



Newsletter

September Quarter Issue 3. 2007

Self Help Queensland Inc 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

Sue Smyllie

Hello Everyone

We have had a very busy time here at SHQ since the last newsletter. Most of it taken up with the extraordinary leeching effect on capacity that applying for government funding entails. ... more of that later.

As part of our Deep Democracy project I went to Melbourne in June to attend the National Symposium on community building convened by the Centre for Civil Society. It was a great opportunity to talk to like minded people about the government policy and program issues that face the community sector and to start discussions about taking control and leading from this sector. The outcome of these discussions was the development of the Community Building National Network. You can read all about it later in the newsletter or online. This is a great opportunity for our sector to tap into our collective wisdom and build not only a knowing voice, but also to take affirmative action around policy issues that impact on us.

It is ironic that I had to go all the way to Melbourne to meet Jenny Shale from the Loganlea High School. We had a lot to catch up on and agree about! It wasn't much longer after the Symposium that the invitation for applications for funding through the Mental Health Community Based Program was advertised by the Department of Families, Community Services and Indigenous Affairs. You may be aware that SHQ's second project for this year has been to see if

we can address the serious lack of self help groups for people with mental health issues that exist in Queensland. SHQ gets many requests for mental health self help groups each year that we are unable to refer adequately.

SHQ after consultation with and in partnership with Loganlea Indigenous community (through Jenny Shale) has submitted an application for funding for a project to place an Indigenous community development worker, recruited from the local Indigenous community, at the Loganlea High School campus. The worker will support the development of skills in self help for local service providers and Indigenous and other community members. At the same time an action research mentoring group will be drawn together from the local Elders and service providers to provide specialist information and skills as required by the worker and any groups which develop. The action research process will be used to articulate learnings, measure impacts and outcomes and inform the collaborative development of a 'model' for effective self helping mental health groups in Indigenous communities.

It was 3 weeks between the call for applications and the closing date. The program was weighted towards indigenous and culturally and linguistically diverse communities. It was supposed to apply only to the community sector. SHQ had to supply a detailed, researched and theoretically sound application with supporting letters, a copy of our Incorporation documents, audited financial reports for the last 2 years, profit and loss statements to December 2006, a budget

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**Self Help Queensland Inc
Management Committee Members**

President Sue Smyllie
Secretary Thea Biesheuvel
Treasurer Kathleen Zarubin
Members Diana East
Jill Metcalfe
Kim Summers
Penny Threlfall
Bob Wyborn

Committee Meetings

If you would like to attend our meetings, please contact the office for dates and times. Everyone is welcome to attend.

Project Officer

Trish Fallon

Office

The office is attended Monday to Friday, 9am to 4.30pm. However, staff are sometimes required to liaise with groups or attend meetings away from the office.

If you wish to call in to use the office facilities or talk to the project officer, please phone first to ensure that someone will be available to meet with you.

Office Location:

Sunnybank Community Hall
121 Lister Street (Cnr Gager Street)
Sunnybank 4109

Postal Address

P.O. Box 353, Sunnybank QLD 4109
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URL: www.selfhelpqld.org.au

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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. Self Help Qld reserves the right to edit contributed articles.

Thanks to Queensland Health for providing funding to Self Help Queensland to help carry out its activities, and for supporting the publication of this quarterly Newsletter.



**Your Opinion is
Needed!**

It's time for Self Help Queensland to start planning the next Directory of Self Help and Support Groups.

Do you have a preference for the form it should take eg hard copy, CD, internet?

If you have a copy of the first Directory are there any suggestions you have for improvement?

Do you think the Directory is a useful resource or is the information already available to you via other means?

Your views are very welcome, and will be given serious consideration. Please contact Trish at SHQ on Phone: 07 3344 6919 or email selfhelp@gil.com.au

"One of the symptoms of an approaching nervous breakdown is the belief that one's work is terribly important."

Bertrand Russell (1872-1970)

SHQ's Policies and Procedures Manual is reviewed annually, and may be seen at the office by contacting Trish on 3344 6919.

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for 2006-07, copies of our insurances, 2 written referees reports, (each of which had to address 5 assessment criteria!) an authoritatively witnessed declaration and a myriad of other information about internal administration procedures...all before we even get on a short list!

I estimated that between SHQ, Jenny Shale and the Indigenous community and our referees, it took over 70 hours to pull all this together. This is why we rarely apply for funding; we don't have the capacity to lose 2 full weeks for such a marginal success rate. I envisage that successful organisations will probably spend one third of their funding accounting for their funding. It doesn't have to be this way. It is possible to run accountable and effective community grants programs that are based on trust, support and capacity building - not capacity leeching, I know...I've done it! To build capacity, policy and funding programs need to be focussed more on the 'how will you decide' rather than the 'what will you do'. Perhaps the Community Building National Network could work on this.

I would like to take this opportunity to thank our wonderful referees who rallied to a complex and time consuming call under an impossible time frame. It was wonderful to have the support of community organisations who believe as we do, that it doesn't matter who gets the funding, as long as it gets to the grass roots and something worthwhile is done with it. More than ever the sector needs to stick together, support each other and reject the competitive imperative being thrust upon us by short sighted policy.

I would also ask everyone to have a look at out new draft objects that we are preparing for the AGM. As always all feedback eagerly sought.

Till next time
Sue

The difference between 'involvement' and 'commitment' is like an eggs and ham breakfast: the chicken was 'involved' - the pig was 'committed'.

Author unknown

Genetic Matters

by Kim Summers PhD

Red and Yellow and Black and Brown

Many SHQ members are dealing with devastating conditions which are caused by DNA variants which interfere with the normal functioning of one or more tissues in the body. But if there was no genetic variation, we would all look the same, so DNA changes have been important in the development of different human groups.

Anthropological and genetic evidence suggests that humans first arose in Africa. They would have had dark skin, hair and eyes, probably to protect from the high levels of ultraviolet radiation. As some groups moved north away from the Equator, exposure to ultraviolet light decreased and with it the dark pigmentation of the skin, to make sure that we got enough UV to trigger the production of an important vitamin, vitamin D. Skin colour is controlled by a range of proteins which make the different forms of melanin, and some of these are also involved in producing melanin in the eyes and hair. That's why the combination of red hair, light freckled skin and blue eyes, or dark hair, olive skin and brown eyes, is seen so often.

There are also some proteins which are specifically associated with pigmentation in eyes, skin or hair alone, and the effects of these can override the shared proteins. There are people with red hair, brown eyes and olive skin. That's why predicting the colour of the eyes or hair of a baby is so difficult: it results from the interactions of many proteins, encoded by many genetic variants. In general two people with blue eyes will have blue eyed children. But what about those who have blue eyes with a brown fleck? Or those with hazel eyes which are green with a brown ring around the centre? To understand the genetics of human pigmentation involves considering all the genes that specify proteins which can have a role in synthesizing the coloured pigments.

One mammalian system which has been worked out is fur colour in cats. A very simplified version of our

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understanding involves four separate genes. Firstly, there is a gene which controls whether there is any colour at all. If this gene makes a functional protein the cat's coat will be coloured; if the gene is inactive the coat will be white. So inactivating this gene overrides all the other pigment genes. Then there is a gene which has two variants: one giving the orange coat and the other giving a black coat. If the white gene is functional and allows pigment to be synthesized, that pigment will be orange or black, depending on the form of the orange gene.

The third is a gene which controls the density of the colour. Depending on the genotype, the colour can be strong or dilute. So grey cats are dilute black and fawn coloured cats are dilute orange/ginger. Then superimposed on the effects of these genes is the gene which controls the patches of white. The genetic variants of this gene determine whether the cat will have large white regions, small patches of white or no white on its coat. This gene is separate from the first which switches off the whole pigmentation process. Then there are the proteins responsible for the tabby markings, the different shades of red and the agouti effect where each hair is multicoloured. Even in cats hair colour determination is complicated!

We can match some human genes to these cat coat colour genes. Albinism is a condition in which there is no pigment synthesis, like the white coat colour in cats. The orange variant is similar to one of the variants associated with red hair in humans. Conditions which involve patches of unpigmented skin and hair are also found in humans, similar to the white spotting effect in cats.

Understanding the genes involved in skin pigmentation for humans (and other animals) has led to some interesting possibilities. Following the different genetic variants confirms theories about human migrations, especially within Europe where the greatest pigmentation differences occur. Now we know which variants are associated with which colours, it may be possible to develop an image of a criminal or victim from DNA analysis alone. More importantly, skin and eye colours are associated with risks of sun-induced cancers, and researchers at The University of Queensland and the Queensland Institute of Medical Research are at the

forefront in studies of factors which increase the risk of these cancers.

(Kim Summers is a member of the School of Molecular and Microbial Sciences of The University of Queensland and a member of the SHQ Management Committee.)

Help Needed

For cleft lip and palate research project Can you help?

The current stage of research being undertaken by Graeme Wallace of Southern Cross University has not yet been completed. Graeme has indicated that he needs at least 14 more participants before he can close off this section of the study.

The information gained from those who have participated so far has been exceptionally important in confirming the direction for the final part of the study. This should be approved by the Ethics Committee of SCU by October 2007.

The information gained suggests that some of the commonly held beliefs regarding the cause of clefting may need to be reconsidered. Being able to have volunteers from across three States in Australia eliminates many of the confounding issues such as environmental toxins, lack of available nutrition and proper medical care which are all part of life in third world countries.

We have an opportunity to find the cause, and not only help other families in Australia but possibly provide information which will assist people in these less developed communities.

If you have a child 2 years or younger with a cleft, please contact the CleftPALS to obtain a copy of the 20 minute questionnaire.

CleftPALS Qld Inc
Phone/Fax (07) 3341 5627
PO Box 346, Red Hill Qld 4059
cleftpal@powerup.com.au
www.powerup.com.au/~cleftpal

“We are motivated by a keen desire for praise, and the better a man is the more he is inspired by glory. The very philosophers themselves, even in those books which they write in contempt of glory, inscribe their names.”

Marcus Tullius Cicero (106BC - 43BC)

Australian Wolf Hirschhorn Syndrome Support Group Inc (AWHSSG Inc)

- a point of contact and support for families in Australia and New Zealand

Wolf-Hirschhorn Syndrome (WHS), also known as Wolf Syndrome along with Pitt Rogers Danks Syndrome (PRDS), are both rare chromosomal disorders caused by a deletion from the short (p) arm of the fourth chromosome known as 4p minus (4p-)

While children with WHS often have significant disability and related health and growth problems they are loving, mischievous, cuddly and very bossy kids who love those around them while charming strangers at the same time as working hard at everyday achievements. A great website to access is Ryley's website www.ryley.net/blog/

AWHSSG was established in 1996, and is a voluntary not-for-profit self-help organisation dedicated to educating parents about Wolf-Hirschhorn Syndrome and networking them with other parents of affected children. Parents who have a child with WHS who have a commitment to helping other families coordinate the group.

We currently have over 45 families from Australia and New Zealand in the support group as well as a contact via the internet with families from other countries, including Singapore, Ecuador and America.

We aim to offer contact and a support network for families of children diagnosed with Wolf Hirschhorn Syndrome (4p- Syndrome) with a contact list available for families. We also aim to increase community awareness of WHS and other genetic disorders which impact on Australian families. Our support group is currently registered on several genetic registries in Australia and we aim to increase this.

A current newsletter is available for families that provide information on some of our families and other relevant information. The support group can also be accessed home.vicnet.net.au/~awhssg/

Many families of the support group meet once every two years in a different city in Australia for a Family Conference. As well as

having guest speakers along it also provides families an opportunity to meet and exchange information. This is a rewarding experience for families, not just for parents meeting with other parents but also the opportunity for siblings to meet other children/teens who have a similar life experience. The conference was first held in Melbourne in 1999, then Armidale, NSW (2001), Toowoomba QLD (2003), Darwin (2005).

AWHSSG Conference 2007

5th - 7th October

Angaston, Barossa Valley, SA

For further information about AWHSSG or the Conference, please contact:

National Coordinator, Anne, mother of Hannah (1997)

AWHSSG

25 Baker Road, INVERGOWRIE NSW 2350

Email: bectamumbi@bigpond.com

URL: <http://home.vicnet.net.au/~awhssg/>

Queensland contact, Sue, mother of Karyn (1982)

Email: suebee_64@hotmail.com



Invitation

Self Help Queensland Inc

AGM 

A warm welcome is extended to all members and interested friends of SHQ to come along and meet other members of the network. A good opportunity to meet the management and staff of SHQ, hear what we've been doing over the last year and enjoy a friendly chat over a delicious brunch.

Thursday 11th October at 9.30am

Note it down in your Diary now!

Venue: Self Help Queensland
Sunnybank Community Hall
121 Lister St (Cnr Gager St)
SUNNYBANK

RSVP to Trish by Monday 8th October 2007
Ph/Fax 07 3344 6919
Email: selfhelp@gil.com.au

"If you want to make peace with your enemy, you have to work with your enemy. Then he becomes your partner."

Nelson Mandela (1918 -)

What can I do to support a woman who has experienced sexual violence?

If a woman chooses to tell you that she has been raped, then she is investing a lot of trust in you. Your responses are important.

The value of relationship

It is important to remember that sexual violence is a crime in which perpetrators seek to control and dominate another person. It is therefore imperative to work in ways that promote a woman's sense of power and control and to develop a relationship with a woman that does not reflect the dynamics that were/are present between the perpetrator and the woman.

Defining your own feelings

It is important to be mindful of your own feelings and reactions and to seek support from someone other than the woman who has experienced sexual violence. It is natural that you may feel shocked, angry, sad or confused. You may wonder whether she could have done something to prevent the sexual violence. You may feel a desire to confront or enact revenge on the perpetrator. You might feel a strong urge to "do something" or have the woman "do something". These are all common reactions.

In supporting a woman who has experienced sexual violence it is important to.....

- Listen to her
- Believe her and believe in her
- Affirm her feelings and remember there is no right or wrong way to feel
- Ask her "How can I help?" or "Is there anything you need from me right now?"
- Let her know that you are there for her/ and acknowledge your limits
- Encourage her to seek the support that feels right for her
- Respect her decisions
- Respect her privacy and her choices about what she discloses and to whom
- Seek her permission before disclosing information about her to others
- Remind her that it was not her fault

(Source: BRISSC Fact Sheet www.brissc.com.au reproduced in QWHN News May/June 2007)

Invitation

QCIDD Family Information Day

Saturday 1 September

"Transition to Adulthood"

Times of transition are often difficult and frequently stressful. For families caring for a son or daughter with disability, the transition to adulthood is one of the most challenging transitions.

The structure and security of school life disappears. There is a whole new service system to navigate and many uncertainties about the level of support which will be available. It is also a time when many questions about the future arise, including the question of "who will do this, when I am gone?"

In recognition of the challenges involved in managing the transition from school to adult life, QCIDD is pleased to present this workshop aimed at addressing the need of families for information about the transition experience and some of the key issues/questions you may need to grapple with.

This Family Information Day will be especially valuable to parents with sons and daughters aged approximately 15 to early adulthood. It will bring together speakers from within and outside QCIDD.

Topics for discussion

- Developing a health adult lifestyle and health advocacy
- Sexuality
- What does a good adult life look like?
- Planning for the future
- Post school options and working with support services.

There is no cost to attend, and all meals are provided. To RSVP (essential) or for more information contact Dr Lisa Bridle (Clinical Co-ordinator/Lecturer) QCIDD
Ph:07 3840 2524 Email: l.bridle@uq.edu.au
Time: 9.30am to 4pm, Sat 1st September
Venue: O'Shea Centre, 19 Lovedale St
WILSTON QLD 4101

"No culture can live, if it attempts to be exclusive."

Mahatma Ghandi (1869-1948)

Do you know if those WOW! emails we all receive and feel inclined to send on are:

Truth or Fiction?

We all receive "wow" emails - sometimes several a day. Those ones we read and think:

"Wow, that's interesting!"
"Wow, that's hilarious!"
"Wow, that's horrifying!"
"Wow, that's heartwarming!"
"Wow, I'd better warn others!"

Then we hesitate and wonder if it's really true, and who can we send it to anyway, just in case it is. We don't want to spread rumours on the internet, but we do want to help others. Especially if it touches our heart, affects our health or sends a warning.

Now, in the interests of doing your little bit to keep the internet rumour-free, you can check the veracity of some of those emails before you pass them on by first checking a website called TruthOrFiction.com

"TruthOrFiction.com is a web site where Internet users can quickly and easily get information about eRumours, warnings, offers, requests for help, myths, hoaxes, virus warnings, and humorous or inspirational stories that are circulated by email.

Self Help Queensland receives many of these emails on a daily basis, and has developed a healthy scepticism over time. However, sometimes we're just not sure, especially if the article cites real doctors or existing organisations, or authentic looking photographs.

We were recently asked to sign an on-line petition, sending support to a child with a terminal illness sponsored by a community organisation in Perth. The petition had already been signed by a very long list of reputable community organisations, and it seemed very cold-hearted not to join in. By checking to see if the Perth organisation really did exist (and it did!) we found a notice on their website pleading not to sign any petitions or send emails as the child did not exist and it was all a hoax.

TruthOrFiction.com is designed to be of value to the ordinary user of the Internet who wants to make sure that an email story contains information, not misinformation. The focus tends to be on stories that are the most widely-circulated via forwarded emails on the Internet.

32 Categories to Search

www.truthorfiction.com/index

There is an 'easy to search' index of 32 categories. Some are listed below.

Medical	Education	News
Food-drink	Viruses	Animals
Warnings	Household	Inspirational
Pleas for help	Promises	Religious

Have you received one of these e-Rumours?

"Forward an email for IBM and receive a new computer" - **Fiction!**

"Test to determine whether a stroke is happening" - **Truth!**

"Shampoo Containing "SLS" is a Cancer Hazard" - **Fiction!**

"The Hippo and the Tortoise who became friends after the Tsunami" - **Truth**

"Life is Beautiful Virus" - **Fiction**

"Vitamin-C and Shrimp are a poisonous combination" - **Fiction!**

The founder and operator of TruthOrFiction.com is Rich Buhler, a broadcaster, speaker, author, broadcast journalist, and producer who has researched and written about rumours and urban legends for more than 30 years.

He founded TruthOrFiction.com in 1998 to provide Internet users with a quick and easy way to check out the accuracy of forwarded emails. Rich's interest in rumours and urban legends began during the years he worked in the news media in Los Angeles for CBS and Westinghouse Broadcasting. For fifteen years, he also hosted a nationally syndicated, live, daily talk show from Los Angeles and his listeners became familiar with his occasionally putting on his "Rumour Rich Hat" and looking into current rumours.

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Rich has won numerous honours for his work including awards from Toastmasters International, The Southern California Motion Picture Council, Religion In Media, Biola University (Hon Doctor of Laws Degree) and Trinity College (Hon Doctor of Humanities).

Every story on TruthOrFiction.com has either been personally researched by the TruthOrFiction.com staff or, in some cases, is known to be a classic rumour or urban legend that has stood the test of time. As much as possible, the sources of the TruthOrFiction.com information are included in the stories.

Stories are classified as:

Reported to be Truth! or **Reported to be Fiction!** usually means that we have found a source for the story, but usually a single source whose credibility is either not known to us or may be questionable.

Truth! usually means we have found reliable or first-hand sources who are willing to vouch for the validity of the story.

Fiction! usually means we have found reliable or first-hand sources who know the story is false and who deny it. It can also mean that we have classified a story as a long-standing and well known urban legend or that there is a conspicuous lack of evidence that it is true.

Unproven! usually means we have not found reliable or first-hand sources to satisfactorily confirm or deny the story. It may or may not be true, but we have not found what we regard to be proof either way.

Truth! & Fiction! usually means parts of a story are supported by fact, but other parts are not. It's not completely **Truth!** and it's not completely **Fiction!**

Previously Truth! Now Ended! or Now Resolved! usually means that the story was once true, such as an urgent request for help, but is now outdated or was a project that came to an end.

Disputed! usually means that there are good people on both sides of a controversy or a claim of truth and that TruthOrFiction.com is not making a judgment as to who is right."

(Source: www.truthorfiction.com)

Australia Fair Learning Circles

- drawing together organisations and individuals concerned about issues of fairness for all Australians

Australia Fair Learning Circles are groups of friends, family, colleagues or neighbours who meet to discuss and learn together about issues of fairness. Anyone can participate and materials provided by Australia Fair intend to help draw on people's personal experience and the experience of different communities to promote learning and discussion across Australia.

You or a support group to which you belong can **join** or **start** a Learning Circle. An easy to use kit is available to follow.

The first Australia Fair Learning Circle about oral health in Australia is now available to download. Go to the Australia Fair website and click on the link.

URL: www.australiafair.org.au

Congratulations & Happy 20th Birthday!

to

The Brisbane Obsessive Compulsive Disorder Support Group

The group meets on the first Saturday of every month at the New Farm Neighbourhood Centre from 1pm to 6pm

Phone Pat 3376 4383

Email bocdsg@uqconnect.net



Self Help
Queensland Inc

Have you or your group changed contact details?

Does your group still exist?

Please let us know so we can change our records. Referrals to groups that have closed can have destructive effects, causing frustration and disappointment for callers. If you no longer require the newsletter we would also appreciate knowing. Thank you!

Self Help and Support Groups receive little or no funding. Paying a membership fee helps them to keep going.



“Trucks Might Carry Australia But It Takes Hard Working Truckies To Drive Them”

Basil (Rooster) Smith

Self Help Queensland is always excited to discover the existence of support groups previously unknown to us - so we can lend whatever support we can to the group, let people know the group exists and hopefully raise awareness of the value of such groups to the overall health and well being of our community.

We were really pleased to learn recently of a Queensland based support group, T.R.U.S.T. that acts nationally to support truck drivers who have been through major road trauma, their families and friends.

After a life of truck driving, beginning at age 16, Basil Smith's driving career ended in 1995 with a horrific crash. Though it was no fault of his, the crash had a devastating consequence for Basil and his family, with his life spiralling out of control for the next eighteen months.

After experiencing the trauma associated with such a life impacting event, and making the hard climb back, Basil, with the help of his wife Louise and other supportive friends, formed T.R.U.S.T.

The transport industry is a very demanding business these days. Long hours away from home, less appreciation of the work completed, everyone running on the edge.

The people at T.R.U.S.T understand the problems that can occur, and have experience that can help. If they can't help personally, they have professionals who can and are only a phone call away.

Expanding the T.R.U.S.T Network

Because of the caring support offered by T.R.U.S.T, and the demand for its services Australia wide, there is a growing need for volunteers inter and intra State to join the

network. People with experience in the trucking industry would be welcomed, along with any Professionals working in the Legal or Health related areas.

T.R.U.S.T is now working closely with Queensland Fire and Rescue, responding to calls for assistance whenever they are able. Members also endeavour to make hospital visits where geographically possible. No matter how long the distance, there is always a friendly, caring voice at the end of the T.R.U.S.T phone.

If the members of T.R.U.S.T don't have the answer, they will endeavour to find someone who does. They also act as an information and referral service, with an ever growing knowledge of community supports and services.

You can support T.R.U.S.T and have fun at the same time

“Col Elliot is Coming to Town”
Saturday 1st September at 8pm
Helidon Community Hall, Helidon

If you enjoy political satire, conversational comedy, guitar picking and singing outrageous ditties, with the added benefit of mixing it with country folk, then this promises to be a great night out - and only one hour's drive from Brisbane! To book contact: Louise on 07 4697 7037. Tickets \$29

To contact T.R.U.S.T.
Ph: 07 4697 7037 Mobile: 0407 020 097
Radio: UHF 40 at Helidon
Email: basilsmith@bigpond.com
URL: www.trustsupportstruckies.org.au

Gambling Community Benefit Info

Applications for the Gambling Community Benefit Fund **must** now be sent by mail - not delivered in person or by courier.

There are four closing dates throughout the year: 31 March, 30 June, 30 September and 31 December. For further information go to www.gcbf.qld.gov.au or phone 3247 4284.

DonorTec IT Information

DonorTec supplies donated software and hardware from companies such as Microsoft and Cisco to eligible Australian Non Profit groups. Get the latest products each year e.g. Microsoft Office 2007. Ph: 07 3107 1903 or visit: www.donortec.com.au

Supporting 'N' Socialising

- A newly formed Sunshine Coast Allergy/Intolerance Support Network

There are two branches of the network, which welcome people from all parts of the Sunshine Coast district and surrounds.

- (1) Support network for PARENTS with children with allergies/intolerances and
- (2) Support network for TEENS with allergies/intolerances.

Both are an opportunity to share ideas and to meet others in similar circumstances, who understand where you're coming from and the issues that you are dealing with.

The parent network has a monthly morning tea, with members catching up with each other in between as needed. Those who are unable to make meetings are put into contact with people in their area.

The teen network meets at times outside of school hours with email and phone contact in between.

For further information contact:

Kay Winters

Phone/Fax: 07 5457 3879

Mobile: 0409 663 747

Email: kay@indigopeak.com.au

-oOo-

A Virtual World of Education Adopted by Surf Lifesavers

Exciting technology and tools associated with virtual e-learning were brilliantly demonstrated recently by Chris Sutton from the Australian Lifesaving Academy.

"Between the Flags", a live, online, collaborative environment was presented from Maroochydore Beach in July 2007 using "Elluminate".

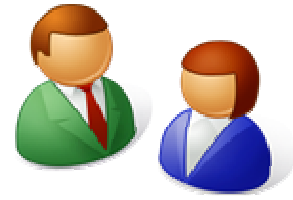
Chris described Elluminate as "a meeting tool, learning tool, communication tool, sharing tool ...with no boundaries or limitations to its use in training and learning. For a look at the presentation, (approx 1 hr but well worth it) grab a coffee and visit:

<https://sas.illuminate.com/m.jnlp?sid=995&password=M.BE05D8BC5991FBB9BD137110B508E6>

Head and Neck Cancer

What will it be like?

How will I cope?



Self Help Queensland recently made contact with a newly formed Head and Neck Cancer Support Group in Brisbane. The group says:

"Your first line of defense is your medical team. The next line of defense and means of recovery is yourself."

We are a small group who have been through the treatment for a variety of forms of head and neck cancer.

We offer an opportunity to meet with people who have been, or are currently in a similar situation to yourself, to discuss what to expect and some methods of dealing with the diagnosis and the treatment.

We will meet on the 4th Tuesday of each month (starting 28th August 2007) at 6.30pm at the Cancer Council Queensland offices at 553 Gregory Terrace Fortitude Valley.

For more information about the group please contact either:

Martin Doyle 0419 708 188

David Nolan 0414 418 510

BreastScreen Speakers Will Visit Groups

BreastScreen Queensland can provide speakers to address community groups on breast cancer awareness/education. Literature is available for distribution to members. A Counselling service is also provided. Phone 13 20 50. All women over 40 can have a **free** mammogram from BreastScreen Queensland, no referral necessary.

(www.health.qld.gov.au/breastscreen)

Please Tell Us What You Think!

We value feedback about any aspect of the services we provide. Please assist us by letting us know how you think we may be able to do things better. Ph 07 3344 6919 or email selfhelp@gil.com.au

Physical Difference is NOT Mental Illness

by Billy Bob

Transgendered men and women are afflicted from birth with a physical difference. It is a difference which many non-transgendered people find difficult to understand. This lack of understanding has led some to believe transgendered men and women are mentally ill. (This is not meant to denigrate the mentally ill, but rather to separate mental and physical illness issues).

Transgendered people are studied by psychology students as if the condition is psychological aberration that needs to be cured. They study the difference as though people who suffer from gender dysphoria are in need of a psychological cure. (Ask any psychology student about gender dysphoria or transgenderism and they will tell you it is a mental illness).

Personally, I believe that psychologically I am a perfectly healthy human being. Physically, however, I was born with a uterus, instead of a penis and testes. Does this mean that I am in denial of my psychological distress? I think not!

We are forced to jump through hoops for the medical profession in order to gain successful access to both medication and surgery. Some people are subjected to more psychological examination than others. We are asked to justify our sexual practices and preferences, our choices of profession, our childhood's, and our families (just to name a few things). Are our co-workers, friends and families required to justify their lives to professionals? I think not!

Transgendered men and women are normal people with physical differences. Why should we be subjected to examinations of our sexuality, as if it is an indicator of whether we will be "real" men and women after transition. Approximately ten percent of the general population have homosexual tendencies. Hence, one in ten transmen and women will be attracted to persons of the same gender. Should we allow the gatekeepers to force heterogeneity onto us?

How much insight do psychologists really have into our personalities? Can a person

really truly know the mental state and personal characteristics of another individual with just a meeting on a weekly basis, or even bi-weekly for that matter? The truth of the matter is that the psychological interview is a highly contrived situation. The psychologist is there because he or she is being paid, whilst the client is there because they need the psychologists "go ahead" for treatment. (Please note that I do not deny psychological treatment may be beneficial for some people with psychological problems, but I question its use in treating a physical difference).

Personally, when attending psychological examinations, I have lied and told the psychologist what I knew they wanted to hear. I have lied about aspects of my past with which I have come to terms. Personally, I don't believe that I still need to work through issues of depression which occurred a decade ago. I definitely don't have to discuss these issues with someone I have known for only one hour - someone who may not believe that I have dealt with my skeletons.

It has always amazed me that as a group we allow ourselves to be treated as though we are ill. I transitioned, to look more physically like the man I have always been, so that I could get on with living my life. In order to successfully do this, I do not need to be told that I am in need of psychological care. Once a person has dealt with their demons, and had the strength to come out the other side and face themselves with naked honesty, that person has earned the right to live peacefully.

I can only write from personal experience, but I believe that sometimes our physical health is placed second to our psychological health. Would we expect this to be the case if we were suffering from the flu? I think not! Whilst I do not regularly see a psychologist, I have recently been forced to see one in order to have a medical procedure completed. For the record, due to the fact the procedure is not cosmetic (use your imagination), I know that even if the psychologist did not give me a referral for the surgery, I would still have it done. The surgery I am having done is recommended, in all literature I have access to, for all transmen due to the increased cancer risks they face.

(Continued on Page 12)

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Having to justify myself to a psychologist angered me, because I know that I live as a happy, well-adjusted, socially responsible man. I volunteer my services in the community. I work. I fulfil my family responsibilities. I even try to help other transmen, when I can. I am not angry with the world. I do not feel the world owes me anything. My ambitions are not curtailed due to my gender identity. I am living the life I always knew I could. The life my maker gave me. And I am living it on my terms, with the cards I was dealt and a big smile on my face!

(Sourced with permission from ATSAQ Qld. Article printed in ATSAQ Newsletter June 2007 Issue 62)

For information or support contact:
Australian Transgender Support Association
Queensland Inc (ATSAQ)
Phone: 07 3843 5024
Hours: 7am to 6pm
Email: trans.atsa@pacific.net.au
URL: www.atsaq.com

Terminology used by ATSAQ

Gender = any set of two or more categories, such as masculine, feminine and neuter, into which words are divided according to sex, animation, psychological associations, or some other characteristic and that determine agreement with or the selection of modifiers, referents or grammatical forms.

Transgender = an ordinary person with a medical condition.

Gender Identity Disorder/Gender Dysphoria

The medical condition. These are good terms because they are an accurate description. The condition is related to the sense and expression of gender. It has nothing to do with sex or sexuality. A person with this condition has a mismatch between the gender they experience in their mind and the sex of their body. Usually, both the body and mind are healthy and that is why it is such a difficult condition to treat. There is nothing wrong with the mind or body they are just mismatched. This mismatch does however cause considerable stress and distress for the person with this condition. "Trapped in the wrong body" is an easy concept to grasp. Medical science has shown that it's actually easier to change the body than to try and change the mind. That is why

treatment for this condition involves hormone therapy and surgery to change the body to match the mind and relieve the distress. No one chooses to be a transgender or transsexual.

Transgender/Transsexual

In Queensland we use the term transgender to remove the reference of sex. The term transsexual is often avoided because it tends to have emotional or sensational connotations for some people. Both terms are accurate though.

Transvestite/Cross-dresser

A male person who is usually heterosexual (straight), sometimes married with children, who enjoys being a man but needs to wear women's clothing on a regular basis for relief and/or to express their feminine side. Female cross-dressers are now so much a part of our culture and so common, it goes largely unnoticed.

Drag Queen/Drag King

The term Drag Queen is used to describe a cabaret show that involves gay guys dressing up outrageously to mime to a recorded song. Normally found in gay nightclubs. Sometimes a transgender person will do this to raise much needed money for surgery. The term Drag King is used for lesbian women dressing up as men in a cabaret show.

Gender & Sex - What's the Difference?

Sex = Male / Female

Defines your biology via your reproductive organs.

Gender = Masculine / Feminine

This is you, your inner self. How you see yourself.

Sexual Orientation (eg. Straight, gay, lesbian, bisexual)

Which sex, male or female, a person finds sexually attractive.

Sexual Identity

The anatomy sex that a person feels comfortable with.

Gender Identity

Mentally, emotionally, spiritually how a person sees himself or herself.

(Thanks to ATSAQ for providing these explanations to help us all become better informed. www.atsaq.com)

Brisbane Bowel Cancer Support Group now 1 year old

The only known Support Group in Queensland that is specific to Bowel Cancer has just turned 1 year old. The support group is a small but growing group of people affected by bowel cancer who meet monthly to share experiences and information, learn about managing their condition and offer support to each other.

The group is now receiving enquiries and referrals from health professionals, who have also demonstrated their support by accepting requests to speak at support group meetings, held monthly at The Cancer Council Queensland, 553 Gregory Terrace, Fortitude Valley.

Pamela, facilitator and co-founder of the group, is also happy to speak to people who cannot attend the meetings, or who live in regional or rural areas.

Brisbane Bowel Cancer Support Group

For information please contact Pamela:

Phone: 3856 5546

Email: peatea2@uqconnect.net

2007 Meetings: 3rd Tuesday of Month
August to November 2007

2008 Meetings: 1st Tuesday of Month starting
5 February 2008

Facts you may not know about bowel cancer:

- Australia has one of the highest rates of bowel cancer in the world
- Bowel cancer is the most commonly diagnosed cancer in Queensland for men and women combined.
- Bowel cancer is the third highest cause of cancer deaths in Queensland
- Bowel cancer is one of the most curable forms of cancer if detected and treated early

Men and women turning 55 and 65 between 1 May 2006 and 30 June 2008 are being invited to participate in phase one of the National Bowel Cancer Screening Program.

For more information about the National Bowel Cancer Screening Program in Queensland call 1300 766 927 (local call) or visit www.health.qld.gov.au/bowelcancer.

For Translating and Interpreting Services, please contact 13 14 50.

The Cancer Council Queensland is urging all eligible Queenslanders to take the simple bowel screening test which could save the lives of thousands of men and women in Queensland.

However, if you are not one of the 200,000 Queenslanders invited to participate in phase one of the National Bowel Cancer Screening Program, please don't wait, see your GP immediately to obtain the Faecal Occult Blood Test (FOBT) screening kit.

Research into community attitudes to bowel cancer cited in the NSW Cancer Institute's November 2006 Report, showed knowledge and awareness of bowel cancer may be limited because it is still a low profile issue.

Limited public awareness campaigns and little publicity about celebrities with the disease may lead to community misconception that bowel cancer is more rare than other perceived high-profile cancers.

The survey results also suggested that uptake of screening was likely to be lower among persons who speak a language other than English at home, those too embarrassed to seek help or information or those who regard bowel cancer as unpleasant or embarrassing.

By drawing attention to this important issue Self Help Queensland is trying to do its bit to support The Cancer Council Queensland's message and that of the Brisbane Bowel Cancer Support Group.

The first step is the most obvious one - try to overcome any embarrassment and speak with your GP about bowel screening. It could save your life!

New Resource Available

A DVD called "Understanding Cancer of the Colon and Rectum", an initiative of the Cancer Council Queensland, was launched on 13th August 2007.

The resource is aimed at providing information to newly diagnosed patients, and copies are available to patients and professionals by calling the Cancer Council Queensland Helpline Phone 13 11 20.

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We All Live & Learn Don't We?

"Recognising the part Self Help Groups play in life-long learning"

By Thea Biesheuvel

We all live and learn, don't we? But do we gain knowledge or acquire skills for the whole of the period we are alive? You would think, as a baby, if we started learning where the food came from or acquired skills to sit up, walk, talk and get some manners, eventually, the process would virtually be never ending. Even in those where it is difficult to see them get wiser or better there must be some learning taking place. Some people even learn to give up on things.

In order to vote we need not only some literacy skills, we need to prepare ourselves for some involvement in our democracy. In order to access services or support we need to be able to use a telephone or the internet. In order to satisfy inquisitive youngsters we must find the correct information for ourselves as well. In order to care for those who depend on us we must find our own strategies for coping and how best to support them. We probably learn to do all that without considering it an education.

There are, of course, some other learning opportunities. We could belong to a group of inquisitive people who have informative conversations. Think 'book-club' or Monday morning discussions at work. We could go to a 'hobby' course somewhere or find someone who 'shows' us how to do things. Think 'scrap-booking' or 'art' classes. We could meet as concerned adults and have 'learning conversations' about parenting, health issues, the worries of carers, shared conditions, etc. That is what usually happens in our Self Help groups, isn't it?

There is an independent, community-based, not-for-profit organisation which not only promotes and encourages the advancement of post-school learning, education and training but also advocates the importance of life-long learning. The Lifelong Learning Council Queensland (LLCQ) is the voice for Adult and Community Learning, Education and Community Training. As such they'd like to think that anyone who offers a learning opportunity for themselves or others is part of this learning 'sector'. They therefore promote this attitude to the Queensland Dept of Education, Training and the Arts (DETA). There is also a national organis-

ation, Adult Learning Australia, who promote issues federally to the Dept of Education, Science and Training (DEST). There's just one small problem. That Federal Department proposes a definition for organisations which comprise the community education sector that does not include Self Help Groups as community education organisations. There is a National Reform underway (and a discussion paper), which reads - The proposed definition for organisations that comprise the Community Education sector is: *Not for profit, community-based organisations with a local or regional focus that offer Adult Learning programs.*

Unless you are a formal education organisation that specifically offers courses you are apparently not part of the community education 'sector'. Why should this matter? Well, in the end it comes down to getting recognition for what you actually do. If a narrow definition like the one proposed that doesn't include lots of different learning activities, is adopted in Queensland, it could make a difference in what opportunities and support are made available to community groups in the future. We would like to see the Queensland Government adopt a broad definition of learning opportunities for adults.

Since there is little recognition for the tremendous role Self Help groups fulfil and even less funding to keep them afloat, it would be good to document the 'whole of the sector,' including what you do to help adults learn. Self Help Queensland Inc. is a member of (LLCQ) and as such will represent your broad interests but we and LLCQ need to know about your focus on life-long learning. What kind of 'program' does your group have? Is it a formalised 'procedure' or a learning 'conversation'?

If you are interested in any area of post-school learning you are probably part of 'the Adult Learning' sector and should be represented. Let us know what you think. Better still, join LLCQ in your own right.

LLCQ: secretary@LLCQ.org

SHQ: selfhelp@gil.com.au

(Thea is the Secretary of Self Help Queensland, dedicated life-long learner, promoter of all forms of learning and of encouraging others to learn. She has vast knowledge and experience of the Self Help Sector.)

"Education is the most powerful weapon which you can use to change the world"

Nelson Mandela (1918 -)



New Stepfamily Association in Queensland

The Stepfamily Association Qld Inc (SAQ) believes in supporting stepfamilies in order to strengthen relationships and empower family members. We value unity in relationships and positive emotional health to ensure children and adults in stepfamilies thrive. SAQ was established by a group of people concerned about the lack of resources and support available to stepfamilies in Queensland. This non-profit organisation aims to fill this void by providing the much needed support for stepfamilies. In the long term we envisage: running support groups; providing educative resources; conducting courses for stepfamilies; assisting with referrals to counsellors; providing training for professionals; and, increasing community awareness on the issues facing stepfamilies. SAQ is also linked with other Australian State and Territory Stepfamily Associations.

What is a stepfamily?

A stepfamily is formed when at least one partner in the couple has one or more children from a former relationship who are not biologically related to their current partner. Children may be members of more than one household and live with their parent and stepparent on a full time or part time basis.

Australian Stepfamily Statistics

It is estimated that one in four Australian families are stepfamilies. Stepfather families (85%) are more common than stepmother families (15%). "Simple" stepfamilies (where only one partner has children from a former relationship; approximately 70%) are more common than "complex" stepfamilies (either both partners bring children to the family, or one brings children to the stepfamily and a new child is born, or a combination of both; approximately 30%).

Why stepfamilies are different?

Stepfamilies are formed after the loss of a partner and parent. Stepfamily life is far more complex than first marriage family life. For example, children may not want their new stepparent in the family home and may

resent: the time they are spending with their new parent; the stepsiblings may not get along; there can be problems with ex-partners; and / or, the couple may have very different ideas about parenting of children. Despite the many challenges facing stepfamilies many are successful in creating their new family. Nevertheless, the more resources available to stepfamilies the greater their chance for success.

SAQ Support Group

SAQ is planning to hold regular support group meetings in the local Brisbane area. The support groups will consist of people interested in the well being of stepfamilies who meet in person to share information, experiences, problems and solutions. The support groups will be run by the current members and will be informal gatherings, with agendas and topics for discussion. These topics will be posted on the website before the support group date. Guest speakers on relevant topics may also be invited to a support group meeting, and advance notice of speakers will be posted online. Support groups will be free for anyone who wishes to attend. If you live outside the Brisbane area and would like to attend a support group or set up a support group in your local area, please contact us.

About the Current Members of the Executive Committee

SAQ is managed by an Executive Committee of four (4) volunteers who meet monthly to attend to the organising, preparation and development of resources for stepfamilies in Queensland. The following provides some details about these members.

Peta-anne Burns (President)

Peta-anne currently lives in a stepfamily situation, and is concerned about the additional pressures placed on blended families. She currently works with Queensland Health as a Locum Psychologist in the Child and Youth Mental Health Services at Logan. In this role she witnesses first hand the types of situations that may arise in stepfamilies and the need for interventions to be established to assist their needs.

Dr Maddy Phillips (Vice-President)

Maddy has recently completed her Clinical Psychology PhD in the area of stepfamilies. Her thesis encompasses strategies to assist Stepfamilies in the initial (Continued on Page 16)

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stages of their relationship. She is currently in a management role with Qld Health.

Andrea Smith (Treasurer)

Andrea understands the special needs of stepfamilies, having lived in one for over 10 years. She is currently teaching in the area of Arts at Metropolitan South T.A.F.E., Brisbane. She has extensive experience in Community Cultural Development and has worked with stepfamilies in this area.

Leonie Sanders (Secretary)

Leonie is completing her Masters' this year, in Organisational Psychology at Griffith University. While she does not live in a step-family situation, she has seen the issues facing stepfamily situations through her extended family and friends. She recognises a high need for resources to be put into this area of our community.

Why become a member of SAQ?

Annual membership to SAQ offers you: free support group attendance; subscription to our quarterly newsletter "Stepping Ahead"; discounts to member events and courses; and, democratic participation in establishing resources for Stepfamilies in Queensland. If you are interested in joining SAQ or attending our monthly meetings, please contact us via one of the following:

P O Box 6091
UPPER MT GRAVATT QLD 4122
Leonie.Sanders@student.griffith.edu.au
Phone: 0402 42 75 82
Fax: 07 3219 4878

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Community Building National Network Formed

Following the National Symposium on Community Building: Critical Voices, Alternative Strategies on 19th June 2007, a national network of community builders has been established to influence governments in taking community building seriously.

The Community Building National Network is a function of the Centre for Civil Society, which hosted the National Symposium.

Sue Smyllie, President of Self Help Queensland is the Chair of the Network.

The Network has formed around a five point charter:

- Community builders need to influence government policy and agendas in a pro-active way, not wait for governments to lead. A network of community builders that is independent of government is needed for this task.
- Funding reform is critical - governments should overhaul their funding methods to enable communities and projects to act with more autonomy and flexibility, with longer time frames, and with access to pooled funds from various programs and jurisdictions.
- Regulatory reform is urgent - governments should overhaul their regulatory and reporting requirements to ease the burden on community building activity.
- Measuring community building is important - community builders should develop appropriate ways of measuring their achievements through effective evaluation methods, not wait for governments to impose these from without.
- Empowerment and devolution of decision-making are essential for community building - governments should enable community strengthening and social capital development, but not control its form or dictate its direction.
- The network will aim to influence the policy agenda in these directions and support good community building. It will connect community leaders, practitioners, researchers, policy makers, social entrepreneurs and workers in community agencies who are interested in authentic community building work.

About The Centre for Civil Society

"We are committed to strengthening civil society and empowering people in families, communities, associations and small enterprises. We are the only think tank in Australia committed to a wide-ranging agenda of empowerment of the little people."

There is no cost for participation in the network. For further information contact Vern Hughes, Centre for Civil Society, PO Box 159 Yarraville Vic 3013 Ph 0425 722 890 vern@civilsociety.org.au <http://www.civilsociety.org.au>

Batten Disease

(Neuronal Ceroid Lipofuscinoses)

“Batten Disease is an inherited disorder of the nervous system that usually manifests itself in childhood.

Over time, affected children suffer mental impairment, worsening seizures, and progressive loss of sight and motor skills. Children become totally disabled and eventually die.

Batten Disease is not contagious, nor, at this time, preventable. To date it has always been fatal.”

Source: Batten Disease Support and Research Assoc. Inc (BDSRA) www.battens.org.au

Genetic Information for Battens Carriers

By Harry Partridge (BDSRA)

If a child has been diagnosed with Batten disease in your family, there are certain facts that you and your extended family should be aware of.

Genetically, we pass onto our children our unique DNA, which consists of an extraordinarily long chain of chromosomes and genes. There are always a few minor mutations or defects in this chain which, in the vast majority of cases, are not a problem. The difficulty occurs when a couple has exactly the same particular defect. Then, there is a one in four chance of their child getting the same defect from both of them, which in our case, is the defective gene that leads to Battens Disease. Of the unaffected children in that family, there is a one in two chance of them being Battens carriers of that defective gene and a one in four chance of them being completely clear.

Those carrier children, when they in turn have their own children, and provided that their spouse is not a Battens carrier as well, have a one in two chance of passing on the Battens defect to their children who would then become carriers too. And so the defect may be passed down through many generations (always with a one in two chance) until finally a carrier conceives with another carrier. Then the process repeats: a one in four chance of a child with Battens Disease, a one in two chance of the other children being carriers and a one in four chance of a completely clear child.

This means that in a current family with a Battens child both parents are carriers and the brothers and sisters of those parents have a one in two chance of being carriers too. Further, the children of those siblings (ie, the cousins of the affected child) have a one in four chance of being carriers.

For this reason it may be in the family's interests that initially, the aunts and uncles of the affected child be tested to determine if they are carriers.

If the test is negative then their family line will be clear; but if the test is positive, then the cousins could be tested to see if the defect has passed on.

If the test for any relative proves positive, then it may be prudent to also test that relative's partner. If the partner is also a carrier (which is one chance in 200) then the chances of conceiving a Battens child are one in four again. To prevent this possibility from resulting in the birth of a Batten child, an IVF program can be used where testing will ensure that only Battens-free embryos are implanted.

Finally, there is an ethical and moral dimension to gene information which each person and each family will need to carefully consider. There are often conflicting dynamics and personalities in families (and also the medical profession) which may be needed to be sensitively dealt with.

The tests for a carrier require blood sample being taken by a local GP and sent to Dr. Michael Fietz, Head of National Referral Laboratory, Womens and Childrens Hospital, Adelaide Ph: 08 81618062
URL: www.chempathadelaide.com/nrl
This takes about 6 weeks.

4th Australian Batten Disease 'Getting Together' Conference

27th & 28th October 2007

Mantra at the Salt, Kingscliff, NSW

Guest speakers from NZ and USA will share their knowledge and management. Workshops will include schooling/teaching and physiotherapy discussions. For information:

Contact: [Vanessa Anderson](mailto:Vanessa.Anderson@ozemail.com.au)

Phone: 02 4334 5785

Email: gvjcando@ozemail.com.au

URL: www.battens.org.au

Three New Tourette Syndrome Support Groups Formed in QLD

- Brisbane, Gold & Sunshine/Fraser Coast

For information about Tourette's, or to learn more about the QLD groups and when and where they next meet please contact Elizabeth Burns, Vice President, Tourette Syndrome Association of Australia (TSSA) Ph: 02 9382 3726 or email info@tourette.org.au

In a recent interview with the Caboolture News, Elizabeth said a lack of understanding was often a stumbling block for people living with Tourette's. "It's very difficult to live with a condition that's hard to bear and then to be treated badly for it," Ms Burns said. She said it became especially difficult for children who were often excluded and punished for what was perceived to be strange or naughty behaviour.

Free DVD Available on Request to Queensland Schools

For this reason, even though the TSAA is a volunteer, charitable organisation, it is donating an informational DVD to schools upon request. The request must come from the school itself, so the resource will remain with the school and be accessible to anyone in the school body from students to staff. A request by phone, letter or email is adequate and TSSA will post out the DVD. The resource aims to help students and teachers gain an understanding of the condition and what it is like to live with. The TSAA also has a book aimed at younger children that they are encouraging people to purchase and donate to their local library.

Tourette Syndrome is a neurological condition which affects the nerve system. It is an inherited condition characterised by involuntary irresistible body movements and vocalisations that are mistaken for psychological conditions.

Ms Burns said Tourette's could often lead to depression and other psychological conditions. It is still often misdiagnosed by doctors and misunderstood in the community, she said. "The condition is far more common than most people think. It makes things so much easier if people can understand it." Ph: TSSA 02 9382 3726 www.tourette.org.au

(Source: Information supplied by TSSA and Caboolture News, 16th May 2007)

Does Hep C affect you or someone close to you?



New Hep C Support Group

The Hepatitis Council of Queensland will be holding monthly meetings for people in the Logan community affected by hepatitis C, including family, friends and partners.

Learn about treatment, research, how to manage symptoms and practical tips on living with Hep C.

Meetings: 2nd Wednesday of each month

Time: 10am to 12 noon

Venue: Kingston Butter Factory
Milky Way Lane, KINGSTON
(up the lane from Kingston train station)

Morning tea provided

For more information, please contact:
Hepatitis Council of Qld Inc
PO Box 13172, George St, Brisbane
Phone: 1300 437 222
Email: development@hepqld.asn.au
URL: www.hepqld.asn.au

ATO Releases New Version of Tax Basics for Non-profit Organisations

In June 2007 the ATO replaced the 2005 version of Tax Basics for Non-profit Organisations. The new publication provides an overview of tax issues relating to non-profit organisations such as charities, clubs, societies and associations.

You can view the new version on the ATO website or order a paper copy by phoning 1300 720 092 and quoting NAT number 7966 (This is a unique national identifying number given to each ATO publication.)

URL: www.ato.gov.au/distributor.asp?doc=/content/content/00101194.htm

Homeless Helpline

Homeless Persons Information Queensland (HPIQ) is a toll-free helpline for homeless people (or vulnerable people at risk of becoming homeless), providing 24 hour access to support services in their area. Freecall 1800 47 47 53

Happiness and its Causes

A report on the Happiness and its Causes Conference, Sydney, 14-15 June, 2007

By Diana East

Everyone wants to be happy and to avoid suffering but, until recently, there has been little understanding of what causes us to be happy and to suffer. Despite decades of economic progress and growing affluence, scientific studies show that there has been no corresponding improvement in our happiness. In fact studies reveal that only approximately 21% of adults in the USA describe themselves as flourishing. Along with approx. 2,999 other people, I attended this 2nd International Conference on Happiness and its Causes which explored techniques for achieving peace and happiness, thereby improving not only the quality of our own lives but also those of others we care for and of society at large.

The line-up of speakers was impressive and included His Holiness the Dalai Lama plus over 50 other experts from Australia and the USA, representing a wide diversity of opinions covering:

- Recent breakthroughs in neuroscience which confirm that the brain can be changed through experience. This raises the tantalizing prospect that, throughout our lifetime, we can train our mind to be happy, enhancing our ability to think positively, diminishing our negative emotions and being less affected by the events going on around us.
- Developments in cognitive therapy and the emerging field of positive psychology have also made important advances in our understanding of how to enhance our happiness.
- The ancient wisdom of Buddhism and how its principles are beginning to converge with Western science in many ways.

The keynote presentations and panel sessions (several chaired by popular media personalities such as Geraldine Doogue and Natasha Mitchell as well as one chaired by Leonie Young, beyondblue CEO) were informative and thought-provoking, both

personally and professionally. It was rather like speed-dating with a series of fascinating minds! Certainly all the information provided cannot be condensed down to a few pages. But I would like to share a selection of quotes which perhaps partially capture the essence of what was said by some of the speakers, making most profound truths so simple. These include:

- 'Whether one believes in religion or not, whether one believes in this religion or that religion, the very purpose of our life is happiness, the very motion of our life is toward happiness... When you recognize that all beings are equal in both their desire for happiness, and their right to obtain it, you automatically feel empathy and closeness.. and develop a feeling of responsibility for them' (H.H. the Dalai Lama).
- 'Having and earning more is no guarantee through the gates of good feeling' (Natasha Mitchell).
- 'Focusing on happiness is no laughing matter...It is not just a personal quest. It is also a social and political quest...The cultivation of happiness affects every area of our lives; seeking happiness is, therefore, not self-indulgent' (Dr Corey Keyes, commonly known as Dr Positive by his students at Emory University, Atlanta, USA)
- (As said to a young man in prison) 'Your prison is nothing in comparison with the inner prison of ordinary people: the prison of anger, the prison of attachment, the prison of depression' (Ven. Robina Courtin on 'Becoming Your Own Therapist', Liberation Prison Project, USA and Australia).
- 'It is possible to generate happiness even in times of significant loss, trauma and disaster. It is not just a matter of 'biological luck'. We can all create a happier life' and 'Brain neurotransmitters modulate expressions of 'positivity' and 'negativity'. Neurons that fire together wire together ... we need then to concede a major 'hard wiring' contribution to happiness, wellbeing and positivity' (Prof. Graham Burrows, President, Mental Health Foundation of Australia).

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- 'We (have to) use the key skills of relationship in the workplace, cut through the roles that people tend to take on at work and relate person to person' (Amanda Gordon, President, Australian Psychological Society, reflecting on work and happiness).
- 'It is like peeling, segmenting, chewing and swallowing an orange: what part is work and what part is enjoyment/happiness?' (Kate Carnell, CEO, Australian General Practice Network, reflecting on finding meaning in work).
- 'Every time I hear about the increasing prevalence of depression and the rising use of medications in young people I reflect on the amazing and inspirational stories of young people like those on our panel. Every time I am saddened by stories about childhood obesity and associated problems such as diabetes I see athletes reaching incredible achievements and schools introducing healthy menus' (Dr Timothy Sharp, Founder of The Happiness Institute). Note: COTAQ has used, with permission, some of Dr Sharp's writings to produce our peer education hand-out on 'Ten Tips for a Better Night's Sleep'. It was great to meet with him personally and tell him some more about the success of our 'Sweet Dreams' sessions. For more information please visit www.makingchanges.com.au
- 'How do we help young people attain wisdom, know there is a greatness within them? Every kid needs a fan club around them to applaud their every effort. Lift them up and believe in them, give them the power to make a difference... If one child in your street is in trouble then the whole neighbourhood should stop to help and heal him/her' (Father Chris Riley, CEO, Youth Off The Streets).
- 'It doesn't mean that when you have found your niche then life will be blissful, at least not on the day-to-day plane. All lives are full of struggle and doubt ... But there is a deeper level at which contentment does flow from finding one's niche; it is the sense that one had found one's place in the world' (Clive Hamilton, economist and ED, The Australia Institute)
- 'Address the anomie of people by taking the movement of this conference forward at a political level' (Gordon Parker, ED, Black Dog Institute)
- 'It is the individual humble acts of kindness that will lead to reconciliation (which is so necessary to live happily in this country). We can all do something to create change' (Linda Burney, first female Aboriginal MP)
- 'Get off your mobile phone, your computer, your ipod, your blackberry. Decrease your stress. Sit down and engage with other people....The most important day of my life is today. This helps me stay centred in the moment' (Craig Hamilton, beyondblue Ambassador and Australian sportsman, reflecting on living with bipolar disorder).
- 'My karma just ran over your dogma' (Petrea King, Founding Director of the Quest for Life Centre, citing a car bumper sticker).
- And very relevant to COTAQ's peer education program, being perhaps an updated version of the 'Seven Steps to Staying Nifty Beyond Fifty' – 'the ESSENCE of a balanced life, of a balanced lifestyle, of wellbeing covers the following elements –
 1. Education (the importance of knowledge and reflection)
 2. Stress management (the importance of mental health)
 3. Spirituality (the role of meaning/spirituality on coping, health and illness)
 4. Exercise (importance of physical activity)
 5. Nutrition (healthy eating)
 6. Connectedness (the role of social support for wellbeing and healthcare)
 7. Environment (creating a healthy physical, emotional and social environment)' (Dr Craig Hassed, Dept. of General Practice, Monash University).

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- And last but not least – H.H. the Dalai Lama in response to Geraldine Doogue's asking panel members how they will continue to create happiness in their own lives, 'Carry on continuously'.

(Note: Much of this is also reflected by Sue Smyllie, President of Self Help Qld, speaking at a National Symposium on Community Building: Critical Voices, Alternative Strategies in Melbourne recently. On the concept of deep democracy, she says that 'together we create our communities, our societies and our world. We are always doing this together. We can do it more consciously, intentionally and responsibly ... Nearly every variety of co-intelligence builds on dialogue or is, itself, a form of dialogue. If real dialogue is happening, co-intelligence happens too, with little else added.')

(Diana is a Peer Education Co-ordinator at COTAQ, a member of the Self Help Queensland Management Committee, and Facilitator of MYRIAD Support Group)

Understanding the Mental Health Review Tribunal hearing

- a new resource to assist patient participation, and reduce fear and anxiety

The Mental Health review Tribunal has released 2 informational DVDs for mental health patients who come before the Tribunal, their families and carers, including those in Indigenous communities.

2 DVDs, called "Take the Next Step" cover the following:

- **Involuntary Treatment Orders**
- **Forensic Orders**

The DVDs are part of the Tribunal's strategy to encourage patients to participate in their hearing. What happens at a Tribunal hearing is normally private and confidential. By showing how the Tribunal works, patients can manage their preparation and appearance before the tribunal in a way that reduces fear and anxiety.

Self Help Queensland has copies of the DVDs available for loan, or you can contact the Tribunal on Ph 07 3235 9059



Mental Health Review Tribunal
Queensland Government

Study Finds One Cannabis Joint Equals Smoking Up to Five Cigarettes

A study by Researcher, Richard Beasley, MBChB, FRACP, of the Medical Research Institute of New Zealand and colleagues, reported that a single marijuana joint causes chronic bronchitis with lung damage similar to that of smoking up to five cigarettes.

Results of the study also found that the pulmonary effects of marijuana smoking do not include the emphysema associated with cigarette smoking.

The researchers stated that the ratio of cannabis joints to tobacco cigarettes for adverse effects on lung function is of major public health significance.

(Source: Thorax Online
<http://thorax.bmj.com/cgi/content/abstract/thx.2006.077081v1>
Medpage Today
<http://www.medpagetoday.com/PrimaryCare/Smoking/dh/6298>)

Interesting Facts and Figures

Up to 50% of the Australian population has allergic disease

Hay fever 30-40%; Asthma preschool children 25%, schoolchildren 14-16%; adults 10-12%; Hay fever 30%; Eczema 5%; Food allergies - peanuts 2% in children

More than 10% of the Australian population has autoimmune disease

Vitiligo - 10%; Thyroid disease - 5%; Psoriasis 2-4%; Rheumatoid arthritis 1-2%; Type 1 diabetes 0.5%; Multiple sclerosis 0.1%; Systemic lupus erythematosus 0.1%

Inflammatory diseases are also very common

Atheroma (vascular disease - heart attack, stroke) - at least 50%

Crohn's disease and ulcerative colitis - 1-2%
Celiac disease (gluten sensitivity) - 1%

(Source: The Centenary Institute of Cancer Medicine and Cell Biology, Royal Prince Alfred Hospital, NSW - "Leading Medical Research becomes commercial success June 29 2007" www.centenary.org.au)

"I didn't attend the funeral, but I sent a nice letter saying I approved of it."

Mark Twain (1835 - 1910)



Diary Dates

6th - 8th September 2007: Queensland Community Development Conference "Riding the Winds of Change".

For further information contact:
Debbie Walz, Ph 07 4938 4869
debra.walz@communities.qld.gov.au
Sandy Paton, Ph 07 4939 4504
sandypaton@bigpond.com
John Homan, Ph 0408 211 734
johnhoman@bigpond.com
www.cdqld.org/index.php?categoryid=6
Venue: Rockhampton QLD

11th - 12th September 2007: Regional Symposium on Autism and Asperger Syndrome "Working Towards Positive Outcomes in Regional Queensland" Presented by Autism Queensland Inc.

Phone: 07 3273 0000
URL: www.autismqld.com.au
Venue: Rockhampton QLD

15th September 2007: Kabuki Syndrome Family Day 2007

Phone: 07 5593 6156
Mob: 0431 150 962
Email: petal@sakks.org
Venue: Varsity Lakes Community Centre, Mattocks Road, VARSITY LAKES QLD

19th - 20th September 2007: "Out of the Shadows Symposium" A response to the hidden side of race relations between groups of young people from different religious and cultural backgrounds in Brisbane.

Contact: Luke Haralampou, The Australian Centre for Peace and Conflict Studies, UQ
Phone: 07 3365 1763
Email: l.haralampou@uq.edu.au
URL: www.youth.goldcoast.qld.gov.au/home/default.asp

25th - 30th September 2007: 14th Deafblind (DbI) International World Conference. International and national speakers.

URL: www.dbiconference2007.asn.au
Venue: Burswood Casino, Perth, WA

2nd - 5th October 2007: 7th National Men's Health Conference & 5th National Aboriginal and Torres Strait Islander Male Health Convention

Contact: Greg Millan, Conf. Development

Officer, Australasian Men's Health Forum
Phone: 0417 772 390
Email: gmillan@bigpond.net.au
Venue: Adelaide Convention Centre, SA

5th - 7th October 2007: Better Hearing Australia 2007 National Conference

URL: www.betterhearing.org.au
Venue: Maryborough, QLD

5th - 7th October 2007: Wolf-Hirschhorn Family Conference 2007

Email: bectamumbi@bigpond.com
URL: <http://home.vicnet.net.au/~awhssg/>
Venue: Angaston, Barossa Valley, SA

11th - 12th October 2007: "You're Not Alone: Caring, Courage & Connections"

First Statewide Conference on issues affecting the children of parents with mental illness. (COPMI)

Phone: 07 3355 8999
URL: www.health.qld.gov.au/rch/news/copmi_brochure.pdf
Venue: Bardon Conference Centre Brisbane

13th - 14th October 2007: Metabolic Dietary Disorders Association (MDDA) National Conference "Embracing Lifestyle Changes"

Phone: 1800 288 460
Email: mdda_rebecca@iprimus.com.au
URL: www.mdda-australia.org
Venue: Chifley on South Terrace, Adelaide

27th - 28th October 2007: 4th Australian Batten Disease Conference. "Getting Together". Contact: Vanessa Anderson

Phone: 02 4334 5785
Email: gvjcando@ozemail.com.au
URL: www.battens.org.au
Venue: Kingscliffe, NSW

We are keen to include Rural and Regional events in Diary Dates and invite groups to let us know what is happening in their area.



Still Available!

Inaugural Queensland Directory of Self Help and Support Groups

Copies of our Self Help Queensland Directory of Self Help and Support Groups are still available for sale through the office. Updates are sent quarterly to all who purchase the Directory. Enquiries please phone 07 3344 6919 or email: selfhelp@gil.com.au