If you’re looking for answers, it’s always best to phone a friend.

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This edition of Head2Head marks the transition of the Mental Health Division to the Mental Health Commission. Premier Colin Barnett’s announcement on 4 February 2010 of the establishment of Australia’s first Mental Health Commission positions Western Australia alongside international leaders in mental health service delivery such as Canada, Scotland and New Zealand.

The Commission’s vision is one in which all Western Australians with a mental illness will receive individualised and coordinated care from a range of expert health service providers, including those from government and non-government sectors. I look forward to working with the new Acting Mental Health Commissioner, Neil Guard, to achieve this.

This edition focuses on the importance of, and the connection between, good mental and physical health. It looks at how lifestyle, environment, relationships and faith confirm the link between the mind and the body. Wellbeing at work is highlighted, with tips on financial security, positive social interaction and addressing job-related stress. Head2Head features stories on what employers and employees can do to promote mental wellbeing.

As always, the magazine draws on a wealth of consumer and carer stories and provides updates on new services.

Dr Graham Jacobs MLA
Minister for Mental Health

Head2Head is produced three times a year. This is the last edition to be published by the Department of Health. The next edition will be published by the new Mental Health Commission.

Editor: Duc Dau, Mental Health Commission
Email: Duc.Dau@mentalhealth.wa.gov.au

Subscription inquiries: Mental Health Commission
Email: contactus@mentalhealth.wa.gov.au

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Head2Head is available online at www.mentalhealth.wa.gov.au

Head2Head is available in alternative formats upon request from a person with a disability.

Cover: “Embraced” by Kevin McCabe, phone 9443 8935
What is happiness?
Happiness is a broad range of emotions, from the very obvious, like joy, through to the less obvious but equally important, like calm, tranquility and satisfaction. We’re not just talking about laughing and having fun, although they have their part.

Many psychologists talk about the three pillars of happiness, which come from the ancient Greek philosophers. These are, a pleasant life, a meaningful life, and an engaged life in which we connect with others.

Happiness isn’t just about feeling good; it’s about doing good. Every interaction we have has the ability to influence in a positive or negative way. We are social animals connecting with the community. For example, I can’t be a good husband if I don’t look after myself, but I also need to look after others to further my happiness.

How do we achieve happiness?
There are some general rules, though the specific combination will depend on your personality or circumstances.

Happy people tend to have a better sense of life purpose. They know who they are, what they want to achieve and how to get it.

Happy people tend to be healthier. That doesn’t mean that you can’t be happy if you have a chronic illness, but it’s easier if you look after yourself by eating well and exercising. Exercise is a very effective antidepressant and it gives energy; it’s hard to be happy if you’re tired. Looking after yourself also includes doing regular meditation or having relaxation strategies.

“Happy people tend to be healthier.”

One of the things that distinguishes happy people is the way they look at the world. Optimism is about facing up to problems and challenges in a realistic and positive manner. It’s about enjoying the good times, but also about getting through the tough times in a constructive way.

Happy people have more and better quality relationships. They build and sustain positive relationships in all areas of their lives, such as their church group or community.

Happy people are also better at having fun and enjoying life’s pleasures—not in an irresponsible way, but a more appreciative way.

How does a pessimist become more optimistic?
Some people are lucky. They’re predisposed to being positive and sociable. Others are born with pessimistic tendencies or learn them at an early age, which makes it a lot harder to be happy.

The good news is that we can change the way we think about things. We can be taught to think more optimistically. People pick this up at different rates and some people will always struggle. As long as you become as optimistic as you can be and keep working at it then that’s good.

Tell us about your online therapy site, www.makingchanges.com.au
It’s an attempt to give more people access to support. Of every 100 people with depression, only 30 to 40 will actively seek help. There are reasons, such as stigma, embarrassment and geographical isolation.

As long as you have a computer you can get help. I didn’t set it up to replace face-to-face therapy. It will never be as powerful or as effective, but it allows some people to take the step to get help.

For more information and free resources, contact the Happiness Institute on 1300 733 743 or at info@thehappinessinstitute.com or visit www.thehappinessinstitute.com and www.makingchanges.com.au
Food for Healing

Sherry Strong is a wellbeing consultant, a trained chef and the author of Secrets of the Anti-Diet. She outlines how eating well and connecting with our environment can improve our health.

Feature

From my work over the last 20 years I know that what you feed your body and mind can make you happy or sad, well or sick.

The quality of our food not only determines our health but also that of successive generations.

When it comes to food, the simple premise is: the closer it is to nature, the better it is for the body and mind. A diet high in vegetables, fruit, wholegrains and quality protein, as well as sufficient levels of essential fatty acids, is vital to our wellbeing.

Sixty years ago, the foodstuffs were basic, more whole and had less chemicals. As our food became increasingly processed, the nutrients diminished. As the body was no longer getting what it needed, we started to eat more of this addictive and nutritionally depleted food. With the introduction of refined food, our sense of wellbeing diminished, lifestyle diseases such as diabetes and obesity increased and we started to look to pharmaceutical drugs to feel better.

Most of the products on our supermarket shelves have ingredients in them that did not exist 100 years ago and are not meant to be eaten.

Eating “out of context of nature” has compromised human and planetary health. The antidote lies in a return to eating real food grown in healthy soil that is absent of the chemicals that eventually pollute our waterways and make us sick.

The health of the body is entwined with that of the mind. The body is in balance when it receives what it needs to be healthy. When this natural state of homeostasis occurs, we are happy without any reason. Disruption of the balance results in unwellness.

The things that we require for that happy homeostasis do not cost the earth. The solution to eating for happiness is for us to “return to the earth,” and to return to the earth what it needs to heal. Once it is healed, the earth will provide us with what we need to thrive.

Nature’s Principle: SLOW

Seasonal. Eat what nature provides, when it provides it.

Local. Learn about who grows your food, how they grow it and how it got to you.

Organic and biodynamic. Proven to have less or no chemicals and is likely to contain more nutrients than conventional produce.

Wholefoods. The less processing means more nutrients for you.

“When it comes to food, the simple premise is: the closer it is to nature, the better it is for the body and mind.”

This is what you can do to enhance your quality of life.

First, do no harm. Get rid of chemical-laden, highly processed food, especially junk food.

Grow your own food. At the very least, start with a few seedlings bought from a store.

Shop wisely. Explore farmers markets. Visit wholefood markets or have your food delivered from co-operatives or organic suppliers.

Prepare your own food. Knowledge is power, so the more you prepare your meals, the more you know what’s in your food.

Incorporate raw foods into your meals. Consider making fruit smoothies or having salads as more of a feature than a side dish.

Share with others the food you prepare. Encourage conversation and connection instead of drive-thru meals or TV dinners. Connect with people at mealtime by turning off the TV and electronic distractions while you eat. Celebrate the joy of eating in the company of friends and family. This is where happiness and healing can begin.

Sherry Strong believes in the relationship between food and health

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A First for WA Mental Health

The WA State Government established Australia’s first Mental Health Commission on 8 March 2010. The new Commission replaces and expands on the functions formerly undertaken by the Department of Health’s Mental Health Division.

Premier Colin Barnett and Minister for Mental Health, Dr Graham Jacobs, announced the creation of the Commission in February this year at the official opening of the Ngatti House for Homeless Youth, in Fremantle.

“The Commission will have its own management and budget separate from the Health portfolio.”

The new Commission will work collaboratively with government agencies, community organisations and mental health professionals in the public and private sectors to improve the delivery of mental health services in WA. The Commission will have its own management and budget separate from the Health portfolio and will be responsible for formulation of mental health policy, planning of services and funding throughout the mental health system.

Premier Colin Barnett and Minister for Mental Health, Dr Graham Jacobs, announced the creation of the Commission in February this year at the official opening of the Ngatti House for Homeless Youth, in Fremantle.

“The Commission will have its own management and budget separate from the Health portfolio.”

“The Mental Health Commission is a key step in implementing the State Government’s reform agenda outlined in the Economic Audit Committee Report and places Western Australia with the international leaders in mental health service delivery such as Canada, Scotland and New Zealand,” said Mr Barnett.

“This focus on mental health will enable the State Government to have dedicated and tailored services to provide the best possible services and planning for people with mental illnesses.”

The functions of the Commission will include:

- The development and provision of mental health policy and advice to the government.
- Lead the implementation of the Mental Health Strategic Plan.
- Responsibility for articulating key outcomes and determining the range of mental health services required for defined areas and populations across the state.
- Responsibility for specifying activity levels, standards of care and determining resourcing required.
- Identification of appropriate service providers, benchmarks and the establishment of associated contracting arrangements with both government and non-government sectors.
- Provision of grants, transfers and service contract arrangements.
- Ongoing performance monitoring and evaluation of key mental health programs in WA.
- Ensuring effective accountability and governance systems are in place.
- Promoting social inclusion, public awareness and the understanding of matters relating to the wellbeing of people with mental illness to address stigma and discrimination.

Dr Graham Jacobs also reiterated the importance of reform.

“The urgent priority in WA is to improve the way in which individualised care is provided and co-ordinated for people with mental health problems. Too many Western Australians with a mental illness end up in our hospitals. Too many relapse and have to return to hospital because there is no alternative,” said Dr Jacobs.

“This new approach will ensure that mental health consumers and carers can have more input into the planning and delivery of mental health services. We are recognising that many of the influences of good mental health, and of mental illness, are determined by factors outside the health system.
“The announcement will ensure there is more scope to work with the community sector. Their commitment and capacity to work with people means the non-government sector has the flexibility to be innovative and respond to emerging public needs”, he continued.

The Commission will oversee a shift in procurement arrangements for mental health services in WA, consistent with the national health reform agenda. The changes will result in greater choice for consumers, particularly through greater access to community-based services delivered by the non-government sector.

“The changes will result in greater choice for consumers, particularly through greater access to community-based services delivered by the non-government sector.”

In the longer term, the success of the reforms will be measured by the degree of improvement in the mental health of all Western Australians.

Mental health services will continue to be provided by a range of providers including Department of Health Area Health Services, particularly in relation to acute care and sub acute services, community mental health service providers and other not-for-profit entities.

The Office of the Chief Psychiatrist, support for the Mental Health Review Board and the Council of Official Visitors will remain with the Department of Health.

Neil Guard, from the Drug and Alcohol Office, was appointed Acting Commissioner on 8 March, and applications for a substantive Commissioner were called for on 6 March. The Commissioner will be responsible for leading the broad reform agenda.

For more information contact Dr Lesley van Schoubroek at contactus@mentalhealth.wa.gov.au or visit www.mentalhealth.wa.gov.au

Minister for Mental Health, Dr Graham Jacobs, at the announcement of the new Mental Health Commission.
Most people experience times of darkness, often in response to life events.

There is, however, a difference between the brief experience of having a few down days and the experience of major or clinical depression. I imagine depression to be a continuum, with the experience of a flat mood at one end and of almost losing touch with reality at the other.

I had my first experience of major depression in my twenties. I felt as though I was on a slippery slope that I couldn’t get off. After a period of weeks I couldn’t function and was hospitalised. I lost my appetite. I lost weight. I couldn’t sleep. I cried all the time. The world looked black. I began to think that my family would be better off without me. I was full of guilt and anguish, and didn’t know how I could go on. I questioned who I was—the “depressed” me or the “normal” me? I had a husband and young children who loved me, which made me feel guiltier for being so miserable.

After four weeks in hospital and antidepressants I came home, feeling not exactly cured but a lot better.

The depression came back annually over the next few years. With the discovery of Prozac, I had five years without depression. During that time I gained self-confidence and my ability to manage life.

Unfortunately, as the episodes became less frequent they also became more severe. My psychiatrist decided I needed electroconvulsive therapy (ECT). I was terrified. However, it was carefully and compassionately explained to me that it would be the quickest way to get me feeling better. I was told exactly what would happen.

I got better after around 12 treatments in the first month, but I really don’t know if it was because of ECT, medication or other factors. I have had three episodes of depression that have required ECT.

Some people assume that ECT is used as a form of punishment for misbehaving patients, but that was not my experience. Although I hated having ECT for all sorts of reasons, it doesn’t hurt. You are anaesthetised and given muscle relaxants. It messes up your short-term memory for a while, but that improves. However, I still have gaps in my memory.

“When I have been depressed, God has been in the pit with me.”

I haven’t had a major depression for a number of years. I’ve had some dips, but nothing that I couldn’t handle as long as I had support and advice.

I believe that I’m an example that recovery is possible. I’m fortunate to have a good doctor, a supportive family and close friends. They warn me if they see signs that I am slipping.

I have been studying for most of the past eight years. I have held responsible and demanding jobs and been ordained a priest. I have offered pastoral care to all sorts of people in hospitals. I have worked with the sick and dying, from tiny babies to the elderly.

My current role is to coordinate hospital, prison and aged care chaplaincy in the Anglican Diocese of Perth. I believe the insights I have gained through my experiences have been invaluable to my ministry.

When a person is depressed, hope is hard to find. The defining feeling of depression is hopelessness. For me, real hope comes from God because God loves me, no matter what. When I have been depressed, God has been in the pit with me. God doesn’t always pull me out as quickly as I’d like, but I know that God hears the prayers of those who love me. The thought of this sustains me when I am unable to pray for myself.

A chaplain caring for someone who is depressed can embody God’s love. The presence of the chaplain is like the warm-blooded presence of God. Patient and caring attentiveness will show the person they are loved, and that brings hope.
The Glory of Bassendean Oval

Perth journalist Giovanni Torre talks about the spirit of community through the game of Aussie Rules.

Growing up in a soccer household I came to Aussie Rules late. The first game I attended was in early 1994, a pre-season scratch match. It cost one dollar to get in and Subiaco Oval still had a hill and two rings of wooden benches around one end of the ground.

I suppose that the early 1990s saw the last few kicks of the old game; of mullets without product, shirtfronts without suspensions, long-sleeved guernseys without synthetic material, and defenders being allowed to spoil without giving away free kicks. That game is gone, AFL slipped away, out of our hands and into the hands of the billionaires. When the WA Football League (WAFL) changed its name to the inexplicable Westar Rules it didn’t last, reverting to WAFL after an uproar. The people still run this game, the marketing wiz kids were reminded.

Which brings me to the glory of Bassendean Oval. The elderly ladies with their home-knit blankets in team colours and their cups of tea shout as loudly as anyone, though they usually keep their language a little cleaner. The bustle of the bar, ringing with laughter even when the scoreboard looks ugly, and the young kids darting around the ground at half-time kicking a Burley footy. The wags are always in fine form, sometimes coming up with something fresh… “You’re umpiring like a million dollars … a million Zimbabwean dollars!”

The ladies in the canteen are in their 70s and wearing Swans jackets from the ’70s, kept in marvellous condition. The bar serves VB tinnies and scotch and cokes. Upstairs in the members lounge there are crinkle-cut hot chips and pints, cups of tea and armchairs for the older “Swansmen.” The framed heroes of the past adorn the walls, upright and immortal. The black and white of the mighty black and whites is unchanging, like the unconditional love of this great people’s club—and this great people’s game.

“Best of all, when the players crowd around the coach at quarter and three quarter time on the field, the fans can crowd with them, listening to the coach urge them on. At the end of the address the fans will shout, “Come on you Black and Whites!” and you know that the club really is a club, it grew out of these neighbourhoods and these streets and these people, and it will always belong to them.

And at the end of the day you can have a kick with total strangers and say, “see you next round.” You can have a laugh with people no matter who they support, no matter what the result, because you know it’s just a game and it’s just about getting together.”
For 40 years we have lived with a family member whose life at times has been the total focus of our close-knit family.

When my husband and I married in the 1960s, we moved to our new life on a farm. We operated the farm as a family unit to survive trying times, with the hope that one day we would hit the jackpot. We took with us the family values we had been brought up with. We agreed that our children would have a good education and develop self discipline as a life skill. We agreed on unconditional love. With this philosophy we worked hard to bring our dreams to fruition.

We had three beautiful children. On the road to adulthood, however, one of my sons found himself on a difficult detour, while his siblings had a relatively smooth ride. Mumps, meningitis and epilepsy held him back in school. As a teacher, I became very involved in his education and pursued rehabilitation programs to help him overcome his missed schooling. He went on to gain two university qualifications.

“We agreed on unconditional love.”

Even though he was to find work as a geophysicist, his life became increasingly erratic. Our unconditional love was tested, but our optimism never wavered. We had survived flood, fire, drought and poor commodity prices, so we were going to survive this “growing up” hiccup!

We spent the next ten years trying to figure out the solution to our son’s fractured life. Psychologists and psychiatrists told him that he was “just being a lad” and would “grow out of it.” We continued to support him physically, psychologically and financially, but were unable to fully understand his life and behaviour. He lost his job. Undaunted, we helped him enrol in an information technology course, at which he excelled. However, his illness reared its ugly head as he was about to complete the last unit.

At the age of 28, his life collapsed totally. We were offered a diagnosis of chronic paranoid schizophrenia. He entered a clinic for treatment. Were we consulted or included in any way? No, we were left completely in the dark. At my insistence I eventually spoke to the clinician who clearly indicated to me the privacy issues. He also informed me that the prognosis was not good and to take him home and let him watch TV!

By this time, my son was unable to work or get out of bed and was awake at night and asleep during the day. In desperation I visited the Schizophrenia Fellowship (now known as the Mental Illness Fellowship of WA). I was so emotionally overcome that I blurted out my whole story to the CEO, the first person who had ever listened to me. As a result, my son entered respite the next day. I retired from my career and moved to the city to become his carer.

For my son, the last decade has been one of rehabilitation, a tentative return to the workforce, independent living and the forming of social relationships. These have been gradual steps back into the community. The road ahead is long, but his strides are becoming longer and more solid. As a family, we have had the privilege of walking beside him. We have loved him unconditionally and will continue to support his extraordinary life.
Caring for the Carer

Carers WA counsellors Paige Munro and Paul Davis discuss carer stress and why self-care is an important part of the job.

More than one in eight Australians provide care for a friend or relative who is frail aged or living with a disability, chronic condition or mental illness. Providing care for a loved one, or even arranging that care, can result in an enormous amount of physical, emotional and financial stress. For many carers, financial issues are often among the most significant stressors. When our basic needs are threatened then our natural survival instincts kick in, causing a cascade of physical and mental stress reactions. Commonly known as the “fight or flight” response, these involuntary reactions, if not managed well, can be detrimental to our overall health.

For example, persistent stress is known to contribute to increased risk of heart attack and stroke, chronic fatigue, irritable bowel syndrome, weight gain or loss, skin problems, as well as anxiety and depression. Stress can also aggravate existing physical problems, increase susceptibility to colds and flu, and slow recovery.

Learning to notice and act on your early warning signs of stress is crucial. Look out for these common signs of stress and treat them as warning bells that require immediate action:

- Headaches
- Muscular tension
- Sleep problems
- Loss of appetite/overeating
- Stomach upsets/digestive problems
- Inability to control emotions/mood swings
- Irritability/anger
- Racing heartbeat
- Anxiety/fear
- Poor concentration/difficulty making decisions
- Short-term memory problems
- Feeling overwhelmed or hopeless

Actively preventing stress means incorporating several healthy activities, such as exercise and relaxation techniques, into your daily routine. Taking regular breaks will ensure you have time to recharge, enjoy activities and nurture the other relationships in your life.

“Learning to notice and act on your early warning signs of stress is crucial.”

Unfortunately, our attitudes and beliefs can often form barriers that stand in the way of taking care of ourselves. Feeling guilty for looking after yourself, or feeling ashamed for not being able to “do it all” without help, can result in continual feelings of failure, frustration and, often, an inclination to ignore our own needs.

It can take time to feel comfortable with taking a break, so you may want to talk about it with someone you trust or with someone who knows how respite works. Advice and support is provided by the Commonwealth Respite and Carelink Centre. Their contact number is provided below.

Remember that it is not selfish to focus on your own needs when you are a carer—it’s an important part of the job.

Useful Contacts:

- Carers WA Counselling on 1800 007 332, at chat@carerswa.asn.au or visit www.carerswa.asn.au
- Commonwealth Respite and Carelink Centre on 1800 052 222
- Family Helpline on 1800 643 000
- Centrelink Disability, Sickness and Carers Line on 13 27 17
- To find your local free financial counsellor, contact the Financial Counsellor Resource Project on (08) 9221 9411
- Financial Counselling Hotline on 1800 889 364 or visit www.fcrp.org.au
- Consumer Credit Legal Service Advice Line on (08) 9221 7066 or visit www.cclswa.org.au
- Free Understanding Money Handbook on 1300 300 630 or visit www.understandingmoney.gov.au

Furthermore, reaching out for help when you need it is a sign of personal strength, not a weakness.

If you are a carer experiencing difficulties or want to talk about these ideas further, call the Carers Counselling Line on 1800 007 332 from 8am to 5pm, Monday to Friday.

Carers WA offers confidential telephone, face-to-face, and email counselling with qualified professionals.
Each of us is vulnerable to mental ill health.

Mental health problems might be the result of biological determinant such as genetic make-up, psychological factors like early childhood experience, and social climate such as cultural background and belief.

However, the usual trigger for mental ill health is stress.

Most of us spend a considerable amount of time in the workplace, a hotbed of potential stressors.

Given the economic climate of the past year, these stressors have increased at an alarming rate. We have witnessed re-structuring, emerging new technologies, downsizing, higher job insecurity and reduced supports. Even the fear of redundancy can be a stressor. In an age of multi-skilling, we are being asked to do more with less.

It was once thought that workplace stress was the exclusive domain of the high-powered executive, but we now understand that the most stressful jobs are those which combine a level of responsibility with limited power and control. These jobs exhibit the greatest imbalance between work demands and the employee's ability to cope.

"Most of us spend a considerable amount of time in the workplace, a hotbed of potential stressors."

The impact of workplace stress is enormous, both for the employee and the organisation. Workplace stress is a significant risk factor for the development of depression. Up to 40 percent of absences from work can be attributed to mental ill health. For the employer, the cost can include high staff turnover, low morale, increased absenteeism and reduced work performance.

On the plus side, a positive environment and appropriate support at work have a significant impact on reducing employees' levels of stress.

What can we do to buffer ourselves from workplace stress and promote a mentally healthy workplace?

If you are an employer, the single most important thing you can do is to empower workers by allowing them to participate in decision making.

If you are an employee, look out for signs of stress in yourself and other people. These signs may include any changes in behavior, such as increased or decreased appetite, inability to concentrate, irritability or fatigue.

The key to stress management is balance—at work, at home and between the two.

Start by addressing basic health care, by making time for regular exercise, nutritious meals, relaxation, hobbies, friends and fun. A healthy body will promote a healthy mind.

Select priorities. Do the unchecked emails really matter more than quality time with the kids?

No one is a superhero, so have realistic goals.

Access counselling. Many organisations offer free, confidential counselling on any issue of concern through their Employee Assistance Program (EAP). Your human resources department can give you details about the EAP. Low cost counselling is also available at university training clinics, so contact the university's psychology department for details. Your health professional can suggest other options.

Contrary to popular mythology, people who access counselling are not “crazy” or “weak,” but sensible, intelligent, rational and strong. They honour their difficulties and choose to access professional support in order to address them in the best possible way. In other words, they are taking control.

Ignore workplace stress at your peril. She may very well “not be right!” Take action now.

Clare Wilson is currently on sabbatical from her role as Director of the Edith Cowan University (ECU) Psychological Services Centre and has been working in Broome for headspace Kimberley. Visit www.headspace.org.au

The ECU Psychological Services Centre provides counselling, psychotherapeutic services and psychological assessments to members of the community. For more information, phone (08) 9301 0011 or visit www.psychology.ecu.edu.au/community
Helping Truck Drivers

The Trans-Help Foundation was established by Dianne Carroll following the loss of her first husband. She tells us how the foundation helps truck drivers and their families in times of need.

Life on the road, including irregular hours and extended periods alone, does not encourage regular exercise and a good diet. The work is mostly sedentary and take away food is plentiful. These factors lead to alarmingly high rates of depression, heart disease, blood pressure and obesity.

A healthy person is less likely to be at risk to themselves and others on the road. It therefore makes sense that truck drivers receive regular check ups with their GPs.

However, many are unable to have health checks while on the road. When they return home, they might have to wait up to two weeks to see a GP. By that time they are back on the road.

To address some of the unmet health needs of drivers, Trans-Help launched a Mobile Health and Support Unit in 2008. beyondblue provided funding for the unit’s computer which provides health checks, including a depression checklist. They also funded a TV and DVD and supplied pamphlets and fact sheets on depression and anxiety to promote mental health.

“A healthy person is less likely to be at risk to themselves and others on the road.”

The free health checks also test for blood pressure, glucose, diabetes, cholesterol, obesity and blood clots in the legs.

The unit travels the transportation corridors and has provided over 3000 on-road health checks to drivers.

Trans-Help is expanding its services to provide more help to truck drivers and their families. In May last year, we established our head office and emergency call centre in Tarcutta, NSW.

Our five-year plan for the complex is to establish a 24-hour medical centre and counselling service. We are aiming to provide respite and rehabilitation for drivers, as well as training for health professionals in heavy vehicle road trauma and associated post traumatic stress disorder.

Over the years we have heard from many truck drivers and their families who have benefited from our support. You can read their stories on our website.

For more information about the Trans-Help Foundation, email admin@transhelpfoundation.com.au or visit www.transhelpfoundation.com.au

The 24-hour support phone line is 1300 787 996.

Photo by John Turton, www.johnturton.com

Truck drivers face the risk of depression, anxiety and other health issues in the course of their everyday work. They are at a greater risk of experiencing road accidents because of high levels of work stress and the amount of time they spend driving.

In response to these risks, I set up the Trans-Help Foundation. We are here to assist those who are affected by hardship, tragedy and trauma.

We have a national 24-hour emergency number available to drivers and their families. With this number we have been able to alleviate some of the mental health problems in the industry. We have provided assistance in relation to accidents, fatalities, injuries, depression, potential suicides, child support, relationship issues, employer difficulties, superannuation, WorkCover claims and evictions.

In its three years of operation, the phone line has received over 2400 calls.
Workplace

In Aid of Another

We often understand the human toll of mental illness, but businesses often underestimate the economic toll. Tasha Broomhall, Director of Blooming Minds, tells us how Mental Health First Aid can make a difference to employers and their employees.

If mental health problems in the workplace aren’t a concern for employers, perhaps they should think again. This is because businesses bear the cost of stress, depression and other mental health issues through lost productivity and absenteeism.

According to the Mental Health Council of Australia, Australian businesses lose over $6.5 billion a year by failing to provide early intervention and treatment for employees with mental health conditions. The Council states that the average cost to employers is more than $9,000 per annum for every worker who does not seek treatment for depression or anxiety. Depression alone accounts for six million full work days lost per year.

“Mental Health First Aid is the help provided to a person who is developing a mental health problem or experiencing a mental health crisis.”

Mental Health First Aid improves mental health literacy. People often know more about common physical health problems than mental health issues. This unawareness can add to stigmatising attitudes towards mental illness, which can stop people from seeking suitable help early, if at all. In contrast, Mental Health First Aid encourages employees to seek help for themselves.

The program improves employee confidence, knowledge and skills to help others experiencing mental health issues such as anxiety, depression, psychosis and substance use disorder. Employees are taught strategies to support colleagues facing a mental health crisis, experiencing ongoing mental health issues or returning to work after time off for a mental health problem.

I have delivered Mental Health First Aid to more than 100 groups over the last four years. Participants have included psychiatric nurses; carers and people with a mental illness; aged care, disability and rehabilitation workers; managers; HR personnel; teachers; and various government departments. The program has equipped many of them to help themselves and their colleagues.

Remember: a happy and informed workplace is a productive one.

For more information about customised Mental Health First Aid courses, contact Tasha Broomhall at Blooming Minds on 0447 619 506 or at info@bloomingminds.com.au or visit www.bloomingminds.com.au

Drug and Alcohol Clinical Advisory Service

The Clinical Advisory Service (CAS) provides 24-hour drug and alcohol advice to health and mental health professionals.

CAS is staffed by senior medical officers from Next Step Drug and Alcohol Services.

Phone: 9442 5042
Freecall (for country callers) 1800 688 847

Please note that these numbers are for clinical advice to health professionals only. Patient enquiries for drug and alcohol services or counselling should be referred to the Alcohol and Drug Information Service (ADIS) on 9442 5000 or Freecall 1800 198 024.

www.dao.health.wa.gov.au
Finding Help at Work

We find out how the Employee Assistance Program (EAP) supports workers in the alcohol and other drug sector.

“The role of the EAP is to improve the resilience of employees experiencing difficulties,” says Merilyn Wigley, EAP Project Officer at the Western Australian Network of Alcohol and other Drug Agencies (WANADA).

“The EAP can be accessed via telephone or internet 24 hours a day, seven days a week.”

Merilyn believes that an EAP can make a positive difference to the work environment.

“The majority of people who access an EAP do so for personal reasons. Seeking assistance to deal with difficult situations in our personal lives, such as a relationship breakdown or a physical trauma, can minimise the impact on other aspects of our life, such as work,” she says.

However, small non-profit agencies may find it difficult to afford an EAP. In response, WANADA has been coordinating an umbrella EAP through a recognised provider, which it offers non-profit member agencies.

The umbrella EAP not only reduces the cost for non-profit agencies, it ensures that more workers in the alcohol and other drug sector have access to free and confidential counselling.

“The EAP can be accessed via telephone or internet 24 hours a day, seven days a week,” informs Merilyn.

“Full-time and part-time employees do not need to inform their employer that they are accessing the service. Our EAP provider recommends that employees be reminded about their EAP every three months. Posters also encourage people to seek assistance when they need it.”

For more information about WANADA and EAP, contact Merilyn Wigley on (08) 9420 7236 or at Merilyn.Wigley@wanada.org.au or visit www.wanada.org.au

Making the Link

Centrelink has initiatives in place to assist people with mental health issues.

Centrelink is a Commonwealth Government agency that delivers a range of services and payments to eligible retirees, families, carers, parents, students, people looking for work, farmers and people with disabilities.

To improve services for people with mental health issues, Centrelink formed a Mental Health Subcommittee in 2006. According to Centrelink Area Business Manager, Peter Clarke, the subcommittee includes representatives from the WA mental health sector and aims to link people with a mental illness to education, training and work opportunities.

“The agency has also introduced the Mental Health First Aid program for staff.”

“The subcommittee provides feedback on customers’ experiences and suggestions to help improve Centrelink’s services,” Peter says.

“Centrelink is now better at recording vulnerability indicators to identify the special needs of customers.”

The agency has also introduced the Mental Health First Aid program for staff.

“We started training staff in August 2009 to improve their awareness and understanding of mental health conditions,” says Centrelink psychologist, Brooke Taylor.

“The program will also improve appropriate responses to those conditions. A range of staff have found the program to be extremely useful in the workplace and in their personal lives.”

Centrelink’s Mental Health First Aid training for staff will continue in 2010.

For more information about Centrelink payments and services, visit www.centrelink.gov.au or phone 132 717. For further information about the Mental Health Subcommittee, contact Peter Clarke on (08) 9238 9018.
Over six years ago, James Bishop was diagnosed with bipolar disorder. One of his “wellness strategies” was to keep a diary of his moods. At first he kept a paper diary, but turned to Excel to better manage the information.

“Perhaps the biggest revelation was discovering a link in the data between my diet and moods,” he reflects.

“The reason for tracking your mood is to learn more about yourself and achieve better health.”

“I found that sensitivity to preservatives and artificial additives was connected to a deterioration in my moods. It took me a couple of years to discover the pattern, but without the spreadsheet I wouldn't have spotted it. I've found other triggers for my depression, as well.”

James has since developed Optimism, a mood diary for the desktop computer, internet and phone. The application is sold to mental health professionals and consumers in over 50 countries.

“The reason for tracking your mood is to learn more about yourself and achieve better health,” he maintains.

“A mood diary can help you to track the triggers of an episode of illness, the warning signs of a decline in health, and strategies to help you remain well. It means you are proactive and more involved in managing your health.”

Effective computer-based technologies like MoodGym (moodgym.anu.edu.au) and Virtual Clinic (www.virtualclinic.org.au) provide low cost prevention and early intervention treatments. They deliver education and cognitive behavioural therapy (CBT) programs to people with limited access to clinicians and face-to-face treatment.

James believes that Optimism, while different to CBT, has several benefits.

“By keeping track of your sleep, diet, exercise and stressors—the factors that affect your state of mind—the application offers a detailed picture of how you are progressing between appointments. It removes the problem of catastrophising. As a record to help determine what is or isn't working, it can lead to more relevant advice and treatment,” he asserts.

“Both clinicians and consumers have initiated the use of Optimism. You or your mental health professional can customise the application to your individual circumstances. Once customised, it is quick to use, taking about 2 or 3 minutes a day.”

The diary’s charts and reports were designed to assist in visualising the interaction between various factors. “It provides a precise, detailed history to develop a plan for ongoing wellbeing.”

He believes that the application benefits from portability and ease of use.

“It supports efficient and effective communication between mental health professionals and consumers. Being able to email charts and reports provides faster, more accurate preparation for appointments. It can facilitate remote telephone or online consultations, where time, distance or illness is an issue.”

James is now developing a “dashboard” application for remote monitoring. This will enable mental health professionals to view several clients’ entries on one screen in real time, and receive automated email updates, alerts, scheduled reports and charts.

“It will provide even greater scope for early intervention,” says James.

For further information about Optimism Apps, contact James Bishop on (02) 4722 9444 or 0417 017 520 or at james@findingoptimism.com or visit www.findingoptimism.com

Optimism uses technology to create a mood diary
Minding the ABCs

The Act-Belong-Commit guidelines for positive mental health may be simple, but they are proving to be effective.

Act-Belong-Commit is a world-first, community-based health promotion campaign launched over 18 months ago. Developed by Mentally Healthy WA at Curtin University, it raises awareness of what people can do to protect and promote good mental health.

Campaign manager, Amberlee Laws, notes that the message is both familiar and important.

“We are not telling people anything new. People instinctively know the sorts of things that keep them mentally healthy, but it’s not often at the forefront of our minds,” she says.

“**We are seeing a shift in people’s attitudes towards mental health.”**

The campaign encourages people to seek and engage in activities that will boost mental wellbeing. These activities include keeping fit, spending quality time with friends and family, connecting with nature, learning a new skill, and taking on challenges or causes that provide meaning and purpose in their lives.

“The response from the community has been great,” says Amberlee.

“We are seeing a shift in people’s attitudes towards mental health. Individuals and organisations want to get involved and join the mentally healthy movement.”

The Act-Belong-Commit message has even moved beyond WA. Last year, Toorak College in Victoria became the first interstate partner to adopt the campaign.

At local and statewide levels, partnerships have flourished. According to Amberlee, a particular highlight includes the partnership with the Department of Sport and Recreation. “Many people have seen the TV advertisements featuring personalities Adrian Barich and Michael Thompson, calling for people to join a sport and recreation club as a great way to act-belong-commit.”

Mentally Healthy WA is also working with the Council on the Ageing (WA) to pilot a peer-based education project for seniors using the Act-Belong-Commit principles. Seniors are now trained to deliver “mentally healthy” education sessions in Joondalup, Rockingham and Mandurah.

Riding the Masterchef wave last year was the Mentally Healthy Recipe Competition to promote the health benefits of cooking. Entries streamed in from around the state, from Esperance to Kununurra. Winning entries were published in the Happy Heart Happy Life cookbooks, which are now available from Act-Belong-Commit.

Amberlee says that Mentally Healthy WA will strengthen partnerships with the arts sector and Indigenous communities this year.

“We want to adapt the message for Indigenous communities and develop a self-help kit for people who want to get more out of life,” she says.

For more information about Act-Belong-Commit, contact Amberlee Laws on (08) 9266 1709 or at a.laws@curtin.edu.au or visit www.actbelongcommit.org.au
Tried and Tested

In each edition, we feature what people have “tried and tested” to promote their mental wellbeing.
Illustrations by Anita Ristovski, a_ristovski@hotmail.com

The Power of Qi

By Alex Lim

I have been practicing and teaching qigong (pronounced chee-koong) for many years. It was introduced to me in my teens as part of my kung fu training in Indonesia. With qigong, we were able to take heavy blows and kicks without suffering crippling injuries because of our greater concentration of qi (life force).

Qigong is an ancient Chinese art that combines simple movements, breath regulation and meditation. The aim is to cultivate qi and harmonise the mind, body and spirit. Qigong cultivates physical strength and flexibility. It calms the mind, reduces stress and promotes healing.

As an ancestor of tai chi, qigong can be practiced by almost anyone. In fact, the “soft” exercises can be used by the elderly and people in hospitals and in wheelchairs. Certain exercises are excellent for meditation, while others are used by exponents of the martial arts.

I am in my fifties, but I have never been to a gym or done any weightlifting. However, I have a sound body and peaceful mind. Everything I am is through qigong.

Qigong helped me during my marriage breakdown, a time that I call “the black hole.” I was at a loss and felt enraged at losing everything that I felt was important to me. My wife and children were at the centre of my life, but all of a sudden they were taken away from me. I could have turned to drugs and alcohol. I even had thoughts of suicide. Instead I turned to qigong.

I decided to take time off work. Each day for six months I practiced continuously from morning until afternoon. With qigong, I channelled my rage into something positive. If I hadn’t, I would have descended to the bottom of that black hole.

Qigong has kept me physically and mentally healthy ever since. It has certainly prevented me from succumbing to severe mental health problems. But don’t just take my word for it. Why not find out for yourself?

Alex Lim is a master of qigong who currently runs classes in the Perth metropolitan area. For more information, call 0418 913 838 or visit www.qigongtao.com.au

Real Life Dreaming

By Lyn Mahboub

Daring to dream has been of enormous benefit to my wellbeing.

When I think about my biggest dream, I am transported back to when I was in a psych ward someplace. There I learned that even in the darkness a dream can be inspired.

Through my haze, and feeling that no help was at hand, I wondered if it would be possible to share my experiences and teach that it is possible to reach people in distress and offer hope. I had no idea at the time that people around the world were already living out this dream, as trainers, speakers and supporters.

My dream blossomed and I found champions who encouraged me to take the opportunities I created. In time I was working for a recovery oriented organisation, delivering training and speaking nationally and internationally. I then started working for myself in my own consulting business. My journey has enabled me to speak from experience to encourage others to dream and find a place in the workforce.

Several things sustain me and nurture my wellbeing as I navigate my dream.
I habitually remind myself that I have a choice. I don’t have to “awfulise” or take offence at negative events, words and actions. Each choice effects how I end up feeling.

I always work towards taking personal responsibility for my life. I find that to blame things or other people leaves me vulnerable and powerless. Taking responsibility gives me the power and choice to take action.

I have built up a toolkit of resources to promote my recovery. By “recovery” I mean the process of self discovery, learning about choice and working towards living the life of my choosing.

I have learned a lot about recovery over the years. I have had to “recover” from drug abuse, mental distress, physical illnesses and chemotherapy. I am passionate about sharing with anyone who is keen to know more. This is the substance of my work, which was inspired by a dream.

Lyn Mahboub is an independent consultant and mental health recovery trainer. She has worked as founding director of the Hearing Voices Network Australia and as a program manager at Richmond Fellowship WA. In 2009, she won the Mental Health Good Outcomes Award for Excellence.

Ride on Health

By Nandi Chinna

Having struggled with depression and anxiety for many years I have sought and tried various, and beneficial, non medical solutions, including talk therapy, yoga and writing.

A few years ago I decided that I no longer wanted to contribute to the car economy; I could see the detrimental effects of having more and more cars on our roads. I sold my old Mitsubishi van and bought a lovely new bicycle.

At first I felt a lot of pain and exhaustion as I struggled to build my fitness and cycle up hills and across distances. However, within weeks I began to experience an unexpected benefit. To my surprise, my general mood of melancholy began to lift. Some days when I ride to work I actually feel a kind of euphoria. I have since been told that this effect is caused by endorphins that are released in the body during exercise.

Cycling has provided long-term benefits to my mental health. I now feel stronger, better able to cope with crises and generally much happier. In the past, if I felt ill or depressed my inclination would have been to go to bed, unable to face the world and my responsibilities. Through cycling, however, I have developed a kind of robustness of body which seems to translate to the mind. This has in turn enabled me to feel confident that I can achieve my goals.

These days, when I pedal over the traffic bridge at Fremantle and see dolphins turning cartwheels in the water, I feel a great sense of wellbeing through the simple act of propelling my own body through space.

Nandi Chinna lives in Fremantle. Her first collection of poetry, Our Only Guide is Our Homesickness, was published by Five Islands Press in 2007. She is currently completing a PhD at Edith Cowan University on a poetic psychogeography of past and present wetlands in the Perth region.
The Good Girl

Sue Crock had been helping others for over 50 years. Then she learned to help herself. She tells us more.

I was born into a large family. From early on I was taught that I was blessed by God, and I believed it. I loved being my mother’s responsible “big girl” and the kudos that came with that. I tried hard at school and did well. So keen was I that I thought nothing about volunteering to clean the boys’ smelly toilets to impress my teachers. It worked. They asked me to do it again!

In my teens I saw there was more to the world than I’d experienced. I questioned my religion and things I’d been taught. But I never questioned being a Good Girl.

“I started to see the connection between being a Good Girl and being depressed.”

My Good Girl shell started to crack. Looking back, it needed to, but at the time it felt as though my world was collapsing. I had no energy and was always tired. I’d never experienced this depletion before and didn’t know what to do. Tears would trickle for no reason and then cascade down my face. I was fearful this river would never stop. My resilience was gone. I struggled to maintain the careful balance that had seemed so strong and now seemed so fragile. I put on weight and took antidepressants.

My mother died. Our large family shrank as our kids grew up. My sister committed suicide. She had been depressed. I knew I had to do something different but I didn’t know what.

My partner and I went to Europe to reclaim our lives. We worked, travelled, soaked it all up, and loved it. I felt replenished and began to feel myself again. I thought all would be well.

My father died and I came home. Then my other sister took her own life. I started to see the connection between being a Good Girl and being depressed. I saw how I’d never learnt to really look after myself. My sisters hadn’t known how to and nor had my mum, nor probably her mum. I decided this was too serious to ignore.

In my 50s I decided to be responsible for myself instead of others. I started meditating regularly and joined a gym. I signed up with a coach who would challenge, encourage and guide me in replenishing myself without delving into my past. I had done the delving and it had helped, but only so far.

It’s been some months. My laughter is louder and my life more balanced. I am more cautious about what I do with my energy and not so eager to say YES. My Good Girl is finally growing up.
Moving in Cycles

Best friends Nic Cuthbert and Matthew Sladden battled heat, humidity and flat tyres to cycle their way around Australia. Their cause was to promote teen mental health and suicide prevention for Riders Choice AUSyouthcycle. Matthew answered a few questions about the ride that ended in February.

Why mental health?
We wanted to contribute to the rural and regional communities we were going to visit.

The rates of mental health problems and youth suicide are disproportionately high in these areas compared to the cities. We wanted to encourage schools and communities to be aware of resources such as Inspire Foundation’s ReachOut.com website.

We were keen to promote the help available in the local communities and encourage friends to look out for each other.

Why a bike ride?
We wanted to set a goal that was physically and mentally challenging. Neither of us were avid cyclists and this would be very different for us.

The decision to cycle around Australia was simple. We really haven’t experienced the far north and this was surely going to provide us with a different and extensive way to experience it.

What feedback did you receive?
The response to mental health topics from high school students was pleasing. The students who were initially interested in our adventure got to learn about our cause. We left them with a positive option to choose from if they should ever find themselves in troubled times.

Community leaders were positive towards our efforts. Like us, they wish that more could be provided to people and carers who need help.

Australian tourists and travellers who passed through these communities often did not realise the extent of the problems below the surface.

Then there were tourists who lifted our spirits with simple acts such as waving, cheering, taking photos, giving us a cold drink or a chocolate bar.

What were some of the challenges?
Besides getting flat tyres at the most inconvenient times in the day, I incurred a mechanical problem 150 kilometres south of Kununurra at 9pm. We had to find our way back to Kununurra where a replacement bike took 10 days to get to us. But we made the most of the situation by seeing the spectacular sights of the Kimberley.

“Australian tourists and travellers who passed through these communities often did not realise the extent of the problems below the surface.”

Cycling unassisted added another element to our trip. We needed to be adaptable and patient. We had to rely on one another to get through each day. We also had to physically carry our food, water and camping equipment in our bikes trailers.

The uncontrollable challenge of the weather—the wind, heat and humidity—was also frustrating.

What’s in store for you after the ride?
Nic has a degree in human resources and, having finished a swimming career, is open to new ideas. He has an adventurous spirit and intends to travel and experience different cultures.

With university degrees in commerce and economics, I am ready to start a career in corporate finance. The economy improved during the time we spent on the road. There are now more employment opportunities for me in the banking and finance industry.

Separately, we are planning trips to the Kokoda Trail and Mount Kilimanjaro to challenge ourselves again.

Support youth mental health awareness by donating to Riders Choice AUSyouthcycle. All funds raised above the operating costs will be donated directly to the Inspire Foundation’s ReachOut.com service. Visit www.ausyouthcycle.com.au
How do urban and suburban environments impact on our health?

At a physical level, the design of our environment has a direct effect on exercise and activity levels.

The direct impacts on our mental health include stress associated with noise from traffic and neighbours. Also, as people live further away from the city, the amount of time spent in cars can cause stress.

At a more indirect level, an exposure to nature is protective of good mental health. Providing opportunities for people to interact with one another is also important because interaction builds social networks that protect mental wellbeing.

Why study the relationship between children, activity and the built environment?

Environment has an impact on child development.

Contrary to what some parents think, their children might not want to walk with or be driven by them to school. Many children want to walk or cycle with their friends instead, because you learn about life by doing things independently. Therefore building a safe environment for children to be independent is important.

Children with access to public open spaces are more likely to be active, which has an impact on their physical and emotional health.

Activities such as play and organised sport assist children in their muscle and bone development. Children who participate in sport learn about the nature of winning and losing and how to work in teams and interact positively with others.

There is some evidence that children who play sport are less likely to be involved in antisocial behaviour.

How are older adults affected by their environment?

Older adults are similar to other age populations in their preferences. Being around aesthetic and pleasant environments makes them more likely to be active. If there are no places for walking or if the footpaths are unsafe, activity levels are lower.

“Environment has an impact on child development.”

Activity helps maintain muscle strength and bone density. It also decreases the likelihood of fractures from falls, which are currently a large strain on the health system.

Where older people are encouraged to cycle and the infrastructure is right, then a significant portion will continue to do so. For example, communities in the Netherlands encourage older people to cycle. They have a culture that promotes cycling and an environment that is safe for riding.

How do we promote good health if our living environment is not conducive?

If the environment is not supportive of social interaction, then create a supportive social environment to overcome these barriers. This includes having a convivial public environment where people can sit and meet friends or other locals.

Provide a social environment that encourages people to be active. Encourage people to have an exercise buddy.

Can owning a dog improve our health?

Dog owners have better social capital, the glue that binds communities together. Social capital helps build social support which is protective of good mental health. Dogs have been called a “social lubricant.” Dog owners are known in the neighbourhood. They are more likely to meet people, exchange favours with neighbours and participate in the community.

Dogs are a good motivator for activity. Pet owners are less likely to use the health system. They are more likely to be physically active and have lower blood pressure. On the other hand, owners who lose their dog become less active.

We encourage owners to walk their dogs. It’s good for the health and waistline of owners and dogs, and it benefits the community. For example, walking the dog helps control their barking, which is good for everyone.

For more information visit: www.sph.uwa.edu.au/research/cbeh
The teenager’s wet towel on the floor. The complaining customer. The demanding manager. The dirty cups in the staff kitchen. The verbal beatings we give ourselves. Who is not familiar with the causes of tension in our everyday interactions?

For the past five years, Chris Gillett and Marg Pontin have been teaching workshops on how to negotiate these tensions. They teach a process pioneered by Dr Marshall Rosenberg.

“Seeking ways to reduce everyday violence, he studied clinical psychology, comparative religion and the lives of peacemakers such as Ghandi.”

Growing up in Detroit, Dr Rosenberg was confronted daily with various forms of violence. Seeking ways to reduce everyday violence, he studied clinical psychology, comparative religion and the lives of peacemakers such as Ghandi. Dr Rosenberg discovered that most conflicts arise out of people’s different strategies to meet their needs and the abrasive ways they express them. He integrated what he learned about language and verbal communication into a model he named Nonviolent Communication (NVC).

“NVC is a powerful tool for peacefully resolving differences at personal, professional and political levels,” says Chris Gillett, an occupational therapist.

Central to NVC is the concept of universal human needs, such as choice, recognition, acceptance, comfort and order.

“NVC is a way to listen to our needs and the needs of others at the same time,” asserts Marg, a teacher and community worker. “It challenges us to shift from judgemental right/wrong language, which stimulates defensiveness and counter-attack, towards compassionate listening.”

Adds Chris, “We learn to guess the needs behind criticism, blame and demands. For example if someone says, ‘You don’t have a clue what its like for me!’ we might guess, ‘Are you needing some understanding?’ Once people get in touch with their needs, they settle. Connecting at this level generates compassion between people and opens new solutions.”

Chris and Marg have shared the NVC model from Albany to the Kimberley. They have presented to groups as diverse as Aboriginal services, mental health workers, parents, people with an intellectual disability, tradespeople, schools and businesses.

The facilitators believe that real learning requires more than “head knowledge.” In their workshop “Talking Peace: Getting Heard,” they create an interactive and fun learning experience with plenty of practice.

“We get into some hilarious role plays as Marg and I demonstrate the model in action,” Chris enthuses.

“We have also witnessed profound transformations,” reflects Marg.

“As author Vicki Robbins says, ‘Like so many essential and elegant systems, it’s simple on the surface, challenging to use in the heat of the moment, and powerful in its results.’

“One workshop participant said to us, ‘I was surprised at how many obstacles I had to remove before I was willing to really engage with this method. When I finally “got it” I was shocked, grief stricken and inspired all at once. Eighteen months later I am a profoundly transformed individual.'”

For more information about Nonviolent Communication, contact Chris Gillett and Marg Pontin on 0428 758 544, at christinegillett@gmail.com or margpontin@westnet.com.au or visit www.talkyourpeace.com

Nonviolent Communication is a tool for resolving differences
Womens Health Services has been operating for over 30 years to provide services supporting the health and wellbeing of women and their families. We find out more.

All programs and services at the Womens Health Services (WHS) are delivered by female health professionals from a range of personal and professional backgrounds. They run community development programs, as well as clinical, multicultural, domestic violence, drug and alcohol, and mental health services.

The WHS Mental Health Services are funded by the State Government.

Cath of WHS says services are tailored to individual needs.

“Services are provided in a women-centered mental healthcare model to ensure they are holistic. They take into account the impact of economic, social, environmental and cultural factors on the women’s health,” she explains.

“Our services sensitively attend to issues of domestic violence and childhood sexual abuse, which are prevalent among women with mental health problems. Barriers to accessing mainstream services are addressed, including providing a crèche, low cost or free services.”

“Individual counselling covers issues around depression, anxiety, past trauma, relationships and stress management.”

Cath believes that the range of options increases the likelihood of recovery and positive mental health outcomes.

“We offer in-house and outreach services, group and individual therapy. They include psychosocial and parenting support during the process of recovery.”

Individual counselling covers issues around depression, anxiety, past trauma, relationships and stress management.

In the north metropolitan area, the Perinatal Mental Health Program offers therapeutic and support services to women diagnosed with, or at risk of, postnatal depression and anxiety. The program includes the Adjusting to Baby and Change CBT (cognitive behavioural therapy) group and clinical psychology services.

The Mental Health Community Outreach Program also supports mothers with a history of serious mental illness.

“The program includes individual assessment and care planning, group activities such as coffee mornings, art therapy, recreation and children’s activities,” Cath notes.

“It aims to offer continuity of care, reduce social isolation and stigma, create supportive networks and enhance women’s personal coping strategies.”

Tips to enhance your mental health and wellbeing

♦ Have faith and hope that you will feel better.

♦ Express yourself. Keep a journal, paint, dance and sing as an outlet.

♦ Fuel your body! Eat well and drink plenty of water.

♦ Focus on your strengths and make the most of good times.

♦ Exercise. Burn off nervous energy and release endorphins. Aim for 30 minutes each day.

♦ Get sunshine. Around 20 minutes a day early in the morning is best, as this helps to set your body clock and promote good sleep. Don’t forget to slip, slop, slap!

♦ Relax. Sit down and put your feet up. Use guided relaxation CDs, or relax with a cup of tea or a good book.

♦ If you are tired, have a 20-minute power nap as this will re-energise you.

♦ Do something nice for yourself and take some time out. Join a class, catch up with a friend, take a long bath, get a massage.

♦ Reach out to others and ask for help when you need it. Look to friends, family, your GP and other services. Share your concerns with someone you trust.

Womens Health Services is located at 100 Aberdeen Street Northbridge. For more information, call (08) 9227 8122, email info@whs.org.au or visit www.whs.org.au
Creating Healthy Cultures

We asked GP Dr Jill Benson about her experience in mental health when she was in Perth for the 1st Australasian Refugee Health Conference.

How did you become interested in mental health?
I have a fellowship at the Australian College of Psychological Medicine and have been interested in mental health issues for 30 years.

Over that period, I’ve looked at the more vulnerable people in our communities, like refugees. I’m also the medical director of a remote Aboriginal community.

“There is no easy answer. You chip away doing what you can.”

I also work across cultures. I have a three year contract as a voluntary World Health Organization consultant in Vanuatu, teaching about mental health to the country. They’ve not had any mental health practitioners there before. Their language doesn’t include words for mental health and illness. I train people to be teachers and then we co-teach other groups. Gradually we will move around the country and teach as many people as we can. I have also worked in a remote area of Nepal.

What are important issues regarding mental health in Aboriginal communities?
I think what is most difficult is the hopelessness and despair, the loss of culture, eldership, tradition and meaning in life. The pervasive despair spills over into other areas such as smoking, alcohol and substance use and petrol sniffing. A multi-generational loss of parenting skills means that children are sometimes improperly fed and can become very sick.

There is no easy answer. You chip away doing what you can. I am particularly interested in building the children’s resilience, so that the next generation has a better chance.

How do you build their resilience?
I’m interested in having the children eat properly and receive good schooling.

I’ve just received funding for a community kitchen to teach the mothers cooking skills and provide them with some food security, so their food won’t be stolen. I look at supplemental food for the little ones who are not doing well and are undernourished.

The other important thing is hearing. Twenty-five percent of the children have hearing loss, partly the result of chronic ear problems stemming from their poor diet and lack of immunity. They get infections in their ears, but don’t have the physical ability to fight it. We put drops in their ears and clean them out.

Housing is a big issue. Overcrowding and lack of good nutrition mean that Aboriginal people don’t have the good health that most non-Aboriginal people have.

Tell us about your interest in doctors’ health
I used to be the chairman of the Doctor’s Health Advisory Service in South Australia. Working in refugee and Aboriginal health is very difficult and I needed support. I helped set up a Balint group (to discuss the patient-doctor relationship) for GPs doing a lot of psychotherapy. We met once a month and talked about the feelings we experienced at work and how we dealt with them. Having a community and people that you can relate to is important. It was a very supportive group and I was with them for a long time.

I’ve written research papers on vicarious trauma, which affects people working in refugee health. Doctors are at risk of internalising the stories of torture and trauma and as a result succumb to a type of post traumatic stress disorder.

Doctors have one of the highest rates of suicide, divorce and alcoholism. We’re not renowned for being good at looking after ourselves. Working with doctors is a difficult and specialised field, which is why we have doctors’ health conferences.

If you talk to doctors working in refugee or Aboriginal health, they will tell you their stories of burnout and trauma. They will tell you what they have done about it and how they have tried to heal themselves.

The Royal Australian College of General Practitioners (RACGP) offers the GP Support Program. Members can access free professional advice to help cope with personal and work-related stressors that can impact on their wellbeing. For more information, visit www.racgp.org.au/gpsupport or call RACGP membership on 1800 331 626. For crisis counselling, call the 24-hour support phone line on 1800 451 138.
Sleep disturbances are frequently related to disruptions in a person’s circadian rhythm, which synchronises most bodily functions to an approximate 24-hour cycle. Thirty to 80 percent of people with schizophrenia experience sleep disturbance, contributing to increased risk of relapse, reduced quality of life, and poor adherence to medications.

Researchers at the Centre for Clinical Research in Neuropsychiatry, Mount Claremont, are using a research method pioneered by Oxford scientists Dr Katharina Wulff and Professor Russell Foster to monitor the sleeping and waking patterns of people with schizophrenia in their own homes.

Associate Professor Flavie Waters has already carried out a pilot project in 2009 called the Sleep-Wake Study, which hopes to uncover the relationship between sleep disorders and mental illnesses.

“Very few studies have attempted to examine sleep-wake patterns longitudinally, and only with hospitalised patients,” notes A/Prof Waters. “But it’s now possible to obtain a naturalistic and long-term profile of a person’s sleep-wake patterns in a way which was not possible before.”

The study used a technique called actigraphy, which records an individual’s rest-activity patterns and light exposure. The research participant wears a small watch-like electronic device on their non-dominant arm as they go about their daily activities. Participants, including people with schizophrenia and a control group, are also required to keep a diary to confirm their patterns of activity and rest.

“Thirty to 80 percent of people with schizophrenia experience sleep disturbance.”

“This is one of the first studies which enables day-to-day scrutiny of the association between sleep and subjective experiences”, says A/Prof Waters.

Data on the Sleep-Wake Study has now been collected and is being processed by the research team. However, the questionnaire study in relatives of people with schizophrenia is still ongoing. For further information, contact Associate Professor Flavie Waters at CCRN on (08) 9347 6650 or at Flavie.Waters@health.wa.gov.au

Please note that CCRN does not provide clinical services direct to consumers.
Money Matters

A recent study by SANE Australia reveals that Australians with a mental illness struggle to pay for their healthcare and to make ends meet.

The study, conducted during April and May 2009, focused on the income levels of people with a mental illness, the costs associated with their illness, and the impact of poverty on their health. The most common diagnoses reported were depression, bipolar disorder and schizophrenia.

The financial costs of living with a mental illness can be high. One in six respondents reported spending $100 or more a month on medication for mental and physical health conditions. However, many were living on below average incomes; a third of those surveyed had an annual income of less than $20,000. In addition, a number of healthcare costs are either unmet or only partially met by Medicare. These include medication and over-the-counter medication, medical appointments and other services such as dentistry.

Over half the respondents could not afford private health insurance. Many often have to choose between paying for healthcare and meeting daily needs. Ninety-six percent reported experiencing times when they could not afford essentials such as food. Of those with credit cards, 29 percent had been contacted by debt collectors in the past year, while two-thirds were concerned about their level of debt.

Thirty-one per cent of respondents were smokers, compared to around 18 percent in the general population. According to SANE, nicotine replacement therapy (NRT) is the most effective aid to quitting, yet it is not subsidised by the pharmaceutical benefits scheme (PBS). Almost half of smokers said that they could not afford NRT, even though they wanted to quit.

In spite of the challenges, 75 percent of respondents had not seen a financial counsellor for help and advice in managing their money.

SANE recommends improved financial support to ensure that PBS and gap payments are affordable for people on low incomes; that government and mental health services take steps to ensure the availability of financial literacy and counselling to people with a mental illness; that people on low incomes are registered with the Medicare Safety Net; and that there is PBS subsidy for quitting aids such as NRT.

To access the complete study, Money and Mental Illness, visit www.sane.org or phone 1800 18 SANE (7263).

Rethinking Mental Health Laws

Professor Bernadette McSherry of Monash University reports on the progress of her five-year project on mental health laws.

Rethinking Mental Health Laws: An Integrated Approach began in December 2007 and is funded by an Australian Research Council Federation Fellowship.

Its main aim is to explore the role that the law has and should have in improving access to optimal mental health care and in promoting and maintaining good mental health.

The project brings together national and international mental health experts from a range of disciplines, including psychiatrists, psychologists, nurses, social workers and legal advocates. Together with consumer representatives, they will develop model frameworks for mental health laws in both the civil and criminal law fields.

Legal provisions alone do not lead to the development of new services. However, endeavours to improve mental health services will only work if appropriate laws are in place to shape access to quality mental health care.

Eighteen researchers are currently involved in the project. So far we have found a remarkable amount of agreement as to what mental health laws should include. Many interviewees have identified the need for more emphasis on voluntary care and less on involuntary detention and treatment. They have also highlighted requirements for supported rather than substitute decision-making where possible. The availability of options to divert offenders with mental illnesses away from prison and towards treatment is another priority.

Future directions include examining complaints and review mechanisms to ensure transparency in decision-making, and how the law can best serve special groups such as young people with mental illnesses. We are also investigating the regulation of practices such as seclusion and restraint, electroconvulsive therapy and psychosurgery.

For more information about Rethinking Mental Health Laws: An Integrated Approach, visit www.law.monash.edu.au/rmhl or contact Kathleen Patterson on (03) 9905 3303 or Professor McSherry at Bernadette.McSherry@law.monash.edu.au
Growing Your Wealth

Making the most of opportunities through superannuation can help you lead your desired lifestyle in retirement. GESB Head of Wealth Management, Fabian Ross, tells us more.

The Commonwealth Government highlights superannuation as the preferred retirement savings vehicle for Australians. However, experience shows that the nine percent your employer pays into your superannuation is unlikely to produce the level of savings needed to provide an income for the length of your retirement.

With life expectancies for both men and women increasing, the amount of time you’re likely to spend in retirement is growing, so it is important to consider if you should be regularly contributing extra to your superannuation to boost your savings for retirement.

By taking action and contributing small amounts to your superannuation earlier in life, you can potentially make a big difference to the amount you have in retirement. This can reduce the stress of financial pressure when it comes time to stop working.

Some people make a one-off lump sum contribution to their superannuation when they have spare cash, while others make regular contributions, depending on their individual situation or financial needs.

The two ways of making regular contributions are salary sacrifice and after-tax contributions. Salary sacrifice is a pre-tax contribution arrangement organised through your employer. After-tax contributions can also be arranged through your employer or paid directly to your superannuation provider.

A salary sacrifice arrangement with your employer involves having part of your pre-tax salary paid directly into your super, rather than taking it as income.

The benefits of salary sacrificing include:

- Paying a lower tax rate of 15 percent when making salary sacrifice contributions to a taxed fund.
- Paying less income tax, as your taxable income will be reduced by the contribution amount you choose to make, which could put you in a lower tax bracket.

The other very effective method of contributing to your super is through the Commonwealth Government Co-contribution scheme.

Those who make an after-tax contribution and earn under $61,920 this financial year may also be eligible to receive a Commonwealth Government Co-contribution. This means you could receive up to $1.00 extra for every $1.00 that you contribute to your super, up to a maximum of $1,000.

If your income is under $31,920 you may be entitled to the maximum co-contribution of $1,000.

This is an excellent initiative provided by the government, so it is worth taking advantage of while you still can.

For further information, visit www.gesb.com.au, where there is a wide range of calculators and tools available to help with your retirement planning. For advice on your personal situation, call the Member Services Centre on 13 GESB (4372).

This information is general and does not take into account your investment objectives, financial situation or needs. If you need specific advice for your personal circumstances, consult a qualified adviser. Financial advice is provided by GESB Wealth Management Pty Ltd trading as GESB Financial Advice AFSL No. 309268.
Black Dog Institute

The Black Dog Institute is developing free educational programs and workshops for GPs, psychologists and other healthcare professionals to assist them in using exercise as a strategy for treating depression.

*Exercise the Mood: Exercise as a Treatment for Depression* was piloted last year and will be rolled out this year. Funded by the Roth Charitable Foundation, the program is the result of collaboration with the UNSW Lifestyle Clinic.

The new initiative will include evidence-based strategies for promoting physical activity in people experiencing mild and moderate depression. It will train health professionals to develop individualised exercise plans and identify and overcome barriers to exercise and participation.

For more information, contact the Black Dog Institute on (02) 9382 4530, at blackdog@blackdog.org.au or visit www.blackdoginstitute.org.au

Chameleon Society of Western Australia

The Chameleon Society is a support and social group for crossdressers, transsexuals, their partners, families, friends and people involved with the transgender community.

The group runs meetings in East Perth on the second and fourth Wednesday of each month. Monthly social events are also arranged.

The Chameleon Society has an extensive library of material about crossdressing and transsexuality available to members. There is also an online discussion forum.

For more information, contact the Chameleon Society of Western at chameleonswa@yahoo.com.au or visit www.chameleonswa.com

OzHelp WA

Not-for-profit organisation OzHelp WA commenced operations in 2009. It is part of the OzHelp Foundation, a national early intervention, suicide prevention and social capacity building program.

The aim of the foundation is to enhance the resilience of apprentices and workers in the construction and building industry. OzHelp WA develops programs in the areas of training and awareness promotion. *The Life Skills Tool Box* is a national accredited program designed to develop resilience through life skills such as communication, budgeting and mentoring. *General Awareness Training in Suicide Prevention* provides information about warning signs and practical steps to take in supporting a fellow worker in crisis. It is aimed at field officers, site supervisors and occupational health and safety and human resources teams.

Monthly onsite barbecues are held to provide information on counselling and support services such as beyondblue.

For more information, contact OzHelp WA on 1300 694 357, at julian@ozhelpwa.org.au or visit www.ozhelp.org.au

RuralLink

RuralLink replaced SouthWest24 (SW24) on 25 January 2010 as the service providers for after hours mental health telephone support and crisis assessment in the South West.

RuralLink are statewide providers of after hours mental health helpline support in rural WA for all age groups. RuralLink are run by experienced mental health professionals who provide assessment, information, support and advice for people with mental health issues, carers, community agencies and all health care professionals.

RuralLink are able to provide planned support calls for people requiring follow-up assistance after hours. They will work closely with the South West Mental Health Service (SWMHS) in ensuring the delivery of coordinated patient care over a 24 hour period.

For more information, contact RuralLink on 1800 552 002.

WA Country Health Service

Kimberley Mental Health and Drug Service (KMHDS) received the Health Partnership Award at the Healthy WA Awards 2009. The Department of Health event showcases the work of WA Health employees who provide quality healthcare.

The award acknowledged the groundbreaking cultural consultation strategy, *Culture and Care: Planning an Inpatient Mental Health Service for the North West*. The aim of the strategy is to develop culturally respectful mental health care in the region.

For further information about Culture and Care, please contact Dr Beth Wilson on (08) 9194 2680 or at beth.wilson.kmhds@health.wa.gov.au
Aboriginal Cultural Orientation

Cultural Orientation is a free online cultural orientation program for health professionals working with Aboriginal people.

The project is sponsored by WA Country Health Service and Disability Services Commission, and is run by the Combined University Centre for Rural Health.

The aim of the program is to assist health professionals to develop a deeper understanding of Aboriginal culture and to promote culturally secure practice. However, it is not intended to replace local cultural orientation and education programs.

The course package includes information, videos, activities and links. It consists of five self-directed learning modules. These are, culture, self and diversity; Aboriginal history; working with Aboriginal people; providing clinical services; and improving cultural security.

Visit: http://lms.cucrh.uwa.edu.au/moodle

New Code of Practice

A code of practice has been developed to help industry superannuation funds improve the management of insurance claims where mental health is a factor. The code was developed by SuperFriend, a nation-wide initiative aimed at improving the mental health and wellbeing of industry superannuation fund members.

The code covers the life of an insurance claim and was developed collaboratively with representatives from the insurance, superannuation and mental health sectors.

The guidelines were designed to improve processes, reduce claim turnaround times and offer better communication with the member.

For more information, contact SuperFriend on (03) 8648 6934, at info@superfriend.com.au or visit www.superfriend.com.au

Anxiety eTherapy

Anxiety Online is an internet-based treatment clinic for people with anxiety problems. Funded by the Department of Health and Ageing, it is an initiative of the National eTherapy Centre (NeTC) at Swinburne University of Technology.

The service offers information, resources, online diagnosis and treatment programs for disorders around generalised anxiety, social anxiety, obsessive compulsive, post-traumatic stress and panic.

Anxiety Online offers an online psychological assessment program that enables a person to obtain an online diagnosis of the type and severity of their anxiety.

Treatment involves free self-help programs and low cost therapist-assisted programs via email.

Visit: www.anxietyonline.org.au

Workplace Bullying

Dealing with bullying at work: A guide for workers is a recent publication developed by the Commission for Occupational Safety and Health.

The guide helps workers to identify and deal with overt and covert bullying behaviour.

Bullying can result to mental health issues such as stress, anxiety, concentration problems, sleep disturbance, panic attacks, loss of self-confidence, depression, a sense of isolation or, in extreme cases, suicide. The costs to an organisation include absenteeism, reduced efficiency, poor morale and increased workers’ compensation claims.

Dealing with bullying at work recommends that workplace bullying be treated like other safety and health hazards.

For more information or to obtain the booklet, contact WorkSafe on 1300 307 877, at safety@docep.wa.gov.au or visit www.worksafe.wa.gov.au

GenWHY?

One of the most comforting actions that one can take when experiencing depression is to discuss it with other people who are experiencing or have experienced similar feelings.

GenWHY? Depression Support Group is for people aged between 18 and 40 years. The group meets Tuesday fortnightly at ConnectGroups, 335-337 Pier St Perth.

ConnectGroups – Support Groups Association WA is the peak body for support groups across the state.

For more information, contact Georgia on (08) 9228 4488, freecall 1800 195 575 or at georgia@connectgroups.org.au

The cost of smoking

Smoking is the largest single cause of preventable illness and mortality in Australia. However, a SANE Australia report indicates that at least 42 percent of all cigarettes sold in Australia are consumed by people with a mental illness.

Smoking prevention and cessation programs are routinely offered at all WA public inpatient facilities. People admitted to state public hospitals are assessed for their level of nicotine dependence and are offered tailored treatment to support nicotine withdrawal. This includes free nicotine replacement therapy during their stay and for one week upon discharge.

SANE research suggests that the majority of people with a mental illness want to quit smoking.


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The Anti-Alzheimer’s Prescription: The Science-Proven Plan to Start at Any Age.

Written by Dr Vincent Fortanasce
Ebury Press, 2008. (Practical)
Review by Vivian Blagaich

In this book, neurologist Dr Vincent Fortanasce looks at the available research on Alzheimer’s disease, who is at risk of developing it and how to avoid getting it in the first place. He explains how the damage associated with Alzheimer’s begins decades before any symptoms appear.

The Anti-Alzheimer’s Prescription is first and foremost a practical and straightforward book. It does however paint a picture of Dr Fortanasce’s personal experience with his father’s struggle with Alzheimer’s. He takes the reader through the feelings of devastation and helplessness that come with “losing” a family member to Alzheimer’s.

There is no cure for Alzheimer’s, which makes prevention all the more important. Readers are urged to start applying Dr Fortanasce’s frank and sensible lifestyle prescription now for good brain health long into their later years. His prescription covers four key areas: diet, physical exercise, mental exercise and rest.

While this book is primarily concerned with Alzheimer’s disease, its focus on prevention and promoting brain health gives the reader insight into how to prevent problems such as depression, anxiety and other mental illnesses. It also alerts the reader to the fact that, in its early stages, Alzheimer’s disease can be mistakenly diagnosed as depression.

Containing information on the medical diagnosis and latest treatments, The Anti-Alzheimer’s Prescription is a comprehensive and valuable resource for anyone wishing to protect their brain and maintain an active and engaged lifestyle into old age.

A Theory of Moments
Written by James Knight
Hatchette, 2009. (Travelogue)
Review by Lezly Herbert, Perth Writer

James Knight was working as a journalist for radio, television and newspaper. However, eight years after being diagnosed with depression and four years after being reassessed as having bipolar disorder, he felt that he was doing nothing more than existing. At almost forty, he felt trapped in the grind of making ends meet in middle-class Sydney suburbia and had lost respect for time.

Pretending to avoid electro-convulsive therapy or taking enough medicine to make him rattle, he chose to closely examine his moods and found he was happiest and healthiest when busy, stimulated and on the move. In order to reconnect and bring more meaning to their lives, James and his wife Clare decided to spend a year backpacking through South America and Africa.

What an adventure! James shares their experiences of finding joy in unusual places and danger in others. This is no luxury tourist outing as James and Clare come face to face with extreme poverty, hardship and crime. It certainly changes their perception of the world and of their places in it. James jots down his memories of the unusual, the unexpected and the absurd—in fact the unexpected would become the expected in their year long trek.

They engage in quite a bit of volunteer work (websites for organisations are included in the book) and their experiences are inspirational. Setting out to make a difference in other people’s lives, they ended up making a difference to their own.

Called to Hope: Overcoming Depression
Written by Darren Speers
Zeus Publications, 2009. (Self-help)
Review by Philippa Martyr, Centre for Clinical Research in Neuropsychiatry

Darren Speers, an evangelical Christian, has had to face hard questions for any believer experiencing depression: should Christians get depression? Is God punishing me? Is suicide the unforgiveable sin?

Darren and other Christians with depressive illnesses are in good company. Some of the greatest minds in the history of Christianity have suffered from depression. Medieval mystics like Gertrude of Helfta, social reformers like John of God, modern-day spiritual diarists like Therese of Lisieux, and preachers like the Baptist C. S. Spurgeon, all struggled with the loss of hope and light that is a spiritual side-effect of depression.

Speers’ book looks at what depression is and is not; the symptoms; the causes; the effects; and the treatments available. As it is a very personal story, some of his techniques for managing his depression will not appeal to everyone, but on the whole, a reader may find much-needed encouragement here.

Above all, Speers can ably communicate the loneliness and social isolation suffered by people with depression. Depression can be profoundly self-limiting, but treating it can—and should—help a person to address a range of social and personal limitations and damaging life experiences which may be keeping them depressed. Help is available; Speers’ book may encourage others to seek the help they need.
Based on the novel *Push* by Sapphire and set in Harlem in 1987, the film takes us into the life of Claireece “Precious” Jones (Gabourey Sidibe).

Precious is an extremely overweight African American teenager who tries to disappear at the back of the classroom. She can’t read or write but is quite good at maths. She continually drifts off into daydreams of a better life where she is a superstar model posing for the cameras and married to her maths teacher. The reality is that this 16-year-old is on the receiving end of every kind of abuse at home—and she is pregnant with her second child.

The film does not hold back on the horrors that some adults can unleash on their children. Her mother (Mo’Nique) continually taunts Precious for being “fat and stupid” and tries to get her to drop out of school. But there are people who provide support. The maternity nurse (Lenny Kravitz) shows her kindness and her social worker Mrs Weiss (Mariah Carey) perseveres to confront what is happening at home. Most effective in providing a lifeline is her teacher Ms Rain (Paula Patton) who, apart from being a “straight up lesbian,” never gives up.

Be warned, Precious’ story is worse than any horror story. Revelations towards the end of the film will leave most people gasping with disbelief. Fortunately, what makes the story bearable is that there is still the spark of hope, even in this most desperate of situations. This is a must-see film for the new decade.

The bubble has burst. Layoffs are happening everywhere. The economy is sliding and companies are cutting back.

Letting people go is a delicate challenge. Some companies use specialists like Ryan Bingham (George Clooney) to fire their employees. He is the suave and emotionally detached corporate downsizer, who is also a motivational speaker. It is a thankless job but as he says, “we take them when they are most fragile and set them adrift.”

Natalie (Anna Kendrick), the tough new 23-year-old “termination expert” convinces the company that she can cut costs by firing employees online via live video feeds. Foreseeing the disaster this can cause, Bingham takes Natalie under his wing to tutor the efficient but still naïve girl into the intricacies of corporate layoffs.

The raw emotion on the faces of people when they realise their jobs are gone hits close to home in today’s world. But the breezy script and the funny yet poignant moments keep you smiling. Similarly, the easy chemistry between Clooney and Vera Farmiga as Alex (who brings in the romantic angle) are perfectly drawn. A few surprises are woven in and the film is deftly handled by director and co-writer Jason Reitman.

**Up in the Air** is about reality today, but the message you come away with is that, no matter how hard you fall, you can always pick yourself up and keep going—perhaps into better and more deserved pathways.
Geoff Kluke & The Changes

Like It Is – “A Dedication”
Independent
Review by Shelley Lockyer, Mental Health Division

Geoff Kluke and his wife Jan have gathered together a group of musicians to produce a very personal album dedicated to Jan’s son Luke, who suffered from bipolar disorder and at the age of 28 took his own life. And what a fine tribute this has turned out to be.

It certainly did it for me, especially Bridget Allen’s hauntingly beautiful interpretation of The Beatles’ “Blackbird.” The improvisation in “Nature Boy” is a jazz lover’s delight and “Tears in Heaven” is superb. But the standout for me is the heartfelt “One Day I’ll Fly Away.”

While the songs may be connected by a thread of sadness, I found the album as a whole to be uplifting, because this is truly something borne of great love. What’s more, proceeds from sales go to SANE Australia.

Jason Ayres

The Acoustic Sessions
Independent
Review by Cindy Chi, Mental Health Division

Jason Ayres is a talented musician who draws upon influences like John Mayer, Coldplay and Jeff Buckley. He has delivered a unique set of acoustic-based pop tunes in his latest album.

The tracks are stripped back and bare. The acoustic music showcases his vocals and beautiful melodies well. I connected the most with “She Knows,” about a young man who expresses his eternal but unrequited devotion to a girl. It’s romantic yet at the same time heartbreaking.

Smooth and soulful, this would be a great CD to play when relaxing on a Sunday afternoon.

The Sapphires

Written by Tony Briggs
Directed By Wesley Enoch
Black Swan Theatre Company
Performed at Playhouse Theatre from 23 January to 10 February 2010
Review by Dawn Yates, Perth musician and actor

The Sapphires opens with a compere inviting us to welcome the singers to the stage. A recorded audience whoops and cheers. The echoed scene at the finale required no such prompting, with the audience inspired to thunderous applause and clapping in time to another joyous Motown hit.

The Sapphires is loosely based on the true story of playwright Tony Briggs’ mother. We follow four Aboriginal sisters in 1969 on their journey from Melbourne to Vietnam to entertain the troops.

The sisters are wonderfully diverse, equally flawed and likeable. Having left home with a secret to hide, youngest sister Julie (Hollie Andrew) finds it a constant struggle to convince her sisters that she is growing up. Feisty alpha sister Gail (a fantastic Christine Anu) keeps a steely grip on negotiations with their endearingly inept manager, though her tough exterior has its cracks. Shy Kay (Kylie Farmer) finds herself letting go of a painful past. Finally, Cynthia (a stand out Casey Donovan) is a powerhouse of naughtiness and soul, telling it how it is to anyone who’ll listen.

Tunes “Respect,” “Heatwave,” “Chain of Fools” and “Think” are but a snapshot of the exquisitely delivered Motown soundtrack. Perhaps the most powerful musical moment is when the homesick sisters sing an Aboriginal song a cappella over the phone for their mother back in Australia.

The Sapphires certainly focuses on entertainment, shying away from any in-depth exploration of socio-political issues and loses some weightiness as a result. However, there are many facets of the play that are inherently political; as Briggs states, “For me, four powerful indigenous women on stage together says it all.”

The Sapphires is an infectious and heart-warming play, mirrored in each of these strong, proud women. Audience sympathies are aligned with them from the first spirited meeting in a suburban house to the final triumphant wave as they walk off stage. It is hard to imagine leaving this production not feeling good and humming your Motown favourite.

The glittering Sapphires. Image by Gary Marsh
Bridget Turner’s Diary

Bridget Turner is a stellar talent, performing in original bands Boys Boys Boys! and Simone and Girlfunkle. By day she is a portrait photographer and her work features on the new WA Mental Health Commission website.

What inspired you to get involved in music?
I was lucky to meet a guy starting his own record label and volunteered at his events. I got a lot of encouragement and help to perform when I needed it the most. I was shy! Weird thought.

Describe the process of your song writing.
It’s a fully intuitive and automatic process. I just play an instrument and music will flow out of me depending on my mood or what kind of week I’ve been having. I’ll record it and keep layering other parts over the top until I have a song.

How do you maintain your self-esteem in a competitive industry?
Ultimately music is about having fun, so if you’re doing that you’re on the right track to success. We write down our music goals and plan how to get there. They are pretty small goals so we smash them! Every time we get offered a show it’s a little win.

“Be available and approachable; be a good person and smile; and make time for people who really matter.”

How did your photography career develop?
By complete accident. I was a film major at university. When I graduated I was working as a production assistant for a company who asked me to do film stills for them. I really loved it and I went back to study my honours in photography and retouching.

How do you get the best out of your subjects?
By being friendly and learning as much about a person before you get the camera out. That way they are interacting with you rather than being hyper-aware of the camera.

How have you supported friends experiencing tough times?
When someone close to you is going through mental illness the best thing is to get them professional help. From there all you can do is support them through it and be available to their family or friends. If you’re not coping you need to find someone who can help you too. There’s no shame—it’s really important to find someone to talk to!

What are the key ingredients for good, healthy relationships?
I’m tempted to say cheese, but I know that’s wrong! These ingredients may change, but I would say: be available and approachable; be a good person and smile; and make time for people who really matter.

What are a few of your favourite things?
My camera friend who sees things I don’t and shows me them later.

My love Dan who is the ying to my yang. Always dependable and a true artistic genius! He makes me happy when I am sad.

I love my bands Boys, Boys, Boys! and Simone and Girlfunkle because they give me a creative outlet and many, many laughs!

Bridget is on the new Music Feedback anti-stigma documentary. It features Mumford and Sons, Bluejuice, Dan Sultan, Novocaines, Middle East, Dappled Cities, Kid Sam, Voltaire Twins and others talking about mental wellbeing. Visit www.musicfeedback.com.au

The new Mental Health Commission website includes information on mental health and mental illness, getting help, living with a mental illness, initiatives and projects, events and resources. Visit www.mentalhealth.wa.gov.au
## Diary Dates

### MARCH

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Website</th>
<th>Email</th>
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<tbody>
<tr>
<td>30 March</td>
<td>Course: Taking care of yourself – Vicarious trauma (Perth)</td>
<td><a href="http://www.dao.health.wa.gov.au">www.dao.health.wa.gov.au</a></td>
<td><a href="mailto:DAO.Education@health.wa.gov.au">DAO.Education@health.wa.gov.au</a></td>
<td>(08) 9370 0327</td>
</tr>
<tr>
<td>14 – 15 April</td>
<td>Introductory Workshop: Professional Development (Perth)</td>
<td><a href="http://www.mindmatters.edu.au">www.mindmatters.edu.au</a></td>
<td><a href="mailto:Anne-Marie.Ellery@det.wa.edu.au">Anne-Marie.Ellery@det.wa.edu.au</a></td>
<td>(08) 9264 5560</td>
</tr>
<tr>
<td>16 April</td>
<td>Workshop: Teaching and Learning for Engagement (Perth)</td>
<td><a href="http://www.mindmatters.edu.au">www.mindmatters.edu.au</a></td>
<td><a href="mailto:Anne-Marie.Ellery@det.wa.edu.au">Anne-Marie.Ellery@det.wa.edu.au</a></td>
<td>(08) 9264 5560</td>
</tr>
<tr>
<td></td>
<td>Concert: Music Feedback for National Youth Week (Perth)</td>
<td><a href="http://www.musicsfeedback.com.au">www.musicsfeedback.com.au</a></td>
<td><a href="mailto:kris@wam.asn.au">kris@wam.asn.au</a></td>
<td>(08) 9227 7962</td>
</tr>
<tr>
<td>4 – 5 May</td>
<td>Workshop: Students Experiencing High Support Needs in Mental Health (Perth)</td>
<td><a href="http://www.mindmatters.edu.au">www.mindmatters.edu.au</a></td>
<td><a href="mailto:Anne-Marie.Ellery@det.wa.edu.au">Anne-Marie.Ellery@det.wa.edu.au</a></td>
<td>(08) 9264 5560</td>
</tr>
<tr>
<td>10 May</td>
<td>Workshop: ‘Message in a bottle’ – Harnessing the communicative value of AOD use in family systems (Perth)</td>
<td><a href="http://www.dao.health.wa.gov.au">www.dao.health.wa.gov.au</a></td>
<td><a href="mailto:DAO.Education@health.wa.gov.au">DAO.Education@health.wa.gov.au</a></td>
<td>(08) 9370 0368</td>
</tr>
<tr>
<td>16 – 28 May</td>
<td>Exhibition: Robert Jenkins’ Paintings (Perth)</td>
<td><a href="http://www.myspace.com/robertjenkinsart">www.myspace.com/robertjenkinsart</a></td>
<td><a href="mailto:robertjenkins74@hotmail.com">robertjenkins74@hotmail.com</a></td>
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### APRIL

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<tr>
<td>17 – 18 May</td>
<td>Introductory Workshop: Professional Development (Perth)</td>
<td><a href="http://www.mindmatters.edu.au">www.mindmatters.edu.au</a></td>
<td><a href="mailto:Anne-Marie.Ellery@det.wa.edu.au">Anne-Marie.Ellery@det.wa.edu.au</a></td>
<td>(08) 9264 5560</td>
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<tr>
<td>17 – 18 May</td>
<td>Workshop: Core skills training – Working with AOD using clients (Perth)</td>
<td><a href="http://www.dao.health.wa.gov.au">www.dao.health.wa.gov.au</a></td>
<td><a href="mailto:DAO.Education@health.wa.gov.au">DAO.Education@health.wa.gov.au</a></td>
<td>(08) 9370 0368</td>
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<tr>
<td>23 – 28 May</td>
<td>Retreat: Five day retreat for survivors of childhood abuse and trauma (Rockingham)</td>
<td><a href="http://www.mayumarri.com.au">www.mayumarri.com.au</a></td>
<td><a href="mailto:mayumarri_wa@iinet.net.au">mayumarri_wa@iinet.net.au</a></td>
<td>0429 979 074</td>
</tr>
<tr>
<td>24 – 25 May</td>
<td>Workshop: CBT Foundation Course for Clinicians (Perth)</td>
<td><a href="http://www.cci.health.wa.gov.au">www.cci.health.wa.gov.au</a></td>
<td><a href="mailto:info.cci@health.wa.gov.au">info.cci@health.wa.gov.au</a></td>
<td>(08) 9227 4399</td>
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<tr>
<td>28 May</td>
<td>Workshop: Foetal Alcohol Spectrum Disorder and its impact on Aboriginal communities (Perth)</td>
<td><a href="http://www.dao.health.wa.gov.au">www.dao.health.wa.gov.au</a></td>
<td><a href="mailto:DAO.Education@health.wa.gov.au">DAO.Education@health.wa.gov.au</a></td>
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<tr>
<td>1 June</td>
<td>Forum: Mental Health Sector Forum</td>
<td><a href="http://www.waamh.org.au">www.waamh.org.au</a></td>
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<td>2 June</td>
<td>Workshop: Understanding family and domestic violence (Perth)</td>
<td><a href="http://www.dao.health.wa.gov.au">www.dao.health.wa.gov.au</a></td>
<td><a href="mailto:DAO.Education@health.wa.gov.au">DAO.Education@health.wa.gov.au</a></td>
<td>(08) 9370 0327</td>
</tr>
<tr>
<td>3 – 4 June</td>
<td>Planning Workshop: Professional Development (Perth)</td>
<td><a href="http://www.mindmatters.edu.au">www.mindmatters.edu.au</a></td>
<td><a href="mailto:Anne-Marie.Ellery@det.wa.edu.au">Anne-Marie.Ellery@det.wa.edu.au</a></td>
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### JUNE

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<tr>
<td>7 – 9 June</td>
<td>Conference: Diversity in Health (Melbourne)</td>
<td><a href="http://www.diversityinhealth.com.au">www.diversityinhealth.com.au</a></td>
<td><a href="mailto:enquiries@ceh.org.au">enquiries@ceh.org.au</a></td>
<td>(03) 9342 9700</td>
</tr>
<tr>
<td>14 June</td>
<td>Workshop: Transitions (Perth)</td>
<td><a href="http://www.mindmatters.edu.au">www.mindmatters.edu.au</a></td>
<td><a href="mailto:Anne-Marie.Ellery@det.wa.edu.au">Anne-Marie.Ellery@det.wa.edu.au</a></td>
<td>(08) 9264 5560</td>
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<tr>
<td>14 June</td>
<td>Course: Thought Diary Master Class (Perth)</td>
<td><a href="http://www.mindmatters.edu.au">www.mindmatters.edu.au</a></td>
<td><a href="mailto:Anne-Marie.Ellery@det.wa.edu.au">Anne-Marie.Ellery@det.wa.edu.au</a></td>
<td>(08) 9264 5560</td>
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<tr>
<td>15 – 16 June</td>
<td>Workshop: Working effectively with couples and families affected by AOD use (Perth)</td>
<td><a href="http://www.dao.health.wa.gov.au">www.dao.health.wa.gov.au</a></td>
<td><a href="mailto:DAO.Education@health.wa.gov.au">DAO.Education@health.wa.gov.au</a></td>
<td>(08) 9370 0368</td>
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<tr>
<td>25 June</td>
<td>Workshop: Working with the Strong Spirit Strong Mind suite of resources (Perth)</td>
<td><a href="http://www.dao.health.wa.gov.au">www.dao.health.wa.gov.au</a></td>
<td><a href="mailto:DAO.Education@health.wa.gov.au">DAO.Education@health.wa.gov.au</a></td>
<td>(08) 9370 0368</td>
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<tr>
<td>28 – 29 June</td>
<td>Workshop: Working with Self Esteem within a CBT Framework (Perth)</td>
<td><a href="http://www.mindmatters.edu.au">www.mindmatters.edu.au</a></td>
<td><a href="mailto:Anne-Marie.Ellery@det.wa.edu.au">Anne-Marie.Ellery@det.wa.edu.au</a></td>
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### JULY

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<tbody>
<tr>
<td>28 July</td>
<td>Workshop: Applying CBT to Bipolar Disorder (Perth)</td>
<td><a href="http://www.mindmatters.edu.au">www.mindmatters.edu.au</a></td>
<td><a href="mailto:Anne-Marie.Ellery@det.wa.edu.au">Anne-Marie.Ellery@det.wa.edu.au</a></td>
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: FELICITY GROOM :
: THE BLACK SMOKES :
: MOANA DREAMING :
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