



ARAFEMI

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ARAFEMI NEWS

Promoting and improving the wellbeing of people affected by mental illness

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FINDING THE MIDDLE GROUND

Last month we read two very different views on the future for mental health. Robyn Duff CEO of MIND wrote about Brendan Nelsons proposed reforms which see a return to institutionalization (Openmind, 2nd Edit, 2008). This article explored the failure of institutions to meet fundamental human rights, which was revealed in the groundbreaking Burdekin Report. The move to community based support was a significant shift towards reducing discrimination and denial of rights for people with mental illness. In this context, Mr. Nelsons views that people with mental illness are a danger in our community are unsubstantiated by research and in conflict with evidence that support in living a rich and full life can lead to recovery.

A second article also provided much food for thought, this time coming from The Australian about the impact of the philosophy of social inclusion. We report this article in full but would like to draw attention to the contrast between attitudes to mental illness at a political level and the need to find middle ground. Institutions or loss of foci on mental health would both lead us back to darker times.

“Back to dark ages for the disturbed

The Government’s social inclusion agenda excludes the mentally ill, argues Sue Oliver

Last month, Kevin Rudd announced the public release of the final report of the 2020 Summit. Nowhere in the report’s health stream was there any mention of the mentally ill although it was raised several times. In the “strengthening communities, supporting families and social inclusion” stream there was mention of reducing poverty, strengthening families, eliminating violence and providing housing for the homeless but no mention of mental illness. Why the silence?

It was only in the 18th Century that mental

illness was recognized as a health issue, but in the 1970’s, with growing confidence in the new chemical straitjackets, asylums began a 20-year process of emptying. The old buildings set in pastoral landscapes were sold off in the 90’s for housing developments or as arts centres. In Australia, as elsewhere, the motivation for decanting the vulnerable was partly confidence in the new medications, partly economic rationalism and partly exaggerated faith in the capacities of communalities to care.

It seems we are coming full circle, where mental illness is disappearing as a health issue and becoming a social issue.

Yet it is dangerous to conflate mental illness and social exclusion. Medical treatment is at risk of disappearing. Research shows that up to one in four young people in Australia is likely to be suffering from a mental health problem. A small number will be suffering a psychotic illness whose prognosis will be determined in part by how early the illness is diagnosed and treated.

In a 1998 study by T. Hodder, M. Teeson and N. Burich of 210 homeless people in Sydney aged 17 – 87, 75% had at least one mental illness, with 23% of men and 46% of women having schizophrenia. British academic Anthony Giddens coined the term social inclusion in *The Third Way*, his influential 1998 book, on which Tony Blair relied, as part of a larger ideological turn to neo-liberalism with a social democratic façade. Rudd, a long-standing Blair fan, even before his election, vowed to commit Australia to a social inclusion agenda.

He and Julia Gillard, then shadow minister for social inclusion, stated that social exclusion was the “outcome of people or communities suffering from a range of problems such as unemployment, low incomes, poor housing, crime, poor health, disability and family breakdown”. But where is the acknowledgement

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**ARAFEMI
Carer
Helpline**



**for families &
friends of
people with a
mental
illness**

1300 550 265

9am– 5pm

Monday to Friday

Cont.. that the homeless and disadvantaged my suffer from a mental illness?

The Howard government allocated funding for an advertising campaign linking illicit drug use and mental illness. The Rudd Government scrapped this project in the 2008 budget. Indeed, the 2008-09 budget included \$2.6 billion in cuts from mental illness, dental health and nursing training. Yet according to a report on mental health in Australia in 2004-05, mental illness is the country's greatest cause of ill health and of lost productivity, ahead of cancer and cardiovascular disease.

Will the new buzz phrase social inclusion help the Rudd Government turn a blind eye to mental illness and the mentally ill, thereby placing the responsibility for these disadvantaged members of our community in the frail, tired hands of their family and friends; that is, if they have any family and friends still able to help them?

Sue Oliver is a psychiatrist and psychotherapist in private practice. Source : *The Australian* 19 Jun 2008

COPES BOX HILL

Carers Offering Peers Early Support

In their first two months of operation. Linda and Susan, our new COPES workers, have already supported many families and carers who access Eastern Health and ARAFEMI programs.

Consumers, carers and the mental health teams have been highly supportive of the new COPES program. There is a lot of excitement that families and carers have a space to talk to another carer and get much needed support. Our COPES workers currently see carers at Koonung Clinic and Upton House and offer daytime and after hours appointment times. Phone support is also provided.

If you are interested in contacting the COPES workers please phone Koonung Clinic on (03) 9843 5800 or ring the ARAFEMI Helpline on 1300550265.

NEW TOLL FREE HELPINE FOR RURAL CALLERS

To ensure better access to carers needing support across Victoria, ARAFEMI has a new CARER Helpline number

1300 550 265

Rural and regional calls will be the cost of a local call. Supported by Golden City Services Bendigo.

ARAFEMI RESPITE CALENDER 2008

All activities are supported by our specialist mental health respite workers and led by qualified recreation professionals. They aim to provide a quality respite option for consumers and their carers – giving access to activities that promote fun and recovery. There is limited space available on both the camps and day trips, so get in early to secure you spot! To secure your place we ask for booking confirmation no later than 10 days before the event.

Wednesday July 2nd: 'Women's Only Unwind and relax' trip to Peninsula Hot springs. Come and enjoy the 3 outdoor hot springs in a beautiful setting to relax your tired muscles for the start of winter!

Wednesday 30th July or Wednesday 6th August: A visit to the infamous International Film festival and afternoon tea in the city. Movie is yet to be decided and date to be confirmed.

Wednesday September 24th: Choose your own adventure day! You can ride a gentle ride into Warburton, go on a peaceful nature walk up in the treetops or hang out in town at the opp shop or by the river!

Wednesday October 29th: Lysterfield lake activity day.... Here you also have a choice. You can relax by the lake, take a canoe out for a paddle with one of our trained staff, or go for a bike ride!

Camps / Respite Break-aways

June 17th – June 20th A four-day stay at one of Victoria's most majestic rivers, the Murray! We will be staying in Echuca at a lovely waterside location in very comfortable cabin style accommodation.

Tuesday 25th November – Friday 28th November: Come on a 4-day coastal camp and enjoy the fresh air and selection of activities that will be provided.

For more information please phone our Respite Team at ARAFEMI on 9810 9300

ARAFEMI FAMILY EDUCATION PROGRAM UPCOMING EVENTS

For more information or to register for workshops phone the **CARER Helpline** on **1300 550 265**

WORKSHOPS	DATE	LOCATION
Carers Coping Skills	Saturday 9 August 9.30am-3.30pm	Hawthorn
Recovery – the carers journey	Thursday 18 September 9.30am-3.30pm	Hawthorn
Carers week workshop: Grief & loss Garrett O’Dowd	Saturday 18 October 10am-1pm	Hawthorn
Carers Coping skills	Wednesday 19 November TBA	Hawthorn

ARAFEMI aims to be a leader in support and recovery for consumers, carers and their families

2008 Professional Development Calendar

WSFSP1 The lived experience of carers – a Carer Life Course Framework approach

Develop an understanding of a continuum model for caring and recovery to develop a service map of interventions and supports that match carer need.

1-5 pm April 23rd 2008 or or August 13th Cost \$45.00 includes afternoon tea

WSFSP2 Walking the line with carers and consumers – Privacy and Confidentiality

Explore carers experience of information sharing, develop greater understanding of legislation and acts and explore ways in which services can better support understanding of privacy and confidentiality and support information sharing for recovery.

1-5 pm Thursday Nov 27th Cost: \$38.00 includes afternoon tea

WSFSP3 Supporting carer participation

As a lead mental health carer agency, ARAFEMI has a history of supporting services to develop mechanisms for greater carer representation and peer support. This workshop aims to explore current models, build on service mapping and explore opportunities and needs for greater carer involvement. *1-5 pm July 17th 2008 or August 23rd Cost \$45.00 includes afternoon tea*

ALL COURSES ARE HELD AT THE ARAFEMI HEAD OFFICE 270 AUBURN ROAD HAWTHORN 3122

Bookings Phone: 9810 9300

Ten things friends and family members **NEED** to know about those of us with bipolar disorder.

10. If you blame us or put us down or get impatient or angry with us for bipolar disorder behaviour it simply makes us SICKER! Impatience never got us out of bed or made us less depressed. Anger never made us stop spending when we are manic. Kind and realistic rules and limits do help. Telling us that you will not and cannot live with us if we don't treat bipolar disorder first does help. But helping us help ourselves is the best gift you can give us. The Health Cards can help you figure out what part of our behaviour is bipolar disorder and what part is just us. If you know what behaviour is a symptom of the illness, you can then treat the illness to help the behaviour instead of getting so upset with us all of the time. (We are upset enough with ourselves, believe me!).

9. Understand that we cannot always help you do things when we are sick. You may need help around the house, with the kids, the bills, the laundry, etc. Deep down we know that, but sometimes we are just too sick to do anything. Help us get well and then we can help you around the house more. Help us get well and we will be a good friend, partner, daughter, son, grandson, granddaughter and parent. If you expect us to be able to do normal things when we are sick, then you will only get more upset with us. If you expect us to treat bipolar disorder first – that is reasonable and something we can work on together! Then we can do the laundry and the dishes with pleasure. We can have fun in life.

8. Depression is very motivated. I don't know if there is a more successful illness in the world. It is a champ, a winner! It sets goals and follows through with its goals. "I want Julie to be really sick and down on herself today. I want her to stay in bed, eat junk and cry buckets of tears." And it sure does do a good job! Depression is serious and motivated and strong. Without the right tools it is impossible for us to fight it. **WE ARE NOT LAZY! WE ARE NOT SLACKERS! WE ARE NOT DUMB, WEAK OR FAILURES!**

9. We are sick. Learn our individual signs of depression by using the Health Cards and help us fight it. If depression is motivated and successful, then we all have to get motivated and successful. If you see us sitting on the couch doing nothing day after day – don't get on our case for being on the couch. Get some tools to help us get off the darn couch! Get motivated, serious and strong, just like depression. Then teach us how to do this. Help us find the right mix of medications, alternative treatments and lifestyle changes that make depression the failure instead of making us look like failures. We need your help to fight this illness. We need your love to beat depression.

7. What you do in YOUR life makes a huge difference

in how we experience our bipolar disorder symptoms in OUR lives. This is not fair on you, but it is a reality. It should be that you can do what you want and we can lead our own lives and let you be you – but people with bipolar disorder cannot simply separate themselves from the things you do. If you are stressed and unhappy and unhealthy, you have to know that it affects us greatly. Bipolar disorder is a disability. It is not really recognised in that way right now, but it will be more so in the future – many of us are disabled from leading the life we want and the life you want us to lead. We simply can't function like other people can function. We can't snap out of it, therapy our way out of it or just get on with it – whatever the 'it' is that you want us to do. **WE HAVE TO LEARN WHAT WE CAN DO AND WE NEED YOUR HELP!** Please know that stress makes us sick – good stress, bad stress, stress that is none of our business – all stress makes us sick. Can you look at us differently?

6. Can you see us as people who have an illness that often makes us unable to be "normal"? Can you hug us, love us and help us even when we make you scared, angry and embarrassed? Please help us turn a disability into an opportunity.

5. This illness is not about you. We are not trying to punish you or ruin your life. We do not want to treat you badly. It is a side effect of bipolar disorder when we change our moods. This does not make it ok – and it does not mean that it will not cause huge problems for you, but it is not about YOU at all.

4. If we are manic, spending money seems like a good idea. It is part of the illness. It is a proven symptom of mania. We need your help in creating checks and balances so that we can prevent manic spending sprees. If you are blind to what we are spending when we are well and then suddenly notice the \$5000 we spend during a manic episode and then get angry, it is not fair. Please be consistent and help us monitor our money at all times so no-one is caught unawares again. You can use the Health Cards to help us prevent manic spending sprees. We can't do it alone.

3. Medication side effects really, really suck. They often make us fat, tired, sick, scared, suicidal, seemingly stupid and angry. We need help in adjusting our meds and telling doctors what we need. It is not ok to have these side effects and when we are in the middle of them and a doctor is telling us just to "wait and see how things go," we feel helpless and we want to give up. Help us find different medications and comprehensive treatments that do not have so many side effects. Advocate for us if we are intimidated by our doctors.

Some of us with bipolar disorder cannot work like "normal" people. We cannot go to the office or keep a 9-5 job. It simply makes us too sick to function. Many of us have had a different job every year because we want so badly to fit in and be like everyone else. The reality is that we may need to find alternative ways to support ourselves and we truly need your help. Please understand that we PTO

Cont..... WANT to be productive, we just have to find a different way of being productive. Going to an office really is not everything. If we need disability, help us get disability and understand that it is so very humiliating for intelligent people like us to have to get help from the government because we can't work. Never, ever make us feel guilty because we can't work! Help us find work that is non stressful, fun and helps us be independent. And if you are supporting us because we can't work – thankyou so very, very much.

People with bipolar disorder are intelligent, funny, creative, free thinkers, different loving and kind – **WHEN THEY ARE WELL**. People with bipolar disorder are demanding, sad, annoying, scary, self centred, all over the place, uncaring, dangerous and crazy – **WHEN THEY ARE SICK**. In order to help us be all of the good things, bipolar disorder must be treated first. Use the Health Cards and any other books you may have to help us treat the illness first – for the rest of our lives. This is the **ONLY** way for us to have a good relationship. Because bipolar disorder does not want any of us to be happy. Friends and family are so important in the lives of people with bipolar disorder. We do not need you to take care of us – not at all – we need you to help us take care of ourselves:

Take care of yourself first, get the right tools and then show us that you are willing to join us in our goal for a stable life. Always take care of yourself, but **NEVER GIVE UP ON US!**

If you're a family member or friend of someone with bipolar disorder, you may read this and think "I can't do all of this. I can't be their caretaker. I can't be so understanding all of the time." It's pretty normal to feel this way. I lived with someone for 10 years who has bipolar disorder and now have many friends with the illness. Sometimes they are hard to be around. I have friends who get very negative when they're depressed. I have others who become zombies when they have to take a lot of medications. I have family members who will not get help when it's obvious they're having mood swings. And though it's hard, I have learned to be more understanding and helpful. Of course it helps that I have the illness myself, but I still feel the frustration that everyone who loves someone with this illness feels.

I guess the most important thing to remember is that none of this is fair. When you read the above list, there may be only a few things that you're willing to do. If you've supported someone with bipolar disorder for many years and feel they're not helping themselves, then you certainly have a right to say something and stop supporting them if it's what you need to do. If you have a family member who is causing chaos in your life, it may be that 'understanding' is no longer an option. I know that my family has worked for years to understand how to help me.

My mother has truly learned how to support me and help me with this illness. We started using Health cards in my family over five years ago. I can honestly say that we now work as a team. When I get sick, they are there for me. I try to make up for my illness in every way possible by doing what it takes on my own to stay healthy. I've taught myself how to manage this illness so they don't have to do as much as they used to. Now they are part of my team instead of having to take care of me all of the time. Since we have all figured out what I need, I can tell they are not as confused as they used to be. And I know they don't always wonder why I'm like the way I am. They know it's bipolar disorder. They know what to expect and they know how to help. This has saved our relationship.

If someone you love has just been diagnosed with bipolar disorder, it's going to take time to learn how to help them. It's not innate. If you have bipolar disorder, you'll have to teach your family and friends what helps you. That's why part three of the Health Cards is so important. We have to work with each other if we want to keep our relationships strong and healthy. If all of this is new for you, give it time.

Things definitely get better.

Julie

www.bipolarhappens.com

ABOUT THE AUTHOR: Julie A. Fast best selling author of *Take Charge of Bipolar Disorder* and *Loving Someone with Bipolar Disorder* is a critically acclaimed six-time author, award winning bipolar disorder advice columnist, national speaker, and sought after expert in the fields of bipolar disorder and depression. Julie's work specializes in helping people manage all aspects of their daily lives -despite the complications that bipolar disorder creates. To learn how to personalize a plan to help yourself or a loved one find and create stability that ensures the quality of life that we all deserve, visit: [BipolarHappens](http://www.bipolarhappens.com) <http://www.bipolarhappens.com>

New website for ARAFEMI

Have you visited the new ARAFEMI website? www.arafemi.org.au. Try out our new on-line library catalogue to help you with your next borrowing selection. Or keep a regular eye on what's on with our news sections.

Our carers message board and chatroom are ready to go—we need your feedback on what times would be good to run our moderated chat room groups. We are also seeking carers and guest moderators to help us provide this new and exciting support. If you are interested in becoming part of our new on-line team—**please contact us now—Frances 9810 9300.**

BEING RESPONSIBLE FOR OUR FAILURE TO ACT

In exploring human freedom and responsibility, Yalom (1981) finds that we are all responsible for who we are, our behaviors and actions—we are also responsible for what we do not do—the actions we fail to take.

If we put this in the context of how we as humans deal with peoples experience of mental illness, the evidence shows we have a lot to answer for. The research on consumer and carer experience highlights the failure of our modern day mental health system to provide space for listening. At ARAFEMI every day we are struck by these thoughts as we listen to how carers may have experienced callousness and invisibility.

Every time I work with consumers and carers who experience crisis as a result of mental illness I am struck by their despair. They speak often of the rupture in their identity and connection that goes beyond the impact of mental illness. Carers in particular speak of the pain of living an unobserved life. Of having no-one who knows of the difficulties of continuing lifes duties on a day to day basis. How often do we validate their experiences and become their lifes witness? How often do we say this is not acceptable that someone should be in such pain?

Many people talk about how mental illness impacts on our sense of social and personal connectivity. Our ability to be within and part of the world. This isolation is well documented across mental health as a result of the factors of the illness itself, social stigma and the difficulties to reach out across the foreign landscape that mental illness brings—this is not news. Is it acceptable in knowing this that we fail to act. To voice when we feel individuals, systems and services fail to offer a connection that may overcome this 'aleness'.

Surely when a family walks away from an emergency ward they have the right to expect that someone would ask how they are coping? That people experiencing mental illness and their families have a right to know that they are seen?

A poem that many years ago was part of nurses training—offers a reminder that we all are responsible for seeing beyond our job, we are reminded to be human.

Look Closer

What do you see nurses, what do you see?
 What are you thinking when you look at me?
 A crabbed old woman, not very wise
 Uncertain of habit, with faraway eyes...
 Who dribbles her food and makes no reply,
 When you say in a loud voice, 'I do wish you'd try'.
 Who seems not to notice the things that you do
 And forever is losing a stocking or shoe
 Who unresisting or not, lets you do as you will
 With bathing and feeding, the long day to fill...

Is that what you're thinking... is that what you see?
 Then open your eyes, you're not looking at me.

I'll tell you who I am as I sit here so still,
 As I move at your bidding, as I eat at your will.
 I'm a small child of ten with father and mother
 Brothers and sisters who love one another,
 A young girl at sixteen with wings on her feet...
 Dreaming that soon a lover she'll meet.
 A bride soon at twenty my heart gives a leap,
 Remembering the vows that I promised to keep.
 At twenty-five now, I have young of my own
 Who need me to build a secure, happy home.

A woman of thirty my young now grow fast,
 Bound to each other with ties that should last.
 At forty my young now will soon be gone
 But my man stays beside me to see I don't mourn.
 At fifty once more babies play round my knee,
 Again we know children, my loved one and me.
 Dark days are upon me, my husband is dead
 I look at the future, I shudder with dread...
 For my young are all busy rearing their own.
 And I think of the years and the love I have known.
 I'm an old woman now and nature is cruel
 Tis her jest to make old age look like a fool.

The body, it crumbles, grace and vigour depart,
 and now there's a stone where I once had a heart.
 But inside this old carcass a young girl still dwells
 And now and again my battered heart swells,
 I remember the joys, I remember the pain,
 And now I'm living life all over again.
 I think of the years all too few – gone so fast
 And accept the stark fact that nothing can last.

So open your eyes, nurses, open and see...
 Not a crabbed old woman – look closer – see ME.

Phylis McCormack

Use your experience with problem drinking to help others.

Guidelines on how to help someone with a drinking problem are being developed at The University of Melbourne. We are looking for participants to complete a series of online questionnaires about topics such as 'how to talk to someone about their problem drinking' and 'how to manage someone when they are drunk'. If you have had a problem with drinking or you have cared for someone with drinking problems AND you are in advocacy role*, please email annak@unimelb.edu.au or go to our website for more information about participating http://www.mhfa.com.au/surveymonkey/Problem_drinking_info_sheet.html

Free workshops for families & friends of people with a mental illness

A series of four afternoon workshops

#1 Grief & Loss – Sat. 28th June

#2 Trialogue Dialogue – Sat. 26th July

#3 The Caring Journey – Sat. 23rd August

#4 Dual Diagnosis – Sat. 13th September

Grief & Loss

Saturday 28th June 1-5pm

This workshop will assist families & carers of someone with a mental illness to:

- **Better understand their experience of grief & loss**
- **Feel less isolated in their experience of grief & loss**
- **Learn strategies to best cope with their experience of grief & loss**

Where: All workshops will be held at

48 Mundy St, Bendigo

For all enquiries or to register for a **single** workshop or the series of four workshops phone

Golden City Support Services

(03) 5434 2777

A GENTLE HOMECOMING

Over the past three years the one I care for has spent two spells each of six months and one stint of five weeks away from home in a psychiatric ward. As I write this it's just two days ago that she finally arrived home from yet another nine week stay away from home but this time it was in a medical ward and after all that time away from home we know from plain experience that it can be especially challenging to get back into a routine that takes into full account a duopoly of participants with essentially differing aspirations and needs and wants and yet where neither can be fully considered complete without the other.

Cont.

The seemingly unending mental and physical wherewithal necessary to achieve the aim of simultaneous harmony is nothing new to us as mental health service consumers and for better or worse it's fallen to me to be her primary carer and as a consequence of this I see it as my certain responsibility to set in place a strategy that successfully brings about a reintegration of a second person into what was, for the past nine barren weeks, an environment free of personal constraints where I could more or less please myself.

Although it must be pointed out here that I visited her everyday she was away and admittedly there were some dark times where I could only visit for as little as an hour at a time but this was in order to maintain my own tenuous grasp of reality because I suffer from paranoid schizophrenia, agoraphobia and I have an attendant anxiety disorder which should all be self-explanatory.

All this by itself is hardly earth shattering for those once removed from a similar situation but it has a tendency to complicate even the simplest of tasks at times and to put it bluntly it's oftentimes a psychiatric pain in the arse.

Through past experience when it came to the one I care for her sad adieu to her welcoming and comfortable home into the unknown I adopted a reasonably alert and unusually helpful stance and knew full well what was expected as to how best service her needs and, just as importantly, her wants as well. This happy circumstance quickly became a permanent feature of our working relationship while she was spending time in the psych ward until she was finally discharged and as a natural outcome of these recent experiences the situation and it's medical and psychiatric regime can continue virtually unaltered at home.

To me, her home coming, apart from it being an obvious wish fulfillment, basically means that I continue to do what I have been doing but now I do it for two people instead of one. And Mary being diagnosed with type 2 diabetes means that I seem to be forever making meals or snacks or taking her blood sugar levels but that simply comes with the territory and I'm ready enough to perform these tasks because whatever it is that I've done for her she has done, or will do, for me in the future.

As I said earlier we have a pressing need to carefully scrutinize "the things to be done list" so as to bring about the required premium outcomes with the minimum disruption to either individual. That's a part of the premier chance and change that prolonged separation brings with it.

By PETER C

SOUTHERN REGION:

Are you a family member/carer of someone with a mental illness?

Come join us as we venture into the Dandenongs for a fun day out...

Tuesday 29th July 2008 9.30am – 4.30pm

(Pick up - 9.30am, drop off - 4.30pm in Robinson Road, Dandenong)

First stop is Burrinja Gallery Café, for morning tea and art appreciation: Burrinja has a fine collection of Indigenous Art, as well as Gabrielle Willmott's latest exhibition, titled 'Taken from Life' – a series of paintings depicting women's experiences of motherhood.

Next stop is lunch at the famous Cuckoo Restaurant for a sumptuous smorgasbord lunch accompanied by great live entertainment.

No cost but places are limited.

Booking is essential by calling the ARAFEMI Helpline

during office hours on: 1300 550 265

Supported by ARAFEMI Victoria Inc. and the Commonwealth Respite & Carelink Centre, Southern Region

Are you a person with a mental illness?

Do you have a family member or carer who supports you?

If yes, why not join us for a Japanese cultural experience

Tuesday 29th July 2008 9.30am – 4.30pm

(Pick up - 9.30am, drop off - 4.30pm in Robinson Road, Dandenong)

First stop, The Immigration Museum for an exhibition of beautiful Kimonos and accessories from the 'Glory days of Japan (1850 – 1900)'.

Followed by lunch at Sakata Teppanyaki restaurant where you will enjoy a 10 course Teppanyaki lunch prepared by your own personal Master Chef – watch as he entertains you whilst cooking & invites you to participate in small activities such as catching egg & fried rice.

No cost but places are limited. Booking is essential by calling the ARAFEMI Helpline during office hours on: 1300 550 265

Supported by ARAFEMI Victoria Inc. and the Commonwealth Respite & Carelink Centre, Southern Region



DISCUSSION @ARAFEMI

FEEDBACK ON SUPPORT GROUP DISCUSSION

Response to last issue's 'Discussion @ ARAFEMI'. Some thoughts I had pencilled down following our last bipolar disorder support group meeting, for your consideration.

A Shared Journey – by Larissa Anderson (16/04/08)

Being a member of the Bipolar Disorder support group is feeling safe among friends who can be very selfless and giving as the tide pulls us, sailing the same boat in and out to sea. Some feel like they have lost their identity, the way they used to be before the illness arrived, but they have not lost their way. They just need a new direction, to a new way.

We are all powerful individuals and although we are all different, we recognize each other, we nod our heads and smile in agreement. A moment of sheer honesty strikes a familiar chord, and it feels so good to be heard and understood. Like being home.

We give each other courage even in the darkest times, when it is ourselves who need just as much courage. We are always searching and asking, keen to find more answers to our questions, to better ourselves or our situation.

We are a great bunch of 'deep feelers'. We are very sensitive souls and everything can be amplified a million times over inside our heads and hearts when we are sick.

We all try our best at reading, learning, talking, listening, educating ourselves and helping others. Offering suggested reading, work advice, medication feedback, relationship tips, medical history insights and experience.

This is my first support group and after attending now and again, I feel it is a really stable, supportive group of like-minded individuals, all from different paths and all doing their best living with an illness that can do terrible things to our health. We all have battle scares, it's just whether we care to share them...this time.

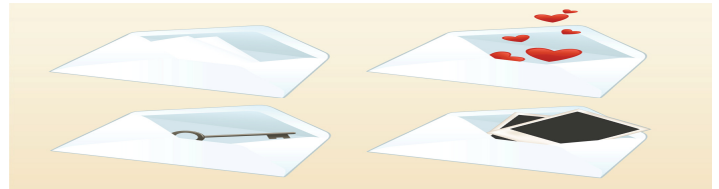
This group is made up of some caring, thoughtful people who always ask: 'How are you going?' 'How is life treating you?' 'Join us for a drink afterwards?' Willing to give advice, when needed. Strong enough to share their experiences: the good, the bad, the even uglier and still be brave about it, yet human too.

Sure we have baggage, we've all made mistakes, but we're all working hard, unbelievably hard, to be well, grounded, balanced, accepted, loved and respected for who we are – not the illness, that can hang around your neck like a heavy chain.

Bearing our souls to each other is so easy. We have a common bond, yet we may not have even met before. We are sympathetic and empathetic to each other. To the point we can all laugh out loud over the, at times, awful, painful, infuriating, excruciating and pathetic emotions and exchanges we go through in our lives.

Just to be here, now, in the real, living our lives as best we can, is what matters. For when we are well, we want to be here. None of us can go back or too far forward. We're all living beautifully in the now, right now, where we can belong as just us.

YOUR CORNER



Chapter One

Colour in the Hospital

Characters larger than life are around me acting out their own private dramas and miss-directed passions. There is Lucinda, a thin girl with red hair who suffers from anorexia. She is on a drip and gingerly eats a grape dipped in yoghurt, along with Ensure, which is a vanilla liquid dietary supplement, which anorexia sufferers use. She carefully moves like a sloth.

There is Hamish who jumps over chairs and likes listening to "Judas Priest". "You don't want to mix with the people" he says to me. Then there is a girl called Rebecca who has hypermania and does continuous exercise. She gets me going with the sit-ups and stretches.

Perhaps my favourite person was another girl called Lucinda, who dressed well but sported hairy armpits –like dark cobwebs tucked away. Lucinda was in an amateur theatre group and her dream was to own a futon and move to St. Kilda. She had long, kinky, gypsy-black hair and wore dramatic red lipstick highlighting her milky-white skin. Lucinda suffered from depression. She had her car, TV and videos, with which she practised weight-loss programs. I haven't seen Lucinda for many years –she could be cruel but always interesting.

Chapter Two

Dancing in the Dayroom

A girl and I were dancing to a catchy tune on the radio. We were as high as kites and having fun while we could. All of a sudden we heard a thud. A guy didn't like us dancing so he threw an ashtray at us. We were talking to some nurses outside the dayroom and the nurse said to be a bit patient because that man is very ill. Looking back it was one of the first lessons of compromise and cooperation I experienced. To have empathy where needed.

Another time at the hospital there was a night seminar involving parents, carers and patients. Things were going well – social workers, staff at the hospital and patients interacted. I felt good that night.

The hospital was at times like a stage, people acting up and acting out. Dramatic scenes in real life.

CARER INQUIRY

The Australian Government is conducting an Inquiry to find out how to better meet the needs of family carers.

This is a very important opportunity to contribute to long term government policy and Carers Victoria would like to encourage everyone in the caring community to make a submission.

It is vital that carers themselves speak up so their particular concerns or issues are discussed as part of this inquiry. Carers Victoria has already distributed information to our carer members, encouraging them to make a submission. We have also distributed a [tipsheet](#) and a simple [form](#) that carers can use to help them make a submission.

Carers Australia will make a detailed submission on key issues of national interest for carers. Carers Victoria will make an additional submission to reflect the specific needs of carers in Victoria.

Public hearings will also be held as part of this inquiry but details are not yet available.

We will be emailing updates about the Inquiry process, and posting updates on our website. Please email us at inquiry@carersvic.org.au if you would prefer NOT to receive this information.

We strongly encourage you to make a submission to the Inquiry before the closing date of Friday 4 July 2008.

More information including the terms of reference is available from <http://www.aph.gov.au/house/committee/fchy/carers/index.htm>

ARAFEMI BRIDGING THE GAPS

The Arafemi Relatives and Friends Support Group and the Bridging the Gaps Eastern Support Group are merging. They have a new name and a consolidated and energized vision—to provide support for carers of people with a mental illness. The group has a particular focus on young carers and

2nd Thursday of the month at Hawthorn

July—Get to know you

A calendar will be posted on our website or available through the ARAFEMI helpline that outlines speakers and support

Contributions to ARAFEMI NEWS The opinions expressed in ARAFEMI NEWS are those of the contributors and not necessarily those of the whole membership.

NEWS NEWS NEWS NEWS

Let's celebrate those people who work hard to change the lives of people with mental illness and their carers. A few who have recently been honoured include:

Congratulations to Beth Bailey for being awarded the Exceptional Contribution Award for her outstanding service to mental health in Victoria. Definitely a well deserved recognition.

Also applause to John McGrath, a founding member along with Beth Bailey at the Network for Carers, who was awarded the Member of the Order of Australia.

Our further congratulations go to Barbara Hocking:
Queen's Birthday Honour for SANE Australia Executive Director

Barbara Hocking, Executive Director of SANE Australia, has been awarded a Medal of the Order of Australia (OAM), in the 2008 Queen's Birthday Honours.

Ms Hocking received the award in recognition of her outstanding achievement and service to the community in working for a better life for people affected by mental illness.

The citation especially noted her efforts in educating the community about mental illness, and campaigning for improved services for and attitudes towards those affected, particularly through SANE StigmaWatch program. Her efforts in promoting measures to reduce suicide in this vulnerable group were also noted. The SANE StigmaWatch program monitors coverage of mental illness and suicide in the Australian media, which is so influential on public attitudes, and educates journalists, broadcasters and others on more accurate and respectful depiction of those affected.

'This award is richly deserved,' said SANE Board Chairman, Stan Wallis AC. 'Barbara's combination of passion and professionalism for our cause have made a huge difference to so many people, and we are delighted this has now been publicly recognised.'

Ms Hocking said she was surprised and honoured to receive the award. 'I'm lucky enough to have a really meaningful job that is personally and professionally very rewarding, and I have a great team behind me who must also share in this award.' Most importantly however, most days I spend time with people living with mental illness who are dealing with amazing challenges, and am impressed with their resilience, compassion and good humour. This award is recognition of them and all they go through and is a real highlight of my career,' Ms Hocking said.

Ms Hocking said she was looking forward to continuing to focus on what can still be done to increase understanding and awareness of mental illness and its impact, so that improved services and supports are available for everyone affected.— source SANE media release 10 June 2008.

Summary of Mental Health Council of Australia's
National Register Sydney Conference 31 March – 1 April 2008

By James Kelso, MHCA National Register member

The Mental Health Council of Australia (MHCA) held a competition last year for 50 consumers and carers of mental health services (combined) to meet together as the 'National Register' of Consumers and Carers. Rosemary Callander of the Network for Carers also attended. It seems mainly to be a networking opportunity for leaders in both the consumer and carer movement to meet and interchange on a national context, although many productive activities were worked on at the two day conference at the Stamford Plaza Hotel (just next to the airport).

The CEO of the Mental Health Council of Australia, David Crosbie spoke, as well as Janet Meagher AM, a prominent consumer advocate, Helen Connor and Michael Burge, President of the Australian Mental Health Consumer Network. There was an aboriginal representative, Culturally and Linguistically Diverse (CALD) representatives, a youth representative, as well as many most interesting speakers. One was Prof. Harvey Whiteford of the Department of Psychiatry and Population Health of the University of Queensland. In his address we learnt that 9% of Australia's GDP is spent on health services, and of that 9%, only 7% is spent on specialist mental health services (i.e. 0.0063% of GDP is spent on mental health).

The overall health budget has gone up 66.1% since 1992-93. However as a percentage of the overall health budget, mental health accounted for 6% in 1992, and only 7% today.

The Commonwealth program for people seeing private psychologists etc. on Medicare rebate has seen a massive take-up, and is costing the government a substantial amount of money. Professor Whiteford estimated the cost to be \$750 million over 5 years for this initiative alone. However, it was noted that it was accessed more by people from higher socio-economic backgrounds, and those living in urban areas.

We also learnt that 62% of people with a mental health issue in Australia receive *no service*.

We then had a workshop on Media and Political Lobbying, led by Mr Simon Tatz, Director of Communications, MHCA.

He had some tips for us when addressing letters to government ministers, councillors etc., and dealing with the media. Tailor letters to different government ministers so they all have to give you an individual response (more than just changing the name)

Arrange a group, sector-wide, or organizational letter – these tend to be more influential than personal letters

If you are going to the media with a story about a mental health issue, go to 'reputable' sources only e.g. ABC, SBS, *The Age*, other 'broadsheets'

If you go to a tabloid newspaper or television station, they may coax you in with the *idea* of a compassionate story, and then 'turn the tables' on you and use you as a stereotypical scapegoat (e.g. as happened some years ago with the Paxton children, or recently with Wayne Carey's father)

What the media is looking for is (in order of importance): Conflict Accidents and disasters; Rich and famous; Heroic; New, esp. Australian new; Children and animals; Oddball and bizarre. This can be kept in mind when thinking about whether the media would be interested in your story, or how to present it. In times of conflict, the media will look for someone to interview, and if you are 'on their books', you may be that person. However, you have the right to turn down an interview if you are unconvinced of the bias the story will be given.

In the 'Self-Care' workshop, we held a circular discussion on the methods and benefits of 'looking after yourself'. The facilitator was Dr Charise Deveney. We also filled out a 'self-care assessment' survey (for ourselves) where we rated ourselves on various aspects of physical, psychological, emotional, spiritual, workplace or professional self-care, as well as an assessment of the overall balance of these categories in our lives.

Finally, at the end of the conference (at which there were some pretty 'swishy' hotel suites and very nice food and dinner), one of the convenors, Janet Meagher, gave us all a 'pep talk' to 'move up, move out, move out of our comfort zones, and become *leaders* in the consumer and carer mental health field'.

It was a rousing send-off, and I certainly felt a lot better about myself and more confident and positive about my abilities re national representation of consumer needs as a result of it.

ARAFEMI SUPPORT GROUP MEETINGS

If you have not previously attended a meeting, please telephone to confirm details before attending

IMPORTANT

As of July 2008, **ARAFEMI Relatives and Friends Support Group** and **Bridging the Gaps—Eastern** are merging. The new group will be called **Bridging the Gaps/Hawthorn Support**—see details below.

This new group has been created to better suit the needs of carers, and will have a combination of guest speakers, information and support sessions. If you have any queries regarding this, please phone the Helpline:

1300 550 265

BRIDGING THE GAPS/HAWTHORN SUPPORT

Education, Information & Support for Parents & Family Carers

At ARAFEMI Ground Floor, 270 Auburn Rd, Hawthorn

Phone: **1300 550 265**

for more information

or if you are attending the group for the first time

SECOND THURSDAY EVENING of each month

From 7.30pm to 9.30pm

Convenors available from 7pm

10 July 14 August 11 September

WANTED:



Telephone Helpline Workers

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. A commitment of a weekly four-hour shift for a minimum period of 12 months is required. Volunteers participate in the Volunteer Induction Training, observations and on – the job-supervised calls. Ongoing support, external group supervision and debriefing are provided.

Please contact our Helpline immediately for our next intake: 9810 9314

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

At Terra Firma, 423 Station Street, Box Hill
(Melways 47 C12)

Phone ARAFEMI Carer Helpline on **1300 550 265**

for more information

or if you are attending the group for the first time
FIRST WEDNESDAY EVENING of each month

From 7.00pm to 9.00pm

2 July 6 August 3 September

BRIDGING THE GAPS—SOUTHERN

Education & Information sessions for Parents & Family Carers of Young People

At Family Life,

197 Bluff Road, Sandringham (Melway ref: 76,K12)

Phone: **1300 550 265**

FIRST THURSDAY EVENING of each month

from 7.45—9.30pm

3 July 7 August 4 September

BENDIGO RELATIVES AND FRIENDS Support Group

8 Olinda Street, Bendigo

First Friday Afternoon of each month

from 1pm to 3pm

Next meeting 4 July

Please call the Helpline for Bendigo information past this time: **1300 550 265**

ARAFEMI BIPOLAR SUPPORT GROUP

for people experiencing bipolar disorder

At ARAFEMI Ground Floor, 270 Auburn Rd, Hawthorn

Phone: **1300 550 265**

for more information

or if you are attending the group for the first time
THIRD WEDNESDAY EVENING of each month

From 7.30pm to 9.30pm

16 July 20 August 17 September

Subscription to ARAFEMI NEWS

is included in the annual membership fee: \$20.00 for waged persons, \$10.00 for unwaged persons and \$30.00 for organizations.

If you would like more information about membership of ARAFEMI, please contact our office.

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