Until someone builds a fence that can keep out negative thoughts, there's eheadspace

eheadspace is a place where young people aged 12 to 25 and their parents/carers can get help and support online.

eheadspace is a confidential, free, anonymous, secure space where you can chat or email with qualified youth mental health professionals. It is available for those who:

→ need advice
→ are worried about their mental health or are feeling depressed or anxious
→ are feeling isolated or alone
→ are worried about drug and/or alcohol use
→ are worried about a friend or a family member

eheadspace operates seven days a week from 1pm-9pm (WA time), or you can email at anytime.

eheadspace is a pilot program delivered by The Australian Government in partnership with the Western Australian Government as part of a series of new drought reform measures, but does not exclude people living outside these regions.

To access eheadspace visit www.eheadspace.org.au
Welcome to the partnerships edition. Partnerships play an important role in many areas of our lives, and this is especially true in the mental health sector. The articles in this edition testify to the power of partnerships in making a positive difference to the lives of people and families touched by mental illness.

Our feature article profiles the new Minister for Mental Health, Hon Helen Morton. Mrs Morton emphasises the need to break down the stigma attached to mental illness and to promote services that enable people to live, work and thrive in the community. Each of the people and organisations who have contributed to this edition provide insight into the positive effects of working together and of inspiring others.

As consumer advocate Lorraine Powell says in her story, “Alone is not strong.”

The artwork on the front cover is by WA artist David Giles. David “came out” about his mental illness in 2005 to show that people with mental health issues can be happy and successful. The stories about friendships, relationships and services for young people to older citizens, I hope, will offer you ideas and tips on reaching out to others and looking after your mental health.

Eddie Bartnik
Mental Health Commissioner
Feature

Making Changes

Newly appointed Minister for Mental Health and Disability Services, Hon Helen Morton, has hit the ground running.

After only a few weeks of her appointment to the Liberal Government’s first portfolio dedicated to mental health, Mrs Morton has outlined her passionate strategy towards breaking down the stigma attached to mental illness, disability and drug and alcohol problems.

“People with a mental illness, disability or with a drug or alcohol addiction face significant difficulties with discrimination in all aspects of their lives,” she says.

“The Government has a role in breaking down that stigma.”

Mrs Morton’s appointment to cabinet is the culmination of five years of hard work as a parliamentarian in the State Legislative Council. She held the positions of Parliamentary Secretary to the Premier, Treasurer, Minister for State Development and Minister for Water and Mental Health.

During the Liberal Party’s time in opposition, Mrs Morton performed in the roles of Shadow Minister for Mental Health, Women’s Interests and Public Sector Management.

Mrs Morton’s highest priority is housing. This priority stems from her background in occupational therapy in the field of mental health, where she worked daily promoting independent living for people experiencing a mental illness.

“Enabling people with a mental illness to live, work and thrive in the community and out of hospital will be my most important focus for 2011,” she says.

“By supporting families and community groups, we give a person a greater chance of a speedy recovery. Better discharge planning involving families will be a trademark of the new approach.

“This will mean changing the current situation where most state-funded community support services only become available for people with a mental illness once they enter the specialist mental health system.”

“Innovation and a culturally sensitive approach to suicide prevention are also high on the agenda for Minister Morton. The Statewide Specialist Aboriginal Mental Health Service is a prime example of a funding commitment to ensure services are delivered in a timely and compassionate manner to rural and remote areas.

“Suicide is everyone’s business, and I believe if governments, community groups and families rallied together we can prevent people from taking their own lives,” she says.

“We really need to be more innovative and flexible to ensure services are available and effective to remote areas.

“This Government established the Ministerial Council on Suicide Prevention and has committed $13 million to localised suicide prevention strategies.”

Minister Morton said strategies are in place to ensure that all election commitments are delivered, such as the Mental Health 2020 State Plan and Strategy, with its strong focus on early intervention, recovery and the increased role of the community sector.

“The Mental Health Bill will also be introduced in parliament in 2012, which will strengthen the rights of consumers and carers and improve their access to information and services in Western Australia.”

For more information, contact the office of the Minister for Mental Health and Disability Services on (08) 9213 7250.

Hon Helen Morton, Minister for Mental Health
Eddie Bartnik prefers to start off the day slowly. “Some people like to exercise in the morning, but I prefer exercising at the end of the day—running, going on the exercise bike or gardening,” he says. These activities, he feels, help him to relax.

His weekends are for winding down and playing hockey. Eddie is a keen hockey player. Over the years, he has played on state and national masters teams, and a couple of years ago toured England and New Zealand. He has played hockey with some of his teammates at the Victoria Park Hockey Club for over 30 years, from juniors to masters level.

“I like the social aspect of team sports. You’re playing with people who are friends.” Indeed, Eddie believes it is “healthy” and necessary to have friends and interests outside of work.

Many who discover that Eddie works in mental health are keen to raise the subject with him. “Everybody has a story,” he says.

“I’m motivated to talk about mental health in an open way, whether it’s at hockey, at home, or with neighbours. I’ve found that people are very keen to talk about it.

“There are some sensitivities, but given the right environment, people are happy to share some of their concerns and they really do want things to be better. People are very willing to engage, and I’ve been encouraged by that.”

Eddie has been working in human services for most of his life. He met his future wife Helen when they both worked in disability services. She was a speech therapist, and he a recently graduated psychologist. They worked with children, became a couple, but eventually decided to keep their life and work separate. “She and I used to work together in our early days, but we worked out that it wasn’t going to work!” he laughs.

Their oldest son Stephen is 24 years of age and studies medicine in Sydney. Second son Matthew studies media and journalism, while 18-year-old Cameron, who loves writing, is starting out at university.

When asked why he became a psychologist, Eddie replies, “to be perfectly honest it was by accident. English was my first love.” At high school, he received the top award in English, which he went on to study at university, along with psychology, philosophy and French. However, for reasons of practicality, he switched his major from English to psychology towards the end of second year.

After university, Eddie worked with children with severe disabilities and their families.

“When I first started, children with disabilities went to what were called activity centres. It sounds outrageous now, but they weren’t even allowed to go to school unless they had an IQ over a certain level.

“From this experience, I developed quite a deep interest in disability. I went back to university to do my masters in clinical psychology and did some research around what it would take for adults with disabilities to live independently in the community.”

Eddie explains why he moved away from counselling and clinical work.

“Early on I realised that you have individuals whose problems stemmed not so much from their disability itself but from social issues or from institutional environments that weren’t very good for them. These were environments which were not conducive to skills development or personal growth.
“So, rather than trying to deal with people’s behaviour, I thought it would be much better to design a system that could give people better opportunities and better supports.

“I realised the one-to-one way of working had some limitations because, really, society needed to change and government services needed to change.

“For people to recover and have a decent life, they don’t just need medication or specialist services; they also need support from families and friends, as well as the opportunity to rebuild their lives and contribute to the community.”

“I used my masters research to build up systems, training programs and different ideas about how people could have their own homes rather than live in institutions and hostels. It took me more into how the programs and the systems were run, as opposed to the one-on-one counselling.”

Eddie speaks of having strong values and commitment, as well as a wealth of experience working in disability services and the Department for Communities, as well as the non-government sector and as an independent international consultant.

He talks avidly about finding ways to help people “have a decent life and overcome the challenges they might have, whether it’s a disability, mental health issues, problems around ageing, or a medical condition.

“What attracted me to mental health was a firm belief that I can make a big difference. What I bring to it is a very deep respect for the clinical and specialist component and a huge belief in what families and every one of us can do to improve mental health outcomes.

“For people to recover and have a decent life, they don’t just need medication or specialist services; they also need support from families and friends, as well as the opportunity to rebuild their lives and contribute to the community.”

Eddie’s vision comprises a world “where people can talk about mental health more freely, so that there isn’t stigma.”

But breaking down stigma is only one half of the vision.

“We need to remove stigma by making mental health much more a part of ordinary conversation. We also need to build the system so that, when people are ready, there are pathways for them to get the support they need before it’s too late.”

Eddie draws a link between his first love and his current work.

“Literature is about people. It’s about people’s stories. At the end of the day, what we want in mental health is for things to be more personal, because everyone has got their own story, culture and history.

“In human services, the better we are at understanding and respecting each individual, the better we are at supporting people.”

For more information about the Mental Health Commission, contact us on (08) 6272 1200, at ContactUs@mentalhealth.wa.gov.au or visit www.mentalhealth.wa.gov.au

Eddie Bartnik with San Cisco (left) and Jeremy Tucker (right) at the launch of Music Feedback
Music Talks About Mental Health

Sean Pollard, lead singer of Perth band Split Seconds, takes time out from promoting the band’s new EP to support youth mental health.

Split Seconds’ success includes Triple J airplay and festival shows, but the music industry can be up and down. How do you keep your self-esteem?

Often by practicing with your band mates, vibing off each other and really feeling that you are creating something good. We tell ourselves that the only job we have is to be good, and the only way we will be better is to be good.

We get strength from the relationships with each other. The six of us guys are all pretty close. We spend a lot of time together outside of the band, going to the beach and just hanging out. It certainly is easier to communicate musically if you are good friends as well.

Your songs lyrics are well-crafted. How did you start writing?

I guess out of necessity. At first they didn’t really mean anything, they just fitted the song. At the moment I am trying to write the whole album in one go, with a theme throughout. I am putting in a few characters and linking them up between songs—and, yeah, they are probably all about me.

Generally I write songs about day-to-day things—small details that don’t seem to mean much at the time, but which mean much more later on.

One of your songs is about drinking too much. Do you think drugs and alcohol are a good way of dealing with problems?

No, not at all. I think the song itself has a negative bent on that.

I’m not going to say that I don’t enjoy going to the pub or whatever.

I used to work in a clinic and people would come in with drug and alcohol problems, and they were all lovely people but they were lost. Often when I saw people getting better it was because they managed to drink less or could get off the drugs they were using. When you do finally manage to cut down it makes you a lot better.

“I have had a few friends who have dealt with depression or anxiety.”

How would you support a friend dealing with difficult issues?

I have had a few friends who have dealt with depression or anxiety. It’s obviously something that needs to be broached delicately due to whether the person wants to accept help or not. If they don’t, you can pass on a phone number, just hang out or talk about things. I have had other people say that they really did want help.

Would you encourage them to talk to a professional?

I used to work with psychologists, therapists and nurses and they are all such incredibly giving and selfless people. It’s not a big deal to them, there’s no stigma. They just really want to help their patients. They believe in equality and want to help people, often against some pretty incredible odds. I have a lot of respect for people in that profession.

Why are Split Seconds supporting Music Feedback?

We saw the work everyone did last year and it’s such a great cause. Music is a good way to make a contribution to something bigger than yourself—to feel that you are being useful.

Music Feedback is made possible through $150,000 in funding from the Mental Health Commission. The Department for Communities’ Office for Youth, Ruah Community Services, Inspire Foundation and Cultural Infusion are also partners.

Visit: www.musicfeedback.com.au
The two landscape architects were approaching retirement and looking for a new direction. They decided on volunteer work.

“We felt the need to be doing something to help other people,” says Mike. “Something to do with gardens and involving people in things green.”

They approached Lynne Evans, a member of their parish and the CEO of St Bartholomew’s House, commonly known as St Barts. Founded in Perth in 1963, St Barts initially sheltered 20 homeless men. It has since grown to provide community supported accommodation for a range of people, including people living with a mental illness.

Lynne suggested Mike and Pam join the Befrienders program, which trains volunteers and connects them with St Barts residents.

“The Befrienders program allows people who access our services to link back into the community in a structured and non-threatening way,” says Lynne.

The program has developed partnerships with local groups to provide residents with opportunities to participate in sporting activities and work-related activities. Befrienders and residents are matched according to common interests and location.

And so Mike and Pam found themselves at the Swan Villas, which was close to home, and paired with Beth (not her real name) to cultivate her growing interest in gardening.

The partnership has blossomed.

“She enjoys it because we’re dealing with seeds, young seedlings or tiny plants,” says Mike. “She’s always ready and waiting with her hat on when we arrive. From not being able to look us in the eye, or even saying much, in a matter of half a dozen visits she’s become much more communicative. She laughs and smiles more.”

“This is the first contact we’ve had with people with severe mental health problems. It’s been good for us.”

Joanne Hawkins, Supervisor at Swan Villas, believes “the Befrienders program is a great asset for vulnerable clients, as it enables them to build up confidence and trust in relationships. Mike and Pam have given Beth something to look forward to every week and helped her to develop her trust and social skills.”

“This is the first contact we’ve had with people with severe mental health problems,” says Pam. “It’s been good for us.”

Beth tells us that Mike and Pam “have helped me to learn about gardening enormously. They helped me to meet and interact with men and women at Men of the Trees.”

“Part of the work includes propagating plants for the Men of the Trees nursery,” Mike explains. “She appreciates she is doing something for the broader environment. We teach her that the local authorities might buy them for local planting, and that some of the plants will be taken out to the Wheatbelt and planted in salinated areas.”

Back at Swan Villas, Pam says, “we’ve been setting out the garden beds so residents can have produce to eat. We’ve planted a lot of things—mainly tomatoes, basil, herbs, capsicum and cucumber.”

Pam is hoping the cooler months will encourage more residents to join in on the planting.

In the meantime, “we have gained the confidence of a very insecure person”, informs Mike. “It’s rewarding that we can mean something to a person. She’s become quite special to us, actually.”

“I enjoy meeting with them every week and would like to continue to do so for a long while,” says Beth.

“We come out feeling great afterwards,” adds Pam. “It’s only a little thing, but if it’s helping then it’s good, isn’t it?”

For more information about the Befrienders program, contact St Bartholomew’s House on (08) 9323 5100.
Is Someone Out There Listening?

Kylie Dunjey from Relationships Australia says that forming healthy and lasting personal relationships sometimes requires a little help.

How often do we call someone for help these days, only to be greeted with: “Press one if you think you can interest us in your problem. Press two if you can guarantee every other avenue has been explored…. Three, four…. Press seven if you’d like some empathy from a real live human being….”

Many people looking for friendly contact would have given up before reaching seven, feeling that no one cares.

Connecting through technology seems easy in this century; you can press letters and numbers on keys and gain the impression that you really matter. The real key, however, is a personal relationship that offers genuine connection and continuity; a relationship that keeps us healthy in mind and body.

“Connection, preferably face-to-face, is what many people need,” says Kylie Dunjey, manager of Relationships Australia’s West Leederville branch.

“Compassion, empathy and acceptance are often communicated without words. So, despite all the technical communication aids available today, simple human needs haven’t changed much over the years.

“Connection, preferably face-to-face, is what many people need.”

“We experience connection when other people indicate they understand us. We feel validated when they seek to understand what the world looks like in our shoes. Though it is not likely to change the situation, our sense of being alone in either our joy or suffering is alleviated when we receive empathy.

“Positive relationships can be nurtured when we seek to understand, not simply to be understood. Our relationships benefit when we maintain a posture of curiosity, rather than presumption.”

Kylie gives the example of a couple coming into Relationships Australia for counselling.

“First up, both have a chance to describe what they see as the biggest issue. Couples who are struggling to see anything positive in their partner can be encouraged to tell what it was that first attracted them to each other. With these couples I work with them to construct a time line, beginning with how they first met. I’m hoping that this might loosen the hold the recent negative experiences have on their emotions and cast their mind back to why they found the other attractive.”

What about the individual who comes to Relationships Australia feeling that every relationship has broken down?

“Put the spotlight on the event. What feelings were involved? What was said? What was the person thinking before the relationship was broken? If there is a regular pattern to all this, we could discuss other ways to respond.”

Relationships Australia strives to be non-judgmental and accessible to people of all backgrounds. In addition to providing counselling for couples and individuals, the organisation offers relationship education courses. Parenting teenagers is among the popular choices.

“Generally speaking, a prime aim is to enable people to make sense of all the factors that make them unique,” says Kylie. “We help them understand why they might be responding to others in less-than-effective ways. Many become better at meaningful connections—connections that enable them to hear and be heard.”

For more information about Relationships Australia and their services, call 1300 364 277 or visit www.wa.relationships.com.au
Bouncing Back helps families affected by postnatal depression

Bouncing Back provides practical prevention and treatment strategies for postnatal depression, anxiety and stress.

Program coordinator Kim Tomlinson says the nine-week course runs four times a year and includes assessment, support and information packages.

“Mothers attend 11 sessions. But dads are an important focus, attending two sessions with their partners as well as a ‘men’s only’ session,” she says.

“The program also provides education and training to local service providers.”

Developed in Albany 14 years ago, Bouncing Back is run from the local family centre. The program is a joint partnership between the Great Southern Mental Health Service and the Great Southern Population Health Unit, divisions within the Department of Health’s WA Country Health Service.

A five-year evaluation of the program, funded by the WA Perinatal Mental Health Unit, has shown that Bouncing Back is having a positive impact.

“The study showed that the majority of the women who were treated for postnatal depression and anxiety had recovered by the end of the program,” says Kim.

“The participants reported that all components of the program were helpful, in particular the group experience. A group environment provides women with the opportunity to talk to, and receive general support from, other mothers who have had similar experiences.”

For more information about the Bouncing Back program or to obtain a copy of the evaluation report, contact Kim Tomlinson on (08) 9892 2440 or at Kim.Tomlinson@health.wa.gov.au

Caring for Complex Needs

An initiative is helping improve the lives of adults with multiple and complex needs.

Through the PECN (people with exceptionally complex needs) initiative, the coordination of existing resources from a range of agencies is reducing service duplication and enhancing collaboration. This is making a difference to the lives of people who are falling through the social and service gaps.

People accepted into the program must have two or more conditions, such as a mental illness, an acquired brain injury, an intellectual disability or a significant substance use problem.

A recent evaluation of the pilot found that participants experienced positive outcomes, including a decrease in the use of emergency or custodial services, higher levels of independence and self-esteem, and greater resilience and positive coping strategies. The evaluation suggests that, with appropriate support and assistance, people with exceptionally complex needs can achieve and maintain positive changes in their lives.

The PECN initiative was piloted in 2009 with six participants. It is a partnership between the Mental Health Commission, Disability Services Commission, Office of the Public Advocate, WA Health Mental Health Services, Department of Corrective Services, Department of Housing, and the Drug and Alcohol Office.

Work is underway to expand the program.

For more information about the PECN initiative, contact Wynne James at the Mental Health Commission on (08) 6272 1200 or at Wynne.James@mentalhealth.wa.gov.au
Nursing Healthy Partnerships

Deborah Nelson is the current holder of the prestigious Mental Health Nurse of the Year award, granted by the Australian College of Mental Health Nurses. She tells us how she got into mental health and why partnerships are important.

**Why did you choose to work in mental health?**

I chose to work in mental health following a positive placement as a general nursing student. Although the experience took place in a large institution, the practise was contemporary. I learnt the skills of active listening and engagement. And I came to see the importance of working in partnership with consumers to assist their road to recovery.

I felt, and still feel, privileged when I have the opportunity to listen to consumer stories and share in significant life events. Although I now work as a senior nurse, I think it is important to remain consumer-focused and clinically engaged.

I established and continue to run a weekly Voices clinic for consumers who experience auditory hallucinations, which I find immensely rewarding.

**Tell us about your contribution to mental health nursing**

I have worked in several collaborative relationships with colleagues in mental health and academia.

These initiatives include the development of an acute postgraduate mental health course with Notre Dame University. With Curtin University, I instigated, and contributed to, the curriculum planning for a postgraduate course in psychosocial interventions and recovery.

I also helped establish the Metropolitan Clinical Outreach Homelessness Service. This exciting initiative was established under the National Partnership Agreement on Homelessness. As part of the service, we will be introducing the first nurse practitioner role in the South Metropolitan Area Health Service, Mental Health.

I have also introduced workforce initiatives, with the aim of increasing the number of nurses working in WA.

**How are partnerships important to you?**

Life, I believe, is based on experiences and rich relationships. A good work-life balance is essential for positive mental wellbeing. I cannot emphasise enough how supportive my friends and family have been in keeping me grounded and ensuring I maintain a healthy sense of perspective on life.

People Like You

Deep Hill Fine Art Media has published a new coffee table book called *People Like You*, a collection of true stories about everyday people who have overcome adversity. With these life stories, *People Like You* asks, how do we gauge success?

Included is the story of Pam, who spent time in mental health institutions before being diagnosed with bipolar disorder. Pam is now working in the mental health sector to help others with mental health difficulties.

And there is Jodi who once suffered debilitating anxiety, but through small steps learned public speaking and then travelled the world.

The individual stories outline each person’s history, their achievements and their positive advice to others.

The foreword was written by psychologist Anthony Gunn, who specialises in treating anxiety and phobias.

**Visit:** www.deephill.com.au
Taking a Peep at EEP

Partnerships between services can play a crucial role in the early intervention of psychosis. Dr Gordon Shymko tells us why.

Recent years have seen a significant shift in the management of psychotic illnesses. We have moved away from comparatively late intervention in the course of these illnesses towards an optimistic awareness that early intervention can make a difference to the outcome. Newer treatment options and a paradigm shift in how illness and recovery are viewed have contributed greatly to these important changes.

Psychosis is most commonly seen in younger people. Researchers believe that specific changes in the anatomy and chemistry of the brain contribute to the symptoms of psychosis, such as the often frightening experience of so-called positive symptoms of delusional beliefs and hallucinations. And certainly, we also appreciate that a young person’s use of illicit substances, particularly stimulants such as methamphetamine, may be a significant precipitant of, or risk factor for, psychosis.

The early, more subtle changes preceding the onset of delusions and hallucinations can help us identify young people who may be developing psychosis. The need to intervene early is imperative because we now know that the longer the duration of untreated psychosis, the worse that person’s prognosis may be.

Early intervention programs were developed in WA in the mid 1990s. One of these was the Peel and Rockingham Kwinana (PaRK) Ruah Inreach Early Episode Psychosis (EEP) program.

PaRK EEP represents a partnership model of care between the public mental health and non-government sector. The multidisciplinary team is trained to provide individualised case management and care based on the principles of early intervention.

“The need to intervene early is imperative because we now know that the longer the duration of untreated psychosis, the worse that person’s prognosis may be.”

Members of the team are available to engage assertively, that is, intensively, with the person and to provide support for their carers and family. Overall the person is viewed and supported as a collaborative partner in their own treatment. Support is applied in a holistic manner, with acknowledgement of the person’s spiritual and physical health and an awareness of the potential for stigma.

Interventions in the earlier stages of recovery focus on educating and engaging with the person and their family, and determining the need for medication treatment. Later interventions centre more on facilitating the person’s return to their social, educational and occupational endeavours.

These interventions are provided over an extended critical period of at least three years in order to reduce the risk of repeated episodes of illness and relapse. This duration of treatment also works to reduce the development of disability and the so-called negative symptoms of psychosis such as lack of motivation and drive.

Increasing evidence points towards the effectiveness—and cost-effectiveness—of early intervention programs. The work of the 2010 Australian of the Year, Professor Patrick McGorry, has further brought the importance of early intervention, and the needs of youth in general, into sharper focus. It is no surprise, then, that we are witnessing a trend in which early intervention services are being seen as a vital part of our health system.

Dr Gordon Shymko is the Clinical Director of the Peel and Rockingham Kwinana Mental Health Service and Consultant Psychiatrist for the PaRK EEP program. For more information about PaRK EEP, contact (08) 9528 0600.
Age is No Barrier to Happiness

With the help of active West Australians, beyondblue challenges the myth that depression is a normal part of ageing.

Doug Grant, 83, of South Perth is the living embodiment of the maxim, “healthy body, healthy mind.” Taking up cycling more seriously in his later years, he now rides distances people half his age would find challenging—including a 200-mile bike ride across the USA.

And Doug says the best thing about being his age is “looking forward to my next birthday!”

Further south in Augusta, Peter Toy, who is also 83, believes the key to a happy and healthy life is keeping your body and mind active and never forgetting that everyone has something to give.

“I also think you have to love your community and love the people in it.”

beyondblue Deputy CEO Nicole Hightet says, “Our Stories highlights the importance of looking after both the mental and physical health of older people. We hope these stories inspire others to live active and healthy lives well into their eighties and beyond.

“Depression is common, but it is not a normal part of ageing. It is an illness for which effective treatments are available regardless of the person’s age. Research shows exercise, being with friends and family, socialising and eating well all play a big role in helping to maintain people’s wellbeing.”

To order a free copy of Our Stories or to find out more about older people and depression call the beyondblue info line on 1300 22 4636, visit www.beyondblue.org.au or email infoline@beyondblue.org.au

Peter Toy believes in the power of community

Building Strong Partnerships

beyondblue has partnerships with Councils on the Ageing (COTAs) around Australia, including WA, to deliver to older people educational sessions about depression. These free “beyond maturityblues” sessions are led by older people who are trained to present health information to their peers about an illness that affects one in five people.

“beyond maturityblues” has been running since early 2007. To date, more than 50,000 people from across Australia have attended a “beyond maturityblues” session. These sessions can be booked through COTA WA on (08) 9321 2133 or by visiting www.cotawa.asn.au

Our Stories celebrates the lives and experiences of older Australians who challenge the myth that depression is a normal part of ageing.
To counteract these high rates of poor health outcomes, Susanne and Associate Professor Jonathan Laugharne, both from the UWA School of Psychiatry and Clinical Neurosciences, have created a package containing comprehensive clinical guidelines and information.

The Clinical Guidelines for the Physical Care of Mental Health Consumers is aimed at GPs and mental health clinicians.

“The Who is your GP? report from the HealthRight Advisory Group advocates that mental health professionals take more responsibility for the physical health of their patients,” says Susan.

“In our research, we identified five major areas that impact on a consumer’s physical health. These were medication effects, lifestyle issues, pre-existing or developing physical conditions, alcohol and illicit drug use, and psychosocial issues.

“Within these domains, we outlined key components for assessment and ongoing monitoring.”

The package contains a review of the research on mental illness and physical health, a clinical handbook detailing recommended tests for medications and physical investigation, a psychosocial assessment booklet, a wall chart to help assess metabolic syndrome, and screening forms to track changes in a person’s physical health over time.

According to Dr Laugharne, the ongoing monitoring of the five areas of health takes a more holistic approach to the care of consumers. He also emphasises this approach would require the coordination of services involving mental health clinicians and GPs.

Other research indicates that more can be done to improve the physical health outcomes of mental health inpatients.

Carole Harrison’s research at Graylands Hospital and three other mental health sites illustrates that, for many clinicians, physical health risk factors were a minimal focus.

“I found that many of the risk factors for reduced life expectancy, including smoking, obesity and alcohol use, were not routinely recorded when patients were being treated,” says Carole, a UWA PhD student and Senior Research Nurse at the Clinical Applications Unit.

“In our research, we identified five major areas that impact on a consumer’s physical health.”

“Issues like a family history of heart disease and diabetes were also not consistently recorded.”

The report, Physical Health Assessment in a Graylands Hospital Population, is available on the WA Health intranet.

Carole is developing an e-learning package that will assist staff in conducting wider assessments of patient physical health across the North Metropolitan Area Health Service, Mental Health.

For more information about the Clinical Guidelines for the Physical Care of Mental Health Consumers, contact Susanne Stanley at Susanne.Stanley@uwa.edu.au

For further information about the Physical Health Assessment in a Graylands Hospital Population report, contact Carole Harrison at Carole.Harrison@health.wa.gov.au
Investigating Early Psychosis Services

The WA Centre for Mental Health Policy Research has been funded by the Mental Health Commission to undertake an 18-month research project to investigate outcomes in early psychosis services. Dr Geoff Smith, Medical Director of the centre, says the study will provide much-needed data about the long-term effectiveness of early psychosis services.

“Despite the hope that early intervention will change the course of serious mental illness, there is debate about whether specialist early psychosis services have lived up to their promise, especially as there is growing evidence that early gains are not sustained in the long-term. This study will provide much needed data to inform the debate.”

The aim of this study is to evaluate the long-term effects of treatment in a specialist early intervention in psychosis (EIP) service—specifically, whether people in an EIP service have better short- and long-term outcomes when compared with people in standard treatment services.

The study will obtain up to 10 years of data on people in the Bentley and Rockingham/Kwinana specialist EIP services and a matched comparison control group that has received standard treatment in generic mental health services in metropolitan Perth. The study uses a retrospective design, with the key outcome measures including psychiatric admissions, time to re-admission, service use and death.

This is a partnership project between the WA Centre for Mental Health Policy Research, the University of Western Australia’s School of Psychiatry and Clinical Neurosciences, and the South and North Metropolitan Area Health Services. The Chief Investigators are Dr Geoffrey Smith, Associate Professor Theresa Williams and Professor Vera Morgan. The research team includes Tracey Harrison (Bentley Mental Health Service), Teresa Stephenson and Dr Gordon Shymko (Peel and Rockingham Mental Health Service) and Dr Raj Tanna (Fremantle Mental Health Service). Dr Deidra Young will coordinate the data collection and analysis.

For more information, contact the WA Centre for Mental Health Policy Research on (08) 9347 6842 or at graylands.mhpresearch@health.wa.gov.au

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Local Hero

Mary Victor O’Reeri, WA Australia’s Local Hero 2011, takes time out to talk about her achievements and future plans.

Mary Victor O’Reeri. Photo courtesy of Australia Day Council of Western Australia

Why choose suicide as a focus of your activism?
We at Billard have direct experience of suicide and trauma. My brothers Stephen Jnr and Vincent died from suicide. Vincent had suffered from untreated mental illness. Although we knew he was at risk of suicide, we were unable to obtain the help to refer him on for professional treatment.

Why did you hold a Blank Page Summit on Suicide?
The summit, held in July 2009, was our response to ongoing suicides in the Kimberley. To symbolise the opportunity for fresh thinking and innovation, we coined the phrase, “blank page.”

We looked for people who could make a difference, and were overwhelmed with interest and support. People came from communities across Australia and from fields as diverse as child protection, land management, justice, mental health, sport and recreation, counselling, education, vocational training, children and youth services, disabilities, academia, government, the Catholic Church and a range of community-led initiatives.

“We developed suicide prevention strategies designed to make our community at Billard ‘suicide proof’.”

Approximately half of the participants were Aboriginal people, including individuals from specific communities experiencing horrific youth suicide rates.

Informing and supporting the work of the Summit were the Federal Minister for Indigenous Affairs Hon Jenny Macklin, the WA Deputy Premier Kim Hames, WA Chief Justice Wayne Martin, WA State Coroner Alistair Hope, and the now Minister for Mental Health Hon Helen Morton.

What happened next?
As a result of the Blank Page Summit on Suicide, lines of communication focusing on “suicide-proofing” Indigenous communities opened up.

We developed suicide prevention strategies designed to make our community at Billard “suicide proof.”

Our aim was also to enable other communities to take action to protect the lives of everyday citizens at risk in their own settings. We are now working closely with residents of the Balgo Community in NSW to develop suicide prevention strategies. This initiative is not intended to replace existing government or non-government organisation service delivery. It is based on a community-to-community relationship.

We also knew that to make changes at a community level, some difficult conversations (“hard yarns”) were needed. So we held another Blank Page Summit in July 2010 to focus on the “hard yarns” people needed to have to address the social problems leading to suicide. It was an opportunity for participants of the original Summit to come together again and for new participants to join us.

Last year, the Billard Aboriginal Community was the recipient of a LIFE Award for suicide prevention.

What are your future plans?
In July 2011 we are holding the Blank Page Summit Hard Yarn Youth Mob.

We’ll gather on spring country in the Kimberley to find the best ways to ensure our young people can lead strong, confident and long lives.

Visit: www.blankpagesummit.com.au
Tell us a bit about yourself
I work fulltime and am a married mum to three children. We have been living in Kalgoorlie for the past five years.

I’m originally from a small town called Taihape in the Central North Island of New Zealand. I love my family and friends and would do anything for them. I also love socialising and craft.

How did you become involved in suicide prevention?
I always knew suicide was a huge problem, but I didn’t understand its devastating impact until it hit far too close to home. My younger brother Dane took his own life even though he was popular and fun loving.

The Stepping Out for Dane walk started out as a once-off event, but I think it has ignited a spark in me to do more and continue raising awareness and breaking down the stigma around suicide, depression and mental illness.

Why a 23-hour walk for your brother?
I was inspired by a friend who cycled the length of New Zealand to raise awareness for a cause close to her heart.

“Dane was 23 when he suicided, so in the end it just seemed ‘fit’ that I walk for 23 hours, one hour for each year of his life.”

I had been thinking about doing something but wasn’t sure what. I wanted it to be something that would be hard to ignore.

Dane was 23 when he suicided, so in the end it just seemed “fit” that I walk for 23 hours, one hour for each year of his life.

The walk was held from 29 to 30 January. Dane would have been 28 on 30 January.

What are your future plans?
Initially I didn’t have any plans beyond the walk. However, in its lead up, I interacted with so many people, heard their stories and came across those who have dealt with stigma. Because of this I decided I would always want to raise awareness and break down the stigmas, prejudices and misconceptions around mental illness.

I have been approached by Lifeline to consider becoming an ambassador for their HelpMe program.

What message do you have for people who are doing it tough?
You’re not alone and it’s ok to ask for help.

A quote I like is, “Sometimes you need to hang on to someone else’s hope, someone else’s peace and sanity while yours is under siege. Do it. Courage, hope, faith, sanity, peace... they all come and go. Borrow them from someone else’s supply until your own comes back in.”

Lifeline’s 24-hour crisis line is 13 11 14.
A Mirror of Hope

Carer and peer support worker, Marg Doust, tells us how helping others is helping her to come to terms with her own loss.

My family was like any other “ordinary” family, until mental illness joined us.

Since then we have relied on each other, looked for as much information as possible, and lived on a diet of hope for months at a time. I hope my story can be of help to other “ordinary” families.

My daughter had depression for five years before she took her own life at the age of 25. It seemed she never understood her illness. I think that in a way the illness stopped her from understanding.

She was intelligent but lost herself in destructive behaviour and relationships. The reasons she gave for taking her life were that she was hurting our family and that her pain was too much to bear. She had two sons aged three and one and felt they would be better off without her.

A year before my daughter’s death, my son was diagnosed with schizophrenia at the age of 14. He tried many medications, including some that brought on painful muscle spasms, vomiting and diarrhoea.

Due to his age we were able to be involved in his treatment, and I believe that is mainly why he is well today. I also believe that our constant encouragement and visits gave him the will to keep on trying. We made sure he knew how important he was to us and that we would never give up on him. He is very “well” now and is on his way to a fulfilling life.

Four years after my daughter’s death, I joined ARBOR (Active Response Bereavement OutReach) and became a peer supporter for those bereaved by suicide. We visit them in their homes, helping them adjust to living life without their loved one.

The dramatic changes brought on by suicide can be enormous. Those who are left behind can experience unique emotional and physical reactions in the face of their loss. There can be strong feelings of betrayal, confusion and guilt.

We can help them make sense of their thoughts by being there and letting them know we have had similar experiences. We are like a reassuring mirror for them, reflecting and understanding what they are going through, giving them hope, and proving that they too can survive this devastation.

This work helps me to see how far I have come since my loss. It also gives me the opportunity to share my coping skills and help in another person’s healing process. I feel rewarded by another’s warmth and willingness to share their most private feelings. They can “spill it all out” in the safe place of a group session, with the knowledge they will be understood and supported.

“We are like a reassuring mirror for them, reflecting and understanding what they are going through, giving them hope, and proving that they too can survive this devastation.”

Each peer supporter is accompanied by an experienced suicide grief counsellor who offers professional guidance to the bereaved and ensures the wellbeing of peer supporters by debriefing us after a visit.

These days I balance my time between part-time care of my eldest grandson with three days of paid work and about six hours a month of peer support work.

My role as a peer supporter gives extra meaning to my life. I can offer to others what I wish I had received when my daughter died. I am making use of her life and giving it meaning by sharing my journey of survival and reducing the stigma around suicide.

For more information, contact ARBOR on (08) 9489 7717 or at mcsp@ichr.uwa.edu.au
Alone is Not Strong

Consumer consultant Lorraine Powell tells us why she believes we find strength in numbers.

Certain moments, people, words and relationships shape our identities and allow us to reflect on where we have come from and where we have yet to travel.

The slightest things can change the direction of our lives. A catastrophic explosion can leave us searching for answers—and for the pieces we have lost—to make sense of and to create new meanings out of our experiences.

It is not because of, but in spite of, the reality of living with mental illness that the relationships I have cultivated have enabled me to reach out, dare to dream, and make some difference in my life and that of my peers facing their own experiences in time.

The most basic human need is to connect with others. And yet, when I was diagnosed with chronic mental illness, I was advised to accept that I would not be able to achieve healthy relationships. My sense of purpose and meaning was shattered in the catastrophic explosion of my diagnosis.

Despite my diagnosis, I aspired for more, for better, and to prove that I could have healthy relationships. This became the impetus for reaching out to others who also live with isolation and disconnection and are searching for meaning from their own experiences. And so I became a consumer consultant.

In my role, I contribute the consumer voice in areas of policy, planning, evaluation and education. To do this I rely on establishing and maintaining healthy and respectful relationships with people from all walks of life (who are sometimes at their most vulnerable) and the services I work with. However, my peers’ personal stories of access, service provision, medication, social impacts, and the challenges and successes they encounter in the recovery process are not mine to tell.

“Despite my diagnosis, I aspired for more, for better, and to prove that I could have healthy relationships.”

My experiences have taught me the value and benefits of partnerships. A saying I read comes to mind here: “Alone is not strong.” There is strength in numbers and I rely on others to enable me to stay strong.

Relationships have given me many gifts. By connecting with others, I have gained a sense of comradeship and kinship. I have experienced growth and the mutual sharing of stories and information. I have seen the glimmer of hope in someone’s eyes. I meet challenges, gain new skills and am given reason to celebrate.

To witness the tenacity and endurance of the human spirit fills my heart with a sense of pride and the encouragement to continue to do more, to do better, and to trust that our common interests will serve us productively.

Greatest of all are the most amazing people I have met; people who are interesting, inspiring, like-minded, passionate and courageous; people who have transcended the boundaries of “defined roles” to become friends, colleagues and mentors. They have become vitally significant in my life.

I have built relationships with stories by authors who articulate what I struggle to do. These stories have common themes: courage, determination, passion, rising to a challenge and having an indomitable will to survive. These themes reflect my attitude to life, work, love and relationships. They reflect the benefits of belonging to a place, of being in the now and anticipating the journey we have yet to travel.
Building Resilience

Kids Matter

A pilot initiative is underway in WA as part of a nationwide project to improve the mental health of young children.

Early childhood centres in Perth, Harvey, Busselton, Newman, Bunbury and Geraldton are among over 100 centres piloting KidsMatter Early Childhood. The framework is based on a positive psychology model that emphasises strengths and the prevention of problems.

KidsMatter Early Childhood is the first national mental health promotion, prevention and early intervention initiative designed for early childhood services. Funded by the Commonwealth Government, the program is a collaboration between beyondblue, the Australian Psychological Society, and Early Childhood Australia.

Creating a sense of community is one of the key aims of the framework. Early childhood centres can encourage connectedness and participation by being inclusive of children and families. A sense of belonging can make a positive difference to the lives of children, by improving their ability to form close relationships, express emotions and cope with difficulties.

Rae Young, Director of the Children’s Hospital Child Care Centre at Princess Margaret Hospital, says fostering inclusiveness was important because the centre was visited by families from diverse backgrounds.

“It is important to recognise, acknowledge and reflect on this dynamic. The staff and families are keen to see their culture acknowledged in the children’s environment,” explains Rae.

Using this approach, staff at the centre learned that families valued information sessions and activities that supported the centre, such as busy bees, over social events. As a result, the service has been able to plan family events and activities that reflect family expectations and needs. Citing the high number of families attending planned activities, Rae believes that the new approach has strengthened partnerships with families.

For Lady Gowrie Child Care Centre, at Tomato Lake, building a sense of community has been an ongoing theme throughout 2010. The centre is currently organising a welcome night for existing families, new families and children joining the centre this year.

“The framework is based on a positive psychology model that emphasises strengths and the prevention of problems.”

“By looking through the KidsMatter lens, we started to explore how we connected with new families and begin on our journey of building true partnerships,” explains Amber Lee, Coordinator of the centre.

“This has led us to plan events that not only allowed families to connect with us, but also for families to connect with each other.”

The team at Lady Gowrie has been focusing on strengthening a sense of community within the team. Weekly team meetings provide opportunities for members to reflect on the work happening in the centre, both on individual and group levels.

“These meetings have been very beneficial for the whole team, as we are able to identify and celebrate our strengths and achievements,” says Amber.

The pilot will conclude at the end of 2011. An evaluation will be released in mid-2012.

Visit: www.kidsmatter.edu.au

Image courtesy of Nedlands School of Early Learning
A Strong Culture, Strong Community

Pilar Kasat, Managing Director of Community Arts Network Western Australia (CAN WA), tells us what CAN WA has been doing for communities in the Wheatbelt.

For over 25 years CAN WA has been engaging and enabling communities through arts and culture. We facilitate funding programs, training, skills development and community arts projects that promote participation in community life and foster individual and community wellbeing.

“At the heart of the launch was a collective community performance entitled ‘Narrogin Stories Soundscape.’ This multimedia project featured stories from Noongar Elders and community members, and is a testament to their struggles, hopes and aspirations for the future.”

Empowering WA communities to have a voice has always been a priority for CAN WA. In 2006, we established a regional presence in the Wheatbelt that developed strong relationships with the region’s Noongar people. Our initiatives employ local Aboriginal people to work with a range of arts and cultural programs that promote community participation and engagement. Some of these initiatives have included an international cultural exchange with Solomon Islander musicians, a cultural tour with students from a North American college, the Keela Dreaming Cultural Festival, the Voices of the Wheatbelt: Our Place, Our Stories photography book containing images of the Wheatbelt taken by community participants, and the Bush Babies project that honours the local Aboriginal midwives.

In 2010, CAN WA took on the challenge of working with new communities in the Southern Wheatbelt towns of Narrogin, Pingelly, Wagin and Brookton. These communities experienced significant pain associated with multiple suicides over a short period of time. The trauma and repercussions that resulted from these incidents caused ongoing distress throughout the communities of the Southern Wheatbelt.

The establishment of the Strong Culture, Strong Community Aboriginal arts and cultural development program followed this complex set of circumstances. Strong Culture, Strong Community was launched in June 2010 with a community event that celebrated the culmination of several community arts projects, including the publication of the second Voices of the Wheatbelt photography book, two public art projects featuring Noongar culture, film screenings in three communities, and a hip-hop performance by Noongar boys. At the heart of the launch was a collective community performance entitled “Narrogin Stories Soundscape.” This multimedia project featured stories from Noongar Elders and community members, and is a testament to their struggles, hopes and aspirations for the future.

Since the launch the program has gone from strength to strength. The community has generated new ideas that have become the basis of new arts projects. These have included public art pieces depicting the contemporary rainbow serpent and Noongar seasons, doll making incorporating traditional and contemporary materials and forms, and the environmental revitalisation of local landmarks of particular significance. These projects are helping affirm local identity, strengthen community capacity and generate vital opportunities for community healing.

For more information about the Strong Culture, Strong Community program, visit www.canwa.com.au
Workforce

Studying Mental Health Matters

The Marian Centre hopes its new program will change perceptions of mental health among health students, while the Mental Health Commission initiates a scheme to encourage further studies among the ranks of mental health professionals.

New education schemes are aimed at attracting and retaining mental health professionals. Photo by Bridget Turner, bridget.j.turner@gmail.com

The Marian Centre has designed a program to attract undergraduate students to professions in mental health.

The program is running throughout the year, with students coming from WA’s five universities—Notre Dame University Australia, Edith Cowan University, University of Western Australia, Curtin University and Murdoch University.

“We’d like to attract more people to mental health,” says Alida Cubbage, the program’s creator and coordinator.

“To do this, we are working with all five universities in a collaborative process. That is what makes the program unique.”

The interactive program, funded by the Commonwealth Government’s Department of Health and Ageing, targets students in medicine, nursing and occupational therapy.

“We want students to be engaged during the program. We found that in our pilot programs the students enjoyed being actively involved. The focus is on interaction. We do a lot of role-playing activities,” says Alida.

“My slogan is, ‘Think and know how it feels.’ In one of the exercises, the students are literally labelled with the names of mental illnesses on their backs. This is so they can understand the discomfort of living with stigma,” she continues.

Alida hopes that exercises like these, along with the program in general, will help break down the barriers students often have about working in mental health.

“The program has a practical component that adds to what the students have already learned in their courses. The aim is to prepare students to enter mental health clinical practice with more confidence.

“Ideally, the program will enhance the opportunity for a positive experience in the students’ clinical mental health rotation, leading them to see mental health as an attractive professional option.”

The program covers areas such as stigma, communication and de-escalation, assessment tools, and recovery-focused care.

While the Marian Centre aims to promote mental health as a career path option to undergraduates, the Mental Health Commission has been promoting graduate studies in mental health to mental health professionals.

“We’d like to attract more people to mental health. To do this, we are working with all five universities in a collaborative process.”

The Commission recently awarded 35 graduate scholarships of up to $13,000 each. The scheme, worth $910,000 over two academic years, forms part of the Commission’s push to provide new learning opportunities, increase levels of expertise and support employee retention.

Mental health social worker Angie Jefferys works in the State’s Mid West and will take up a scholarship to study at the University of Western Australia.

“In rural and remote WA, we do not have access to the large range of support services that exist in the city, so often I don’t have the luxury of referring a person to another service that can meet their particular mental health needs,” she says.

“This means I must have the adequate knowledge and skills to deal with all of a person’s mental health needs.
"The scholarship means I can continue to formally update my skills and knowledge in mental health issues to ensure I am providing the best possible evidence-based practice to my clients and their families."

Another scholarship recipient, Marlene Janssen, will take up a scholarship to study for a Graduate Diploma in Counselling at Curtin University. "Being a recipient of this scholarship opens a world of studies for me," says the training and liaison officer who works at a mental health non-government organisation. "Many counsellors and psychologists have helped me along my journey through mental ill health, and I’d like to be able to give a little back in the way of helping others along their journeys of recovery. It also provides me with some upskilling, so that I can be more effective in my current employment."

The graduate mental health scholarships can be taken up at any university in WA. Another 35 scholarships will be awarded by the Mental Health Commission next year. Applications open at the end of 2011.

For more information about the Marian Centre program, contact Alida Cubbage on (08) 9380 4999 or at acubbage@themariancentre.com.au. For more information about the Mental Health Commission scholarships, contact Moya Fisher on (08) 6272 1247 or at Moya.Fisher@mentalhealth.wa.gov.au.

Curtin University has recently introduced three new part-time mental health pathways at postgraduate level, which are the first of their kind in Australia in that they combine recovery and psychosocial interventions. They include:

- **Graduate Certificate in Mental Health** – one year part-time
- **Graduate Diploma in Mental Health** – two years part-time
- **Master of Mental Health** – three years part-time

The courses are contemporary and include consumer and carer views, values and frameworks, interprofessional practice, skills development in recovery approaches, psychosocial interventions, cognitive behavioural techniques and critical thinking. The mental health programs cater for all health or human service professionals working in, or interested in working in the mental health field (government, non-government, clinical, community based and rehabilitation fields included). Students will benefit from the expertise of consumers, carers, practitioners and academics who will deliver the units. Courses are delivered flexibly, acknowledging that most students will be balancing work, study and other life commitments.

The Graduate Certificate builds competence in the necessary skills, knowledge and values within recovery and psychosocial interventions. The Graduate Diploma expands and advances skills, values and knowledge, and the Masters expands students’ skills in clinical supervision, cognitive behavioural therapy and provides opportunities for students to apply leadership and research skills in the mental health field.

To be eligible to apply, candidates must have a Bachelor degree in nursing (or eligible for registration as a registered nurse), occupational therapy, psychology, social work or a relevant degree with a minimum of one year experience post-qualification in mental health or related areas.

The courses start in July 2011 with the deadline for applications being Friday 20 May 2011. If you would like to find out more about these courses please visit healthsciences.curtin.edu.au/mentalhealth, call (08) 9266 1000 or email futurestudents@curtin.edu.au for more in-depth information.
Exercise, in any form, can benefit you in more ways than you might think. What’s more, there are further benefits in exercising with others. Personal trainer Leah Celentano tells us more.

Working out alone either at the gym or at home doesn’t always lead to the desired results. First of all, many people are not sure how to effectively work out. They’ll end up walking around from one machine to the next, confused and perplexed.

This problem can be fixed by exercising in a group setting, such as an outdoor group fitness club. The workout is planned for you. You only have to turn up. Not only do you receive encouragement and motivation from those around you, you will be more inclined to push yourself to keep up with others. Working out in a group provides support, encouragement and structure. You are more likely to achieve a balanced workout and combine all areas of the body, often at a higher intensity than when you are at it alone. The trainer is more likely to inspire you, motivate you and help you push that little bit further.

On top of the important physical benefits of regular group training, there are major mental health benefits to exercising. Firstly, exercise makes you feel good about yourself. Endorphins—the so-called happy hormones—that are released by the body during exercise stay in your system for some time after. This is one of the reasons why exercise has been used in the treatment of depression, stress, anxiety and sleep disorders.

Group exercise brings people together, and you will more than likely meet some amazing people. Engaging with and meeting people who share the same interest can have huge psychological benefits. We all know that being around others, especially while doing a positive activity such as exercise, can lift your spirits and make you feel instantly great.

Leah Celentano runs Little Miss Muscles Ladies Fitness. For more information, contact her on 0411 035 135 or at littlemiss_muscles@yahoo.com.au

IHRNA is a network for Aboriginal and Torres Strait Islander people who advocate and promote Indigenous human rights in Australia.

If you want to join or have any questions please visit the IHRNA Network.

www.ihrna.info or contact the IHRNA Coordinator.

coordinator@ihrna.info

www.ihrna.info

Unite for Our Human Rights
Dewey: The Small-Town Library Cat Who Touched the World

Written by Vicki Myron (with Bret Witter)
Hodder & Stoughton (Memoir)
Review by Fiona Rutkay

The last thing Vicki Myron expected to find in the library's drop box on a freezing morning was a starving kitten. "How much of an impact can an animal have?" asks Vicki in the introduction. *Dewey* sets out to answer that question.

Dewey is the true story of an abandoned kitten adopted by Spencer Library, Iowa. Dewey unites the polarised library staff, brings joy to library visitors, and lifts the morale of a struggling farming community, making the local library one of the most popular places in town.

Head librarian Vicki and her family are at the centre of the story. Dewey becomes the common ground with which Vicki and her teenage daughter can rebuild their relationship after a period of estrangement. When Vicki is recovering from a double mastectomy, Dewey keeps her going. Vicki has put on a brave face. No one hugs her or tells her things are going to be ok. She craves physical touch. That Dewey climbs into her arms every day makes all the difference to her recovery.

This memoir is more than a story about a cat for animal lovers, although much of the book is devoted to Dewey's antics around the library. It is also about the fate of a farming town, with its intrigues, challenges and small-town politics. Most of all, it is about the lives Dewey changed, in Vicki's words, "one lap at a time."

100 Ways to Happy Children

Written by Timothy J. Sharp
Penguin Books (Practical)
Review by Lezly Herbert

Parents know that nothing is more important than their children's happiness; but how can they confidently guide their children to find happiness when it's often such a struggle to achieve in their own lives? Psychologist and father of two, Dr Timothy Sharp, has come up with some simple guidelines for busy parents to help them give their children the best opportunities to live happy and fulfilling lives.

Avoiding pages of psychological theory, Dr Sharp explains positive psychology which centres on identifying and using strengths in order to thrive. Rather than focusing on fixing problems, his book is full of activities designed to help children (and adults) frame their world in a more optimistic way. There's no magic formula to make every single person happy, but building a portfolio of positive experiences will make less room for self-limiting beliefs and negative mindsets.

The book is scattered with anecdotes and the activities are quite simple. Establishing family foundations, setting goals, ensuring physical health, making learning fun and setting positive boundaries all seem so logical when Dr Sharp explains their necessity. It's just that busy parents get distracted by the negatives thrown at them and sometimes need to be reminded about the positives.

Dr Sharp's book is really a bedside manual, always there to help parents improve their levels of optimism to become better role models. It is a constant reminder on how to help children build resilience, manage negative thoughts and passionately pursue happiness.

Unparalleled Sorrow: Finding my way back from depression

Written by Barry Dickins
Hardie Grant (Memoir)
Review by Philippa Martyr

Australian writer Barry Dickins has produced a very honest (and at times very funny) account of his complete mental and physical collapse, and his slow and ongoing recovery, all illustrated with his inimitable cartoons.

He begins with his recent in-patient treatment, including ECT. Dickins then takes us back through all the pieces of the puzzle of his depression, describing with joyous clarity all the close relatives who suffered from various forms of “crankiness” which he now recognises as mental illness. He is also honest about his family’s longstanding habits of self-medication, which he falls into by becoming an alcoholic and heavy smoker.

Dickins had been hospitalised before, in Tasmania where he fled to recover from the trauma of his housemate’s murder in a hippie commune. He catalogues his girlfriends and analyses his failed marriage, yet all the time with balance, and irradiated by his overwhelming love for his son Louis, aged thirteen.

*Unparalleled Sorrow* is a good read, and a compelling one. At the end of it all, Dickins has come to certain conclusions. One is that he has a hefty streak of poetic irresponsibility in him, and that this will probably never change. Another is that his father’s love for him is what made him turn a corner and decide to recover from depression (that, and winning a State literary award of over $6000). And the postscript, I think, is one of the funniest parts of the book—well worth waiting for.
**Rise**

Written by Ingrid Poulson

Macmillon (Practical, Memoir)

Review by Jasmina Brankovich

While I was reading this book, I could not stop wondering how I would feel if what had happened to Ingrid Poulson had happened to me. It seems beyond words.

One night some years ago, Ingrid was sexually assaulted by her estranged husband. The next day he stabbed their two children and Ingrid’s father, before turning the knife on himself. This was not the first time Ingrid had experienced tragedy in her life: her younger brother committed suicide when she was 24 years old.

So how does one recover? Ingrid has managed to set herself on the path of genuine recovery. Today she is running her own business and has an MA in Cognitive Science. It is therefore conceivable that the rest of us have the capacity to develop ways of coping with less acute situations. And that is probably the most important message in Ingrid’s book.

RISE is an acronym that stands for Resolve, taking control of one’s life; Identity, taking control of one’s self-esteem and self-confidence; Support, having friends and family who understand; and Everyday resilience, nurturing body, mind and soul with healthy habits.

Not many people will go through what Ingrid experienced. However, we will need the knowledge of the kind that Ingrid was forced to learn by the sheer force of circumstance. No life is free from tragedy and its problems, and Rise is a great addition to any library.

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**Love is Not for Cowards**

Written by Birgit Weber

Finch Publishing (Practical)

Review by Deborah Mayers

Weber’s book probes problems in adult relationships that stem from the inability to express genuine feelings and form true intimacy.

Using object relations theory and attachment theory, Weber, a Danish psychotherapist and social worker, traces these relationship problems back to childhood. She explains, for instance, how dysfunctional parenting disrupts not simply children’s ability to express emotions, but also their attachment to parent/s and their toleration of separation. Alternatively, healthy parenting enables children to confidently explore the world, to like and trust themselves and to develop a positive self image.

Despite her summation of the impact of childhood experiences, Weber provides hope to couples wanting to nurture healthier relationships. Weber rejects blame and inertia by empowering and encouraging people to establish self-responsibility for their attitudes and actions. It is by learning to accept ourselves and our partner that we can begin to have a truly fulfilling relationship. Acceptance begins when we confront our deeply-held inner conflicts and fears. Importantly, Weber provides readers with steps on how to change. This work is thought-provoking and, as such, needs to be read slowly in order to absorb and self-reflect on the information.

The Western acceptance of psychoanalysis and attachment theory will ensure that Weber’s approach seems straightforward and obvious. It is important to remember, however, that all theories and definitive links between childhood and adult life must be critically analysed in light of individual differences.

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**Nat Ripepi**

Piece by Piece

Music review by Lezly Herbert

Singer/songwriter Nat Ripepi calls Perth home and started her singing career at The Brass Monkey in 1995. Since releasing her first album Universe in 2000, she has been away but has returned from solo tours of Europe and supporting Pat Benatar and The Bangles to release her second album.

As the opening song hints, the album is about love in “So Many Ways.” Natalie’s acoustic ballads deal with the pitfalls of relationships, with being stuck in bad relationships, with letting go and moving on. Her voice has gained in strength and so have her lyrics as she sings of building walls, being sorry and letting people in. Despite the pitfalls, love is worth trying relationships “Over and Over Again.”

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**San Cisco**

Golden Revolver

Music review by Damien Parke

For a band not yet fully out of high school, San Cisco already boast an impressive CV. They have played at the Big Day Out and Laneways, and boast the imprimatur of John Butler’s Jarrah Records label. Listening to the band’s debut EP, Golden Revolver, it’s easy to see why.

An intuitive sense of melody, confident musicianship and a healthy dose of youthful enthusiasm combine to make this a highly listenable debut.

Lyrically, songwriters Josh and Jordi touch on a range of issues that will resonate with listeners: the importance of kindness (“Golden Revolver”), overcoming doubt and fear to pursue one’s dreams (“John’s Song”), and remembering those in our society who are “left out in the dark” (“Spangled Streets”). Definitely a band to watch.
**Mental Health Commission and Drug and Alcohol Office**

The Mental Health Commission and the Drug and Alcohol Office have invited Dr Scott Miller, a world-renowned expert, to run two special workshops on 16 and 17 June. Professionals working with people affected by mental health and/or substance use problems are invited to attend the free events.

Dr Miller, from the US, is the founder of the International Center for Clinical Excellence, a worldwide community of practitioners, healthcare managers, educators and researchers who are dedicated to studying and promoting “what works” in mental health and alcohol and other drug use treatment. His humorous and engaging presentation style, as well as his command of the research literature, inspires practitioners, administrators and policy makers to make effective changes in the way they provide services.

Visit: www.dao.health.wa.gov.au

**HepatitisWA**

HepatitisWA is a community-based organisation providing a wide range of free services to the community in response to viral hepatitis, particularly hepatitis B and C. The organisation aims to reduce the physiological and psychological impact of living with viral hepatitis by providing support and education, reducing discrimination and stigma, and raising community awareness of viral hepatitis.

Services include advice and support on living well with viral hepatitis, treatment options, referrals and clinical services. Other services include free educational workshops to members of the community, including people who inject drugs, and young people at risk. These workshops are also tailored to suit a wide range of workplaces, with a particular focus on agencies carrying high caseloads of clients living with hepatitis C.

For more information, contact HepatitisWA on (08) 9227 9800, visit www.hepatitiswa.com.au or contact their support phoneline on (08) 9328 8538.

**Parenting WA**

Parenting WA offers an information, support and referral service for parents, carers, grandparents and families with children up to 18 years of age. Parenting WA services are free and referrals are not needed. Parenting WA staff work with parents with specific parenting needs and challenges. They also provide information about local community support services.

Parenting coordinators, located throughout the state, can provide individual parenting discussions, group sessions and workshops. Parenting WA also provides a 24-hour telephone information service called Parenting WA Line, a library of useful resources, parenting guide sheets and an online guide to parenting courses in WA.

Contact the 24-hour Parenting WA Line on (08) 6279 1200 or freecall 1800 654 432.

**Diary Dates**

### MAY

**Date:** 30 May – 3 June 2011  
**Event:** Conference – Australian Therapeutic Communities Association Annual International Conference 2011 (Fremantle)  
**w:** www.atca.com.au  
**e:** conference@atca.com.au  
**t:** 0422 904 040

**Date:** 2 June 2011  
**Event:** Workshop – Single Session Therapy (Perth)  
**w:** www.dao.health.wa.gov.au  
**e:** DAO.Education@health.wa.gov.au  
**t:** (08) 9370 0368

**Date:** 8 – 9 June 2011  
**Event:** Workshop – Clinical Supervision: A Culturally Secure Approach (Perth)  
**w:** www.dao.health.wa.gov.au  
**e:** DAO.Education@health.wa.gov.au  
**t:** (08) 9370 0327

**Date:** 16 June 2011  
**Event:** Workshop – Achieving Clinical Excellence: Three Steps to Superior Performance (Perth)  
**w:** www.dao.health.wa.gov.au  
**e:** DAO.Education@health.wa.gov.au  
**t:** (08) 9370 0368

For more dates go to www.mentalhealth.wa.gov.au

### JUNE

**Date:** 17 June 2011  
**Event:** Workshop – Snatching Victory From The Jaws Of Defeat: Improving the Outcome of Your Most Challenging Cases (Perth)  
**w:** www.dao.health.wa.gov.au  
**e:** DAO.Education@health.wa.gov.au  
**t:** (08) 9370 0368

**Date:** 24 June 2011  
**Event:** Workshop – Self-Care Through Mindfulness Practices in Bereavement Work (Perth)  
**w:** www.grief.org.au  
**e:** info@grief.org.au  
**t:** (03) 9265 2100

**Date:** 27 June 2011  
**Event:** Workshop – Introduction to Eating Disorders: Part One (Perth)  
**e:** Blanca.PrietoHugot@health.wa.gov.au  
**t:** (08) 9340 7711

**Date:** 28 June 2011  
**Event:** Workshop – Introduction to Eating Disorders: Part Two (Perth)  
**e:** Blanca.PrietoHugot@health.wa.gov.au  
**t:** (08) 9340 7711

### JULY

**Date:** 18 July 2011  
**Event:** Workshop – Inpatient Management of Eating Disorders (Perth)  
**e:** Blanca.PrietoHugot@health.wa.gov.au  
**t:** (08) 9340 7711

**Date:** 29 July 2011  
**Event:** Symposium – WA Family Therapy Association: 2011 Symposium – Family Therapy in the Tapestry of Clinical Practice (Perth)  
**w:** www.familytherapy.com.au  
**e:** rgaven@iinet.net.au  
**t:** (08) 9351 8084

### AUGUST

**Date:** 22 August 2011  
**Event:** Workshop – Creative Therapies for Eating Disorders  
**e:** Blanca.PrietoHugot@health.wa.gov.au  
**t:** (08) 9340 7711

H e a d 2 H e a d
Supporting early intervention and recovery

- person centred services and supports
- a connected whole of community and government approach
- a balanced investment in new priorities

“For people to recover and have a decent life, they don’t just need medication or specialist services; they also need support from families and friends, as well as the opportunity to rebuild their lives and contribute to the community.”

Eddie Bartnik, Mental Health Commissioner

www.mentalhealth.wa.gov.au