



Newsletter

September Quarter

Issue 3. 2008



Self Help Queensland Inc, Sunnybank Community Hall, 121 Lister Street
(PO Box 353) SUNNYBANK 4109

Ph/Fax 07 3344 6919 Email: selfhelp@gil.com.au URL: 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

Sue Smyllie

Hello all

SHQ has had a particularly challenging time over the last few months as we dealt with a prolonged absence of our main support and action person, Trish Fallon.

I am pleased to say that everything went as smoothly as possible, due in no small measure to the combined effort and extra input from the management committee during the time and also to the existence of a policy and procedures manual. I know they can be viewed as unnecessary work but this one made the difference between everyone being able to do most jobs and no one able to do anything.

Even if your groups is small, I'd encourage you to put all useful information down in one place and make sure a variety of people have access to it. The info could be as simple as where the keys are kept, who to contact to open meeting rooms, how to get reimbursed for expenses etc. If the person who always does everything is not available for one reason or another, then all will not be lost. This is a simple strategy which will build shared leadership in

your group, reducing the risk of 'founder burnout'...a problem we see all too often across the sector. Many thanks to the committee for their extra effort, to Trish for ensuring our task would be as easy as possible and to Jill Metcalf who stepped in to help when it wasn't easy.

There have also been some exciting developments in the Mental Health Project during this time. Diana East has been appointed project coordinator and has well and truly hit the ground running due to her extensive experience and networks in this sector. Diana will keep us all informed and I hope you enjoy her regular articles in this newsletter.

Following up from the last newsletter the members of Health Consumers Qld have been selected. Executive Director of Council on the Ageing Queensland, Mark Tucker-Evans, will chair the Ministerial Consumer Advisory Committee.

Other committee members are: Myra Pincott, Emu Park, Jeff Cheverton, Brisbane. Mary Martin, Brisbane. Beryl Crosby, Bundaberg. Janelle Colquhoun, Brisbane. Brendan Horne, Brisbane. Alan Neilan, Mt Isa. Melissa Fox, Brisbane. Gwen Schreiber, Cairns. Odette Tewfik, Brisbane. Agnes Whiten OAM, Brisbane. Adele Gibson, Gin Gin

(Continued on Page 3)

Self Help Queensland Management Committee Members

President	Sue Smyllie
Secretary	Thea Biesheuvel
Treasurer	Kathleen Zarubin
Members	Bob Wyborn

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

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

Phone/Fax: (07) 3344 6919

Email: selfhelp@gil.com.au

URL: www.selfhelpqld.org.au

Self Help Leaders Online Social Network

URL: www.selfhelpleaders.ning.com

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

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.



Contents

President's Message	1
SHQ Committee & How to Contact Us	2
Bowen Autism Support Group	4
SHQ Invitation	4
Genetic Matters	5
Cancer SG Leader's Forum	8
Remember Grandma's Apron	8
When You Meet a Blind Person	9
Being a Better Group Spokesperson	9
Shwachman - Diamond Syndrome	11
Australian Organ Donation Facts	12
Mercury Rising	13
Newsletter Feedback	16
Negotiation Skills Workshop	16
Grief Group for Kids	17
Drop In Bereavement Support Group	17
Leadership for Women	18
Mirra House	19
Patient Involvement at Global Level	20
George Bush signs 'GINA'	20
Porphyria Association	21
NPS Call to Community Organisations	22
Mater Mothers Remembrance Service	22
Starting and Sustaining SHG's	23
Multilingual Cancer Information	25
Speakeasy Celebrations	25
Diary Dates	26

We recognise that this newsletter is growing ...and growing....and growing in length. We'd like to make it shorter and publish it more often, but unfortunately it's beyond our current capacity!

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 reserves the right to edit contributed articles.

"An idealist is one who, on noticing that a rose smells better than a cabbage, concludes that it will also make better soup"

**Henry Louis Mencken
1880 - 1956
Reporter, Columnist, Editor**

(Continued from Page 1)

SHQ wishes them well in their endeavours and looks forward to hearing of their progress. The management committee of SHQ decided not to submit an expression of interest in this case.

I also wanted to bring to your attention the consultation process for a proposed National Compact between the commonwealth government and the not-for-profit sector currently being undertaken by the Australian Council of Social Services. The following information is from the FaHCSIA website:

The Australian Government, as part of its social inclusion agenda, is exploring ways to develop a new and stronger relationship with the not-for-profit sector, based on partnership and respect. One way to do this is through a National Compact - an agreement between the Australian Government and the not-for-profit sector that outlines how the two will work together to improve and strengthen their relationship, now and into the future.

FaHCSIA is seeking initial views about the idea of a National Compact. Comments will be most effective at this stage if kept short, and could focus on, but not limited to:

- the value of developing a compact
- the shared values of the sector and government
- how a compact could improve the lives of Australians
- what a partnership between government and the sector could look like
- who should be party to a National Compact, including how the diversity of the not-for-profit sector could be reflected in the compact
- the priority areas of government: sector relations that a compact might focus on
- what forms of community engagement would add most value to a sector reform and capacity building agenda

- overseas and state experiences of similar agreements that could help to develop a National Compact.

Comments are / were due by close of business on 24 September 2008.

http://www.facs.gov.au/internet/facsinternet.nsf/communities/australian_compact.htm

A discussion paper has been written which outlines some of the issues involved and the lessons learned from existing compacts in a variety of jurisdictions.

I must have been around too long because I view this with some suspicion – not only to its intent (which a cynic would class as an opportunity to reinforce ‘evidence based’ and ‘outcome focused’ programs which inevitably decrease variety and essentially put less resources into an over stretched sector) but to the way it will be implemented. Small groups are hard to engage in such a process and even when engaged, their contribution is usually classed as an ‘outlier position’ and disregarded for the greater good.

Healthy, innovative systems, such as the not-for-profit sector, thrive on a rich diversity of models, a variety of communication processes and an acceptance of complex and entangled relationships. Funding proposals which try to implement an understanding of such a complex system may be given little credence under a National Compact if it is not carefully constructed and perhaps so flexible that one would wonder what use it was.

I will leave you with a quote from the scoping document prepared for the Mental Health Project by Diana East –

‘The challenge thus becomes how to use the piece of string to most sensitively and effectively weave a protective structure that will gently hold drops of mercury in place and prevent fragmentation without inhibiting in anyway their incredible substance and transformational ability’.

(Continued on Page 4)

(Continued from Page 3)

Perhaps this work needs a National Process Compact where both community workers and government officers identify as capacity development practitioners. As always please feel free to ring or email to discuss.

Till next time

Sue

New Autism Support Group Formed in Bowen

A support group for parents and carers of children with autism has been established in Bowen.

Autism is best described as a group of disorders with a similar pattern of behaviour in three key areas - communication, social interaction and imaginative thought.

Without support, parents and carers can feel isolated and helpless, often not knowing who or where to turn to for help

The group allows adults with first-hand knowledge of the disorder to share their stories and feelings and offer advice and confidence.

Meetings are held at the rear of the Bowen Neighbourhood Centre. They currently take place on one Monday and one Saturday per month. Upon arrival you will be welcomed and introduced to the group.

**For more information about the group or for meeting dates and times please contact Nadia:
Ph. 07 4786 5587**

"If a politician found he had cannibals among his constituents, he would promise them missionaries for dinner."

**Henry Louis Mencken
1880 - 1956
Reporter, Columnist,
Editor**



Please Join Us

on

**Tuesday 11th November
2008**

for one or all of the following

**Support Group Leadership
Workshop Follow Up**

Lunch

AGM

Self Help Queensland extends a warm welcome to all our members and friends to join us on the 11th November. You are invited to any or all of the above.

We look forward to putting faces to names and meeting new people. Of course there will be plenty of the usual great networking opportunities - or just join us for a chat over lunch!

9.30am: Workshop with Liz Mellish
1pm: Lunch
2pm: AGM

Cost: FREE

RSVP to Trish at the SHQ office please
(for catering purposes)

Ph: 07 3344 6919

Email: selfhelp@gil.com.au

"I went to a bookstore and asked the saleswoman where the Self Help section was. She said if she told me it would defeat the purpose."

**Dennis Miller
1953.....
US TV/Radio Personality, Political/
Sports Commentator**

Genetic Matters

by Kim Summers PhD

The jellyfish treatment

Research projects often seem a long way from treating human diseases. But research on obscure subjects has a way of leading to significant understanding of biological phenomena, which in turn can result in advances in technology and development of therapies. Some years ago, a research project on how the octopus sees was derided as waste of public funds, where in fact understanding of the way that light is transmitted from the eyes at the end of stalks to the light receptors in the brain had direct impact on the development of optical fibres.

Another story involved research into a jelly fish called *Aequorea victoria*. In 1961 researchers in the USA were trying to purify the compounds which caused the jelly fish to fluoresce a bright blue-green. At the time, this must have seen as equally wasteful: what good could come from knowing about the light producing molecule? And how could the study justify the sacrifice of hundreds of thousands of jellyfish, just to purify the compound? Today one of the proteins they discovered, called green fluorescent protein or GFP, is a core tool in molecular biology which is vital in the understanding of many normal and disease functions in humans and in developing therapies for a range of conditions.

Green fluorescent protein produces green light when exposed to short wavelength light. In the jellyfish, it works in conjunction with another jelly fish protein, aequorin, which produced blue light and can activate GFP. Since the discovery of GFP, a whole family of related proteins has been described, from many species including corals. Some of the family members produce light, some are coloured and some are colourless. Researchers have also modified the native GFP

structure to enhance, stabilise or change its colour, so we now have enhanced GFP (EGFP), red fluorescent protein (RFP), yellow fluorescent protein (YFP), cyan (blue) fluorescent protein (CFP) and so on.

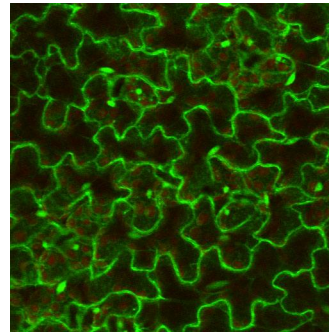


Figure 1

GFP is extremely stable and can be incorporated into the cells of bacteria, plants, insects and mammals to produce its characteristic green fluorescence. Figure 1 shows GFP outlining the shape of some plant cells.

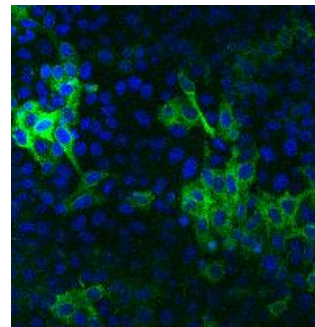


Figure 2

In Figure 2, the smaller dark oval shapes are the nuclei of some human cells in culture and the bright stain surrounding them is the fluorescence produced by GFP. The stability and ability to fluoresce in many cell types gives GFP a wide range of roles, from purification of useful proteins to identification of different cell types in a whole organism.

Today GFP is an essential tool in any molecular biology laboratory. The jellyfish gene for GFP can be linked to specific regulatory sequences so that the GFP is only seen in a particular type of cells.

(Continued on Page 6)

(Continued from Page 5)

For example, at The University of Queensland researchers have made strains of mice in which a class of immune cells, the macrophages, make GFP or the blue CFP. Macrophages are important cells of the immune system, which are the first line of defence when the body is invaded by a bacterium, virus or other parasite. They are also responsible for removing cells which are no longer needed by the body, and in detecting and killing cancer cells.

Tagging the macrophages with the fluorescent proteins has allowed the researchers to identify exactly where macrophages are found in the body in health and disease, to discover factors which control the level of macrophages in different tissues and to test potential drugs for their impact on different macrophage populations. Figure 3 shows the footpad of a *MacBlue* mouse in which the macrophages are tagged with CFP. The bright staining shows the accumulation of these cells between the digits of the developing footpad.



Figure 3

Another use of GFP has been in purifying proteins. The gene for the protein of interest is linked to the gene for GFP. Whenever the GFP is present, the linked protein of interest will also be present. The protein can be purified by monitoring the purification of the GFP. Once the combined (fusion) protein is pure, a simple biochemical trick can be used to separate the two, resulting in a pure preparation of the protein of interest, which might be used as a drug, to pro-

duce an antibody or to discover more about its actions and structure.

Fusion proteins can also be used to find out more about the protein in another way. Sometimes it is important to know which part of the body has the protein. Is it part of the glue that holds cells together, or a protein which is transported in blood from one organ to another? Is it located within cells in the nucleus with the DNA or in cellular structures involved in producing energy for the cell? A fusion protein of GFP attached to the protein of interest is likely to be located to the part of the cell where the protein would normally be found. Fusion proteins can also be used to find out more about the protein in another way.

Sometimes it is important to know which part of the body has the protein. Is it part of the glue that holds cells together, or a protein which is transported in blood from one organ to another? Is it located within cells in the nucleus with the DNA or in cellular structures involved in producing energy for the cell? A fusion protein of GFP attached to the protein of interest is likely to be located to the part of the cell where the protein would normally be found.

One day, animals which carry the GFP gene may be commonplace. A whole range of zebrafish is already available in the USA carrying different coloured fluorescent proteins. Sold as GloFish®, they come in a range of colours which show in both white and ultraviolet light. Chickens, pigs, sheep and now cats have all had the GFP gene or one of its family members incorporated into their DNA. These animals are used for many different research projects, including studies of disease, pollution detection and production of medicines.

The discoverers of GFP and its companion aequorin had no idea in 1961 just how important their interesting proteins would prove to be. In a recent paper on his work, one of them commented that, "Both are unusual proteins but they had

(Continued on Page 7)

(Continued from Page 6)

no particular importance when we first reported them..... I am, as an original co-discoverer of this protein, very happy to see the growing usefulness of GFP." (O Shimomura, Journal of Microscopy 217 (1), 3-15; 2005.) Their work and the many uses it has now shows how difficult it is to predict where a piece of research will take us.

For more on the discovery of GFP, go to <http://www.blackwell-synergy.com/doi/full/10.1111/j.0022-2720.2005.01441.x>.

To see the GloFish®, go to <http://www.glofish.com>.

To find out more about the tagging of macrophages with GFP and CFP, go to www.macrophages.com.

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

Congratulations Thea!

Self Help Queensland has a very talented Management Committee, one of whom gets a pat on the back in this issue.

Thea Biesheuvel won the 2008 Queensland Rural Women's Network Cultural Competition for her short story entitled "Still Waters".



Thea was honoured at a book launch in Melbourne this month when her story was chosen for publication in a book of best winning writing from short story and bush poetry competitions nationally. You can find Thea's story in "Award Winning Australian Writing 2008" by Melbourne Books.

In fact, Thea has won the Queensland Rural Women's Network Cultural Competition for the second successive year. She very convincingly captures the characters and flavours of the bush. Not bad for a city girl!
Well done Thea

Office Furniture to Give Away!

Queensland Positive People (QPP) have generously offered some no longer needed office furniture to Self Help Queensland member groups. (You are a member if you are registered on the SHQ database to receive our newsletter and other information.)

Currently Available Furniture

**Office desks
Bookcases
Boardroom Table**

**Office chairs
Filing Cabinets
Buffet/Hutch**

Furniture is to be removed at the group's own expense. Please take only what you need so other deserving groups can also take advantage of the offer.

From past experience we expect that there will probably be a large number of groups applying. We ask that you please respect QPP's need to carry out their daily activities without too much disruption (measuring desks etc)

To enquire further please phone QPP to make an appointment to view the furniture.

Mention you are a member of Self Help Queensland as QPP have promised to give our members "first dibs".

Phone QPP: 07 3013 5555

Office Assistant Wanted

A non - profit organisation based in New Farm requires a part-time office assistant for 8 hours per week, who lives locally. Some experience with computers, and confident phone skills are essential. Passion for self-help groups dealing with survivors of family abuse is important.

For an early appointment please send resume to:

Thea Biesheuvel
P. O. Box 1911
NEW FARM 4005



Remember Grandma's Apron?

The principal use of Grandma's apron was to protect the dress underneath, but along with that, it served as a pot-holder for removing hot pans from the oven.

It was wonderful for drying children's tears, and on occasion was even used for cleaning out dirty ears.

From the chicken coop, the apron was used for carrying eggs, fussy chicks, and sometimes half-hatched eggs to be finished in the warming oven.

When company came, those aprons were ideal hiding places for shy kids.

And when the weather was cold, grandma wrapped it around her arms.

Those big old aprons wiped many a perspiring brow, bent over the hot wood stove.

Chips and kindling wood were brought into the kitchen in that apron.

From the garden, it carried all sorts of vegetables. After the peas had been shelled, it carried out the hulls.

In the fall, the apron was used to bring in apples that had fallen from the trees.

When unexpected company drove up the road, it was surprising how much furniture that old apron could dust in a matter of seconds.

When dinner was ready, Grandma walked out onto the porch, waved her apron, and the men knew it was time to come in from the fields to dinner.

It will be a long time before someone invents something that will replace that "old-time apron" that served so many purposes.

Author Unknown

Cancer Support Groups Leaders' Forum



14th and 15th November 2008

Leaders of cancer support groups in Queensland are invited to participate in a specifically designed Leader's Forum.

The forum, an initiative of The Cancer Council Queensland, aims to provide cancer support group leaders from around Queensland with the opportunity to come together to share ideas, experiences and challenges as a group leader.

The forum will also provide opportunities to learn new skills, gain knowledge about cancer care and cancer services and build networks and strengthen relationships. You can develop practical skills in managing groups to enhance your leadership in group settings.

Where: Cancer Council Qld, Brisbane
553 Gregory Terrace
FORTITUDE VALLEY 4004

Cost: Travel and accommodation scholarships provided. Number limited.

Please email Vicki Mol to register your expression of interest.

Phone 07 3258 2264

Email: victoriamol@cancerqld.org.au

Application deadline 10th October 2008

"Don't let the fear of doctors ruin your health"

Alan Jones

C1941.....

Sydney Radio Broadcaster

(On encouraging Australian men to have checks for Prostate Cancer)

When You Meet A Blind Person

XDon't

Shout when you speak to us, we can't see but our hearing is fine.

✓Do

Touch us on the arm or use our names when addressing us. This lets us know you are speaking to us and not someone else in the room.

XDon't

Grab us to lead us. Allow us to take your arm when we are walking together.

✓Do

Give specific directions like "the book is five feet to your right" as opposed to saying "the book is over there."

XDon't

Pet or distract our Guide Dogs. They are not pets, they are working companions on whom we depend.

✓Do

Direct your questions directly to us. We do not need to have someone else tell you what we want to eat, etc.

XDon't

Be afraid to use words like "blind" or "see". Our eyes may not work but it is still nice to see you.

✓Do

Treat us as individuals. Blind people come in all shapes, sizes and colors. We each have our own strong points and weaknesses, just like everyone else.

(Source: Southside Blind & Low Vision Support Group Winter Edition Newsletter 2008)

"If you want to build a ship, don't herd people together to collect wood and don't assign them tasks and work, but rather teach them to long for the endless immensity of the sea."

**Antoine de Saint Exupéry
French Pilot and Poet
1900 - 1944**

Being a Better Spokesperson For Your Group

- simple tips on how to be a better spokesperson according to communications newsletter, "Hootville Lowdown"

- Do not sound like the power company representative - the 32-year-old inner-city residing PR graduate can often be heard on radio politely chirping: "We apologise to 6500 customers in the western suburbs currently experiencing blackouts. We are working to rectify the problem as soon as possible and apologise for any inconvenience. We thank you for your patience."
- Do sound like you have a pulse. Some of the nation's most effective and media-friendly spokespeople come across as human: Gerry Harvey, Dr Hugh Wirth, Dick Smith, Prof Tim Flannery, Heather Ridout, John Singleton et al. These folk sound like they are in charge of what they think and say. They sound like real people and are more persuasive as a result.
- In a world of highly trained, risk-averse spokespeople it is easy to stand out. Sound like you really are apologetic, excited, disappointed, concerned or happy.
- Use real words not "moving forward", "process", "consultation", "outcome" and the like.
- Tell stories, talk conversationally, pose hypotheticals.
- Be human. Media love it and so does the public.

(Source: Our Community Matters May 2008 Page 14 www.ourcommunity.com.au)



Would you like to catch up on past SHQ newsletters?

Quarterly Newsletters dating back to March 2005 can be viewed or downloaded free from the Self Help Queensland website at www.selfhelpqld.org.au

SOLACE Thankful for Grant Success

SOLACE, a national grief support association, has received a grant from the Queensland Gambling Benefit Fund. The grant, for \$2,672.00, has been used to purchase new office equipment, including a computer, printer/scanner/fax machine, phone system and an ergonomic office chair.

According to Betty Mounser, Queensland president of SOLACE, the new equipment has already made an important difference for the voluntary association.

SOLACE Association Queensland Inc, a non-denominational support group for those grieving the death of their partner, has been in Queensland since 1994.

For more information about SOLACE or to find out about support group meetings, please phone/fax (07) 5580-7034.

**SOLACE Association Qld
7013/101 Lindfield Road
Helensvale, Qld 4212**
solace@ngemail.com
www.solace.org.au

Need to apply for a grant? Need a place to start? Need a letter of support?

If you are a Queensland self help/support group we will try to help, or at least point you in the right direction.

Please phone Trish at the Self Help Queensland office to discuss the possibilities. Phone 07 3344 6919

"A true friend is someone who thinks that you are a good egg even though he knows that you are slightly cracked."

**Bernard Meltzer
Lawyer, Radio Host
1916 - 1998**

Volunteer Grants Program 2008 Now Open!

Self help and support groups are ideal applicants for this funding grant!

Funding of between \$1000 and \$5000 is available to eligible not-for-profit organisations to purchase small equipment and sporting items to help their existing volunteers and to encourage more people to become volunteers.

Organisations will be able to request funding to contribute towards reimbursement to their volunteers for fuel costs incurred in their volunteering work. This will assist volunteers in their important work, including those who use their cars to transport others to activities, deliver food and assist people in need.

**Closes 5pm Friday
17th October 2008**

*** If your organisation is not a legal entity, an eligible organisation can apply on your behalf.**

For further information email your query to vqp2008@fahcsia.gov.au, or call the toll-free hotline on **1800 183 374**.

Application forms can be downloaded from the FaHCSIA website at www.fahcsia.gov.au

If you enjoy reading this newsletter.....

First of all, please tell us about it. We value your feedback.

Secondly, we value the many interested volunteers and professionals who help us deliver our program.

If you enjoy working towards a self help sector approach we need you.

Be involved in the documentation of all Self Help groups in Queensland and help achieve an infrastructure for Self Help groups in the Mental Health sector.

Our AGM is on 11th November 2008
Need we say more?

Shwachman-Diamond Syndrome

- a rare genetic disease

Shwachman Diamond Syndrome (SDS) was first identified in 1964. It is a rare genetic disease of which there are only a few hundred known cases in the world.

SDS is an autosomal recessive disease, meaning that a child needs to inherit two mutated genes (one from each parent) in order to have the disease.

Researchers recently identified two major disease-causing mutations in a gene on chromosome 7. Males and females are equally affected.

SDS predominantly affects the pancreas, bone marrow and skeleton. However, it can affect other areas such as liver, kidneys, teeth, immune system, intellectual capacity.

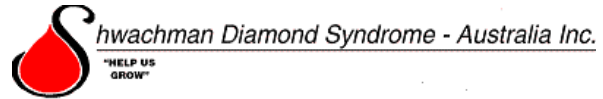
In children, SDS is often confused with Cystic Fibrosis, but in SDS children the sweat test is normal.

General Features

Infants often become ill with symptoms by the age of four or six months old. Early problems include failure to thrive, feeding problems and recurrent infections. Growth soon slows and remains below normal; only a few children show growth beyond the third percentile. Infections are present early in at least 85% of children. These occasionally lead to death. Diagnosis is generally made in the first few years of life, although occasionally diagnosis is delayed.

Specific Features

- low white cell count (neutropenia; bone marrow failure)
- a decrease in the function of an organ in the body called the pancreas (exocrine pancreatic dysfunction)
- abnormalities in the bones of the skeleton (metaphyseal dysostosis).



Where to find support in Australia

Shwachman-Diamond Syndrome Australia (SDSA), a non-profit organisation, was incorporated in 1997. The group is dedicated to assisting families through mutual sharing of experiences and working together with the medical community to improve treatment for our children/adults with this syndrome.

SDSA Goals

- Provide information and support to people with SDS and to their families.
- Find others with SDS and develop a database for research.
- Develop community awareness by promotion and information sharing.
- Educate the medical profession about this little known syndrome so that children can be diagnosed sooner and given suitable treatment.
- Continue to raise money to keep the group established, publish literature about the syndrome and contribute to research into the causes and the gene that causes SDS

If you or someone you know has SDS it would be a very valuable contribution to research to register with the SDSA database. For further information contact:

Joan Buchanan
9 Jim Rd
NEWHAM VIC 3442
Phone: 03 5427 0645
Email: buchanan.joan@gmail.com
www.shwachmandiamondsyndrome.com.au

Sources:

www.sickkids.ca
www.shwachman-diamond.org
www.shwachmandiamondsyndrome.com.au

"They certainly give very strange names to diseases"

**Plato
Greek Philosopher c 427BC....347BC**

Organ Donation Facts — Australia 2007

Internationally, Australia has a relatively low rate of organ donation when measured by donors per million of the population. In May 2008, Premier Anna Bligh appointed a Parliamentary Select Committee to review Organ and Tissue Donation Procedures in Queensland. The committee will report to Parliament in October 2008.

To view the Issues Paper, follow the debate, understand the “Presumed Consent or Opt Out System”, learn about other options to improve organ and tissue donation in Queensland, follow the public submissions trail or stay updated about the Committee’s progress please go to www.parliament.qld.gov.au/organ

Organs donated Australia 2007

Kidney	342
Liver	147
Heart	56
Heart/Lung	6
Double Lung	65
Single Lung	8
Pancreas	28
Pancreas Islet	5

Total Recipients 2007	633
Total Donors 2007	198

Australian waiting list at end of 2007

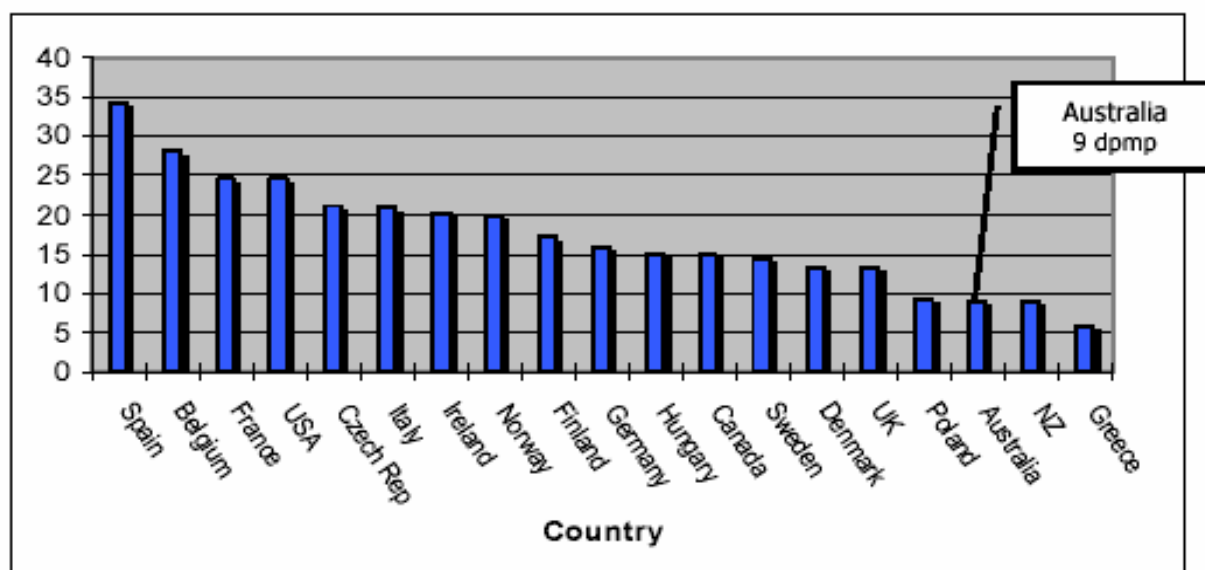
Total waiting	1,748
Total kidney waiting	1,388

Queensland organ donors 2007

Total organ donors	39
Total tissue donors	360

Queensland recipients 2007

123



Donors per million of population, 2007

You're Never too old to Register! Organ Donation Australia

It's easy - you can save a life! Don't forget to talk with your family!
For a registration form to be mailed to you please email your full name and postal address to: aodr@medicareaustralia.gov.au

www.medicareaustralia.gov.au Telephone: 1800 777 203
The only national register for Organ/Tissue Donation in Australia

(Source: July 2008 Issues Paper www.parliament.qld.gov.au/organ)

'Mercury Rising'

Self Help Queensland Mental Health Project

Self Help Queensland (SHQ) has received one-off funding from Disability Services Queensland's (DSQ) Mental Health Branch to help build the capacity of the mental health self-help sector across the State. In recent years this sector in Queensland has been slowly changing and developing in response to changes in service users perspectives on more holistic treatment approaches and support for recovery. Within this context, the sector is now becoming a more prominent part of the mental health system.

While the self-help approach is not the choice for all people, and should never function in isolation from treatment and other forms of support, it can play a very vital part in peoples' recovery journeys. The sector is also well placed to address issues of stigma, isolation and community awareness and, within this framework, is a part of current population health approaches.

SHQ propose that the focus of our project be on mental health support groups for people with mental illness and psychiatric disability and also, as with people from CALD backgrounds or those who have experienced institutional abuse, those whose mental health is very vulnerable.

Having access to a safe, high-quality mental health support group means that persons of any age living with a mental health condition, who choose support from others with a direct experience of the condition, can achieve sustainable improvements in their social and emotional wellbeing and their whole recovery journey.

Thus seeking and providing mutual assistance through a self-help support group is an attractive option for many mental health consumers. However,

there has been little official interest in Queensland to date in supporting such activities and an inadequate exchange of information about the value of such groups and ways to support their development and sustainability.

The recognition that can be given to these groups and the way that they reflect a recovery approach, therefore, makes for an exciting and seminal project.

Mental health support groups are very dynamic. They are mercurial, constantly developing and changing, sometimes going into recess because there is no-one to keep them going. Like drops of mercury, they are fragile. Just as they start to appear solid they can shatter and change shape yet again. The challenge thus becomes how to most sensitively and effectively weave a protective structure that will gently hold these mercurial structures in place, strengthening them and preventing their fragmentation without inhibiting in any way their incredible substance and transformational ability, and providing hope for an easier future existence. Hence 'Mercury Rising' - our chosen title for the overall project!

The first tasks of the project are to map the groups that currently exist and to produce a scoping report. While the former remains a work in progress, the latter is a draft working document that outlines some possible actions to be taken. This document, produced in consultation with a number of support group facilitators across the state, will form a starting point for discussion with all such groups. It is envisaged that the suggested actions will be further refined as a result of these further discussions. It has been produced by our Project Manager, Diana East.

The scoping report identifies key issues (not in any order of priority) as being:

- Building a network/sense of collaboration between support groups.

(Continued on Page 14)

(Continued from Page 13)

- Training for support group facilitators and co-facilitators (including implementation of best practice models, debriefing with a person who understands the functioning of the particular group);
- The need for (a) central office location(s) for groups, resourcing for administration tasks (assistance with photocopying, mail-outs, etc), reimbursement for mileage and phone costs, etc.
- Development of sector relationships and promotion of the groups to the wider health sector (clinical and non-clinical workers, GP's, etc) re the existence, roles and value of such groups and the development of clear referral pathways for both consumers and service providers.

As outlined in the attached flow-chart the primary goal of the project will be to strengthen current mental health support groups by:

- Developing regional networks of groups that provide for peer support, de-briefing, mutual problem-solving, increased understanding of group functioning, shared learning and ongoing skills development;
- Providing training opportunities as identified by the groups themselves, eg equipping people as facilitators/co-facilitators in accordance with best practice principles. This could be either by linking with existing training as appropriate or by specially designed programs
- Establishing and coordinating the implementation of a small grants program for equipment, mileage reimbursement, etc.
- Providing 2-way communication flow to build partnerships between groups and in the community that might not otherwise occur, resulting in possible economies of scale such as shared accommodation, newsletters, photocopying, etc, and further linkages and collaborative opportunities with community and neighbourhood centres.

- Promoting the value of the groups to clinical workers and other health professionals.

Other goals include:

- Assisting with the development of new and emerging groups
- Identifying other factors that would support sustainability (and reporting on same, including making recommendations for future strategic actions) and ways of mobilising wider community resources to assist with ongoing support at a regional/local level

An important outcome will be increased recognition of support groups as a viable component of the mental health service sector that individually supports and directly involves people living with mental health conditions. The practice principles of community capacity building will underpin all activities of the project so SHQ intends to work directly alongside members of all mental health self help support groups in collaboratively determining the best way to fulfil the goals.

The next steps will be to continue to form connections with groups, learning more about how SHQ could support them and how their resiliency might be strengthened. This will be achieved, in part, through a short survey (that we hope all groups will respond to promptly) followed by introductory meetings to be held in five regional areas during November. It is envisaged that the proposed actions outlined above will be further refined as a result of those workshops.

If your support group would like to be part of this exciting new project, or if you know of a group who may wish to participate, please contact SHQ's Mental Health Project Manager Diana East on 3880 3501 or dianaeast@iprimus.com.au Diana would be delighted to hear from you.

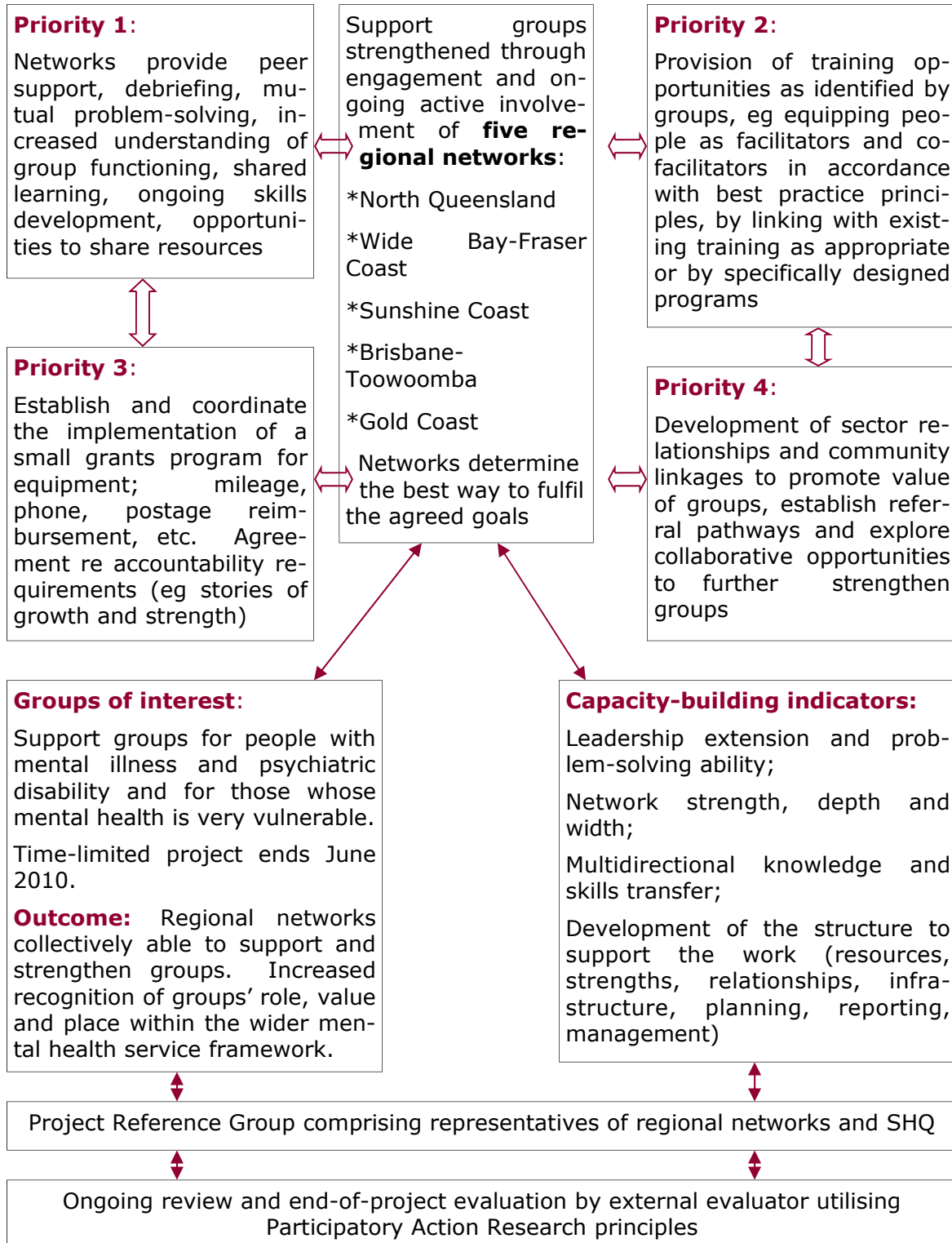
(If you would like a copy of the draft Scoping Report please contact the SHQ office on 3344 6919 or email selfhelp@gil.com.au)



MERCURY RISING: SHQ Mental Health Project

- Draft Working Document, Sept. 2008

Aim: To build the capacity of current mental health support groups across Queensland and assist the development of new and emerging groups



A funding initiative of Mental Health Branch, Disability Services Queensland



Newsletter Feedback

Self Help Queensland regularly asks for, and occasionally receives, feedback about our newsletter. The following is one such response. Please help by sending us your views about particular articles, or perhaps some constructive criticism about the newsletter in general.

I have to respond to your "Newsletter feedback" item in the June 2008 edition of your newsletter.

When I started a newsletter for older people in 1994 I approached the Blind Society asking them what I should keep in mind when producing a newsletter that would be read for so many people with poor vision.

They told me that, for older people, (born before 1945) to use exactly the opposite fonts to those the article recommends. I guess it is a case of remembering that one font does not suit all and using the font that best meets your target group needs. While I personally find Arial easier to read, my client group, having spent most of their lives with limited fonts, find the Times New Roman more suitable for them. If those people have some loss of recent memory, it is all the more confusing for them if you use modern fonts.

Just thought I would mention it.

Margaret Redsell, Program Manager
Skylarkers 60 and Better Program
<http://users.bigpond.net.au/skylark/>
Phone 3879 0046

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 - on Ph: 07 3344 6919 or email: selfhelp@gil.com.au



Free Negotiation Skills Workshops for Queensland Women

The three hour workshops are suitable for all women in the workplace but have been particularly targeted towards:

- Young women
- Women returning to work after maternity leave or longer career break
- Women entering the workplace through necessity upon their children reaching school age
- Women with little or no experience of negotiation in the workplace

While the skills imparted in such a short workshop are basic in nature, QWWS believes they can provide a very effective tool in preparing for negotiations for improved working conditions, together with practical exercises that give participants experience in looking at issues from both sides.

In addition to negotiating working conditions, some women have commented on the value of using these skills to deal with various situations that may arise at work in their dealings with co-workers and management and have taken the opportunity to practice scenarios that relate to their particular situation.

There are 4 workshops to be held in Brisbane Central, North, South & City on various dates in October and November, and also Nambour, Gympie, Harvey Bay, Kingaroy and the Gold Coast during October.

Registrations can be made on the QWWS website www.qwws.org.au or toll free number on 1800 621 458. For further information call Jen on 07 3211 1440 or 0437 439 669

Registrations will be taken up to the day or until workshops are full.

'Grief Group' - for Kids

Ipswich Hospice Care offers a range of grief support programs conducted by Support Volunteers. One innovative program is a Kids Grief Group.

Grief is a natural response to loss, and children like adults, grieve when someone significant in their lives dies.

Some children may be unable to articulate their feelings, and instead express them through anger, withdrawal, behavioural outbursts, lowering in school interest or performance etc.

Feelings of anger, sadness, guilt, loneliness and confusion may be common, and the intensity and duration of such responses may be influenced by many factors eg.

- Support received
- Relationships within the family
- The relationship which existed between the child and the person who died
- The developmental stage of the child and their understanding of death

Most children are best supported by their family members, but groups for some children can be empowering, as they explore their feelings in a non-threatening place. It is also a place where they can realise they are not alone with such feelings.

Aim and Criteria of Support Group

This Kids Grief Group aims to provide a safe environment where children can express and understand their feelings and meet other children experiencing grief.

The Group will consist of:

- A maximum of eight children (with 4 facilitators)
- Mixed gender and ages (7 - 12 years)
- Siblings considered
- Children whose loss occurred no less than eight weeks ago

The Kids Grief Group runs for 7 weeks. A Parent/Carer Group will run concurrently to the children's sessions and will focus on supporting the child through their grief.

As not all children benefit from groups, an interview will be conducted with parent/guardian and child to ascertain the suitability of this program to the child's needs.

The Kids Grief Group is open to children from other geographic areas, and is not restricted to children living in Ipswich.

Cost: Free

Duration: 7 weeks, 2 hrs per week

Time: 3.30pm to 5.30pm

For an appointment please call:

Jennifer or Steph on 07 3812 0063

Email: info@ipswichhospice.org.au

Ipswich Hospice Care

The Hilda des Arts Community Centre

37 - 39 Chermside Road

EASTERN HEIGHTS, IPSWICH 4305

-oOo-

Drop - In Bereavement Support Group

The Group is open to any recently bereaved person. It is a place where people can come together to share a laugh and a cry, meet others with similar experiences and enjoy a cuppa in a supportive environment.

The group is facilitated by trained Support Volunteers.

Meetings: 1st & 3rd Tuesdays of month

Time: 10am to 11.30am

Where: Hilda des Arts Community Centre

39 Chermside Road

Eastern Heights, IPSWICH

Phone: 07 3812 0063

"If a cluttered desk is the sign of a cluttered mind, what is the significance of a clean desk?"

Laurence J Peter

1919 - 1998

US Educator and Writer

10th National Rural Health Conference 2009

**17th - 20th May, Cairns
(Put this date in your Diary now)**

The need to rectify the health imbalance between people living in rural and remote Australia and those in urban areas, involve communities in managing their health while celebrating successful rural service models, are among topics for discussion at the 10th National Rural Health Conference to be held in Cairns.

More than 1,000 health professionals and consumers from the rural and remote health sector are expected to attend the conference.

Call for Abstracts

Those keen to provide research reports, workshops or other papers are reminded that 3 October 2008 is the closing date for receipt of abstracts.

Authors who intend to make a submission are invited to visit the www.ruralhealth.org.au website and click on the 10th National Rural Health Conference panel for fuller particulars.

For further information please contact:
Lyn Eiszele - Conference Manager:
(02) 6285 4660
Marshall Wilson - Media: 0419 664 155
www.ruralhealth.org.au

Advertise Your Group Free!

- or just share your thoughts on Sector issues.

We'd Love to Hear from Self Help and Support Groups - anywhere - especially those in Regional and Rural Queensland!

Please let us know what is happening in the Sector in these areas so we can tell others.

Tell us about the good things you are doing, or just advertise your group's activities, conferences, fundraisers etc Contact Trish at SHQ on 07 3344 6919 or selfhelp@gil.com.au



You can nominate yourself or someone you know for the 2009 National Leadership Achievement Award for Women

The Australian virtual Centre for Leadership for Women (CLW) at www.leadershipforwomen.com.au is inviting women who have developed self-initiated projects for the community to nominate themselves for the 2009 national Leadership Achievement Award for Women.

This prestigious Award, Diamond sponsored by ANZ and Gold sponsored by Australia Post and Avril Henry Pty Ltd is open to all Australian women 18 years and above and is in its fourth round having commenced in 2006. The winner will receive prize money of \$1200; two Finalists \$800 each and eight short-listed candidates will receive \$500 in prize money.

Applications close on 22nd December 2008

Winners will be announced on 8 March 2009—International Women's Day. Please consider nominating yourself or other women who demonstrate the value of pursuing one's vision, collaborating and valuing the contributions of others and being committed to achieving the best outcome for their community.

More information about the Award, including Applications can be found at: www.leadershipforwomen.com.au

"Let me tell you something that we Israelis have against Moses. He took us 40 years through the desert in order to bring us to the one spot in the Middle East that has no oil."

**Golda Meir
1898 - 1978
Prime Minister of Israel**

Andrology Australia

Free Resources and "The Healthy Male" Newsletter Subscription on offer

Andrology Australia is a community and professional education programme providing information on male reproductive health.

An invitation is extended to all to take advantage of a free newsletter subscription offer. You can also order hard copies of Andrology Australia resources which are free of charge.

Resources

Booklets

Androgen deficiency
Erectile Dysfunction
Klinefelter's Syndrome
Male Infertility
Prostate enlargement
Testicular cancer

Fact Sheets

Erectile Dysfunction
Male Infertility
Prostate cancer
Prostate enlargement
Testicular cancer
Testosterone deficiency
Vasectomy

Call, fax or email Andrology Australia to register on their mailing list and receive their regular quarterly publication and other items.

Andrology Australia
Monash Institute of Medical Research
Monash Medical Centre
246 Clayton Road
CLAYTON VIC 3168

Telephone: 1300 303 878
URL: www.andrologyaustralia.org
Email: info@andrologyaustralia.org

"Life is a constant oscillation between the sharp horns of dilemmas."

Henry Louis Mencken
Reporter, Columnist, Editor
1880 - 1956



At Last! An innovative learning centre for intellectually disabled ladies aged 18 to 30 years.

Miraa House

Founded by the parents of a young woman with a disability, Miraa House (Making Independence Real and Achievable) is a not for profit community organisation established to provide quality developmental programs for young women with disabilities.

Miraa House is situated in Brisbane's western suburbs, and provides a safe learning environment for intellectually disabled young women.

Now, the opportunity exists for young women to continue their education beyond high school and further develop their social and emotional skills to create a happier and more fulfilling life.

Miraa House Provides:

- Premium Quality Educational programs
- Learning life skills for independent living
- Opportunities to grow and develop
- Happiness and friendships

Small class sizes and a relaxed learning format allow staff to make connections with young women on an individual basis.

Access is also provided to allied health professionals, including physiotherapists and speech therapists.

For more information about this exciting new learning initiative please contact:
Miraa House
Phone: 07 3376 7966
Email: info@miraahouse.org
URL: www.miraahouse.org



Your Group's Chance for Patient Involvement

- at a Global Level

The International Alliance of Patients' Organizations (IAPO) is a unique global alliance representing patients of all nationalities across all disease areas and promoting patient-centred healthcare around the world.

Members are patients' organizations working at the international, regional, national and local levels to represent and support patients, their families and carers. A patient is a person with any chronic disease, illness, syndrome, impairment or disability.

Join in "The Patients' Exchange"

The Patients' Exchange is an opportunity for IAPO's Member organizations from all over the world to come together to:

- find useful resources
- share expertise and experiences
- exchange information
- give advice and support
- build solidarity between patients' groups worldwide

The primary aim of The Patients' Exchange is to build the capacity of member organizations worldwide enabling them to be well-informed and effective patient representatives and advocates.

IAPO believes that the best way to build capacity is to enable patients' organizations to exchange their diverse experiences, resources and expertise, creating a stronger global support network.

To date most of IAPO's work has been focussed in Europe and North America.

However, they are seeking to expand their support and contacts in the Asia-Pacific region. For further information contact IAPO at:

www.patientsorganisations.org or email membership@patientsorganizations.org

George Bush Signs Genetic Information Non-discrimination Act (GINA)

GINA is the first and only federal legislation that will provide protections against discrimination based on an individual's genetic information in health insurance coverage and employment settings in the USA.

Many people remain uninformed and unaware of GINA's passing and its implications. On September 9 2008, in Washington DC, The Coalition for Genetic Fairness launched an interactive, online guide to the landmark GINA Act. The resource, '**What Does GINA Mean? A Guide to the Genetic Information Non-discrimination Act**' summarizes the protections of the first civil rights legislation passed in the new millennium and outlines its impact on the future of health in America.

To learn about the history of the legislation, hypothetical situations of genetic discrimination, and key examples and definitions, access the resource at www.geneticfairness.org/ginaresource.html It can also be used to ask and answer questions about genetic discrimination, and can be adapted to prepare individuals to improve early detection and avoidance of health threats.

(Coalition for Genetic Fairness Press Release 9th September 2008)



Current blood stocks are dangerously low!

The Australian Red Cross is urging eligible people to give blood and help save lives this week.

The most urgently needed blood is the commonest type - Type O, although all blood donations are very welcome.

To find out if you are eligible to give blood call 13 14 95 or take the online quiz on www.giveblood.com.au



About the Porphyria Association Inc

The Porphyria Association is a national, voluntary, non profit organization which provides support and information to people with Porphyria and their families.

Porphyria is a group of metabolic disorders which affect the nervous system and/or the skin. It may cause severe abdominal pain.

It is usually genetic and presents with a variety of symptoms from acute pain crisis attack to light sensitivity and sundry neurological problems.

Some Porphyrias can be triggered by over 200 medications. Some react to sunlight, alcohol or other environmental triggers.

Porphyria is generally under-diagnosed. Many sufferers are completely asymptomatic. In each type of porphyria, a specific enzyme is deficient, and this is why porphyrins accumulate.

Types of Porphyria

- Acute Intermittent Porphyria (AIP)
- Variegate Porphyria (VP) & Hereditary Coproporphyrinuria (HC)
- Plumboporphyria (PP)
- Porphyria Cutanea Tarda (PCT)
- Erythropoietic Protoporphyrinuria (EPP)
- Congenital Erythropoietic Porphyria (CEP)

An accurate diagnosis very important. Testing for Porphyria is carried out on urine, faeces and blood samples. Any doctor can request "porphyrin studies" or "porphyrin screen".

More testing could minimise a battery of other tests. Typically, patients have been put through many expensive tests or procedures before it is thought to check for porphyria. The cost is not high compared to many other tests that are routinely done.

Testing location in Queensland:

Porphyrias Service

NRCET

PO Box 594 ARCHERFIELD QLD 4108

(or have samples forwarded by a commercial lab) Cost of test: Approx \$60

Unfortunately there is no cure for Porphyria. However, there are still things that can be done to make it less severe.

There is a high emphasis on prevention strategies to keep it latent or symptom free for a long life eg avoiding alcohol, adequate carbohydrate intake, venesection, regular blood tests to check liver and others.

According to the Porphyria Association, Porphyria has been mistaken for: somatisation disorders, Guillain Barre, growing pains, eczema, epilepsy, MS, dermatology, depression, acute appendicitis, chronic fatigue, Parkinson's, Irritable Bowel syndrome and many, many more.

Active Porphyria is extremely painful and can be very debilitating. The porphyrias can become progressive degenerative disorders.

Once triggered, an episode can escalate into a biofeedback loop causing toxic build up of porphyrins.

During a Porphyria attack people may experience any of the following: pain, nausea, vomiting, constipation, tachycardia, hypertension, convulsions, neuropathy, fluid and electrolyte imbalance and others.

Controversially, the Porphyria Association believes the genetic predisposition for porphyria could be as high as 1 in 500 in the population although active porphyria may be as low as 1 in 10,000.

For further information please contact: Porphyria Association

Email: porphyria@mssociety.com.au

Phone: 03 9845 2737

Fax: 03 9845 2777

URL: www.porphyria.org

(Source: Porphyria Association www.porphyria.org) 1 Professor Michael Moore www.uq.edu.au/porphyria)



National Prescribing Service Limited

Call to interested community organisations to:

Review an NPS article on Tramadol (an analgesic) and zoledronic acid (Aclasta) for osteoporosis prior to publication in the December edition of "Medicines Update".

National Prescribing Service Limited (NPS) is an independent, non-profit organisation for Quality Use of Medicines. NPS provides accurate, balanced, evidence-based information and services to help people choose if, when and how to use medicines to improve their health and wellbeing.

Medicines Update is a quality use of medicines consumer newsletter that provides independent information about medicines that are newly available on the Pharmaceutical Benefits Scheme (PBS) in Australia or have a change in the listing. Medicine Update is designed to be used by consumers who are considering new medications. Medicines Update is published three times per year and consumer input is sought prior to the publication.

Each edition, two medicines are reviewed and the December issue will feature Tramadol (an analgesic) and zoledronic acid (Aclasta) for osteoporosis. NPS is seeking expressions of interest from consumer organisations who are interested in reviewing the December article prior to publication. The review would need to be completed by the end of October. If you are able to assist or would like to publish this publication on your website please contact Rosanne McMaster via email rmcmaster@nps.org.au or phone on 02 8217-8772.

NPS has a new look website with lots of free resources available. You can sign up for free consumer publications

including: MedicineTalk, Medicines Update (electronic publication available via NPS website) and Community e-news and order free consumer resources including fridge magnets for Medicines Line and the Adverse Medicine Events Line. To find our more please visit www.nps.org.au/consumers or call 02 8217 8700.

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The Mater Mothers' Hospitals

**Invite you to Attend
a Service of Remembrance**

in recognition of

**International Pregnancy and
Infant Loss Day**

on

Wednesday 15th October '08

All women, regardless of 'age' or 'stage' who have experienced a pregnancy or infant loss, though miscarriage, still-birth, neonatal death, SIDS or adoption are warmly welcomed to join with us at the Mater Mothers' to acknowledge the grief of pregnancy loss and remember those babies who were not taken home or only survived for a short while.

Many women carry the grief of a pregnancy loss for years, and for some, this grief has never been acknowledged. This is an opportunity to come and honour these losses and join with others to remember.

Please RSVP Trish Wilson
Mater Mothers' Bereavement Support Program
Phone: 3163 3467 or 0414 828 742
Venue: Outdoor balcony - 7th Floor
Mater Mothers Hospital
Time: 7pm

Starting and Sustaining Self Help Groups

Tips on Finding the Right Group for You

Why do it?

People join self-help/mutual aid support groups for 100s of different reasons. And people use groups in different ways as a support to their lives. You may attend a meeting only once or twice... or you may become a regular member. The main message of Self Help is: It's up to you!

Abuse, Addictions, Bereavement, Body Image, Cancer, Caregiving, Disability, Employment Related, Ethnocultural, Family/Parenting, HIV/AIDS, Men, Mental Health, Physical Health, Relationships, Seniors, Sexuality, Women, Youth...



When to contact a group

You don't need to be sure about joining a group to start looking into what is available. Tell people that you are considering and researching groups. Ask them questions. Ask if you can visit their group to learn more. When you do make phone calls to contact people, remember they are usually volunteers. They may not be able to talk or call you back immediately, so be patient.

Tracking down groups

- Sometimes it is easy to track down a group. But depending on your topic and your community, you may have to be a bit of a detective. Here are the usual places to look:
- Contact your nearest self-help/mutual aid centre. These organizations collect listings and share information about self-help/mutual aid groups in the local community. They may also be able to help you start a group. When you call you have the right to remain anonymous.

- Contact your local community information centre. These centres are becoming more popular as a central database for all types of community and social service organizations. They usually have listings of many self-help/mutual aid groups.
- Look out for listings in community papers and newsletters on topics related to your issue/experience of concern.
- Ask any health professionals or community workers who you know and trust.
- Search the internet. Start with the Self-Help Resource Centre www.selfhelp.on.ca or the Olde Forge Community Resource Centre www.storm.ca/~forge/self-help.html

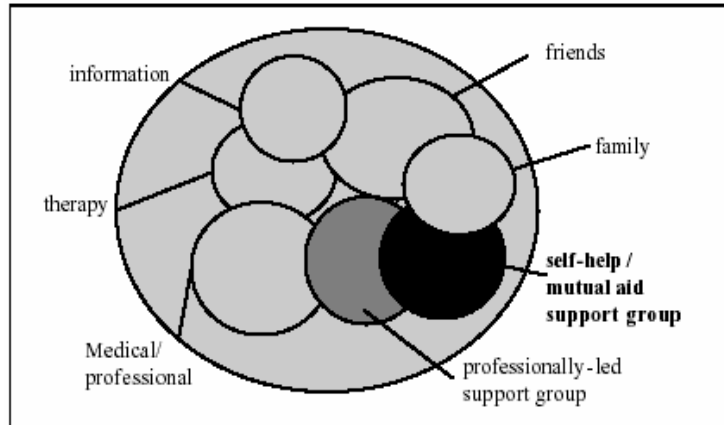
Shop around

If there is more than one group related to your experience or issue, consider checking out several before making any decisions.

(Continued on Page 2)

Understanding different sources of support:

When you have a challenge in your life, "sources of support" in your community are like the "basic food groups" for your health. Each support can provide you with different benefits; and each has its own limitations. Self-help/mutual aid support groups are different from professionally-led support groups in several ways.



In most self-help/mutual aid support groups:

- The emphasis is on personal experience
- The aim is mutual support
- Group leaders are volunteers who are also members (they share the common experience of group members)
- Plans and decisions are made by the group as a whole
- Meetings are ongoing

In most professionally-led groups:

- Group leaders are paid professionals (e.g. social workers or healthcare providers)
- Group discussions are guided by formal educational materials
- Decision-making is led by the facilitator
- The group has a limited duration (e.g. 8 weeks)

Evaluate the benefits and limitations of different forms of support. Then choose the one(s) that best fit your needs and desires.

Evaluating a group: *Is this working for me?*

Once you have visited or joined a group you may want to evaluate your experience. Every group and every individual is unique. No group will offer you everything, but it is worthwhile to consider what you like best, and what you would like to change in a group (this evaluation can be an individual and/or a group process). Depending on your conclusions, you might work to make improvements within the group, or look for support elsewhere.

Components of a good group:

- | | |
|--|--|
| ✓ I feel safe to open up and talk | ✓ I feel safe to address feelings of tension or conflict when they arise |
| ✓ I feel supported | ✓ There is discussion of conflict (when it arises) |
| ✓ I learn, give, and receive | ✓ There is change and laughter |
| ✓ I make friends | ✓ Members graduate and celebrate |
| ✓ I can be a leader too | ✓ Membership goes up and down |
| ✓ I can leave the group or rejoin when | ✓ It feels right for me |
| ✓ I want to | |

Self Help Qld thanks the Ontario Self Help Network OSHNET (CANADA) for allowing us to reproduce this excellent resource. For other great resources go to <http://www.selfhelp.on.ca/>

Where to Find Multilingual Cancer Information & Cancer Dictionary

The Cancer Council Victoria website provides an excellent list of resources in a wide range of languages. Go to www.cancervic.org.au where you will find cancer helpline information, fact sheets, media releases, and links to external sites in the following languages:

Arabic	Bosnian	Chinese
Croatian	Filipino	Greek
Italian	Khmer	Macedonian
Polish	Russian	Serbian
Somali	Spanish	Tigrinya
Turkish	Vietnamese	

There is also a very practical, easy to use Cancer Dictionary on the site. Though not multilingual, it lists a wide range of terms relating to cancer. They are listed alphabetically from A to Z. <http://www.cancervic.org.au/glossary/default.asp>

ASCA Highlights Health Needs for Adult Survivors of Childhood Abuse

Research in Australia and overseas has demonstrated that exposure to childhood abuse is associated with significantly worse health outcomes later in life. The adult mental health consequence of childhood abuse include depression, anxiety disorders, eating disorders, sexual disorders, suicidal behaviour, and substance abuse.

The severity of these disorders is frequently compounded by the unusually high rates of physical illness experienced by adult survivors of child abuse."

(Source: Extracted from Michael Salter's letter to The National Mental Health Plan. Full article ASCA "Breaking Free" Sept '08 P 7.)

"A lot of times in politics you have people look you in the eye and tell you what's not on their mind."

George W. Bush
1946.....
US President
Sochi, RUSSIA
April 6, 2008



Invitation

to

Speakeasy Celebrations

The Queensland Speak Easy Association invites you to two events in celebration of National Stutters Day.

24th October 2008 from 5pm to 8pm
Brisbane City Mall (Outside Myers)

"Bring your voice - enjoy yourself"

26th October 2008 from 3pm

Barefoot Bowls - Moorooka Bowls Club, 76 Koala Rd, Moorooka

For further information please contact: Carlo on 0431 750 482
carlo.silipo@internode.on.net

Did you know you can now do all this online?

Medicare

- View your Medicare Safety Net balance
- View your Medicare tax statement
- Request a replacement or duplicate Medicare card
- Update your personal details
- Register / update your banking details
- Update your email address
- View your Medicare Claims History

Organ Donor Register

- View your organ donor registration details

Immunisation

- View your child's immunisation history statement (for children under 7 years)

www.medicareaustralia.gov.au

"No matter how long he lives, no man ever becomes as wise as the average woman of forty-eight."

Henry Louis Mencken
Reporter, Columnist, Editor
1880 - 1956



Diary Dates

2nd - 4th October 2008: 31st Annual Australian Council for Adult Literacy (ACAL) Conference 2008 "Surfing outside the Flags, Catching Waves, Avoiding Rips".

Email: sophie.secombe@astmanagement.com.au

URL: www.astmanagement.com.au

Venue: Crowne Plaza Surfers Paradise

7th & 8th October 2008: National Disability Advocacy Conference

"Strengthening Disability Advocacy" Presented by the Disability Advocacy Network Australia (DANA) the Victorian Disability Advocacy Network (VDAN) and the Disability Advocacy Resource Unit (DARU) in Melbourne. DANA's key focus will be the formal establishment of the national network and disability advocacy sector development. DARU will be developing its sessions around improving advocacy practice. The VDAN systemic stream will focus on disability policy development.

Ph: 03 9639 5807 **Fax:** 03 9654 5749

Email: admin@daru.org.au

URL: www.daru.org.au

Venue: Telstra Dome, Melbourne

16th & 17th November 2008: Prostate Cancer Foundation of Australia First National Conference "Supporting Quality of Life"

International keynote speakers

Question Times

Choice of sessions on specific topics

Phone: 1800 220 099

Email: enquiries@prostate.org.au

URL: www.prostate.org.au

Venue: Gold Coast

20th - 23rd November 2008: The 1st Asia-Pacific Lysosomal Diseases Conference incorporating the 12th Australian MPS Society Conference.

Nanny agency to care for the children. Disabled children will be one on one. Siblings will be four to one nanny.

Contact: Jenny Noble



Invitation to Paediatric Meeting

Saturday 4th October 2008

The Australian Pituitary Foundation has identified the need for education and social support for families of children affected by pituitary illness.

In response to this, APF have arranged a very informative day to be presented in a relaxed and friendly environment.

"Managing Hormones and Hormone Replacement in Children"

Dr. Andrew Cotterill, Paediatric Endocrinologist, will make an informal presentation to parents, adolescents and teenagers at 11.00am sharp. On conclusion there will be time for questions.

There will be a BBQ on the back patio for families to meet, mingle and perhaps form contacts. The kids are welcome to watch DVD's in the lounge. To receive further information, contact Sue at sue.pituitary@ozemail.com.au or (07) 3376 2083 ASAP.

Venue: Mt Ommaney, BRISBANE

Living with Brain Tumours Free Seminar

Saturday 1st November 2008

The free seminar is presented by the Cancer Council Queensland for all patients with brain tumours (benign or malignant), their families and friends.

The program for the day includes presentations from health professionals on a range of relevant topics. Displays will be set up with information from multiple community organizations which support people with brain tumours.

Registration essential. Contact Carolyn:

Phone: 07 3258 2255

Email: carolynblyth@cancerqld.org.au

Venue: Cancer Council Queensland 553 Gregory Terrace, Fortitude Valley (parking available under the building)

Time: 8.45am to 1pm