

# SELF HELP QUEENSLAND

March Newsletter

Issue 1. 2003



Self Help Queensland is a network of self help organisations and groups in Queensland. The network was formed by self help organisations to share resources, support each other, assist in the development of new groups, raise community awareness of the importance of self help and provide a strong united voice on issues which affect our members.

## From the President

Dear all

I hope this finds you are at the peak of efficacy!! ( I am currently very interested in the links between people's well being and their belief in their ability to take action and affect what happens to them...a very strong link according to the research).

The committee at SHQ has been putting a lot of thought into communication lately. One of the most important ways we communicate with you is through our newsletter. We have tried to go beyond information sharing to networking and development by opening our pages up to groups and individuals to share experiences and connect with each other. Our evaluations consistently show that our readers are very happy with our efforts and that most continue to require the letter in hard copy.... it's easy to leave in a waiting room a lunch room or wherever for folk to pick up when they have a chance.

Like most organisations the production and distribution of our newsletter has required considerable resources, time, money and skills. We have recently approached an organisation called TY Bowl who is willing to print and distribute our newsletter for free. TY Bowl would sell advertising. Of course there is no such thing as a free lunch and while we can do an awful lot with the funds we would save we are aware of the ethical and privacy issues. So we would like you to let us know what you think. We are able to negotiate a stringent contract with the organisation. I have put some of our requirements below, you may think of others.

SHQ will control the editorial content and setting out to an extent. SHQ will control the

advertising criteria and have veto on included advertising. SHQ can supply labels direct to the printer, there is no need to supply a computerised copy of the mailing list. A legal agreement can be drawn up to protect on-selling of the data base.

We also let our heads go a bit and thought of some of the things we may be able to do with the letter. There doesn't seem to be any limit on numbers of pages which opens up some possibilities but also has some implications for groups who usually forward the letter to their own list.

SHQ would set up an editorial committee with a commitment to ethical and professional publication. Any of our members would be welcome to be on this committee. Groups could have their own pages in the newsletter, on a regular basis...it could substitute for their own newsletter saving the cost of postage and production.

Possibilities are endless, problems and issues to sort through also endless!! However we are committed to investigating it from every angle before we say yes or no. Please let us know what you think. You can email, phone or fax. SHQ will not proceed unless our constituents and our funders are happy with the arrangements so you can expect to hear more in future newsletters.

On a different note, I recently attended a Community Cabinet meeting held in my area.....what an experience! I put forward a proposal for a community grants scheme and came away with so many impressions they will have to wait to share with you next time.

Cheers

Sue Smyllie

### **Self Help Old Management Committee Members**

President Sue Smyllie  
Treasurer Kathleen Zarubin  
Secretary Kim Summers  
Members Thea Biesheuvel  
Diane Farnsworth

### **Committee Meetings**

If you would like to attend our meetings, please contact the office for dates and times. Everyone is welcome to attend and we look forward to seeing some of you at our meetings. We are always on the lookout for new committee members!

### **Project Officer**

Trish Fallon

### **Office**

The office is attended (unless our staff are at meetings) from Monday to Friday from 9am to 4.00pm each week.

If you wish to call in to use the facilities at the office or talk to our project officer please phone first and check that there will be someone in the office.

### **Office Location:**

Sunnybank Community Hall  
121 Lister Street  
Sunnybank 4109

### **Postal Address**

P.O. Box 353  
Sunnybank QLD 4109

**Phone/Fax:** 07 3344 6919

**Email:** qnosho@gil.com.au

The views expressed in this publication are those of the individual authors and not necessarily those of Self Help Qld. The material supplied is for information purposes only, and is not to be used for diagnosis/treatment, or as legal, tax, accounting or any other type of advice.

Queensland Health provided funding to Self Help Qld for publication of the Self Help Qld Newsletter.

# Link Line



*A mutually respectful, sensitive and confidential means of connecting individuals and families for whom no known support group exists.*

Self Help Qld will endeavour to facilitate contact wherever possible but is unable to determine the suitability or compatibility of linked individuals and families.

**There is a family in Queensland who would like to meet other families with Niemann-Pick Disease Type C. Please contact Kim McDonald on (03) 9524-6703 if you can help.**

**A Brisbane woman with Long QT Syndrome is interested in making contact with someone with this condition. Please make enquiries through Helen Chalk Ph 07 5497 5858**

If there is no support group for you or someone you know, then perhaps you might like to connect with someone in a similar situation via Link Line. Please call Trish at the Self Help Qld Office Ph: 07 3344 6919

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## **The Association of Congenital Diaphragmatic Hernia Research, Advocacy and Support**

### ***What Is CDH?***

Congenital Diaphragmatic Hernia (CDH) occurs in approximately 1 in every 3,000 births. The cause is not yet known. The diaphragm is formed in the first trimester of pregnancy and controls the lungs' ability to inhale and exhale. CDH occurs when the diaphragm fails to form or to close totally and an opening allows abdominal organs into the chest cavity. This inhibits lung growth. Every patient diagnosed with CDH is different. Survival rates depend on the types and number of organs involved in the herniation and the amount of lung tissue available. There are many surgical procedures and complications that may or may not occur with each individual. The overall survival rate has been estimated at 50%, although this number is relating to all patients in general and not necessarily in accordance to each patient (information adapted from the American Medical Association Home Medical Encyclopedia; 1989; Random House).

### ***What Is CHERUBS?***

Dawn Torrence, the mother of a little boy born with CDH in 1993, founded CHERUBS in 1995. After struggling to find the information and support that she needed during critical times in her son's life, she could only find medical information in terms and languages that only the medical community could interpret. She made it her goal to try to prevent other families from feeling alone and overwhelmed. CHERUBS is named for all the children born with CDH that do not survive.

### ***What is CHERUBS Australia?***

CHERUBS Australia was founded in 2001 after Australian members of CHERUBS found

that a lot of information provided by the International group, such as medical terminology and certain treatments, was not always relevant to them. We have membership spread throughout Australia. CHERUBS Australia maintains strong ties with the International group.

### ***What Does CHERUBS Australia Offer its Members?***

We offer our members support in a number of ways. These include:

- Quarterly newsletters with advice from other parents, stories and photos of our cherubs and group updates.
- Website full of information, links, photos, poems and stories.
- Online monthly support chats.
- Listservs (group mailing lists) for both grieving families and families of survivors.
- Parent-to-parent matching – helping families who have experienced similar CDH situations get in contact with each other.

**National Contact:** Danielle Kessner  
**Address:** PO Box 515  
Morwell  
VICTORIA 3840  
**Phone:** (03) 5135 6999  
**E-mail:** [kessam@austarnet.com.au](mailto:kessam@austarnet.com.au)  
**URL:** <http://au.geocities.com/ozcherubs/>

**Queensland Contact:** Joanne Kjaersgaard  
**Phone:** (07) 3372 8687  
**E-mail:** [not\\_sewing@iprimus.com](mailto:not_sewing@iprimus.com)

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## **SHQ Extends Office Hours**

Thanks to a small increase in funding from Qld Health, Self Help Qld has been able to resume operating for five days per week.

We are also fortunate in being able to employ a data entry worker to do the important work of maintaining our ever increasing database, and welcome Malory Power to the staff of Self Help Qld.

# Facilitation Skills Workshop

Does your support group need a good facilitator?

Do you want to be a good facilitator?

We've all participated in group processes, in that we are all part of a family. We go to school and "compete" to be best kid, the best at .. and we forget what it takes to be part of a team. We have to learn it all over again.

We, at Self Help Qld interact with groups of adults who need the support of others, who need to learn how to manage their own "condition", who need to remember the needs of others and relate to each other. This means that the person chosen to lead the group needs to know the importance of participative methods.

A good facilitator builds on experiences, connects a number of major needs for the participants and for the group as a whole and uses a variety of techniques to encourage growth. A good facilitator therefore needs to elicit responses from the group to determine experiences and needs. A good facilitator needs to know a variety of techniques. A good facilitator encourages growth, not obedience or conformity. They therefore have to be people who can "think on their feet", while keeping the major objective in mind.

**Self Help Qld is conducting a workshop for group facilitators. Details as follows:**

**Date:** Friday 9 May 2003

**Time:** 9am (for 9.30am start) to 3.30 pm

**Venue:** Self Help Qld  
Sunnybank Community Centre  
121 Lister Street  
SUNNYBANK

**Cost:** \$10 (negotiable in special cases)  
Pre-payment to SHQ will confirm booking  
**\*\*Morning & Afternoon Tea Provided\*\***  
**\*\*BYO Lunch\*\***

**Contact:** Thea 3300 3368  
Trish 3344 6919

# Workshop Program

## Part 1

### **9.30am Establishing rapport between strangers**

A facilitator's job is not easy if people can't relate to each other in the group. This segment aims to show some techniques for starting a group from "scratch".

How to get people acquainted.

### **9.40 am Learning to learn together - problem solving techniques**

### **10.10 am Team building - allegiance & power**

### **10.40 am - 10.50 am MORNING TEA**

### **10.50 am Analyse what happens in small groups**

Who talks, who listens. How to help the listeners talk and the talkers listen.

Small group dynamics - participation & observation, setting objectives for a group, thinking on your feet, interfering

## Part 2

### **12 Noon Smooth sailing for the group**

The name game and its uses

### **12.15 pm Techniques to use - Communication skills, image & imitation, self acceptance, assertive/passive skills**

### **1 pm - 1.30 pm LUNCH**

### **Smooth sailing for the facilitator**

Facilitation - eye contact, body language, responding, summarising

### **2.30pm - 2.40 pm AFTERNOON TEA**

### **2.40 pm Smooth sailing for the organisation**

Conflicts and their resolution - A Bill of Rights

### **3 pm - 3.10 pm Always take a pulse**

Evaluation and follow up

**Limited to 24 places  
- so book early!!**

# It Runs In The Family

by Dr Kim Summers

We have all listened to older family members talking about family characteristics: "She's just like her dad"; "That's grandma's nose"; "You've got the family curly hair". Sometimes it's more worrying: "You've got the same build as your mum – you're bound to end up with the same cancer". When should you worry about a family history of a particular disease?

The first thing to realise is that genes are probably involved in almost all disease. Even susceptibility to infectious diseases is controlled by specific genes. On the other hand, very few diseases can be attributed to a single genetic factor and most people overestimate the role of family history in their risk of common diseases like cancer. If a disease seems to run through your family, you can look at who is affected and get some idea of whether it might be a genetic condition.

Genes are carried on chromosomes, and humans have two sets of 23 chromosomes, because the chromosomes, and the genes, occur in pairs. For some conditions we can identify a characteristic pattern of inheritance and a characteristic collection of symptoms. These conditions are usually said to be dominant, recessive or X-linked. Other conditions occur more often in some families than others, but they don't fit these recognised patterns and are probably caused by more than one gene, interacting with the environment.

Where a whole chromosome is involved (either there are too many or too few of a particular chromosome), the condition is also genetic but is rarely passed through the family. Conditions caused by the environment experienced by the mother during pregnancy are also considered to be genetic because they affect the functioning of genes.

How can you tell if a condition might be genetic? Firstly you need to work out which family members are affected. Draw up a family tree with the affected people marked. How many people are affected? How close-

ly related are they? Is more than one generation affected? Is more than one branch of the family affected? Are only boys affected? Has the condition been passed from fathers to sons or fathers to daughters? Have affected children been born to parents who are related to each other? Do affected family members show an unusually severe form of the condition?

The answers to these questions can help to decide whether the condition might be associated with genes which are inherited in your family. The Queensland Clinical Genetics Service has a pamphlet which can help you draw up the family health tree to see whether a condition might be genetic. If you are worried about inheritance patterns of a disease in your family, consult your local doctor who can arrange an appointment with the Queensland Clinical Genetics Service to discuss the condition in your family.

Queensland Clinical Genetics Service  
Phone 07 3636 1686; Fax 07 3636 1987; E-mail [qcgs@health.qld.gov.au](mailto:qcgs@health.qld.gov.au).

For more information on genes and genetic conditions, go to [www.genetics.com.au](http://www.genetics.com.au) and look at the factsheets.

(Dr Kim Summers is the Director of Genetics Education at the Qld Clinical Genetics Service, and is also the Secretary of Self Help Qld)

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## The History of Medicine

**2000 BC:** Here, eat this root.

**1000 AD:** That root is heathen. Say this prayer.

**1850AD:** That prayer is pure superstition. Here, drink this potion.

**1940AD:** That potion is snake oil. Here, swallow this pill.

**1985 AD:** That pill is ineffective. Here, take this antibiotic.

**2000AD:** That antibiotic doesn't work any more. Here, eat this root.

a word about

## ***'Psychiatric Disability'***

By John Skelton

*What is the difference between "mental illness" and "psychiatric disability"?*

The question has much more significance for carers (and for the people for whom they are caring) than might be readily apparent. We are only too familiar with 'mental illness' - as carers, we live with it every day - but the term 'psychiatric disability' remains unfamiliar to most carers of people with a mental illness.

The short answer to the question is that psychiatric disability is the 'flip side' of mental illness. 'Psychiatric disability' refers to the impairments due to a mental illness that can result in substantial reductions in a person's capacity for communication, social interaction, learning or mobility - and thus, their ability to function in their daily life.

The significance of this term for people with a mental illness and their carers is that, where the disability is permanent or likely to be permanent, the person with the disability and their carers are eligible for disability support services under the Disability Services Act. One reason why this may not be known by many families caring for a person with a mental illness is that psychiatric disability was not included amongst the disabilities eligible for support services until the State Disability Services Act was passed a decade ago.

It is important to understand that there is a division of responsibilities between Queensland Health and Disability Services Queensland (DSQ) with regard to people with a mental illness. In general terms, Queensland Health is primarily responsible for clinical treatment services whilst DSQ has primary responsibility for community disability support services.

Thus, if you and/or the person for whom you are caring need support, you should contact your regional DSQ office for information about the disability support services available in your community.

(ARAFMI News Edition No 98 Feb- Apr 2003)

## **Memory Problems?**

**Have you or someone close to you recently been diagnosed with a memory loss disorder?**

The Alzheimers Association of Queensland conducts information and support groups for people with early stage dementia and their family members and friends. These groups are free of charge.

**For information on locations and times please contact**

**1 800 639 331**



**Alzheimer's Association**  
QUEENSLAND

**Early Stage Dementia Support and Respite Project**



***A Commonwealth Government Initiative***

# SCOLIOSIS

and the

## *Scoliosis Support Group of Queensland*

Scoliosis is a musculoskeletal disorder in which there is a sideways curvature of the spine, and associated rotation of the ribcage. It is also referred to as "curvature of the spine". Adolescent **idiopathic scoliosis** (scoliosis of unknown cause) is the most common type and occurs after the age of 10. Girls are more likely than boys to have this type of scoliosis. **Early onset** or **infantile idiopathic scoliosis** occurs in children less than 3 years old. **Juvenile idiopathic scoliosis** occurs in children between the ages of 3 and 10.

If scoliosis is not treated and a curve continues to develop, the consequences may be serious:

- An early onset of chronic back pain, due to deterioration of discs and other parts of the back
- The ribcage may rotate to a dangerous degree and affect the function of organs in the chest cavity
- Physical appearance becomes deformed, with a hump on the shoulder blade

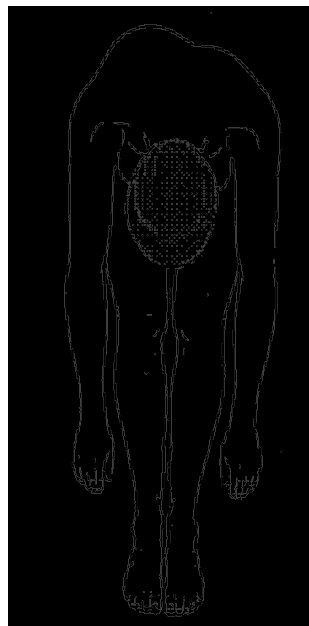
Look for  
signs of  
assymetry

A simple "bend" test which can be performed at home will detect a small scoliosis curve.

**A**  
Ask the child to bend at the waist, keeping their legs straight

**B** Look for any signs of asymmetry (see diagram)

**C**  
If you suspect anything or are unsure ask your family doctor



Early diagnosis is imperative for successful treatment. A curve cannot be corrected except by surgery, so it is important that a curve is not allowed to progress. Bracing is normally applied to progressive curves. For curves over 40° a spinal fusion operation is seriously considered.

The Scoliosis Support Group of Queensland was founded in 1994 by a group of interested people who felt that there was a lack of information and support available for those affected by scoliosis.

We operate with funding from Queensland Health. We offer the following services:

- Brochures, posters and bookmarks to alert and inform the public on the importance of early detection and treatment of scoliosis
- A small lending library
- A quarterly newsletter
- Guest speakers
- Information regarding practitioners and treatment options
- A 1800 telephone number
- Contact with other members
- Picnics at which members can meet and socialize. Our next picnic is planned for Monday May 5 at Daisy Hill State Forest.

If anyone desires more information on scoliosis and/or the support group please contact:

Bill and Jane McIntyre  
Scoliosis Support Group of Queensland Inc  
37 Oleron Tce  
PETRIE QLD 4502  
Phone: 1800 722 257

If we are not home when you call, leave a message and we will get back to you.

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We are happy to advertise your event in Diary Dates or tell people about your group in our Newsletter.

Please call the Self Help Qld office

Ph/Fax (07) 3344 6919

or

Email: qnosh@gil.com.au

# Women and Problem Gambling

by Sheila Sweett

Gambling has traditionally been perceived as a male activity. However, in recent years reports have emerged indicating that women are also affected by problem gambling. We hear of a mother leaving her young children in a car for hours in order to play the pokies and a woman stealing money from her school's P & C in order to pay gambling debts. These examples give us some understanding of the negative influence that problem gambling can have on women.

Gambling becomes a problem when people have difficulty controlling the amount of time and money spent on gambling. It is a problem when gambling begins to impact negatively on relationships with family, friends and at work. Some of the negative impacts of problem gambling include obvious factors such as financial hardship and relationship difficulties. However, less obvious is the depression, anxiety and guilt experienced by problem gamblers who become increasingly conflicted about an activity they are unable to control. In severe cases, gambling may result in bankruptcy, legal problems or undetected illegal activity, child protection concerns and suicide or self harm attempts.

Evidence suggests that women are affected by problem gambling differently, compared with men. There may be gender differences in the gambling activities preferred, the progression of the gambling habit, the reasons for gambling and the impact of problem gambling. There is evidence that women problem gamblers prefer to gamble using activities that rely on luck more than skill such as lotteries and poker machines. They are more likely to have begun gambling later in life and quite rapidly develop a problem with gambling. Several studies indicate that women gamble not to make money, but to extend playing time. Gambling for many female problem gamblers may be a way to escape overwhelming problems and attempt to lessen painful feelings of boredom and loneliness. However, problem gambling merely compounds the

problem adding to the original concerns.

A Victorian study in women's experience of problem gambling on electronic gaming machines, focused on the meaning and function of problem gambling in women's lives. In this study women described their need for time out from the demands of their gendered roles, time out from the challenges of life transitions, time out from the painful time of separation or empty nest and an entitlement to spend time on themselves. Gambling became a means of taking time out for some women.

Gambling in clubs with poker machines was also a means of social interaction for women. Some women describe the club as a safe, welcoming space where they can go alone and feel accepted. Having a drink and playing the pokies provides a means of going out alone and feeling socially acceptable. The poker machine activity enables women to hide that they are on their own and it makes the activity of drinking and socializing in a club acceptable where in other circumstances, it might be viewed as socially unacceptable behaviour for women.

There is considerable stigma and shame associated with problem gambling for both men and women. Some believe that the stigma is greater for women problem gamblers. Some argue that the expectations on women to be responsible caregivers to their family may result in them feeling greater shame and guilt about an activity that damages the family's finances and relationships so profoundly.

The family experiences losses of time and money as the problem gambler spends more and more time gambling. Children and partners often feel emotionally and physically abandoned and family conflict may escalate. Often the family is not aware of the problem gambling habit. The family may be aware that something is wrong, but the problem gambler may be able to hide the problem with lies and deceit.

The family may notice that the problem gambler is increasingly irritable, depressed or anxious, they may notice that there is less money or food for their needs, or they may notice that household items are disappearing as the services of the (continued page 9)



(continued from page 8)

pawnbroker are required to pay the bills. However, it is often only when considerable financial damage has been done that families become aware of the underlying problem – out of control gambling.

The family is then faced with attempting to survive financially and make up the shortfall. The parents may have to work longer hours, having less time and money for their children's needs. Marital conflict may increase with the stress of financial hardship and children can feel insecure and isolated as family life deteriorates.

There is growing concern about problem gambling and its negative impact. Since the introduction of poker machines in Queensland in 1992, there has been a massive increase in the expenditure per adult on gambling. It is estimated that problem gamblers account for 30% of the money spent on gaming machines. On average problem gamblers each lose approximately \$12,000 per annum. In response to this increasing problem, a network of Gambling Help Services has been established throughout Queensland with funding from Department of Families. These services offer counselling and support groups to problem gamblers and their family members.

Counselling can provide assistance to problem gamblers with strategies to minimize the harm of gambling on the gambler and the family. It can provide an opportunity to deal with any underlying problems more effectively than trying to avoid them through gambling. It can assist in developing a non-gambling lifestyle with alternative activities to meet needs.

If you have a problem with gambling or you are concerned about a family member who may have a problem, please contact the Gambling Help Service closest to you for assistance.

Gambling Helpline 24HR	1800 222 050
Gambling Help Brisbane	3839 4077
Gambling Help Caboolture & Redcliffe Peninsula	5428 6244
Gambling Help Cairns & Tablelands	4050 4955
Gambling Help Gold Coast	5575 6122

Gambling Help Ipswich	3281 8677
Gambling Help Logan	3808 9235
Gambling Help Mackay & Whitsunday	4957 4542
Gambling Help Mt. Isa	4743 4449
Gambling Help Rockhampton & Central Queensland	4927 4000
Gambling Help Sunshine Coast	5492 7255
Gambling Help Toowoomba & South West	4632 2615
Gambling Help Townsville & Hinterland	4772 7799
Gambling Help Wide Bay & Burnett	4124 3839

(Sheila Sweett is the Senior Counsellor at Interlock Caboolture, the provider of Gambling Help Service Caboolture, Redcliffe and Pine Rivers.)



### \$5000 Grants for "one off" Social Justice Projects

The Uniting Care Social Justice and Education Fund is providing opportunities for small groups to initiate a project which would not normally be considered eligible for other funding.

The grant will fund organisations, causes and activities for social justice projects which meet the specified criteria. This includes discreet projects which promote social justice, to assist marginalised groups in telling their story, or provision of services where there is a deficit. For example, a grant may be made for the production of a brochure or handbook to highlight an unmet need.

The fund is interested in projects up to \$5000 as a one off activity, and is happy to consider projects which would not normally be considered eligible for other funding. The total available in the 2003 round is \$25,000.

For further information contact:

Kate Kunzelman

Centre Administrator

Uniting Care Centre for Social Justice

Ph: 07 3511 4861 Fax: 07 3367 3845

[www.unitingcareqld.asn.au/SocialJustice/socialjustice.html](http://www.unitingcareqld.asn.au/SocialJustice/socialjustice.html)

## Seasons for Growth – A Change, Loss and Grief Peer Support Program

Are you struggling with change in your life? You may have experienced one of the following:

- death of a loved one
- separation/divorce
- relationship breakdown
- unemployment
- illness
- other significant life events

The Seasons program assists in understanding and managing loss in life. Small group work is the focus of the program, sharing common ground and growing with others in similar situations. Seasons offers the opportunity for participants to explore their own way forward. Concepts such as loss, change, emotions, 'my story', memories and forgiveness are just some of those explored. Life's changes can be difficult and painful. We can help. For more information, please phone Melinda on (07)3205-2955.

Programs are run four times throughout the year and are open to all community members. Next programs are:

### May/June

Mondays 5/5, 12/5, 19/5, 26/5, 2/6, 12/6 (due to public holiday).

Wednesdays 7/5, 14/5, 21/5, 28/5, 4/6, 11/6,  
Venue: Pine Rivers Neighbourhood Centre  
730 Gympie Road, Lawnton 4501

## Telepsychiatry

– Medicare funded psychiatric support for people living in rural and remote areas

“Telepsychiatry is the electronic transmission of psychiatric advice from one location to another using a data communication link.” People in rural and remote areas of Australia are now able to access psychiatric services which can be claimed through Medicare. The service is available for up to four long-range consultations, after which a face-to-face consultation must follow.

The initiative is designed to meet the need for more mental health services in the bush. Although it cannot replace “face to face” consultations, it is considered far better than no service at all, which has been the alternative for people in remote areas to date.

For more information on the Commonwealth Government's telepsychiatry program:

[www.health.gov.au/hsdd/mentalhe/mhinfo/hsector/teleinit/index.htm](http://www.health.gov.au/hsdd/mentalhe/mhinfo/hsector/teleinit/index.htm)

Ph: 1800 020 787

## Qantas Carer Concession Card

The Qantas Carer Concession Card is issued to people with a disability and high level support needs who require the full time assistance of a carer whilst they are on the plane. The person is eligible if they need to have one on one support when seated on the plane for tasks such as feeding, transferring to the bathroom, communicating with the flight staff etc. A person would not be eligible if they only need assistance boarding the plane, or when they arrive at their destination.

Cardholders receive 50% discount on the standard full price domestic air travel, in addition to 50% off their carers fare. Please note that the Carer Concession Card does not apply to already discounted fares or 21 days in advance fares. The card will not reduce a child's fare any further but will reduce their adult carers fare by 50%.

This card is a photo ID card which is valid for three years and has an administration fee of \$27.50 including GST.

For further information and an application form contact NICAN ON:

Phone: 1800 806 769

Fax: (02) 6285 3714



## Grandparents Raising Grandchildren Full Time



- are you or any grandparents you know raising grandchildren full time?

The Commonwealth Minister for Children & Youth Services, Larry Anthony, has commissioned Council on the Ageing (COTA) National Seniors to work with grandparents and their support groups to identify:

- Financial and legal issues facing grandparents
- Existing support mechanisms and additional supports that may be required
- Any parenting concerns that grandparents may have.

The project is funded from the Child Abuse Prevention Program which aims to prevent child abuse by funding various activities that promote positive parenting and help families cope with the different demands of raising children. The target group is:

- Grandparents raising grandchildren full-time (not grandparents who provide childcare)
- Grandparents who are primary carers for extended periods, eg. grandparents of grandchildren considered to be at risk when their parents have a mental illness or an addiction or for some other reason are periodically not able to care for their children

It includes the right of grandparents to be accepted as appropriate foster carers / guardians of their grandchildren, as well as the need to confirm / clarify their legal status in child protection and family law matters.

COTA National Seniors is working with the Councils on the Ageing (COTAs) in Queensland, NSW, SA and WA and grandparents to collect information, ideas and recommendations to go into a report to be presented to the Minister by the end of June 2003.

COTA Qld is keen to consult with a broad

range of grandparents who care full-time for their grandchildren, including those who do so because of parental mental illness. The aim is to hold workshops in the Gold Coast, Sunshine Coast, Noosa and Townsville areas and focus group interviews in Brisbane, Logan, Townsville and possibly Maryborough some time during April/early May. It is also hoped to organise an 1800 special ring in for other regional and rural areas.

The questions that grandparents will be asked to address include:

1. Out of your experiences, tell us about the medium and long-term issues you have encountered/expect to encounter, particularly
  - i. legal
  - ii. financial
  - iii. parenting
  - iv. any other issues, eg. services for children, respite.
2. Tell us how you are dealing with these issues
3. Tell us what would help you deal with these issues more effectively.

Any grandparents raising their grandchildren full-time or organisations working with grandparents who may be interested in participating in a workshop or focus group are invited to contact Diana East, Project Worker, COTA Qld. Inc. Tel. 07 3221 6822. Email: [dianaeast@cotaq.org.au](mailto:dianaeast@cotaq.org.au)



### Wanted - Accommodation

#### - Foster Care Queensland

Foster Care Queensland is a non-government not for profit organisation. We are seeking accommodation for rental on a long-term basis, up to 50 square metres and are willing to share accommodation.

Prefer north side of Brisbane or close to city. Wheelchair/pram access required. Please contact Anne-Louise Nilsson on 07 3857 3753

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## Diary Dates

**25 - 28 March: Through the Looking Glass - Aged Care Queensland State Conference**

Website: [www.acqi.org.au/conferences.htm](http://www.acqi.org.au/conferences.htm)

**Venue: Broadbeach, Queensland**

**2 - 4 April: Ethics in Human Research Conference**

Website: [www.nhmrc.gov.au/ethics/conferen.htm](http://www.nhmrc.gov.au/ethics/conferen.htm)

**6 - 8 April: Beyond the Divide - Third National Homelessness Conference**

Contact: Phone 02 6292 9000

Website: [www.afho.org.au](http://www.afho.org.au)

**Venue: Brisbane**

**7 - 9 April: Hospital in the Home**

Contact: Phone 02 9923 5090

Website: [www.iir.com.au/health](http://www.iir.com.au/health)

**Venue: Mecure Hotel, Sydney**

**27 April: Behaviour Management in ADD/ADHD Disorders**

Contact: Jeanie Ryan 0408 006 544

Bookings: 07 3298 5100

Email: [conferences@clearmt.com.au](mailto:conferences@clearmt.com.au)

**Venue: Clear Mountain Qld**

**8 - 10 May: Uncharted Territory:** Exploring the links between chronic disease, mental health, alcohol and other drugs. Email: [Bronwyn@gpdnt.asn.au](mailto:Bronwyn@gpdnt.asn.au)

**Venue: Carlton Hotel, Darwin NT**

**17 - 23 May: Annual Schizophrenia Awareness Week Art Exhibition**

**Venue: King George Square, Brisbane**

**18 May: Brisbane Autism Conference 2003**

Contact: Jeanie Ryan 0408 006 544

Bookings: 3298 5100

Email: [conferences@clearmt.com.au](mailto:conferences@clearmt.com.au)

**Venue: Clear Mountain Qld**

Australian Taxation Office

Non Profit Infoline

1300 130 248

**31 May: Not Just Ticked Off** - A personal development seminar by the Tourette Syndrome Assoc of Vic for teachers, aides, health professionals, parents and carers.

Contact: Phone 03 9845 2700

Email: [tourettes@mssociety.com.au](mailto:tourettes@mssociety.com.au)

**12 - 15 June: 10th Annual Suicide Prevention Australia National Conference**

Website: [www.suicidepreventionaust.org](http://www.suicidepreventionaust.org)

**Venue: Brisbane Convention & Exhibition Centre**

### Free Seminar

#### “Step Families — The Journey of Coming Together”

Speaker: Anne Brelsford, Kinnection Family Relationships and Community Services

Many myths exist about step parenting, and adults, coming into this situation can experience a steep learning curve. This session explores issues such as the “step family life-cycle, roles, and problem solving.

Date: Tuesday, 1st April

Venue: Central City Library Theatrette

Central City Plaza

Cnr Adelaide & George Streets, Brisbane

Bookings - phone Central City Library on 07 3403 4166

(Sponsored by Royal Women’s Hospital and Health Service District in conjunction with Brisbane City Council)

### Change of Contact Details

In our last newsletter we provided information about MIMS Assist - an easy, FREE OF CHARGE way to let Doctors know that your support group exists. MIMS Assist is a national database that can be accessed by Doctors Australia wide.

We wish to advise a change of contact details for MIMS Assist. For more information:

Editor: Jill Metcalfe

Phone: 07 3379 9920

Fax: 07 3379 9808

Email: [jill.metcalfe@mims.com.au](mailto:jill.metcalfe@mims.com.au)