



## Season's Greetings!



ARAFEMI would like to wish all its members, carers, consumers and friends a very merry Christmas. We hope you have a safe and happy new year. We would also like to thank all our staff and volunteers for their hard work in 2008. ARAFEMI has seen significant growth over the past year and the dedication of all of the staff and volunteers has been invaluable.

## Newcastle to Melbourne: Walk For Awareness

For Catherine Bennett, walking is more than a way to get exercise. For her, it's a symbol of recovery. Diagnosed with Borderline Personality Disorder (BPD) and Post Traumatic Stress Disorder in 2005, Miss Bennett has walked from Newcastle to Melbourne – about 890km – to raise awareness of mental illness and has reached Melbourne.

As well as raising awareness of mental illness, Catherine has also raised money for the Association for ARAFEMI Hunter in NSW.

Through her walk, Catherine has been helping people to realise those with mental illness can make valuable contributions to the community and are not different. She has been challenging misconceptions and stigma often associated with mental illness, which has had excellent results in both rural and metropolitan communities.

Catherine arrived in Melbourne on the 7 December at Federation square. Speeches were given by Kay Gross, board member of ARAFEMI Victoria and Catherine. Celebrations were held in Alexander Gardens. ARAFEMI Victoria congratulates Catherine on her great achievement and wishes her all the best in the future.

## Have your say about the Mental Health Act

Over the next couple of months the Department of Human Services will be conducting a Community Consultation on the development of a new mental Health Act for Victoria.

It is now 22 years since the current Mental Health Act 1986 was passed in Victoria, and in that time many things have changed. We now have International and Victorian legislation which sets out the human individual rights of people, and our mental health service is largely community based. The Mental Health Act covers such areas as Involuntary Orders, Community Treatment Orders, Restraint & Seclusion, and others.

You may have some opinions about how our mental health legislation (and therefore services) can be improved. This might be ideas about rights, treatment and community care.

The Consultation process will include the release of a Discussion paper before Christmas 2008, and some public forums in February 2009.

Submissions are invited from the public and organisations. ARAFEMI will be making a submission. You can have your say and send ideas directly to DHS or to ARAFEMI if you wish it to be part of our submission. You can visit website [www.health.vic.gov.au/mentalhealth/mhactreview](http://www.health.vic.gov.au/mentalhealth/mhactreview) for further information. You can send your ideas direct to ARAFEMI (in word format) to [information@arafemi.org.au](mailto:information@arafemi.org.au).

### INSIDE THIS ISSUE

<i>ARAFEMI Research</i>	2	<i>ARAFEMI Library</i>	6
<i>Early Warning signs</i>	3	<i>Psychology &amp; Spirituality</i>	7
<i>DVD Review</i>	4	<i>Making Maturity Your Goal</i>	8
<i>Having Hope</i>	4	<i>New Services</i>	9
<i>Walking the worry line</i>	5	<i>Workshops &amp; Seminars</i>	10-11
		<i>Groups/Volunteers/Respite</i>	12



## The Carer Involvement Project

The Carer Involvement Project was initiated by a consultation conducted at ARAFEMI in 2007. Following service evaluation and carer consultation it was decided to expand the range and format of carer involvement and advocacy programs. The new report documents phase one of this project.

The Carer Involvement Project builds on existing core services (i.e., Helpline, Support Groups & Carer Education) and generates other new service areas (e.g., mental health carers speakers bank & online carer chat room). On November 28<sup>th</sup> the first report was launched at Ridges on Bell, Preston. It documents the peer mentoring project, a collaboration between ARAFEMI and the Northern Health Alliance.

The purpose of the Peer Mentoring Project is to develop an evidence-based and replicable peer mentoring support service for carers of people with a mental illness. There are lots of peer groups around, however this is a one-on-one support service based both at the inpatient unit and another community health service within the Northern region.

The report presents a body of knowledge and practical tips around carer needs, peer support and mentoring models. To identify service gaps and to assist in the design of a workable model the report also presents a map of Victorian carer peer support services and relevant mentoring models nationally.

The undertaking of this phase of the project involved a survey of 500 studies and scholastic articles furthermore, a research of programs and publications was carried out for all major mental health organisations in Victoria. In light of this review, recommendations are put forward for a prospective pilot program to commence in 2009 in the North.

Gill Callister, Executive Director Mental Health Branch, launched the report and Andrew Cannon (carer and President of the ARAFEMI Board) was among the guest speakers. The event was a great success and significant one - this being the first public document released by ARAFEMI Victoria.

### Carer Involvement Project: "Gathering Lived Experience"



Phase I  
Review of Literature & Service Map Concerning  
Carer Needs, Peer Support & Mentoring Models  
May 2008

Written by  
Kylie Cassar Bartolo & Frances Sanders



If you are a carer or professional interested in the upcoming peer support program 2009 we would be pleased to hear from you. You can contact the ARAFEMI Hawthorn office and speak to Kylie or Frances for further information.

By Kylie Cassar, Project Worker, Carer Involvement Project, ARAFEMI

To view this document please visit <http://www.arafemi.org.au/education-and-resources/research.html> or contact ARAFEMI on 98109300.



## ***Identifying early warning signs– working toward recovery***

Individuals who have experienced mental illness have the capacity to lead a successful and satisfying life. Part of the road to recovery is identifying early warning signs that you might be becoming unwell, and putting measures in place to prevent a relapse of a mental illness.

Below is a list of symptoms that have been identified as warnings that someone might be becoming unwell. If you have suffered a mental illness in the past, circling some of the symptoms that apply to you may be helpful in identifying early warning signs.

- |  |  |
|--|--|
| Altered sleep pattern                            | Being open and explicit about sexual matters |
| Sleep all day                                    | Increase in anxiousness                      |
| Need little sleep                                | Feel unable to cope                          |
| Lose or put on weight                            | Isolate myself from others                   |
| No interest in food                              | Excessive worrying                           |
| Altered periods                                  | Low mood/ feeling down                       |
| Spend lots of money                              | Movements seem slow                          |
| Make lots of phone calls                         | Feel useless or helpless                     |
| Increase in activity                             | Decrease in motivation                       |
| Excited/overly happy                             | Not talking to others                        |
| Lots of new ideas                                | Thoughts of self harm/suicide                |
| Ideas/speech are hard to follow                  | Feel violent                                 |
| Decrease in concentration                        | Increase in my use of drugs                  |
| Increase in concentration                        | Increase in my use of alcohol                |
| Talk faster                                      | Feel paranoid                                |
| Increase in hostility                            | Talk to self                                 |
| Drive dangerously                                | Behave erratically/ strangely                |
| Increase aggression                              | Fear of doom                                 |
| Irritable/angry                                  | Begin to hear voices                         |
| Lose my temper easily                            | Think I could be someone else                |
| Feel as if I am being laughed or talked about    | Have aches and pains                         |
| Speech comes out jumbled or is full of odd words | Feel my thoughts might be controlled         |
| Feel I'm being watched by others                 | Feel like there are things in or on my body  |
| Decrease in energy                               | See things that aren't real                  |
| Feel disorganised                                | People are playing tricks on me              |
| Feel confused                                    | The food or water is poisoned                |
| Feel forgetful or "far away"                     | Friends and family are worried about me      |
|  | Racing thoughts                              |



## **New DVD review – Oil on Water**

Oil on Water is a wonderful DVD about human endurance, quite apart from its intent as a film about coping with the diagnosis of schizophrenia.

The person suffering the symptoms of schizophrenia; his family, partner and friends each suffer and finally cope with the symptoms. It is a torrid journey, beautifully executed by the performers. It is someone's story. A difficult journey such as this has been told sensitively, engagingly and realistically, if not too realistically for some.

It sensitively focuses on the development of these people in their environment at work; he is an artist, she is his muse and later, life partner in the presence of undiagnosed symptoms of schizophrenia.

This DVD expresses much more than the development of the illness schizophrenia. It explores how this affects living with oneself, one's colleagues, family, friends and partner. It is more than just learning to live with others, it is learning to live life and being in this world to the best of our ability.

This is a very worthy DVD which may need to be viewed a second or third time two to three days later.

By Kay F. Gross, Board Member, ARAFEMI

Editors note: This video can be hired from the ARAFEMI library.

## **Having Hope**



To me, 'hope' is:

Hope is about clambering over rocks to eventually climb mountains. It is about passing streams and rivers, and getting caught in them and being swept downstream. It is about reaching higher, above; beyond. It is about doubting yourself, and then proving that doubt to be unfounded.

Hope is about surprising yourself. Hope is about feeling that a chance for the future that for so long has looked dismal may in fact be a cloud with a silver lining.

It is about a ray of light on a dewdrop, shining and refracting and showing a spectrum of chance. It is about knowing that you can't make it, but knuckling down, and with grit, determination, and endless persistence, working so hard that you eventually get there. It is about having an action plan.

Hope is a vision for the future. Sometimes that vision looks clear, and at other times quite blurry. But amidst all the confusion and torment of life, it is about staying true to that vision and the hope of salvation one day. It is about having faith in the future. Quite simply, it is about having faith.

- James Kelso, Consumer Consultant, ARAFEMI

Used for publicity for the 2007/08 'Hope Awards'. The Hope Awards, present prizes to short films that illustrate hope for both consumers and carers of people with a mental illness. The competition aims to decrease the stigma associated with mental illness. For more information please visit [www.hopeawards.com.au](http://www.hopeawards.com.au)





## Walking the worry line



Recently I found myself involved in a lively conversation about the value of worry. We all do it. Some of us do it constantly, but the debate raged that day about whether worry is inevitable and ever productive. One man described sitting in a hospital at the bedside of his child, consciously choosing to send the child prayers and good wishes rather than what he described as “the negativity of worrying”. While most of us could see that made good sense, it also seemed a big ask. If your child or someone you love is in danger or is unhappy, is it possible *not* to worry.

A few days later I watched as the distinguished Australian writer Kate Grenville was interviewed on television about her new novel, *The Lieutenant*. She used the idea of “worry” in a nicely old-fashioned way, describing her drive to “worry away” at the social relationships between our early settlers and the Aboriginal population, as well as their current repercussions, as a “crucial imperative”. Using the word like this shifts its parameters, taking us to a quiet sense of something that won’t easily be deflected.

That brings us closer to “concern” than worry. It is emotionally healthy and natural to be concerned about the people we love, our work, homes and communities. The pity is that most of us are not more concerned about people and events beyond those immediate circles. But even our most intimate concerns are not just emotional or moral. We are biologically primed to be concerned (and to worry) about our children and our capacity to care for others, not least because the survival of our species depends upon it.

One of the many tragedies of drug addiction is that it robs people of this fierce imperative. I will never forget when my own children were babies, at a time when I believed that I could hear them breathing in their cots from rooms away, reading and weeping over clinical accounts of drug addicts who had given birth and within hours had literally “forgotten” their babies and the care their babies needed.

Some concern, some worry seems to be essential then. But when does it become too much? When does a parent’s worry about a child, for example, become intrusive or an additional burden for their child of whatever age? When does worry hamper our efforts to work effectively, maintain a healthy lifestyle or get along with other people? Worry feeds on itself, that produces panic, helplessness or despair rather than insights or solutions, dominates many people’s lives. Yet in most everyday situations it is possible to learn to shift your focus away from repetitive, fearful thinking to a simple and effective version of problem-solving—even when there is no specific problem to be “solved”.

*Using the power of the mind, its possible to turn fruitless worry into something much more productive*

The trick is to ask yourself, “What’s needed here?” and then to give yourself time and opportunity to find out. A question like this calms you because it engages different and less primitive functions within the brain than naked fear does. Panic may accelerate. “I have no idea” can feel like the only possible answer, yet even then you can persist, actively envisaging how the most capable person you can imagine would deal with this same situation.

It can be even more helpful to write down the question and the answer—almost literally “emptying” your mind of frightened helplessness and “filling” it with a sense of way forward. A serious worrier’s imagination is often their greatest enemy, yet that same imagination can become a powerful ally. You might discover that nothing is needed other than patience, remembering what has worked in the past or letting go. You will certainly see that the worry cycle can be broken—and that even in the most demanding life, fruitless worry is never the only possible response.

By Stephanie Dowrick. Reproduced with permission from the author [www.stephaniedowrick.com](http://www.stephaniedowrick.com)



## New Books to the ARAFEMI Library

### ***"Sometimes My Mommy Gets Angry"***

By: Bebe Moore Campbell

Shelf location: MOO #703 (Children and Adolescents)

Some mornings, Annie's mother's smiles are as bright as sunshine as she makes pancakes for breakfast and helps Annie get ready for school.

But other days, her mother doesn't smile at all and gets very angry. Those days Annie has to be a big girl and make her own breakfast, and even put herself to bed at night. But Annie's grandma helps her remember what to do when her mommy isn't well, and her silly friends are there to cheer her up. And no matter what, Annie knows that even when Mommy is angry on the outside, on the inside she never stops loving her.

NAMI: The Nation's Voice on Mental Illness  
Outstanding Literature Award

Picture book – Age 5+

### ***"Lost in the Mirror; an inside look at Borderline Personality Disorder"* Richard Moskowitz, M.D.**

Shelf Location: #705 (Family & Mental Illness)

Borderline Personality Disorder (BPD) afflicts six to ten million Americans and accounts for almost 25 percent of psychiatric hospitalizations in this country. In *Lost in the Mirror*, Dr. Richard A. Moskowitz provides an expert look into this complex disorder, discussing cases, symptoms, behaviours, and treatments, interspersed with patients' compelling stories of their daily struggles with BPD.

The second edition provides readers with the latest innovations in psychotherapy; new and effective drug treatments; an expanded overview of conventional therapy; and an updated resource list for those who want to learn more. Thoughtful and compelling, *Lost in the Mirror* explores the frightening world of BPD patients and helps readers understand their pain.

### ***"At Wit's End: What You Need to Know When a Loved One Is Diagnosed with Addiction and Mental Illness"***

By: Jeff Jay and Jerry A. Boriskin, PhD.

Shelf location: JAY #710 (Family & Mental Illness)

A must-read for families seeking answers about a loved one's co-occurring disorder.

- "My mother has become forgetful and seems especially sad lately. I know she takes too much pain medication. Where can I find help for her?"
- "My teenage son has hallucinations. I think he's depressed. He sees a psychiatrist and takes medication, but he doesn't seem to be getting better. What can I do?"
- "My wife is euphoric one day and suicidal the next. Her doctor told her to stop drinking while she's taking antidepressant medication, but she hasn't stopped. How do I intervene?"

Families at wit's end about a loved one's co-occurring psychiatric and addictive problems will find vital information and inspiration in this important guide.

As the authors explain, when psychiatric and addictive disorders travel together, they cause confusion among family members and even misdiagnoses for patients. Here, families learn how psychiatric diagnoses mimic addictive disorders, why chemical use exacerbates psychiatric problems, what various treatment approaches offer, and when intervention is needed. Real-life stories throughout the book offer hope, illustrating that people do recover from co-occurring disorders and that families do heal.

To find out more about ARAFEMI's library please contact reception on 9810 9300.



## **Contemporary Psychology and the Absence of Spirit**

Contemporary psychology has developed in its present guise from the late 19th century onwards, under the influence of seminal figures such as Freud, Jung, William James, B.F. Skinner, and many others. With the disbanding of general belief in God and spiritual figures in academic and other circles, much modern psychology (e.g. Cognitive Behavioural Therapy) has developed into a 'spiritually-free' zone. However I question whether the emphasis on such techniques is leaving many mental health clients' central, and wider issues unaddressed.

This has been seen as an essential way of separating psychology (a secular science) from religion (a spiritual quest) and not confusing or combining the two, which mirrors what has happened in society in about the same time frame.

Of course, this has been happening for centuries, but many are noting that now in Western culture, the question is – have we gone too far? Through completely annihilating any reference to faith or belief in things not immediately apparent, have we quelled from the human imagination the very spirit, the very essence, that makes life somehow mysterious, uncertain, and strangely, worth living? Spirituality does not have to mean religion, but it should inspire a sense of wonder, hope, doubt, searching, creativity and speculation – in other words, it should not just be the 'hard facts' of rational, empirical science. It is a quest – that may have no end – but it is a quest for answers to the 'big questions'.

Decline of spiritual influence has occurred in our government, in schools (many of them) and in our civic institutions. Our mental health services, in most cases also are spiritually-free (or at least unmentioned) zones, although I question whether through 'leaving out' the problem, we are really getting around the problem of addressing it.

The problem is that I believe that you cannot create a healthy, flourishing, content and spiritually aware individual without addressing these questions. Leaving the problem for consumers to address these questions 'in their own time, in their own zone, using their own resources' – usually just means that these important existential and humanistic questions are left unresolved, or certainly not helped. This is a major failing of our system.

It certainly does not only affect mental health consumers. I believe that many of our clients are seeking meaning and purpose in their lives, and the mental health system is failing to address spiritual issues because explorations of the answers are seen as 'too hard', or 'too contentious'.

However the problem is a society-wide one, where people rush around madly, seemingly trying to avoid thinking about the question, by engaging in shopping, consumerism and other hedonistic pursuits. People pack schedule after schedule into their day – we all love to say that we're 'busy' – to avoid the spiritual emptiness that may arise on us when we sit down at the end of the day. If this doesn't satisfy, the reason is seemingly that we are not busy enough – or could it be that we are just not content, despite how much we may be doing.

The European Enlightenment of the 18th century has long been called 'The Triumph of Reason', a key consequence of which was the decline of the belief in God and the practice of religion. Now my question is whether we are now celebrating 'Reason' as the new God? Descartes' 'Method of Doubt' has become an obsession for those in the sciences, while the sense of meaning (which tends to come from spiritual observation and practice) has been left by the wayside, if not purposefully destroyed.

However, humans are inherently worshipful creatures, and starved of their traditional spiritual fare, they create new gods which they worship just as ardently if not more so (shopping, sport, the self, fashion etc.). These things literally become our purpose in life! And yet we should never confuse a hobby or pursuit with something that becomes an end in itself, or something that dominates our lives to the exclusion of everything else – including the question of why we're doing it.

Despite the 'distractions' of life, real spiritual progress is possible. Nobody is saying that the answers will become apparent overnight. Rather, the spiritual quest is a lifelong one, and given that it is such an essential part of human wholeness and wellbeing, it is astonishing that mental health services in general – who are there to help people – will not touch it, or even know what they're looking for.

By James Kelso, Consumer Consultant, ARAFEMI.



## Make Maturity Your Goal



My name is Doug Western. I am a 60 year old, handsome, sweet loveable mature man. That was not a grandiose statement. It was me expressing my great tongue-in-cheek sense of humour.

Considering my use of the word mature is the point of this story.

Even though I have been hospitalised 13 times for mental illness during the last 40 years I reject the stereotypical image mental health professionals dump on me when they use their politically correct language. In their minds I am a "mental illness consumer in recovery".

I am not expressing or experiencing mental illness symptoms while I write and it is 13 years since I was last hospitalised. And I am not doing anything or consuming anything to trigger a relapse as the label "mental illness consumer" suggests.

The word "sufferer" is far more appropriate than "consumer" when describing people with active mental illness symptoms simply because they experience many horrifying feelings. Carers and mental health professionals should embrace the concept of suffering when talking with people with mental illnesses because it will help those who suffer realise that their distraught feelings are acknowledged and communication gaps between the people involved will be more easily bridged.

As far as the concept of "in recovery" goes. This incorporates the notion that once someone has a mental illness episode their recovery process means they will not return to be exactly as they were prior to their illness bouts (s).

Clearly this is stating the obvious. But please do not assume someone "in recovery" is somehow a lesser person. Psychiatric stabilization often or usually with the aid of medication gives people great opportunities to explore and develop their personalities using insight and psychotherapy if

they wish. Please embrace the notion that people "in recovery" can achieve greater mental health than they have ever felt before.

Many or most people suffer their first mental illness episodes when they are in their teens or twenties. People in these decades of life are not fully mature so helping people stabilize psychiatrically and psychologically becomes a dual challenge.

In my experience finding the right medication to stabilize me was simple when compared to my psychological maturity process.

The book, *Why Did I Marry You?* by Dr Warwick Hartin when writing about maturity says, "Establishing appropriate independence from parents is a gradual process spreading over several decades and, according to Williamson (1978), the process is unlikely to be brought to completion before the fourth decade in life."

My maturity process was driven this year as I made my films, *My Mind, a Curious Swamp* and *My Mind, the Sensible Swamp*. And it culminated when I made *Triumph of Psychotic Chook – A Quest for Maturity*.

The triumphs outlined in my films were many and included achieving my teenage goal of discovering the true essence of my natural self. Most important of all was finding compassion for my father. I had let my memories of how he psychologically abused me when I was a child upset me for many decades. You see I wanted to love him but I hated him at the same time. My newly acquired state of mind meant I acquired appropriate independence from him and thus my maturity was boosted massively.

Tess and Catherine who saw "Triumph of Psychotic Chook..." agreed that the way I expressed my human vulnerability in the film meant it was inspirational and Richard Hunter CEO of Bird Observation & Conservation Australia wrote: "Thank you for the DVD which I've watched right through and found enthralling. I'm offering it to one of our people who is enduring similar problems to those you speak so well about in the hope it will help her."

*By Doug Western*

*(Copies of Triumph of Psychotic Chook can be purchased from me, Doug Western, P.O. Box 199, Boronia 3155 for \$10)*



# New Mental Health Carer and Consumer Services

## **ARAFEMI Online Support Services**

ARAFEMI is commencing new online support services! The ARAFEMI message board and chat room provide an opportunity for carers of people with a mental illness to gain mutual support and encouragement in a safe environment. Our Chat Room and Message Board will be available from Thursday 27th November 2008.

**Message Board** The ARAFEMI Message Board is open 24 hours a day for carers to read and submit posts. New posts will be approved by our Family Support Team at ARAFEMI before being visible on the message board. Please note that this may take a few days.

**Chat Room** The ARAFEMI Chat room is a safe and supportive environment where carers can chat and share their experiences.

Chat Times: Thursdays (2pm - 3pm) & Thursdays (6pm - 7pm).

<http://www.arafemi.org.au/family-support/online-support.html>

## **Behavioural Family Therapy**

A partnership between ARAFEMI Vic and Family Eclipse Program; Odyssey House Victoria is commencing Behavioural Family Therapy at ARAFEMI.

**What:** The Family Eclipse Program supports youths aged 16-24 years of age who have dual diagnosis (mental illness / drugs and alcohol) issues and their families. This partnership allows the Family Eclipse Program to be delivered at ARAFEMI, Hawthorn. This allows families who may be more comfortable in accessing ARAFEMI, to also get drug and alcohol services.

Families are supported over a period of 10 - 15 weeks and can additionally access multi-group family support and additional assistance if needed. As key providers of drug and alcohol services, Odyssey House workers have the ability to make further linkage to supports and treatment services in drug and alcohol.

**How:** To enquire further about the program or make a referral please call the ARAFEMI helpline on 1300 550 265.

**When:** The service will commence in December 2008 on Fridays between 9am and 5pm

**Where:** The service will be provided at ARAFEMI, 270 Auburn Road Hawthorn.

## **Voices Clinic opens at the Alfred**

A specialist clinic providing one-to-one psychological treatment for people who hear voices or have psychotic symptoms has opened at the Alfred Hospital in Prahran. The Voices Clinic was successfully piloted at the Mental Health Research Institute, and is now run as an ongoing service by Monash University and the Alfred. The Voices Clinic provides psychological therapy for a range of issues associated with psychosis including:

- Coping with hearing voices and other unusual experiences
- Coping with paranoia
- Depression and anxiety in people with a diagnosis of psychosis or schizophrenia
- Promoting recovery from and adjustment to having a mental illness
- Comprehensive relapse prevention planning

Clinical psychologist Dr Neil Thomas, who runs the clinic, says that people frequently have difficulties finding psychological treatment tailored to these needs, and hopes that the clinic will enable more people to access effective treatment. Results from the pilot of the service, which focused on helping people cope with hearing voices, found that patients were less distressed by their voices and had reduced symptoms at the end of therapy.

Patients are seen under the Medicare clinical psychology items, which allows for up to 12 sessions (bulk-billed) per calendar year. This requires a referral from either a GP or a private psychiatrist. Referral forms are available online at [www.voicesclinic.com.au](http://www.voicesclinic.com.au). If you would like further information on the clinic, please contact Dr Neil Thomas on 9076 6564 or [Neil.Thomas@med.monash.edu.au](mailto:Neil.Thomas@med.monash.edu.au).





## **ARAFEMI 2009**

### **Workshops ~ Seminars ~ Groups**

### ***for family, friends & carers***

ARAFEMI has designed a new program for the Family Services support groups, workshops and seminars in 2009. These exciting initiatives include a number of new specialist peer support groups, a series of evening seminars on topics such as dual diagnosis and future planning, and many day workshops aimed at building on the skills and knowledge of carers.

The new Workshops, Seminars and Groups for 2009 are outlined on pages 10-12. Further details will be provided in the **January 2009 Special Edition** of the ARAFEMI Newsletter, which will focus on family education and peer support.

### **ARAFEMI Carer Workshops 2009**

ARAFEMI aims to promote and improve the wellbeing of people affected by mental illness. The following workshops aim to increase carers' skills and improve their wellbeing. Thus the wellbeing of the person with the mental illness is also positively affected. These workshops run for 3 hours from 10am-1pm.

#### ***#1 Carers Coping Skills***

This workshop aims to assist families, friends and carers to explore issues and develop skills in supporting someone with a mental illness. Through group work and discussion, our peer educators will support carers to develop self-care skills, feel more confident in communicating in difficult situations and in developing supports to help reduce feelings of isolation. The course also provides assistance with planning treatment and recovery pathways.

Tuesday 24<sup>th</sup> Feb and Saturday 20<sup>th</sup> June

#### ***#2 Skills for Supporting Recovery***

This workshop aims to assist families & carers of people with mental illness to understand and support recovery. It utilises group work and discussion, videos and carer led experience to help carers maintain hope, explore strengths and feel more effective as a caregiver.

Saturday 28<sup>th</sup> March and Tuesday 21<sup>st</sup> July

#### ***#3 Challenging behaviours and health boundaries***

Caring for a loved one with challenging behaviour can be emotionally exhausting. This workshop aims to enhance carers skills when dealing with the difficult symptoms of mental illness and drug and alcohol use. This workshop develops practical assertion skills for managing manipulation and potential violence and also provides an environment to meet other people with similar experiences.

Tuesday 21<sup>st</sup> April, Saturday 22<sup>nd</sup> August.

#### ***#4 Communication with professionals – how to get the best from your care team***

Helping a family member or friend towards recovery can be a lot easier when you are part of a supportive team. Learn about mental health services and ways to effectively communicate with your relative's treatment or support team.

Saturday 23<sup>rd</sup> May and Tues 15<sup>th</sup> September



## ARAFEMI Evening Seminars 2009

ARAFEMI will offer new evening seminars for carers of people with a mental illness in 2009. Carers can enhance their understanding of living with mental illness in the family and have the opportunity to meet other carers.

### ***Seminar 1. Compassion fatigue***

Families and carers of people who have a mental illness can experience physical and emotional exhaustion through their ongoing roles and responsibilities. In this seminar, families will learn about how to recognise compassion fatigue, and self-care strategies for prevention and healing.

Wednesday 11<sup>th</sup> March

### ***Seminar 2. Grief & loss***

Feelings of grief and loss are common for families and carers of people who have a mental illness. This workshop will explore the experience of grief and loss and mental illness, and new ideas about living with grief. An experienced grief counselor will facilitate the workshop.

Wednesday 13<sup>th</sup> May

### ***Seminar 3. Dual diagnosis***

This interactive workshop will assist family carers to gain an understanding of Dual Diagnosis (mental illness and use of drugs and alcohol). This workshop's focus is on causation, harm minimisation, stages of change, what the family can do to help and coping strategies and self care for the family.

Wednesday 8<sup>th</sup> July

### ***Seminar 4. Future planning***

Planning for the future when caring for someone with a mental illness has individual challenges, as compared to caring for someone with a physical illness. This seminar will explore legal issues, wills, and various options to ensure your family member will be supported in the future.

Wednesday 9<sup>th</sup> September

### ***Seminar 5. Siblings***

In this seminar, two siblings will present their experience of living with someone with a mental illness. Some issues that will be explored are the role of a sibling within the family and how to support your own wellbeing. Siblings will have the opportunity to meet other carers and share their own experiences.

Wednesday 11<sup>th</sup> November

### ***Seminar 6. Coping with hearing voices***

This seminar will aid carers to learn about ways of helping their family member cope with voices. Carers will learn more about what it is like to hear voices, how to talk with their relative about voices and ways to cope that they can suggest when voices are a problem.

Wednesday 8<sup>th</sup> April



## ARAFEMI Support Group Meetings NEW IN 2009

Dates, times, venues and other detailed information to be provided in the **January 2009 Special Edition** of ARAFEMI News.

Groups will begin meeting from February.

Phone the ARAFEMI Carer Helpline for information 1300 550 265

### SUPPORT GROUP FOR FAMILIES & CARERS OF PEOPLE WITH A BORDERLINE PERSONALITY DISORDER

Education, sharing and support.

### BRIDGING THE GAPS—SOUTHERN

Education & information sessions for Parents & Family Carers of Young People.

### BENDIGO RELATIVES AND FRIENDS SUPPORT GROUP

Education, sharing and support for carers in the Bendigo area.

### ARAFEMI BIPOLAR SUPPORT GROUP

For people experiencing bipolar disorder.

**\* NEW \***

### ARAFEMI BIPOLAR CARERS GROUP

For carers of people experiencing bipolar disorder.

**\* NEW \***

### ARAFEMI BIPOLAR COMBINED GROUP

For people experiencing bipolar disorder and carers of people experiencing bipolar disorder.

**\* NEW \***

### ARAFEMI NEW CARERS SUPPORT GROUP

For people who have recently become carers of friends or family members with mental illness.

**\* NEW \***

### ARAFEMI SUPPORT GROUP FOR CARERS OF YOUNG PEOPLE

For carers of teenagers and young adults with mental illness.



## WANTED: Telephone Helpline Workers 1300 550 265

Helpline Workers participate in the direct provision of the Information, Support and Referral Service (Telephone, Email, Face-to-face and Message board) to carers and families across Victoria. The Helpline operates from Monday to Friday between 9.00am & 5.00pm. Comprehensive training and ongoing supervision is provided. A commitment of a weekly four-hour shift for a minimum period of 12 months is required.

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

## Banyan House Vacancies!



Our respite house in Blackburn North has vacancies right now for carers needing a break or else for people with a mental illness looking for some time out and extra support.

Vacancies also exist currently in our new respite outreach program. Carer – are you going away on holidays, having medical treatment or just need a rest? Do you know of a person with a mental illness who needs some practical, social or recreational support in your absence? Our respite workers can provide anywhere from a one-off home visit to 24 hour support, either on an emergency or planned basis. Please give the Respite Team a call on 9810 9315.

#### Subscription to ARAFEMI NEWS

is included in the annual membership fee: \$20.00 non-concession, \$10.00 concession and \$30.00 for organizations. If you would like more information please contact our office.

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