



Newsletter December Quarter Issue 4. 2009



Self Help Queensland Inc, Sunnybank Community Hall, 121 Lister Street

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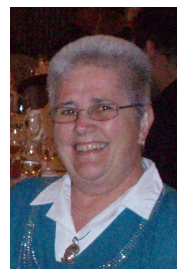
Ph/Fax 07 3344 6919 Email: selfhelp@gil.com.au www.selfhelpqld.org.au

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

Thea Biesheuvel

Welcome to the final Newsletter of the year and my first letter to you all. You all know I have big shoes to fill. We have Sue Smylie to thank for the direction SHQ has so steadfastly pursued over the past ten years or more. She, more than anyone has focused on the process of ensuring groups of 'like' people have 'like' rights to participation in working for our common good.



Thea

Your new management committee will have a strong foundation to build on. But what are we building? Are we building a strong sector, based on mutual support and respect? Are we building a beautiful edifice, inspiring calm and confidence? Are we building a stage-set so that we can play out short plays in front of an audience while back-stage there is only a bulky frame-work? Who is going to help us build and what will it be?

Most of the groups I know talk about State or Federal funding. Some of us hesitate, as we know we have to account for funding in a way that eats up our time and other resources. The group for which I am CEO, the Survivors of Family Abuse, has had this debate just about every year. Any government funding comes from the taxpayer and needs to be accounted for, we all accept. Why don't tax-payers donate that money directly to a group of their choice? An alternative would be for all of us to put something in our Will that supports our favourite self help group. Are there any other ways of raising big bucks to fund a really smart initiative? Is it always about money? Will we become 'an arm of government' eventually?

Our new management committee and staff are so committed to using our strong foundation that we are setting aside time to set a direction for 2010 straightaway. In fact, we'll have met by the time you get this Newsletter. Let us know how you or your group feels about this too. We'd like some collaboration from everyone. You know what they say about 'many hands', don't you? Let's join hands. Ring or e-mail a committee member.

Thea Biesheuvel, B.A., MSc.Soc.
Justice of the Peace, President

A handwritten signature in black ink, appearing to read "Thea Biesheuvel".

Self Help Queensland Management Committee Members

President	Thea Biesheuvel
Vice President	Alan Noller
Secretary	Casey Barber
Treasurer	Jenny Staib
Members	Joe Soda Bob Wyborn Zoe Farris

Committee Meetings

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

Project Officer

Trish Fallon

Mental Health Project Officer

Diana East

Administration Officer

Janice Nankivell

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:

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Sunnybank 4109

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P.O. Box 353, Sunnybank QLD 4109

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Email: selfhelp@gil.com.au

URL: www.selfhelpqld.org.au

Self Help Leaders Online Social Network: www.selfhelpleaders.ning.com

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.



Season's Greetings to All our Readers

Self Help Queensland wishes you all a safe and happy holiday season, and thanks you for your continued support during 2009.

We look forward to a healthier and more fulfilling 2010 for all of us!

To the 'Forgotten' Australians

You have done well to stop being forgotten. We hope that the apology, on behalf of all of us, will enable you forge ahead to a rosier future.

Thea Biesheuvel
President, Self Help Queensland

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

Contents

President's Message	1
SHQ Management & Contact Details	2
Self Help Queensland News	3
Apology DVD	6
How to Communicate Better with People With a Disability	6
Genetic Matters	7
Trust it or Trash it?	9
WITS	10
National Self Help Day	11
Managing Panic Attacks.....	12
Clinical Trials Information	12
Health Information in Other Languages	12
Structures not Strictures	13
Tips for Dealing with Environmental Sensitivities	15
Breaking the Silence Support Group	17
Charter for Compassion	18
President's Report to AGM	19
National Pain Summit	21
Strengthening the Pelvic Floor	22
Surviving the Christmas Season after.....	23
Mercury Rising Report to AGM	24
The Loop and the Pulse	25
Diary Dates	26

Self Help Queensland News

Thank You All For Another Successful AGM



Outgoing President Sue Smyllie (left) and outgoing Treasurer Kathleen Zarubin. Why are they smiling so broadly?



Janice Nankivell working hard and making it happen behind the scenes as always!



A snapshot of some great networking!

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Ongoing Committee Member Bob Wyborn, and Incoming President Thea Biseshevel with Sue Smyllie



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Self Help Queensland News

Welcome to our 3 New SHQ Committee Members!

Jenny Staib (Treasurer)

Jenny graduated from the QUT Business School in 1990. After three years with a chartered firm, she moved to hospitality spending several years with the Brisbane Visitors Bureau, the Heritage Hotel, Quay West and the Sebel. A job offer from Hong Kong beckoned and it became home for three years. Since returning in 2006, she has been contracting in a varied number of industries such as waste collection, property management, agricultural commodity trading and government consulting with Queensland Health and Transport & Main Roads..

-oOo-

Zoe Faris (Member)

From street entertainer to author, Zoe brings a depth and diversity of knowledge and lived experience to the SHQ Committee. Author, co-author, creator and developer of publications and workshops, Zoe has contributed over eighteen years of paid and voluntary work to the Mental Health Sector in Queensland. With a lived experience of Dissociative Disorders, PTSD and Self-Harm, Zoe has held numerous consumer consultant positions, delivered Seminar presentations to professionals and conducted media interviews. Along with qualifications in counselling and laughter therapy, not to mention a wicked sense of humour, Zoe will be of great value to the future management of Self Help Queensland.

-oOo-

Casey Barber (Secretary)

A highly experienced professional in the community services sector, Casey brings a wealth of knowledge to the Committee. Currently working in Community Development Management role, she has a personal/professional commitment to make a significant contribution to the community. Casey hopes to deliver high-quality governance and effective leadership direction and add value to Self Help Qld's decision making processes. She is excited about joining the Committee and looks forward to maintaining the mission and vision of Self Help Qld and setting long term strategic directions.

Qualifications:

- Bachelor Social Science
- Diploma in Human Services
- Cert IV Training & Assessment (currently doing)

-oOo-

SHQ Re-locates Temporarily - We're Getting a New Roof!

The Sunnybank Hall, where the SHQ office is located, will become a worksite on the 12th December 2009. The building is undergoing renovation and tenants and others are not permitted on site. We will be allowed to return to our office on 18th January 2010.

In the meantime, it will be business as usual for SHQ from now until 22nd December. We will just work from other premises, but the phone and email will remain the same. **The office will be closed as usual for annual holidays - from 22nd December 2009 to 17th January 2010.**

More Self Help Queensland News

Self Help Queensland Chosen to Auspice BOCDSG in 2010

SHQ is pleased to advise that it has been chosen by the Brisbane Obsessive Compulsive Disorder Support Group to be its auspicing body in 2010, and pending finalisation of requirements from Government, has happily agreed to take on the role.

This is the first time we have taken on an auspicing role for a re-currently funded group, and we look forward to continuing the already strong ties we have established with the BOCDSG, and the Community Mental Health Branch, Department of Communities.

SHQ greatly values the work of the BOCDSG and the many hundreds of other self help groups in Queensland. Our dream is that other groups can follow the lead set by the BOCDSG in successfully obtaining recurrent funding, after many years of very hard work, to provide support to OCD community members and their families.

BOCDSG and SHQ will be entering into a partnership in which BOCDSG can remain un-incorporated, government funded and self-determined while receiving administrative support to fulfil financial and reporting accountabilities. Congratulations to BOCDSG for a long and sometimes difficult journey to achieve this successful outcome for your members and the wider Queensland community. We will be doing our best from this end to help ensure the future sustainability of the group. Thank you for placing your trust in us!

Hooray! Good News from the Tax Department!

It's not every day you get good news from the tax Department, so it's quite an exciting time when you do! SHQ recently received confirmation from the ATO that we have been awarded Deductible Gift Recipient (DGR) Status under the "Health Promotion Charity" classification.

This means that anyone wanting to bestow large amounts of money upon us can now do so and receive a tax deduction! SHQ will also be eligible to apply for a wider range of funding grants for various Projects through Philanthropic Trusts.

SHQ Newsletter Layout Change

Regular readers will notice that most pages of this newsletter no longer contain 2 columns. This change is in direct response to requests from people who receive the email version and find it easier to read articles across the full screen.

While the layout may not look as aesthetically attractive, we have listened to our readers' requests and endeavoured to please!

The Saga of the Online Searchable Directory

Yes! It has been quite a saga! But hopefully it will end soon and be well worth the wait. We have tried so hard to design a registration form that gleans all the relevant information yet doesn't become burdensome to fill out at the same time. I'm not sure how successful we were in doing this, but we hope you will bear with us anyway. The aim of the Directory is to provide comprehensive, accurate information so groups can receive more appropriate referrals. Self Help and Support Groups should be receiving forms from us by email or post over the next few weeks. Please contact us if you need any clarification. Ph on 07 3344 6919 or Email selfhelp@gil.com.au



Calling for Expressions of Interest

Better Hearing Australia has a vacant flat in West End which is currently being renovated.

They are calling for expressions of interest from Not for Profit Organisations who may be interested in renting part or all of the flat for administration activities.

Any enquiries should be directed to Sue Brown, Snr Administrator, on Ph 3844 5065 or email bhabris@gil.com.au

Would you Value an Apology DVD?

National Apology to Forgotten Australians and Former Child Migrants

The Australian Government (Department of Families) is currently putting together a DVD of the Apology ceremony held on the 16th November 2009. SHQ has ordered a limited number of copies which we will make available to interested people.

We are doing this because we were advised by the Department that orders for the DVD would close on 20th November 2009. SHQ has had a very special relationship with some of the 'Forgotten' Australians for some years now, and makes this small gesture as a mark of respect to their courage and resilience.

It's important that the record of the 'Apology' not only remains widely available to people now, but also to future generations.

SHQ was also advised that there are no restrictions on making copies of the DVD, so we will still be able to burn more copies when stocks run out - if needed. It may be a few more weeks from the time of printing this newsletter before the DVD is made available to us. **The DVD is Free.**

Please contact Trish at 07 3344 6919 or Email selfhelp@gil.com.au

How to Communicate Better with People with a Disability

- Treat people with a disability with the same respect and consideration you have for everyone else.
- Don't assume what a person can or can't do.
- Speak to people with a disability directly, not through their carer, assistant or interpreter.
- Ask before you help - don't just jump in.
- Can't understand what's being said? Don't pretend - ask again.
- Take some time - people with some kinds of disability may take a little longer to understand and respond.
- Some disabilities are invisible. Get to know people.
- Guide dogs are working dogs. Never pat or speak to a guide dog while it's wearing a harness.

For more information about communicating with people with a disability contact:
Phone: 1800 177 120 www.disability.qld.gov.au/community/communication

"Conversations are the juice of life"

Danish Ahmen, 1976.....

Pakistani author, entrepreneur, international speaker, coach, inspirational entertainer. Danish is also blind and has albinism.

Genetic Matters

by Kim Summers PhD

Reject or accept? Genetics of transplantation.

Reports of attempts to use parts from one person to save the life of another are found in stories from the early Egyptians on. However documented successful transplantations or transfusions date from the 20th century and the techniques have only been perfected in the last 50 years. Early experiments on blood transfusion involved animal to human and human to human trials, as well as attempts with dogs and chickens. These attempts almost universally failed, as did early efforts to transplant solid organs.

The key discovery which revolutionised the practice of transfusion and transplantation was the finding that cells in the recipient were reacting to some component on the cells of the donor. This was first understood for blood transfusions. We now know that a number of different proteins on the surface of red blood cells are responsible for the reactions to a blood transfusion. People whose blood is typed as A will respond badly to blood of type B because the B protein on the surface of the donor red blood cells is seen as foreign and the cells are killed, in the same way as invading bacteria would be recognised and destroyed. Similarly, B blood group people will react to the cells of A blood group people. O blood group individuals see both A and B proteins as foreign and can only accept blood from other O individuals while AB people can accept any blood donation. Following the understanding of the ABO system, other cell surface proteins were identified which also influence the success of blood transfusions, although it is most important to match the ABO system.

This distinction between variants of cell surface proteins comes about because animals have evolved a complex process to distinguish between cells which are our own and cells which represent a threat to our bodies. Threats come from invading organisms such as viruses, bacteria and other parasites, and also from rogue cells which have escaped growth controls and are likely to become cancerous. The white blood cells are the key destroyers of foreign cells. It would be fatal if they destroyed cells of the organism as well. So early in development the immune system, which is responsible for surveillance of the body for foreign invaders, is instructed about which versions of proteins are supposed to be on cells, the "self" proteins. This process is called tolerance or tolerising the immune system. From then on, as the white blood cells patrol the blood and tissues, any cell or protein which is not recognised as self should be destroyed. Hence, red blood cells which carry the B protein are seen as foreign by white blood cells of an O person - the system has not been tolerised to the B protein and so gears up to kill the invading cells. The transfusion fails, usually with catastrophic consequences for the recipient.

Tissues (kidney, liver, heart etc) also carry cell surface proteins which mark them as "self". The major proteins are not the A and B proteins of the red blood cells, but proteins called transplantation antigens. Like the red blood cell A and B proteins, these are responsible for differences on the surfaces of cells. There are many more combinations and variations of transplantation antigens, some of which are not fully understood even today. Some have a minor role in recognition of self/not-self while others have a major responsibility in immune surveillance. When a transplant is rejected, the body is fighting it off in the same way it would fight off a viral or bacterial infection. The body does not recognise the donor tissue as self and therefore recruits all its immunological skills to remove the invader.

(Continued on Page 8)

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One breakthrough in transplant surgery was to recognise that transplants between relatives had greater success than transplants between unrelated people. This is because the proteins of relatives are more similar than those of unrelated people. The most successful transplants are between identical twins, since their proteins are identical, but parent-offspring and sibling transplants also have a greater chance of success. Proteins in our bodies are made by the complicated process which starts with reading the DNA code which is inherited from our parents. So genes in the DNA control the nature of all proteins, including those on the cell surface which make up the transplantation antigens. The genes for these proteins are highly variable, which is why each person (except identical twins) has a unique combination of the minor and major antigens on cell surfaces.

The process of identifying the precise version of the transplant antigens the prospective donor and recipient carry on their cells is called tissue typing. Only a proportion, usually six, of the known antigens are tested and matched. These are the ones known to have most impact on transplant success. For the greatest chance of success, it is important to match as many of the transplantation antigens as possible. Transplants between relatives work well because they share at least some of their genes, and matching for some of the antigens is likely to mean that others (which have not been typed) are also matched.

Today, tissue matching is less important for transplant success. This is because of a powerful class of drugs, the immunosuppressants, which damp down the activities of the immune system. In early transplants the body was irradiated to kill the recipient's white blood cells, which are responsible for immune responses. This was a drastic and dangerous procedure with little chance of success. The use of the first immunosuppressants, corticosteroids and a drug called azothioprine, increased the success rate of transplants dramatically, but tissue matching was still important, to minimise the chances of rejection. Currently the most successful immunosuppressant is cyclosporine. These drugs stop the white blood cells from responding to the foreign tissue. Of course they also stop these cells from responding to genuine invaders so that people taking them can be very susceptible to certain infections and to cancers. That is why donor and recipient are still matched to some extent prior to transplant: the closer the match, the less important immunosuppression will be to the success and stability of the transplant, so that the patient can get by with lower doses of the powerful and potentially harmful immunosuppressant drugs. For bone marrow transplants, where patients are irradiated to kill their own immune cells, tissue matching is critically important. If not matched, the incoming donor cells can start to kill the recipient's cells (graft-versus-host disease) which they see as foreign, and the irradiated recipient has no defence mechanism with which to stop the destruction of his or her cells. For corneal transplants, matching is minimally important because the eye is not prone to immune responses.

Scientists have speculated about the evolution of the transplantation antigens. While we understand that the body must have a system to detect invaders like bacteria and viruses, when during the evolution of animals would there have been pressure to select a system with such sensitivity to distinguish between members of our own species? One answer is that these molecules are important in detecting and eliminating parasites. Different versions may be more or less successful at identifying invaders. Having a wide variety of the molecules in the population may ensure that no parasite can kill the whole community; those with molecules which do a better job for a specific parasite will survive.

Another possibility is the role of these proteins in pregnancy, (Continued on Page 9)

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at least for mammals. The fetus is an invader as far as the mother's immune system is concerned. It is very unlikely that the fetus will have identical transplant antigens to the mother (after all, half its genes come from the father) so the mother should see it as foreign and reject it. In fact the opposite may be true: the mother may reject a fetus which is too similar to herself. It seems that part of the process of implantation in the uterus involves recognition that the fetus carries different transplantation antigens from the mother. Implantation may in fact be the immune response of the mother to the fetus, and if the immune system doesn't see the invader as foreign, implantation can't proceed.

Some studies of women with repeat miscarriage or other unexplained infertility have shown that those women were more similar to their partners than women with successful pregnancies. The infertile women were treated by immunising them against their partners and often were able to conceive and carry a pregnancy to term afterwards. Studies in mice have even shown that, if left to themselves, mice will choose their mates based on having different transplantation antigens. This would ensure the desirable difference between mother and babies. Inbred mouse strains, which are genetically identical, have lower fertility than those with more genetic variability. Of course, this theory doesn't explain why the equivalent of transplantation antigens are found on cells of many species which lay eggs or produce young in other ways which don't require implantation into a uterus. Transplant antigens may be multi-purpose proteins, which protect the species both by producing resistance to a wide variety of parasite attacks and by ensuring fertility and successful pregnancies.

So one of the greatest advances of 20th century medicine, the ability to use cells or tissues from one individual to cure another, has developed in spite of our incomplete understanding of the processes involved. Let's hope that in the 21st century we can improve the process even further and achieve 100% success of transplantation without any nasty complications.

Kim is a Senior Scientist at the Roslin Institute, University of Edinburgh and a member of the School of Molecular and Microbial Sciences at UQ. Kim is also a valued past member of the SHQ management committee.



Not Sure How to Judge the Quality of Materials About Genetic Conditions?

The Trust It or Trash It? Quality Assessment Toolbox can be used by families and health professionals to judge the quality of materials about genetic conditions (such as booklets, websites, and handouts). You can also use it to help create new quality materials about genetic conditions. The Toolbox contains three scales: the Quality Scale, Content Scale, and Usability Scale. Each scale answers a question:

Is the information complete or are there topics not covered?
Is the information right?

Is the information presented in a way that is understandable and accessible?

The Toolbox is available at: www.trustortrash.org

(Source: "Genetic Alliance Advocacy in Genetics Newsletter Summer/Fall 2009"
Tool developed by The Access to Credible Genetics Resources Network)

Who said it?

When did they say it?

How did they know?



Have You Heard of WITS?

(Wellness Inspired Through Support Inc)

Starting out as a collection of people meeting weekly to share a laugh, words of wisdom and sometimes a tear over a cup of coffee, WITS Inc. has started to develop interest within the Brisbane South Side community. Since the first meeting in July the WITS Inc. committee have been busy tackling the behind the scenes administration and set up process, and despite some hurdles are progressing along nicely. WITS Inc. is now a registered charity, set up to increase support and social networks for people with the lived experience of mental illness.

With an increasing attendance at each of the two weekly social groups and larger outing 'Special Event' every three weeks, WITS Inc. appears to meeting its objectives which include not only increasing support and social networks, but also reducing stigma of mental illness, this being achieved by WITS Inc. being an open group, a group for all people - including people with the lived experience of mental illness, friends, family, mental health professionals and anyone else interested in creating positive mental health!

The most recent 'Special Event' was Barefoot Bowling on Friday 13th of November, this was a great success, other special events include a trip to the Sirromet Winery, 10 Pin Bowling, BBQs, dinners and more. The 'Monday Group' varies in terms of activities, with some weeks being games, art, relaxation or an illness specific discussion. All association members have the opportunity to facilitate a Monday Group and share their skills with other members. Wednesdays remain 'Coffee Club' day, as this is how WITS Inc. started!

The overall dream of WITS Inc. is to open a drop in centre in the Sunnybank Hills region, a place where people can attend and run groups, join in or just go to cheer up. Also, a place where other support groups could rent rooms for free! This dream will take some time and fundraising, and we are currently working on achieving the Deductible Gift Recipient Status with the ATO.

One other interesting aspect of WITS Inc. is the original website. Check it out today at www.sswits.org (think of South Side WITS), sign up as a member for free and participate in discussion forums, share news, photos/ artwork, check and add to the calendar of events. Other than the interactive components of the website there is also a resources section which can cut the time down searching for groups or services. This includes details of places to get free food and assistance, support groups, crisis numbers and more.

Website membership is free, however to be an active association member an applicant must complete the appropriate form, the cost is \$5/ year (this helps with administration costs) – the fee can be waived for people experiencing financial difficulties. Membership entitles the person to receive the newsletter, have a vote at the AGM and attend groups for free or cheaper than non-members. The Monday group is currently only open to association members.

Further information can be requested by emailing wits@live.com.au or heading to the website. If you prefer to use the phone, please ring 0424 230 347 and speak to Nicky, the WITS Inc. Secretary. www.sswits.org

Remember: Use your WITS to help yourself and others



Please Tell Us What You Think!

Would you Support the Idea of a National Self Help and Support Groups Awareness Day?

Do you think self help and support groups receive the recognition they deserve in Australia?

Is their role fully understood by Government, Health Professionals and the general community?

Self Help Queensland has 3 sister organisations in Australia. We are all autonomous, but generally carry out the same role. The others are:

Connect Groups	(Western Australia)
Collective of Self Help Groups	(Victoria)
Self Help Organisations United Together	(ACT)

We have been talking recently about the idea of holding an Awareness Week/Day for Self Help and Support Groups sometime around September 2010. We've thought of a few things, but would welcome input from anyone else in the Sector, or anyone who has any interest at all in this idea. Hopefully it would become an annual event; a National focus with each State carrying out its own activities simultaneously.

Some of our aims would be to:

- **Raise awareness of the value of self help and support groups to the community.**
- **Raise awareness of the number and diversity of groups.**
- **Provide an opportunity for existing groups to promote themselves.**
- **Raise public and corporate awareness of the value of groups for future funding opportunities.**
- **Promote the networking of groups in communities.**
- **Help build a more united Sector - Statewide and Nationally.**

The target group would be people who might benefit from joining self help and support groups, the general community, government, and those professionals, service providers and organisations who might make referrals to groups.

What could the day entail?

The possibilities are endless - statewide public events, media interviews, newspaper advertising, promotional brochures, morning teas..... Any interesting ideas welcome!

What would the day cost and who would fund it?

SHQ would attempt to secure funding for activities through a grant application. Even if we received no funding, if groups wanted it to happen, we would still go ahead as best we could. Proper recognition of self help and support groups is long overdue.

**Please tell us what you think! Contact 3344 6919 selfhelp@gil.com.au
(We promise you won't get a job unless you really want one!)**

Heard of the Golden Gurus?

The Australian government has recently launched a mature aged mentor scheme, the Golden Gurus. Skilled mature age people who are retired, semiretired or not working full time are encouraged to share their skills & experience as mentors for community organisations and small businesses. See www.deewr.gov.au/Skills/Pages/GoldenGurus.aspx for more.

Steps to Assist you with Managing Panic Attacks and Reducing Anxiety

1. When you first notice signs of a panic attack remember this is an exaggerated physical reaction to stress. The feelings are unpleasant but you can cope with them.
2. Start to concentrate on your breathing. Breathe in for the count of 3 and then out for 3.
3. Make yourself comfortable, sit down or lean against a wall.
4. Watch your thinking. Say in your head the following:
"I am safe"
"I will not faint, die or lose control"
"I can cope with these feelings"
5. Use distraction– count backwards from 100, describe a painting to yourself or remember a happy time. Look around you—not colours, shapes etc.
6. Practise all of your anxiety management skills including the following:
*Breathing *Distraction *Straight thinking
7. Once the anxiety subsides congratulate yourself for the skills you have used.
8. When the panic attack has completely subsided, take a deep breath, relax your body and get on with the day. Each time you cope with panic you reduce your fear.

(Reprinted with permission. From pamphlet edited by Michael Daw for Gold Coast Mental Health Assoc)

Are you a Patient Interested in Clinical Trials?

The Australian New Zealand Clinical Trials Registry (ANZCTR) is an on-line register of clinical trials being undertaken in Australia and New Zealand.

The Registry will help provide patients and health practitioners with access to information about trials that they may consider important for their future treatment choices or trials in which they may be interested to participate.

The ANZCTR includes trials from the full spectrum of therapeutic areas trials of pharmaceuticals, surgical procedures, preventive measures, lifestyle, devices, treatment and rehabilitation strategies and complementary therapies. It covers all clinical trials involving Australian/New Zealand researchers or participants. It aims to:

- be a comprehensive, prospective, national register of clinical trials
- include trials of any health care interventions
- make information on ongoing trials readily accessible
- increase participation in ongoing clinical trials

www.anzctr.org.au

Health Information in Other Languages

A 'Health Translations Directory' containing over 10,000 resources in 58 languages has been developed from health information produced by Australian Governments and organisations.

You can search the on-line Directory for information by topic, language or both. A search will give you an English summary of the information, direct you to an English version of the information and a version in the requested language or languages.

www.healthtranslations.vic.gov.au

Structures Not Strictures

By Diana East

All self help support groups have, by their very nature, little structure beyond their members' mutual help discussions. Their primary focus is on group process and dynamics as they derive their energy from the flow of members' learning from and helping one another.

However, Queensland's mental health self help support groups do vary in some other terms of their overall 'formal' structure. Thus there are both commonalities and differences between the 69 groups involved in the 'Mercury Rising' project. While they are all about valuing and utilising experiential learning, mutual support and connectedness to assist recovery, there are basically two groupings:

Those groups that have developed from grass-roots beginnings, ie they have been initiated by someone with lived experience and have existed until very recently, in some cases for many years, independently of any other structure;

Those groups that have developed as part of the wider service provision of a well-established mental health non-government organisation (ngo) and are, therefore, part of that ngo's structure. Group activities are usually totally unfunded even though the 'parent' organisation may receive funding for other service areas. Groups may be led by an empathetic paid worker or a community volunteer who 'blends in' by relating as an equal with the members, encouraging the group to be self-managing.

The project Scoping Report comments on the dynamic and ever-changing nature of groups and defines the project's challenge as being how to most sensitively and effectively create a protective structure that will gently support all groups, particularly those within the first cluster, and prevent their fragmentation without creating any strictures or inhibiting them in any way at all.

The Mercury Rising project has, in part, focussed on strengthening individual groups through encouraging them to be part of a regional network structure, collectively looking at issues such as their purpose and function and now moving towards developing a quality framework for groups based on agreed principles of good practice.

Many, but not all, of those groups within the first cluster (the true grass-roots model) clearly see the benefits of being part of a regional network structure. Others within that first cluster have elected to remain outside of that structure (although they may have participated in some other of the project's activities). The outcome of this is that the North Qld/Townsville, Brisbane and Gold Coast regional networks are reasonably strong and will hopefully continue beyond the life of the project.

However, the Sunshine Coast and Fraser Coast-Wide Bay regional networks are relatively weak as the majority of the groups in those areas are part of the second cluster. Although they have happily participated in training events (and sometimes network meetings), and have been very pleased to access the funding grants, they remain firmly a small part of the overall 'parent' structure.

Returning to the first cluster, some of the groups are looking at providing a service that is wider than a mere support group. Others are developing multiple groups. They are increasingly seeing support being operationalised through a range of support services (including information, telephone support, advocacy, community education), not just through support groups. This reflects a significant shift towards a more professionalised support function and some of these groups are developing organisational arrangements which are becoming more and more (Continued on Page 14)

(Continued from Page 13)

structured and formalised (including incorporation).

So Qld mental health self help support groups as a whole are now functioning within various organisational contexts – as single entities, as a component of a regional network or as a function (but not necessarily a core function) of a wider service delivered by a funded or unfunded ngo. A few are moving away from their original resource base of volunteer participation to becoming more formalised and professionalised and having paid facilitators/coordinators. And this trend can be expected to continue. According to the report, "Statewide Specialist Mutual Support and Self Help Agencies Service Development Plan" (Vicserv 2003, p20), the mental health self help sector (as a whole) *'is increasingly required to formalise around 'service provision' – a significant shift from its origins. It is possible that some agencies are operating with a foot in both the 'self help' camp and the 'service systems' camp of the 21st century information age.'*

These developments now beg the question, especially for those groups that wish to continue to function as a regional network beyond March 2010 (when the project closes): what would a 'service' model at a regional (or indeed a state-wide) level look like? Any organisational arrangement would need to eventually be structured and formalised in a way that facilitates its relationship to the wider service system. It would also need to look at 'service activity outcomes' and having in place quality assurance processes (of which the principles of good practice previously referred to are only one small part). A major Service Development Plan would need to be put in place.

However, whatever financial support and coordination might be made available to Queensland's mental health self help support groups in the future, it will be vitally important that their role and function remain firmly linked to their foundations. 'Mercury Rising' is utilising some types of capacity-building actions that can help these groups build a viable long-term support structure whilst allowing them to maintain their essentially individualised, flexible, dynamic and member-driven aspects. For the self help ethos to continue, members must always direct the group arrangements with any formalised 'service structure' (with or without salaried staff and any other resource provision) providing the organisational support and direction to support their (the members') decisions.

There is no reason why a professional organisational structure that remains firmly committed to the self help philosophy cannot be put in place to support Queensland's mental health support groups. 'Mercury Rising' is providing the basis to further develop such a framework that will not only allow continued delivery of well-researched, authoritative information and support but will also continue to raise the community and professional profiles of the groups involved.

Diana East
Mental Health Project Worker
Self Help Queensland
November 2009

**"At sixteen I was stupid, confused and indecisive.
At twenty-five I was wise, self-confident, prepossessing and assertive.
At forty-five I am stupid, confused, insecure and indecisive. Who would have supposed that maturity is only a short break in adolescence?"**

**Jules Feiffer
American Cartoonist, Author, Playwright, Screenwriter (Creator of Popeye)
1929.....**



Tips for Dealing with Environmental Sensitivities

The term Environmental Sensitivities (ES) describes a variety of reactions to chemicals, electromagnetic radiation and other environmental factors at exposure levels commonly tolerated by many people. Environmental sensitivities does not describe a single simple condition with a universal cause. (Sears, M E 2007 p. 3) Environmental sensitivities includes diseases such as allergy, asthma, other lung disease, food sensitivity, chemical sensitivity, chronic fatigue syndrome, fibromyalgia, cystic fibrosis, dermatitis/eczema, some autoimmune diseases such as coeliac disease, Systemic Lupus, Sjogrens Syndrome and others.

Many with ES often have more than one of these conditions e.g. coexisting nasal allergy, food allergy/sensitivity, asthma and chemical sensitivity. A fairly typical scenario is someone with airborne allergy, nasal allergy, asthma, food allergy/intolerance including salicylate/amine/glutamate sensitivity, coeliac disease, chemical sensitivity, multiple medication sensitivities, chronic fatigue syndrome, fibromyalgia. All of these factors can have complex interactions that usually result in chronic ill health with complicated health needs. Dealing with such a problem requires a holistic approach and in many instances there is no known cure, but there is much that ES sufferers can do to help themselves e.g. observe the concept of the total load.

Initially, the various manifestations of ES need to be diagnosed so that a treatment plan can be devised. Treatment options for ES need to be based around education, avoidance of allergens (including those in air, food, water), low allergy/low chemical rotation diet, nutritional supplementation, immunotherapy, a detoxification program for those with chemical sensitivities and where appropriate, attention to social and emotional health. As many with severe ES can also suffer from electromagnetic radiation sensitivity (EMS), this may also need to be factored in to the avoidance program. Without five components it is almost impossible to be well or to manage ES.

These are:

1. Testing for identification of diseases and triggers. As most ES associated conditions involve triggers, these need to be identified to be successfully managed. One of the markers of chemical sensitivity is reactivity to multiple medications.
2. Treatment. Appropriate treatment of identified conditions is essential as is immunotherapy to reduce reactivity to allergens.
3. Education. Once diagnosed an education program is essential. In order to best manage a disease, one needs to learn as much as they can about it and how it is treated. For allergy type diseases, education about triggers and how to manage these is also vital to well being.
4. Avoidance. Avoidance of known triggers is a valid and effective treatment and can mean avoidance of house dust, mould, pollens, foods and food additives, household cleaning compounds, high emission furnishings and building materials, synthetic materials, fragranced personal care products, some medications and any unnecessary chemicals. Air filters are useful devices for removing air pollutants.
5. Nutrition. It is essential in all disease states that any nutritional deficiencies are corrected. Those with food sensitivities may have a lot of foods removed from the diet, in which case it is essential that nutritional supplementation is part of the management regime. Some individuals may need to be managing food allergy, food chemical sensitivity (salicylates/amines/glutamates/additives), a yeast free diet and a gluten free diet - all at the same time! (Continued on Page 16)

(Continued from Page 15)

In this case it is essential that an allergy dietician is involved in the diet to ensure a balanced and nutritionally adequate diet and/or supplementation. Some with chemical sensitivities may have diseases that are associated with accumulation of chemicals in the body e.g. liver disease, or a slow metabolism.

The checklist of essential features for treating ES are: encouragement of the provision of clean air, clean food, water free from chlorine, fluoride, recycled sewage etc, and clean surroundings; identification of substances that trigger reactions and avoidance and/or specific immunotherapy to reduce reactivity to them; assessment and repair of nutritional status to enhance detoxification and minimise free radical damage; appropriate treatment of concurrent diseases such as infections and other medical conditions; strict attention to diet as there are many components to the special dietary needs of those with ES - some have to deal with food allergy, food sensitivities, lactose intolerance, coeliac disease or other problems - all at the same time; some develop psychological problems as a result of isolation and being abandoned by their families friends - this aspect also needs to be addressed. Detoxification programs (sauna, exercise and nutrition) have been successfully used by some with chemical sensitivities to reduce their overall sensitivity. These need to be done under medical supervision for various reasons. The holistic approach not only makes common sense, but can also make a significant improvement in the overall health and wellbeing of those unfortunate enough to suffer from environmental sensitivities.

(- Sears, M E. 2007. The Medical Perspective on Environmental Sensitivities. Canada, Human Rights Commission. Sourced from 'Chemical Cocktail' Newsletter of ASEHA Inc Vol 15 No1 2009 www.asehaqld.org.au)



Interested in Health Reform?

You are invited to go on-line and tell the Australian Government what you think about their health reform ideas.

You can say what you think about the reform suggestions, offer your ideas for future improvements, and describe the health system you'd like to see. Your views will be compiled and reported to Govt prior to deciding what health reform should be undertaken. Fact sheets on various areas of health reform make commenting a bit easier.

By submitting the on-line form you agree that your suggestions and first name may be used on their website and in other communication about health (i.e. reports, brochures, presentations, videos, etc). You are restricted to a maximum of 2,500 characters, and no individual responses will be provided. Go the Australian Government Department of Health and Ageing Website at: www.yourhealth.gov.au You can also send your ideas (maximum 500 words) in writing to:

Tell us What you Think
Health Reform Taskforce
MDP 155
GPO Box 9848, Woden, ACT 2601



Office Space and Meeting Room Available

An office with a small meeting room attached is available for rent to a self help or support group. The space is in a house shared by 3 other groups at New Farm. There is access to an up to date photocopier, communal kitchen, dining room and bar-b-que area.

For further information please contact Liz at SANDS Ph 3358 2533

About Breaking the Silence Support Group

by Mary Matthews, Facilitator

Breaking the silence is a support group for women who have experienced sexual abuse in their life. This abuse could have occurred in their childhood or as an adult. The group has been operating for 5 years now on an open basis on the first Friday of the month.

I started the group because I couldn't find a group that already existed. There were lots of 10 week education sessions but nothing ongoing and supportive. The process evolved with ease. I was offered a room from Womenspace for a gold coin donation and someone donated books that are relevant for a group library. Many times in the early days I sat and read these books as nobody turned up to the group; the environment was very relaxing so I never minded. The group is ever changing I have had one other person for a number of months and then 9 people may come so I never quiet know who will come and what will happen.

The aim of the group is to allow people to share their experiences and stories in a safe environment. To feel less isolated and accepted and to promote healing. The group situation is useful as it allows others to meet people in different stages of recovery and so brings hope.

It has been a privilege to meet many women over the past 5 years. I admire their bravery in coming to a group without knowing quite what's involved and sharing on a very personal level. For me the group has energized me, enlightened me, and encouraged me. I have always come away with some little surprise. Unfortunately the venue is changing as Womenspace is now closed, but again a new venue has been found with ease so the group will continue at Red Hill.

Group Aims and Goals

- The group is set up on a self-help model so members would be women who have experienced sexual abuse
- Confidentiality is an important aspect of the group so it can become a safe and trusting environment to share
- Reduce the feelings of isolation that survivors feel
- It is an opportunity for members to give and receive support, without judgment, or advice
- The group is open allowing new members to join at any time
- Group members have input and share responsibilities for what the group is doing
- The group is ongoing and ever changing depending on the needs of the members
- The group is not responsible for medical or legal issues

Breaking the Silence

(Self Help Support Group for Women who have experienced Sexual Abuse)

When: First Friday of each month)

Where: Life and Human Relations
78 – 80 Musgrave Road Red Hill
(in the grounds of St Bridget's Church)

Time: 11am - 12.30pm

Cost: Gold coin donation for use of the room at Life and Human Relations

Contact: Mary Matthews on 0431 489 191 or Self Help Qld at 3344 6919

Next meeting Friday Dec 4th

Charter for Compassion: A Call to Bring the World Together

If you have read the article in our previous newsletter about Happiness and Its Causes then you will know that happiness is not just feeling good, it's also about doing good. One great cause connected with happiness being compassion is about developing a World Charter for Compassion.

"The Charter is a call to bring the world together

The principle of compassion lies at the heart of all religious, ethical and spiritual traditions, calling us always to treat all others as we wish to be treated ourselves. Compassion impels us to work tirelessly to alleviate the suffering of our fellow creatures, to dethrone ourselves from the centre of our world and put another there, and to honour the inviolable sanctity of every single human being, treating everybody, without exception, with absolute justice, equity and respect.

It is also necessary in both public and private life to refrain consistently and empathically from inflicting pain. To act or speak violently out of spite, chauvinism, or self-interest, to impoverish, exploit or deny basic rights to anybody, and to incite hatred by denigrating others—even our enemies—is a denial of our common humanity. We acknowledge that we have failed to live compassionately and that some have even increased the sum of human misery in the name of religion.

We therefore call upon all men and women ~ to restore compassion to the centre of morality and religion ~ to return to the ancient principle that any interpretation of scripture that breeds violence, hatred or disdain is illegitimate ~ to ensure that youth are given accurate and respectful information about other traditions, religions and cultures ~ to encourage a positive appreciation of cultural and religious diversity ~ to cultivate an informed empathy with the suffering of all human beings—even those regarded as enemies.

We urgently need to make compassion a clear, luminous and dynamic force in our polarized world. Rooted in a principled determination to transcend selfishness, compassion can break down political, dogmatic, ideological and religious boundaries. Born of our deep interdependence, compassion is essential to human relationships and to a fulfilled humanity. It is the path to enlightenment, and indispensable to the creation of a just economy and a peaceful global community."

Some of the people who have thus far affirmed the charter include His Holiness the Dalai Lama, H.M. Queen Noor of Jordan, Paul Simon, Archbishop Emeritus Desmond Mpilo Tutu and Deepak Chopra.

You can also support the Charter for Compassion and affirm it by going to <http://charterforcompassion.org> and adding your name. I just did!

Diana East, MH Project Worker Self Help Queensland

Independent Social Security Handbook – FREE for Qld NGOs

QCOS has brokered an agreement with the Welfare Rights Network which allows Queensland based not-for-profit organisations to access the Independent Social Security Handbook (ISSH) for free - a saving to every organisation of \$99 per year!

The ISSH provides detailed information about all major types of social security payments and outlines people's legal and appeal rights. It was produced by the Welfare Rights Network to help community and welfare workers gain a working knowledge of Australia's social security system and advise clients about social security payments and procedures. The handbook is updated in line with changes to the relevant legislation so it keeps you well informed. The handbook can be accessed through Community Door at: <http://www.communitydoor.org.au/issb>

President's Report to Self Help Queensland AGM 2009

As this is to be my final report to the AGM I thought it appropriate to not only report on the achievements of the past year but to also reflect a little on the lessons from the past and to dream a little of the possibilities for the future.

As usual SHQ has had a busy and productive year. We welcomed 2 new committee members, Alan Noller and Joe Soda and have enjoyed the continuing support of Thea Biesheuvel, Bob Wyborn, and Kathleen Zarubin. Alan has brought a great depth of knowledge about the mental health self help sector which has been invaluable in supporting the Mercury Rising Project and Joe has worked with Thea to begin the groundwork and advocacy for the Self Help House Project. Despite many, many letters to all sorts of politicians no practical outcome has materialised yet. We can only keep working and advocating for change.

Thea has had a big year, not only involved in the Self Help House work but also supporting our governance and policy work and has been instrumental in developing our application for DGR status which is currently before the ATO for consideration. A very special thanks to Kathleen who is stepping down after many years as SHQ Treasurer. As usual Kathleen has been attending to our financial accountability and has spent considerable time ensuring our systems are up to scratch and capable of managing our increasing resource base. Bob has been involved in our national commitments to the Australasian Genetic Alliance and his business acumen and great good sense has been invaluable. I would also like to thank Assoc Prof Kim Summers who continues to supply very interesting and well researched articles for our news letter, all the way from Scotland. They have all worked hard this year and I'd like to thank them and wish them well for the future.

Our 3 staff members have also been busy. Janice has been an invaluable support to Diana and Kathleen, and has also lead many initiatives in refining our booking keeping systems. SHQ has decided to use the Standard chart of Accounts developed by the Centre for Philanthropy and Nonprofit Studies. As their website says...

'The Standard Chart of Accounts provides a common approach to the capture of accounting information by community organisations for use by the nonprofits, government agencies and other interested parties. It is a tool designed primarily for small to medium nonprofits which typically do not have an accounting department or a sophisticated accounting system.

Commonwealth of Australia Governments (COAG) has agreed a similar financial reporting program for Businesses within Australia as the Standard Chart of Accounts (as developed by QUT), to reduce the reporting burden for small businesses and streamline the myriad of financial reporting requirements on businesses'.

We at SHQ believe this will be asked of us eventually so wanted to get our systems running now in our own time. Julie- Anne Mee from the Centre has been very helpful in helping us set it up and we would like to thank her for her support. Whatever systems we have we are finding it more and more difficult to meet our commitments let alone grow and develop for the future. A proposal advocating for an increased investment in a socially sustainable self help sector was recently forwarded to both the Minister for Health and the Minister for Communities. The full proposal is available for any interested but in essence it calls for the recognition of the value and outcomes delivered by the self help sector and the necessity to invest not only in a reasonable level of critical infrastructure, but a sustainable commitment to long term small grant funds for the sector. The role of SHQ as a process driver and capacity incubator was explained and the shortfall between the low level of investment in Queensland and the investments made by other state governments was highlighted. Diana has been powering away with the Mercury Rising Project, (Continued on Page 20)

(Continued from Page 19)

funded by the Department of Communities. Please take the time to read her interesting report. Again I would like to express my gratitude for the open minded and supportive relationship offered to us by the Department of Communities and particularly Margie Maddison, Anne Harper and Ivan Frkovic. I would also like to thank Professor Robert Bush and Jenni Ostini who have been working with this project from an evaluation perspective. To date the project has evaluated well with preliminary findings supporting the links between developmental practices, collaborative decision making, small grants and community capacity outcomes. The final evaluation report should make interesting reading and will hopefully support our advocacy for a similar program to be made available for the whole self help sector.

Trish has also had a very productive year. One of her major projects has been the translation of our Directory from a paper-based to a web-based product. This project is jointly funded by proceeds from the sale of the Directory and in collaboration with the Mercury Rising project funded by the Department of Communities. The technological work has been supported by GO1 and without their generous adoption of us as a Community Project the extent and professional quality of the finished product would not have been possible. We expect the fully searchable data base to go online by the end of 2009. As well as this major project Trish has responded to over 1200 information requests by phone, email and through the website, supported the development of 9 new groups and distributed quarterly newsletters to over 1700 subscribers. Not to mention providing the 10 individual reports required by Queensland Health each year.

SHQ held 2 leadership action learning groups this year but unfortunately numbers were insufficient to continue. There is still a small amount of funds available for leadership skills development which are left over from the project supported by BCC so please let the new committee know what would be most useful to you in the future.

My time at SHQ has been full of challenge and delight. The lessons I think we can take from the past can be summed up as "PROCESS PROCESS PROCESS! Or

1. When values, mission and practice principles are used to evaluate the present they become touchstones to the future.
2. All relationships whether within groups, within sectors or across sectors work best when they are based in equality and graciously and transparently managed.
3. Individual skills and knowledge are always collaboratively developed and belong to everyone.

My dreams for the future have a tinge of nightmare about them. There is a danger that unless we are vigilant the community sector will become nothing more than the vehicle for 'government at arms length'. There is a difference between setting the agenda and responding to an engagement intervention. While both have a place, I hope we consciously and knowingly choose where and when we act. May I thank you all for the support I've enjoyed these last 12 years and wish you every success in the future.

Values

Social Justice – everyone's fundamental right to equal well being regardless of race, culture, gender, age, income or geographic location.

Empowerment – each individual's ability to have control over and participate in the decisions which affect their lives.

Grace and dignity – behaving ethically and non competitively, working for the common good, earning and providing trust, respect and compassion, supporting everyone's ability to behave in the same way.

Principles of Practice

- Do no harm /social responsibility
- Transparency/participative decision making
- Collaboration/listening
- Learning/continuous improvement of organisation

Sue Smyllie



National Pain Summit

Prepare Now to Have Your Say in 2010

One in five Australians suffers chronic pain in their lifetime, and up to 80% of those with chronic pain are **not** receiving treatment that could improve their health and quality of life. Awareness of the prevalence and economic cost of this health issue is limited – **Queensland Health does not have a statewide chronic pain policy**, and chronic pain is not listed as a National Health Priority Area despite having a greater prevalence in the community than diseases such as asthma, diabetes and hearing loss.

What is being done?

The **National Pain Summit** will be held in Canberra, in Parliament House, on Thursday 11 March 2010. The Summit will involve pain medicine authorities, other health professionals, and consumer groups. The aims of the Summit are:

- **to raise awareness**
- **to reach agreement on best practice treatment of chronic pain**
- **to agree standards for treatment**
- **To develop an effective National Pain strategy**

A draft strategy has been developed over the last 6-12 months, and has now been issued for public discussion leading up to the summit. Details of the Summit, the draft National Pain Strategy can be found on this website: <http://www.painsummit.org.au/>

The Australian Pain Management Association Inc. (APMA) is the Brisbane-based consumer health association for sufferers of persistent pain established earlier this year in response to the need for improved information and services for people living with persistent pain. **APMA has been providing input and contributing to the draft Strategy**, and will be **attending the Summit**. APMA is continuing to seek feedback on the draft Strategy from other consumer health groups to inform its input and contributions to the summit.

APMA is also liaising with Queensland-based pain health specialists to ensure that the specific needs (and deficiencies) of Queensland pain management services are identified and articulated. The geographical spread, and decentralized nature of Queensland poses particular difficulties for Queenslanders suffering chronic pain – particularly as the most effective treatment models are multi-disciplinary pain clinics (MPCs) where treatment is offered to people on an out-patient basis.

Given the waiting list for the one public system MPC in Brisbane (RBH) exceed one year, it can easily be seen why more than 80% of people with chronic pain currently have to either go without optimum treatment or see GPs with little or no training. One of the goals of the draft Strategy includes improved training and accreditation in pain management for GPs and allied health professionals.

Please forward your views or comments to APMA at: secretary.apma@bigpond.com
or
the summit organizers at: <http://www.painsummit.org.au/strategy/feedback>

APMA is able to brief your organization on the Summit, the draft Strategy or chronic pain.



Any Time's a Good Time to Start Strengthening the Pelvic Floor to Improve Bladder Control

There's an area of women's health many of us need to know more about: the pelvic floor. Poor bladder and bowel control affects many Australians, but about 8 times as many women as men are coping with this annoying – often distressing – condition.

The main reason for the high statistic for women is childbirth and pregnancy. Whether it's a vaginal birth or caesarean, the results are pretty much the same because it's the growing weight of the baby that does much of the damage. Those stretched and weakened pelvic floor muscles are not able to do their control-and-support job as well as they once did. Being overweight, for similar reasons, is also a high risk factor for incontinence.

Bladder weakness crosses all age-groups and disrupts lifestyles, work and relationships: A weak pelvic floor can affect:

- younger women eating low-fibre foods or drinking insufficient fluids who suffer constipation and/or urinary incontinence
- women in the child-bearing years who often notice urine leakage for the first time when they're pregnant
- young mothers returning to sport too soon after childbirth or doing lifting heavy weights (such as children!)
- women who don't protect their pelvic floor by bracing the muscles when they cough, sneeze, laugh or lift

It's a common story that women in their mid-years, keen to lose weight or improve fitness, can often struggle with leakage when they return to sport, exercise or the gym. An immediate reaction to embarrassing leakage episodes might be to stop the exercise that "causes" the incontinence. But the Continenence Foundation of Australia says the opposite is true: find ways to keep up your healthy exercise by better managing the incontinence and work on improving your continence, including talking to your doctor, a continence nurse, or continence physiotherapist.

At-home strategies include good bladder habits, correct toileting habits and simple ways to retrain your bladder. To improve stress urinary incontinence (and to help with a prolapse), find out about how to successfully strengthen and protect your pelvic floor muscles. You can talk to a continence nurse on the National Continenence Helpline (1800 33 00 66). There's also a range of resources including a free DVD that can show you what you need to know. For further information contact:

Continenence Foundation of Australia
Email: info@continence.org.au

National Helpline: 1800 33 00 66
URL: www.continenence.org.au

Lung Health Checklist

Do you:

- Have a new, persistent or changed cough?
- Cough up mucus, phlegm or blood?
- Get out of breath more easily than others your age?
- Experience chest tightness or wheeze?
- Have frequent chest infections? Experience chest pain, fatigue or sudden weight loss?

If you answered yes to any of the above questions on The Australian Lung Foundation Lung Health Checklist, your lung health could be at risk and it is recommended that you consult a doctor. For further information go to www.lungfoundation.com.au



Surviving the Christmas Season after the Loss of a Love One

by Martha Gore

The Christmas holidays are the hardest time of the year for those surviving the loss of a loved one. Surrounded by happy people and while trying not to damper their joy in the season, it is such a contrast to the emptiness being felt deep in the heart. The season seems to make the pain stand out like a sore thumb. Just the thought of sitting down to the same dinner we have celebrated every year and seeing the empty seat can be almost unbearable. All the memories of those we have lost seem to be more vivid now seeming as if the layers of pain just get laid on top of each other.

Sharing these thoughts with others who cherished loved ones is a good place to start in surviving the loss of a loved one at this time of year. Talking about the joys of previous Christmas's, trimming the tree, piling gifts under it, the excitement of the children who gleefully opened their presents.

Beginning new traditions such as serving the Christmas dinner at a different time, using new table decorations and generally creating an atmosphere that combines the old with the new. Light a candle in memory of those who are gone and ask everyone to say the name of the loved one and to contribute a story about them, focusing on something with a happy slant.

Invite someone to your home who might be alone, perhaps asking them to bring something that can be eaten during dinner to create an atmosphere of companionship and sharing. When offering the invitation, tell your guests that this will be a day of not only celebrating Christmas, but also joyful honouring the memory of those who are not present.

Spend the Christmas holidays in a different setting; a change of scene in which to make new memories. If you cannot take the time or do not have the finances to go out of town, plan to have Christmas dinner at a park or a place that has pleasant facilities with picnic tables and benches.

Give yourself permission to enjoy the holidays and do not make plans that keep you busy without time to deal with your own emotions. It is difficult not to feel guilty about the joy being experienced by yourself and others but focusing on adding to the happiness of those around you may ease your grief.

Volunteering helping others who are in need during the holidays takes away some of the loneliness. It can be as simple as helping to serve Christmas dinner to the needy or participating in taking children shopping at stores that contribute merchandise to make up for the gifts their parents cannot afford to buy for them.

Facing the Christmas holidays while grieving after the loss of a loved one is not easy. But there is a lesson to be learned from it. Remembering the joys of the past and making new memories is the way to begin starting this new journey.

(Source: <http://www.helium.com/items/1240380-surviving-the-loss-of-a-loved-one-on-christmas>
Printed in Survivors of Suicide Bereavement Association Newsletter Nov/Dec Newsletter 2009)

Survivors of Suicide Bereavement Association (SOSBSA)

For information about locations and times of support group meetings: Phone 1300 767 022 URL: www.sosbsa.org.au

Crisis Counselling Service

1300 363 622

**Queensland Wide 24 hours
Suicide and Crisis Counselling Line**

Mercury Rising: Strengthening Mental Health Self Help Groups Report to Self Help Qld Inc AGM 2009

by Diana East, MH Project Worker, Self Help Queensland

Mercury Rising, funded by the community Mental Health Branch, Dept of Communities, Disability, Home and Community Care and Community Mental Health, has focused on building the capacity of mental health self help support groups across the state. Being 20 months in duration it has 3 (slightly overlapping) stages. Stage 1 (August 2008- January 2009) comprised project establishment and building the base through consultation, scoping and planning with regional networks. Stage 2 (February-December 2009) has seen the implementation of some agreed actions. Stage 3 (January-March 2010) will be moving towards project closure.

The overall process has been to engage facilitators and other key personnel of mental health support groups in determining the best ways to fulfil each of four agreed priority goals and to actively participate in the implementation of the agreed actions. A constructive environment for successful collaborative decision-making and other capacity-building processes was created early in the life of the project by clearly defining what the project can and cannot hope to achieve, utilising a range of ways to appropriately include groups, allowing all opinions to be heard, ensuring the true issues are being faced, encouraging the use of creative tools and appreciative enquiry (looking at problems based on what's going right rather than what's going wrong). Thus well-founded and consistent decisions and agreed ways of implementing priorities emerged as a result of the process, thereby ensuring that the 2nd stage saw a very smooth move to action and the achievement of some positive tangible outcomes. Some highlights include:

- Working with 69 groups in various parts of the state. Eighteen groups (26% of the total) are for people from culturally and linguistically diverse communities.
- Quarterly network meetings have been held in 5 agreed regions with mostly good attendance rates and positive discussions about ways to progress project outcomes, particularly with reference to the distribution of one-of-a-kind small grants, development of training opportunities and (in some regions) development of sector relationships.
- Project Advisory Group (PAG) established with representatives from each of the 5 regional networks.
- Survey of groups held in each regional area and results presented at network meetings. Overall response rate was 67%.
- Eight newly emerging groups have been supported. One group has gone into recess and one other has closed. Many other groups report they are growing from strength to strength.
- A 2-day (non accredited) training opportunity for support group facilitators and other key group members has been developed. This focuses on building relationships that support learning and recovery. Able to be shaped according to different requirements of groups, it has been delivered in whole or in part to various groups in each regional area. Written feedback forms indicate that 88% of participants have rated the training as 'excellent' (5 on a 5 point scale). Verbal comments have frequently focussed on participant's maintaining high energy and interest for the whole event, feeling totally involved and appreciative of all the shared knowledge and the quality of the resource materials.
- Further follow-up training has been held, or will be held this month, in each region in response to specific requests.

(Continued on Page 25)

(Continued from Page 24)

- Nearly all eligible groups applied for and received the agreed \$700 1st round grant. A wide range of applications for 2nd round grants (up to \$2000 per group) were assessed and approved by PAG members. The agreed evaluation process is that recipients report how each grant has benefited their group and increased their capacity to support their members.
- The project is being evaluated by the University of Queensland's Health Communities Research Centre with a brief interim report produced in August. The goal of the evaluation is to reflect on the real issues surrounding capacity building with mental health support groups in order to learn for the future.

Now fast approaching is the third stage of the project, moving towards closure. The plan is for the regional networks to workshop some principles of good practice for mental health support groups, looking at ways of implementing the agreed principles to ensure groups continue to provide high quality support that assists members to achieve sustainable improvements in their social, emotional and spiritual well being.

However, while the project is seeing some positive outcomes there continues to be a great need to address the ongoing funding and support needs of current groups and the development's support of more groups throughout the state. Any continued specific moves to allow for the sustained growth and increased effectiveness of support groups will make an important contribution to improved quality of life for consumers and carers. So all those involved in Mercury Rising hope that the project's momentum will be maintained. Not wanting to see the mercury fall again we strongly advocate for ongoing support and resources that will allow the groups to continue to move forward.

Sincere thanks go to the Community Mental Health Branch, Dept of Communities, Disability, Home and Community Care and Community Mental Health, for taking a lead in providing the opportunity to help build the capacity of the participating groups. But nothing would be achieved without the groups themselves. Their generous sharing of ideas and collaborative working together, their energy and commitment to begin the establishment of regional networks of good practice support group initiatives as an important part of ensuring improved service delivery for all who experience mental health problems, is gratefully acknowledged.

-oOo-

Want to stay in **the loop?** Keep your finger on **the pulse?**

The Health Quality and Complaints Commission (HQCC) is launching two quarterly e-newsletters – **the Loop** and **the Pulse** – for Queenslanders who are passionate about improving the safety and quality of healthcare.

The Loop (community news) - to keep healthcare consumers and community organisations informed of HQCC events, consultations and initiatives to help improve patient safety.

The Pulse (industry news) - for healthcare providers and industry groups who want to receive the latest news, consultations and project information from the HQCC.

To subscribe go to www.hqcc.qld.gov.au

(The HQCC is an independent body dedicated to improving the safety and quality of health services in Queensland. Established in July 2006, the HQCC has three key functions – managing complaints, monitoring and promoting quality improvement in health services and sharing information.)



Diary Dates

17th - 19th February 2010: 1st Global Conference: 'Making Sense of Pain'

URL: www.inter-disciplinary.net
Venue: Sydney

26th - 27th February 2010: Neuro-muscular Disorders Conference "Towards a Brighter Future" presented by the Institute for Neuroscience and Muscle Research in partnership with Duchenne Foundation. For parents, clinicians, scientists.

URL www.towardsabrighterfutureorg.au
Venue: Sydney

8th - 10th March 2010: Australia's National Water Conference and Exhibition

URL: www.ozwater10.com.au
Venue: Brisbane

29th April - 1 May 2010: Health in Difference 2010: Doing Diversity

Presented by the National LGBT Alliance
URL: www.lgbthealth.org.au/Health-in-Difference-2010
Venue: Sydney

3rd - 6th May 2010: International Federation on Ageing 10th Global Conference "Climate for Change. Ageing into the Future"

Phone: 02 9265 0700
Email: ifa2010@arinex.com.au
URL: www.ifa2010.org
Venue: Melbourne

18th - 21st May 2010: 6th National Australian Women's Health Conference Women's economic, mental, sexual & reproductive health etc.

URL: www.awhn.org.au
Venue: Hobart

21st - 22nd May 2010: Palliative Care Queensland Biennial Conference 2010 "Looking in Looking Out"

URL: www.palliativecareqld.org.au
Venue: Ipswich

2nd - 4th June 2010: National Community Care Conference "Next Generation: Community Care: Rethinking, Reshaping, Rewarding"

URL: www.acqi.org.au/acsa2010/index.html

Venue: Gold Coast

2010 — 'Year of the Lung'

Go Green - Read the Screen!

Are you willing to receive this newsletter by email rather than post? It would be a big cost saving to SHQ as well as the environment.

We are still happy to send it by post to small groups or individuals who do not have their own computer. Please let us know at 07 3344 6919 or email self-help@gil.com.au

If you no longer wish to receive the newsletter we would appreciate hearing from you also. Thank you.

The views expressed in this publication are those of the individual authors and not necessarily those of Self Help Qld

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SHQ's Policies and Procedures Manual is reviewed annually, and may be seen at the office by contacting 07 3344 6919.

"I used to think I was poor. Then they told me I wasn't poor, I was needy. Then they told me it was self-defeating to think of myself as needy. I was deprived. (Oh not deprived but rather underprivileged) Then they told me that underprivileged was overused. I was disadvantaged. I still don't have a dime. But I have a great vocabulary."

Jules Feiffer
US Cartoonist, author, playwright, screenwriter (Creator of Popeye) 1929.....