feedback on staff and the home environment, chores, relationships with others or things that may require maintenance. We relay this feedback back to the manager and staff, which forms a cycle of improvement.

I occasionally run feedback groups for Respite (either in the client's own homes or at Banyan House, an ARAFEMI Respite home). As well as this, I visit the Northern Office (now in Rosanna) to run Intensive Outreach Support feedback groups there. Here staff receive valuable information on how they are going, what is liked and disliked about the service, and what we can do to keep getting better. Sometimes staff just like receiving the feedback to remind them that they are doing a good job, and to put their minds at rest!

ARAFEMI consumers also contribute to the Carer and Consumer Services sub-committee, to Management Committee, and to Strategic Planning. Here we try to put our needs and issues on the map, and work with others to show that we are also important, and have



ARAFEMI evolve alongside our needs and perspectives.

As we now have a new Personal Helpers and Mentors Service in Dandenong, I plan to visit there to connect with the consumers in Dandenong and have their issues represented within the wider ARAFEMI framework.

We also hold occasional forums such as consumer input on the Review of the Mental Health Act (Victoria), and we have run two forums in 2009 and 2010 on 'Spirituality and Mental Health'. I am also asked to do some public speaking from time to time on my role and my recovery journey based on my own experience of mental ill-health.

We also try to encourage other speakers from time to time to talk about their Recovery Journey and the insights they have gained. This occurs both at the Consumer Reference Group and at Linwood PARC.

I, and sometimes other consumers often sit on interview panels for new staff, ensuring that the consumer perspective is present when selecting new staff for ARAFEMI.

All in all, it is a wide-ranging but satisfying and rewarding job, and I am happy to be enacting a new vision at present for Consumer Participation with the new Executive Director of ARAFEMI, Frances Sanders.

James Kelso

ARAFEMI Consumer Consultant

## ARAFEMI is Recruiting Volunteer Telephone Helpline Workers - Provide Peer Support

Helpline Workers participate in the direct provision of the Information, Support & Referral Service (Telephone, Email, Face-to-face & Message board) to Carers & families across Victoria. The Helpline operates from Monday to Friday between 9.00am & 5.00pm.

A commitment of a weekly half-day shift for a minimum period of 12 months is required.



If you have experience in caring & you are interested in volunteering, please contact our Helpline on **1300 550 265**

For more information and the full position description please visit:

<http://www.arafemi.org.au/get-involved/employment-at-arafemi.html>

## ARAFEMI Membership

Annual membership subscription entitles you and your family to access the ARAFEMI library. You will also receive the quarterly ARAFEMI Newsletter.

<b>Cost:</b>	Wage earning	\$20.00
	Non wage earning	\$10.00
	Organisation	\$30.00

If you would like more information please contact our office: **(03) 9810 9300**



## ARAFEMI Events in 2011

### Support Groups

In 2011 ARAFEMI will continue to run a range of support groups for carers, family & friends.

Groups will begin meeting from February.

The following support groups will run in 2011:

#### **Support Group for Families & Carers of People with a Borderline Personality Disorder**

**What:** Open support and information group for carers of people with a Borderline Personality Disorder

**When:** FIRST WEDNESDAY of each month  
7pm-9pm

#### **Bridging the Gaps – Eastern**

**What:** Education, information and support for parents and family carers

**When:** SECOND THURSDAY of each month  
7.30pm-9.30pm

#### **ARAFEMI Bipolar Consumer Support Group**

**What:** Open support group for people experiencing bipolar disorder

**When:** THIRD WEDNESDAY of each month  
7.30pm-9.30pm

#### **ARAFEMI Bipolar Support Group / ARAFEMI Bipolar Combined Carer & Consumer Support Group**

**What:** These groups alternate monthly to provide additional support to carers of people with bipolar disorder and people experiencing bipolar disorder

**When:** FIRST THURSDAY of each month  
Combined group commencing in February (bi-monthly) and Carer's group commencing in March (bi-monthly) 7.30pm-9.30pm

#### **ARAFEMI Caring 4 Carers Group - Northern and Wood Street**

**What:** Open support and information group for carers of someone with a mental illness. These groups are run by ARAFEMI in partnership with NAMHS.

**When: Northern group -** SECOND WEDNESDAY of each month 7pm-9pm

**When: Wood Street -** FOURTH FRIDAY of each month 7pm-9pm

### Education Seminars & Workshops

In 2011 there will be a selection of workshops and seminars for carers and mental health care workers. A new and exciting package of three workshops will be offered which will cover Carer Coping Skills, Communication & Healthy Boundaries and Recovery & Hope.

Are you a parent, partner, sibling or child of someone with a mental health issue? There will be a special new seminar which addresses the needs of all family members.

Other topics for workshops will be announced soon but some selected topics will be Compassion Fatigue, Being a Carer in the Mental Health System, Moving Beyond Loss and Despair and Future Planning.

**To register your interest in attending any of the events listed in 2011 - whether they are support groups, seminars or workshops, please contact the Carer Helpline on 1300 550 265.**

**If you would like more information about the workshops contact**

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