

Mental Illness Fellowship  
of WA

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## Schizophrenia Awareness Week 2009



*Spirit of the Street choir Schizophrenia Awareness Week May 2009*

The Spirit of the Street Choir for the first time performed at our Lorikeet Centre Open Day as part of the Schizophrenia Awareness Week. This year MIFWA focused on employment, as employment support was identified in the 2007 national survey by the Mental Illness Fellowship of Australia, as the second most important issue for people with mental illness.

Lorikeet members, Choir members, family and friends all enjoyed the choirs sing along and mingling over the lunchtime feast. The Spirit of the Streets Choir was originally the Big Issue Choir however the name was changed to make it more inclusive for other people who were homeless, long term unemployed,



*Richard's solo entertaining us Jimmy Barnes style.*



*Happy snap shot of MIFWA members and staff enjoying the Spirit of the Street Choir.*

socially excluded, suffering from substance abuse who with a history of mental illness. The Choir is essentially for the people who do not get a seat at the table of conventional society, the people who are excluded and vulnerable and who require the non judgmental social interaction which is embodied in the choir.

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The Fellowship reserves the right to edit articles for publication.

The views expressed in this newsletter are not necessarily those of MIFWA.



Heather Stevenson

**Heather Stevenson  
Ruah Workright May 2009**

Heather presented at our Lorikeet Open Day, with valuable employment information and a free take home referral pack. Ruah Workright is a specialist employment service for people living with a mental illness. They help people to get and keep paid employment, with two main services offered, specialist Employment Programme, and a Job in Jeopardy service. Professional staff work on a one to one basis alongside job-seekers and workers. They offer ongoing support and liaison with medical and / or psychiatric services if this is required by the jobseeker or worker. We thank Heather for joining us at the Lorikeet Centre for this years Schizophrenia Awareness Week.

**For further information contact  
Ruah Workright (08) 9475 0599  
or email [workrightadmin@ruah.com.au](mailto:workrightadmin@ruah.com.au)**

**Artist Biography: Bernard Carney**

Bernard Carney , guitarist , singer, songwriter and entertainer is based in



Bernard Carney



Dr Hugh Cook President of Mental Illness Fellowship Of WA.

Western Australian and has worked full time as a performer in the Australian Entertainment industry for 33 years from 1978-2006 he has released nine successful recordings, and has won four major Australian song writing awards. He has been a prominent guest at Australia’s major acoustic music festivals for the past twenty years. These include the Woodford Festival in Queensland for 10 consecutive years , The Port Fairy Festival in Victoria where he was named Artist of the Year in 2003, the National Folk Festival in Canberra plus WA’s Bridgetown Blues Festival , the Fairbridge Festival and Nannup Music Festival. From 1998 –2006 he toured seven times to the UK three times to Hong Kong and once to Singapore . He has done international support concert work with artists such as Gene Pitney, Taj Mahal, Foster and Allen, Ralph McTell, Richard Thompson and had the honour of opening Stephane Grapelli’s final concert at the Perth Concert Hall. From 1991–1992 he appeared weekly on ABC TV as the political satirist for the 7.30 Report in Brisbane, summing up the week’s events in song. Prior to that he wrote topical satire for ABC Radio in Perth for the Kevin Hume drive show and Ted Bull’s breakfast show. In 1997 his award-winning song “Gardens of Death” was adopted as the international anthem for the campaign to ban landmines by the International Red Cross in Geneva who has made it into an educational video and a CD single which has raised money for victims. He is frequently commissioned to write songs for organisations such as The

Cancer Foundation , the Quit Smoking campaign, the Trade Union Movement and medical associations, and he has written a series of ten songs concerning the history and characters of WA’s ,Rottneest island. He was commissioned to write a series of songs to celebrate the opening of WA’s new Maritime museum in Nov 2002. Highlights at festivals are his ever popular Beatles sing-along and Rock and Roll out the barrel sessions, and participative singing sessions using a great collection of canons and rounds. Bernard’s busy performing schedule comprises national and international concert touring , conference entertainment , community concerts, compeering the City of Perth’s weekly “Tuesday Morning Show”, community guitar courses for UWA extension and conducting and arranging for the “Working Voices” trade union choir and the Spirit of the Streets Big Issue choir.

His success as an entertainer lies in his great talent as a musician and wordsmith, his versatility of repertoire and an ability to relate well to different audiences with both humorous and serious repertoire.

**For more information on CDs  
and tours check the web site:  
[www.bernardcarney.com](http://www.bernardcarney.com)**



Roger Cook. Deputy Leader of the Opposition, Shadow Minister for Health, Mental Health and Indigenous Affairs.

*Roger attended the Open Day and gave an inspiring speech.*



## Expansion of Well Ways to the South West and Wheatbelt regions

MIFWA is delighted to announce that the organisation has been successful in its recent application to deliver Mental Health Respite services. Last week, the Minister for Families, Housing, Community Services and Indigenous Affairs, the Hon Jenny Macklin MP, advised that MIFWA had been awarded \$2,453,640 to deliver the Well Ways suite of Carer Education Programs in the South West, Goldfields and Wheatbelt regions of WA.

MIFWA's Well Ways program, originally developed by the Mental Illness Fellowship of Victoria, goes from strength to strength. Initially funded by Lotterwest for 2 years, the State Mental Health Division currently provides recurrent funding to deliver Well Ways in the Perth metropolitan area. This new Federal funding will now enable MIFWA to run courses as well as train and establish pools of carer facilitators in each region. The Well Ways suite includes **'Building a Future'** for carers of people with a mental illness, **'Duo'** for carers of people with a **mental** illness and substance use and **'Snapshot'**, a short course for those carers in outlying rural/remote areas.

MIFWA looks forward to forming partnerships with Bunbury Pathways, Busselton Lamp, Esperance Bay of Isles Community Outreach, and other NGO's in the South West, Goldfields and Wheatbelt regions to develop capacity of these regional communities to provide ongoing carer/family education and peer support. MIFWA would also like to acknowledge the support of the WA Association for Mental Health. The WAAMH project workers did a lot of the groundwork to bring together, a number of WA 'partners in respite' initiatives.

During Schizophrenia Awareness Week in May, Lorikeet Centre proudly

hosted the Spirit of the Streets choir who were entertaining and inspiring. RUAH Workright were also present at the Open Day to let people know about employment assistance and opportunities for people with mental illness. Congratulations to the successful recipients of the Tecwyn Jones Bequest Grants for consumers and carers. These grants will be presented each year during Schizophrenia Awareness week and I am sure that Tecwyn would be honored with this annual acknowledgment of his memory and bequest to the Fellowship.

*Please enjoy our June newsletter – Sandra Vidot, Chief Executive Officer*

## New MIFWA Constitution

Please be advised that the Department of Commerce (Consumer Protection) has confirmed that the amendments to the Association's Rules have been accepted as lodged with effect from April 14 2009. If you would like a copy of the 2009 MIFWA Constitution, please phone 9228 0200 and we will post a copy to you.

## Lorikeet Center is working for you!

Lorikeet Centre offers a friendly, safe environment to people who have been diagnosed with a mental illness.

The following programs offered at Lorikeet are:

- Independent Living skills Program
- Psychosocial Rehabilitation
- Recreation Program

### Excerpt from a letter received by Ben Champion at Lorikeet Centre

*"I am sorry that I have to advise you that I will be resigning from my duties at Lorikeet. I have accepted a job at Graylands Hospital as a Peer Support Worker. Thank you for making me part of the Lorikeet Centre as a student and then as a staff member. It is this experience that makes me realise my vocation in life is to work in the mental health sector. I also appreciate you giving me an opportunity work as a staff member as since my mental illness this is the first real job I have had. Being in an understanding environment has been fantastic...you have given me support I might not have had anywhere else. Not only this, I feel the Lorikeet has taught me some valuable life skills for which I am grateful."*

# 2009 Tecwyn Jones Bequest Grant Ceremony



A word from our 2008 Tecwyn Jones Bequest Grant Recipients on what and how they spent their grant to develop the quality of their life on the road to recovery.



## George Roe

**Tecwyn Jones Recipient 2008.**

George spoke about her independence packs. The packs are for people with mental health issue leaving supported housing and starting out on their own. Packs provide common home wares that do make a difference. The project is based on the glory box system.



## Stephan Whetters

Stephan played for Lorikeet's Open day celebrations. Last year Stephan brought a keyboard with his Tecwyn Jones Bequest Grant money.



*Tracy Spicer*



*Julie West*

## This Year's Tecwyn Jones Recipients May 2009



*Margaret Beer*



*Lisa Sinclair*



*Rick Breed*



*Danielle Marendaz and Family*



*Rebecca Card*



*Susan Beros*

### Other recipients are:

David Gale  
Michael Williams  
Peter Minnella  
Deidre Clayton

Raymond Saunders  
Anna Richards  
Carolyn Knop  
Edmond Kolasa

Diana Gurry  
Sharon Bartninkaiti  
Toda Bellantone  
Sheryl Baxter

# Strengths-Based Approach to Recovery Workshops

Presented by Jacqui Wharton

Seven years ago, Jacqui Wharton found herself severely disabled from the symptoms of a schizoaffective disorder. Since her teenage years she had suffered through several episodes of psychosis, depression, mania and anxiety, often bringing with it intense fear and paranoia. Despite her disabling symptoms and eight year unemployment history, Jacqui managed to turn her life around, complete university studies and progress to volunteer work and eventually full time competitive employment. She is now a valuable asset to her community.

Jacqui is passionate about making a difference to the mental health of others. She is also passionate about reducing stigma, promoting understanding in the community and communicating her experience and knowledge to others. She has personally funded a university scholarship to help others with mental illnesses achieve their goals, and aspires to set up a trust for the same purpose. By focusing on their strengths, rather than their diagnosis, Jacqui seeks to help reintegrate people with mental illnesses back into society – so that they too can pursue their goals and dreams. Jacqui is active in the community, speaking to anyone who will listen. Her message about recovery and promoting wellness is backed by her first hand experiences with mental illness, and the motivation to make a difference – something that she pledged to do if she were ever to recover from her devastating symptoms. On the last Friday of each month from June through to November this year, Jacqui will facilitate half day workshops that promote a strengths

based approach to recovery. Jacqui will work with participants to explore 'What is Recovery', 'what is a Strengths Approach to Recovery', 'Developing a Personal Recovery Plan', and 'How can you benefit from a Strengths Based Approach'.

The first of these workshops will be held at the Salvation Army premises.

**Where:** 4/103 Catherine Street Morley

**When:** Friday 31st July 2009

**Time:** 9:30am to 12:30pm

**Cost:** \$55.00 for non members and \$45.00 for MIFWA members.

**For more information or to pay and book your place, please phone MIFWA on 9228 0200.**

**Bookings will be limited to 25 participants and morning tea will be provided.**

## Metabolic Syndrome Study



Improving physical health outcomes for people with mental illness.

A team of Western Australian mental health researchers, including the Centre for Clinical Research in neuropsychiatry's (CCRN) Dr Milan Dragovic, have carried out the first Australian study to measure the prevalence of metabolic syndrome among people with a range of psychiatric disorders.

The project received considerable media attention in WA, featuring on the PerthNow website on 16th February, and the next day on the international website PsychCentral.

People with a mental illness may be at a higher risk of developing heart disease

and diabetes, due to a medical condition known as Metabolic Syndrome.

Metabolic Syndrome, also known as "Met\_S" or "insulin resistance syndrome," is associated with obesity, high blood pressure and high cholesterol.

Just over 200 adults who attended the Armadale Mental Health Service were assessed for metabolic syndrome. The most common mental disorder represented was schizophrenia (45%). The incidence of Met\_S was found to be more than double that of the rest of the population (estimated to be around 25%).

People with bipolar disorder ranked highest with rates of nearly 67%. The increased prevalence of Met\_S may be

due to factors such as poor diet and lack of exercise, as well as a possible link to some atypical antipsychotic drugs. According to the team's findings, published recently in the Medical Journal of Australia, "prevention, monitoring and treatment of cardiovascular disease risk factors should be considered a priority by those involved in the care of the people with major psychiatric disorders"

PerthNow://<http://www.news.com.au/perthnow/story/0,21598,25060140-5017008,00.html>

Use with permission from CCRN News, April 2009, A PDF version of CCRN News is available online at <http://www.health.wa.gov.au/ccrn/home/newsletter.cfm>

# Information Sheet for Young People



## What does the Program do?

Big Brothers and Big Sisters are volunteers who provide friendship and fun to kids who would like another adult in their life. We believe that no one can ever have too many people who care about them. Some young people also really like the idea of having a grown-up to talk to who is not a relative.

## We call the volunteers Bigs, and our young people Littles.

If you are matched with a Big you will spend a few hours a week together to do fun stuff. Some ideas might be going to the beach, watching movies, cooking, playing sport, walking the dog or bike riding. This would go on for at least 12 months.

## Who are the Bigs?

Our Bigs are volunteers, which mean they don't get paid like a teacher or a doctor. They want to spend time with a Little because they think it would be fun, and because they have some free time available.

Not just anyone can become a volunteer. They have to go through a number of interviews, do some tests and even have the police check them out. The most important thing is that they can get along with kids.

## Can I get a Big?

To have a Big you would generally be between the ages of 7 and 17, maybe having some trouble making friends at school, getting into fights at home or at school or maybe could just do with that extra boost of confidence by having someone around who is especially for you.

## When can I get a Big?

There isn't really any way of knowing. It might be really soon, like the next few months, or you might have to wait longer. Bigs are specially chosen based on who you are and what you like doing.

## How do I get a Big?

There are some forms that need to be filled out and a Staff member from the YMCA might also come out and meeting you. Then if we find some one that might be a good Big Brother or Big Sister for you, you and a family member will get to meet them. This will give you a chance to 'check out' the volunteer. You then get 1 day to think about if you want to hang out with this volunteer.

## What do the YMCA Staff Members do?

Once you have a Big a YMCA Staff Member will catch-up with everyone regularly.

This means talking to you and your parent/guardian over the phone and meeting up a couple of times throughout the year. If there are any problems a YMCA Staff Member will try to help everyone sort it out as quickly as possible.

## So, what do you think?

If you think this sounds like a good idea, let an adult know. Ask them to contact the Big brothers Big Sisters office and fill out the forms. Then we can try to find the best Big Brother or Big Sister for you!

Phone: 9227 0479

Fax: 9328 3053

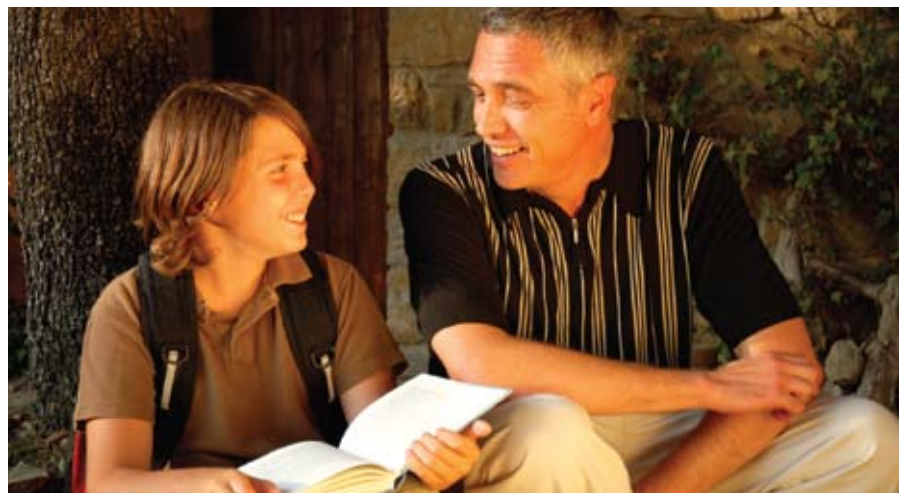
Email: [bbbs@ymca.org.au](mailto:bbbs@ymca.org.au)

Address:

YMCA Head Quarters,  
60a Frame Court, Leederville, WA, 6007

[www.bigbrothersbigsisters.org.au](http://www.bigbrothersbigsisters.org.au)

or: [www.perth.ymca.org.au/Youth-Services/Big-Brother-Big-Sister.aspx](http://www.perth.ymca.org.au/Youth-Services/Big-Brother-Big-Sister.aspx)





Samantha Harris. Development Officer of Carers Program.

### Schizophrenia Awareness Week Carers Forum

Fifteen carers enjoyed a day of pampering and relaxation at the Carers Centre for Schizophrenia Awareness Week on Thursday 21st May 2009.

Aqua Detox, reflexology, Reiki and shoulder massage were available to those carers that attended and received 'time out'. Many thanks go to the therapists who worked tirelessly during the day-Liz, Joanna, Caroline and Dolly. Thanks also go to Commonwealth Carer Respite Centre's who assisted financially and provided much needed respite information to carers. Appreciation is also extended to Leonie and Carers WA for their invaluable support throughout the day. Comments from carers were: *'Fantastic. I feel a lot more relaxed and less stressed'* *'Great venue; heavenly massage and pampering. I'll be back! Thank you to everyone involved.'*

*'Very much appreciated'* *'the pamper day was very much a blessing, it eased stress and I learnt about alternative health therapies.'*

*'Thank you very much'. 'I was welcomed beautifully and had very little waiting around which was lovely.'*

*'Enjoyable day and lovely people'*

*'Fantastic. Couldn't have come at a better time, I really appreciated the time given to me. Thanks ladies.'*

*'I had a wonderful day.'*

All carers feedback that the relaxation and pampering were highly beneficial and the information provided was relevant to their caring role.

### Well Way Duo Facilitator Training

Mental Illness Fellowship of WA made history as the first train the facilitator was trained in Perth during April. Congratulations to Carol Peers on her completion of the training.

Five facilitators were trained 15th-17th April 2009 at the Carers Centre in East Perth with all participants gaining valuable information in their role as peer facilitators for families and friends that care for a loved one with a dual diagnosis, mental health illness and drug or alcohol use.



*'A real feat'*

Comments from newly trained facilitators included; *'A great three days, I came away from the training feeling more confident and with more understanding of the needs of others'.*

*'I learnt so much in the three days, the trainer ran the course extremely well, everything was presented clearly and the feedback was honest and constructive. A great course, beautifully run!'*

MIFWA look forward to the first Well Ways, Duo program being available later in the year in Perth.

### Well Ways Facilitator Training

Previous Building a Future, Well Ways participants that are interested in becoming facilitators are welcomed to contact Sam to discuss the process.

Facilitator training for **Snapshot** in Victoria is currently being arranged, training dates are 10th and 11th September 2009.

### Anti-Burnout WRAP (Wellness Recovery Action Plan) for Carers

The course is fun, friendly and highly interactive with participants sharing successful strategies and helping each other solve problems in self-care.

A recent participant said *'I am thinking more clearly and focused on what I can do to make my life more enjoyable and rewarding. I am feeling positive about the future and am motivated to take the steps to achieve my goals'.*



The next WRAP for Carers will be in **July**, bookings are essential so please contact Sam to secure your place.

### Well Ways Building a Future

Building Future programs is in the planning stages for:

- Fremantle
- Rockingham
- Mandurah
- Bunbury
- Busselton
- Northam

Building a Future Well Ways Program Joondalup next course:

**When:** Tuesday 21st July 2009

**Where:** Joondalup Lotteries House  
70 Davidson Terrace Joondalup

**Time:** 6:00pm to 9:00pm

**Bookings** are essential contact Sam 9228 0200. Light refreshments will be provided.

Outcomes upon completion of Well Ways, Building a Future people will:

- Have increased information about mental illness, treatment and support options
- Gain new ideas and further develop skills to learn to cope with the impact of mental illness on their lives.
- Have increased confidence in dealing with the challenges created by mental illness.
- Have opportunity to share experiences, learn from others' experiences and develop ongoing support and information mechanisms.

### Carers Story

*'Reflecting back, I was in crisis when I booked my place in Well Ways, Building a Future. I had heard of the program before I made a few desperate phone calls to different agencies trying to negotiate what to do. I had some understanding of services but was struggling to know where to start and fortunately after a conversation with Commonwealth Respite Centre, Well Ways was mentioned. I realised that living with my daughter who was depressed and anxious day in and day out was taking its toll; she however wasn't able to accept any assistance, in denial of her condition. I realised it was me with the problem and*



Carers enjoying their Short Break Away

*I had to do something. Fortunately for me I invited other family members to attend the program with me and they accepted.*

*I've since hear that MIFWA have a whole of family approach and I'm very grateful that this type of philosophy exists, as being supported as a whole family made such a difference to my family. The other members of my family gained more empathy and understanding and become more supportive as a result of doing the program.*

*The validation of how the caring role was affecting me was significant; I gained a better understanding of causes and treatments around mental illness. As a parent in particular the guilt can be overwhelming, the questions like 'Is it my fault', 'should I have done more', and in the mist of my exhaustion saying to myself 'could I have done more?' The program helped address those questions and many more. Since finishing the program I have been in much better position to manage day to day my own emotions and those behavior's of my daughter.*

*It has been very confronting for me to ask for help as I'm a very independent person, I've learnt a lot more about services for myself and my daughter and am not so reluctant to use them. I would always say 'there is always someone worse off; they deserve it more than me'. But I wasn't*

*doing myself any favors as I became more run down and overwhelmed.*

*As a parent I wanted to make things right; being confronted with feelings of powerlessness was so discouraging. Well Ways changed that for me and I regained some of the hope I had lost. I completed the program and can say I gained so much; the term knowledge is power certainly applies.'*

### Carer Short Break Away

Six carers attended the Short Break Away in April 17-19th at West Beach Lagoon Apartments in Scarborough. Some of the activities enjoyed were yoga, walks on the beach, swims in the pool and spa, dining out.

The weather was pleasant and carers took time out to rest and to enjoy the beach and other sights.

Carer comments for those considering a short break away:

*"Grab the opportunity when you can because you will be glad you did. The time away really helped recharge my batteries and gave me the energy to face a busy, demanding week ahead."*

Another Short Break Away is planned for September, if you are interested in attending please contact Sam to register your interest.

Ph: 2998 0200

## Well Ways: Helping Families Find Better Ways



### Counselling for Carers

Counselling services will commence in July in the Midland area for families caring for someone with a mental illness. Those families affected by mental illness can face complex issues within the caring role. An eclectic style of counselling will be offered, recognising that flexibility and individuality in supporting families is

important. Counselling can cover topics such as Grief, stress, communication, and dealing with challenging situations. Often the most effective outcome is to have someone validate the circumstances and assist in adding to the skills that you already possess.

Counselling will be offered at a low cost and will be available on Thursdays; call and ask to speak to Sam 9228 0200 to arrange an appointment. Appointments are strictly confidential.

## our people



Jan Davis

### Jan Davis – Volunteer Extraordinaire

Working with Jan Davis was one of the highlights of my time at MIFWA. Over the 4 ½ years I was with the organization Jan's hard work and support were invaluable in getting the job done and I couldn't have imagined getting through SAW or an AGM without Jan's support. Jan's smiling face every Tuesday always made the day pleasurable and her presence in the office made me feel less stressed and not alone. Jan's dedication and commitment to improving services and conditions for people with a mental illness is inspiring and the world would be a better place if we had more Jan's. MIFWA is very lucky to have such a loyal and valuable member in Jan Davis and her continued support and hard work make the MIFWA family a wonderful place to belong. (Words of thanks from a former staff member)

Since commencing with the MIFWA team I have found Jan to be a great resource of abundant knowledge, her ability to perform and complete tasks is commendable. Her pleasant manner and enthusiasm to assist all of the staff here in the Perth Office is clearly outstanding. So Jan Davis this is your 11th year as a loyal and committed volunteer and on behalf of the Board and Staff we are deeply grateful for your services to MIFWA.

*By Stephanie Bachman and Caroline Wood.*

# Family Support Program

The Family Support Program has completed its first year of service provision; we are now working with over 40 families and many of our referrals are families with longstanding and complex behavioral, psychological and emotional challenges who want to do life differently. They want to experience a bit more thriving and less 'just getting there'. Our team of Family Support workers are dedicated to capacity building and focus on the strengths and wisdom within individuals and families so that we are 'building up' skills, competence and confidence.

During the last year Sharon, Margaret, Gaye and Tara have worked flexibly, optimistically and tirelessly in some cases, and have seen family members and families make real and lasting changes to lifestyles and attitudes, thereby creating options and possibilities that seemed out of reach in the past. These experiences have demonstrated the effectiveness of consistent, long-term support where trusting relationships can be established, skills built up through the worker being able to model and encourage the family members and where useful links and contacts within the community are established and maintained. I believe this method of service provision provides something lasting and tangible because new skills and attitudes do not come into existence overnight. Human beings often need to hear the suggestion, reflect on it, do it, experience the reaction within themselves or others, survive the anxiety, do it again, with as many repetitions and new responses needed until it feels safe to incorporate this 'new' something into their repertoire. It takes time to develop new skills and change older more unhelpful behaviors, and it takes workers with patience and goodwill to reflect this in their practice.

We are pleased that Ian Sampson has joined our Family Support Program team for three to four months to provide extra

counseling and family therapy to some of our families. Ian has undertaken training in Transactional Analysis and Gestalt Therapy and is finishing a Diploma in Family Therapy at the Wasley Centre in William St. He needs practical experience in the field and is providing very helpful assistance to some of our families. Thank you Ian. We are also pleased to welcome Paula Wickham to MIFWA. Paula has completed her TAFE Certificate III in Community Service and is fulfilling her placement hours with the Family Support Program.

The Recovery Movement has recognised the disempowerment that occurs when consumers and family members are encouraged or even coerced, at times, to follow certain paths without critical thought or reflection. The difficulty that this creates is that the person does not develop the notion of self responsibility and so externalises the 'cure' to some other person, pill or program. If this begins when the person is young, and over time they do not improve or seem to be making the required effort, then there is a danger that they will be labeled as lazy, not trying hard enough or beyond help. Within the mental health establishment there may not be the realization that this person has lost, or never developed, the idea that they should struggle to regain their

health that it is a personal responsibility, because they have been told so often that they are to leave it to the professionals. We all need to be mindful of how individuals develop this 'habit' of learned helplessness and avoid being part of the problem.

Our consumer driven COMIC WA workshops are continuing. The workshop on Borderline Personality Disorder was very well received with an attendance of between 90 – 100 people. At the end of May COMIC organized a presentation by Jacqui Wharton on the Strengths Based approach to working with families. Jacqui had visited Kansas in the USA to gain an understanding of Strength based work that had been developed by researchers at Kansas University. Jacqui is a consumer who recounted her own recovery journey and now works in the mental health sector to inspire others to support themselves and believe in their own recovery. I also presented on Working with Families from a Strength Based Perspective which is a key element in our FSP work.

***"Do what you can, with what you have, where you are".***

THEODORE ROOSEVELT

***Merril Stokes,  
Team Leader Family Support Program***

## Member Grievances

MIFWA is aware that a member is writing to other members about long standing grievances with the Fellowship. As most of the concerns from members receiving this correspondence has been around the release of MIFWA member names and addresses, we wish to advise of MIFWA's arrangement with the Department of Commerce (Consumer Protection) which was put in place to protect the privacy of members. The agreed arrangement is that MIFWA will provide a list of members' names only to the aggrieved member and provide MIFWA data base details of names and addresses to the Department who have agreed to be responsible for post out to members. Should any member wish to contact the aggrieved member, they can phone Greg Goad from the Consumer Protection Division on 9282 4388.

## Smoking restrictions and treatment for smoking: policies and procedures in psychiatric inpatient units in Australia

### Psychiatry Research Review

Authors: Wye PM et al

Summary: Smoking policies and procedures are reported for 123 public psychiatric inpatient units in New South Wales, Australia; the provision of "smoking care" in such units (for example, quit-smoking advice or nicotine replacement therapy); and policies and procedures associated with the assessment of smoking status and provision of smoking care. Over one-third (36%) of respondents reported instances in which inpatients began smoking during their admission, while 39% reported that staff provided cigarettes to patients who smoked when patients' supply was expended. Fifty percent of respondents reported that all patients were assessed for smoking status; however, 70% reported that nicotine dependence was not assessed. Units on which staff adhered to smoking restrictions were three times as likely to assess patients' smoking status as units where staff never adhered to restrictions (OR 3.05;  $p=0.01$ ). Comment: Smoking restrictions within psychiatric wards are being introduced more widely and it seems we are not as yet ready to implement these restrictions. This survey of inpatient units in NSW showed this and that in some unit's enforcement of the rules was inconsistent. The authors of this study emphasise that creating a smoke-free environment requires consistency in enforcing smoking restrictions (including the staff) and ensuring appropriate smoking cessation management is provided to the patients.

Reference: *Psychiatry Serv.* 2009;60:100-7

<http://psychservices.psychiatryonline.org/cgi/content/abstract/60/1/100>

## Australia in mental health world first

IN A world first, Australian scientists have linked a form of schizophrenia to a lack of a certain protein in the lining of the brain. Scientists from the Mental Health Research Institute in Melbourne have discovered that one in four schizophrenics has the defect. The breakthrough is being compared with the discovery that type 1 and type 2 diabetes were separate diseases requiring different treatments. "The same will now be true for schizophrenia, a syndrome that affects one in 100 people," said Brian Dean, the head of a 10-member team that has spent 15 years searching for what causes schizophrenia. "Now we can study a form of schizophrenia in isolation, it makes it much easier to see what is changed in the brains of subjects," Professor Dean said. "This significant step forward is helping us unravel the potential causes so that we are able to develop better treatments." Until now, schizophrenia was diagnosed from the presence of symptoms such as hallucinations, delusions, social withdrawal and deterioration in self-care. "With that level of diagnosis, it is quite likely there are a number of different diseases that come under the order of one disorder," Professor Dean said. "But we have shown that 25 per cent of people who have schizophrenia have lost 80 per cent of a protein in their brain known as muscarinic M1 receptor." "We have now separated off that group and we can try to understand the cause of that deficiency."

The area of the brain most affected is the cortex, or surface, which is vital for rational thought, long-term memory, learning speed and solving problems. Professor Dean and his team examined brain tissue from 154 deceased people. The scientists made thin sections (14-thousandths of a millimeter thick) of brain tissue to measure the levels of the muscarinic M1 receptor using a radioactive drug that binds to the receptor. The next phase of the research will involve working with a professor of neuropsychiatry at the University of Melbourne, Christos Pantelis, and his team using neuro-imaging to identify living people with this form of schizophrenia. "Schizophrenia is a disease of young people that lasts all their lives," Professor Dean said. "We have a huge task ahead of us to find out exactly what this find means." "What we are hoping for is to come up with a marker to diagnose schizophrenia over the next two years."

*Carmel Egan  
May 17, 2009*

## Mentallympians

Mentallympians.tv is a mental health community development initiative to build a multimedia 'community channel' on the Internet. It will be controlled collectively by mental health consumers through an international network of consumer groups. Channel programming will feature consumers who demonstrate effectively the resilience, creativity, talent, intelligence and humanity possessed by people with mental illness, in order to reduce self-stigma in society.

Mentallympians.tv will offer viewers a wide variety of informative and empowering programming related to mental health, incorporating content on recovery; human rights; mental health advocacy; peer support programs; consumer organizations; employment; national policies; conference presentations; available local services; research findings; evidence-based treatments; and E-health. This community channel will, for example, introduce its audience to mental health advocates from around the globe, including such luminaries as Peter Ashenden, **Ron Coleman, Dr Daniel Fisher, and Janet Meagher AM**. These individuals stand up for the rights of others in our community, while their own lives simultaneously serve as inspiring and powerful examples of recovery, accomplishment and compassion.

Mental Health Promotion Action Link WA) email network.

Recently launched at the TheMHS leadership conference in Brisbane

<http://www.mentallympians.tv/cms/index.php?page=home>

## Peer Support Improves Physical Health

Research shows that people living with mental illness are 2.5 times more likely to die from Preventable diseases than the general population, and their physical illness is often left undiagnosed, and treatment delayed (Duty to Care report, Lawrence et al, 2001). The Healthright Peer Advocacy and Support Service (PASS) aims for peers to assist adults with long term mental illness to attend to their physical health needs. The service included making and attending GP and allied health appointments with clients, as well as dealing with lifestyle issues and engaging with community, health and recreation services.

The Healthright PASS was trialed by the **UWA Community, Culture and Mental Health Unit** in the Rockingham and Midland areas over a nine month period from March -December 2007. Results indicate that peer support can assist people who live with mental illness to change health seeking behavior and personal health behaviors. 23 people participated in the trial

and results included: • 9 people were supported to find a GP • 20 walked regularly with the peer supporter to increase daily physical activity • 11 were linked with a community exercise facility • 8 lost weight over the course of the trial • 7 were encouraged to change dietary habits and eat healthier foods • 3 were supported to give up smoking and 2 others are still working on quitting. The future of peer support looks bright. As a result of the trial, recurrent funding for the Healthright service was allocated to the Hills Community Support Group and peer support services are now also established in other non-government agencies and at Graylands Hospital. On-going research and further training for peer support is planned and opportunities to introduce peer support in other mental health services are being explored. For more information on the Healthright Project visit [www.healthright.org.au](http://www.healthright.org.au)

*Dean Professor Ian Puddey (Faculty Medicine, Dentistry & Health Sciences UWA) and Derek Horlin Peer Support Worker*

## Psychosocial Interventions (PSI) for Psychosis

The 10 day Psychosocial Interventions (PSI) for Psychosis training program, available to all mental Health staff within South Metropolitan Area Health Service (SMAHS), has been operational since September 2008 and has been very well received. PSI centers on working collaboratively with consumers and carers, and utilizing a values base which promotes therapeutic optimism and recovery. The program content focuses on adopting integrated bio-psychosocial models of psychosis, bio-psychosocial assessment, normalizing experiences, developing individualized formulations, and individual cognitive behavioral orientated interventions. The program also has modules on family interventions and medication concordance. The training is delivered on alternating weeks, allowing time for participants to implement the theory and practical skills into clinical practice. Post training support and monthly supervision is built into the program. To date, 27 participants have completed the program, and a further 55 will complete the training by the end of May. Feedback has been overwhelmingly positive, and the course evaluation demonstrates significant increases in course participant's knowledge and use of biopsychosocial models and assessment methods, normalizing experiences, formulation driven interventions and cognitive behavioral orientated interventions. Quotes from participants reinforce the benefits of the training: *"Best and most enjoyable training I have received in WA", "Would definitely recommend to colleagues"* It is hoped more courses will be made available to SMAHS staff.

Any queries about the program should be directed to Mick Simpson, Clinical Nurse Specialist, Psychosocial Intervention on 0404890306.

# Snüppets

## When worries won't go away

Anxiety is the most common form of mental health problem, yet often goes unrecognized and untreated. The *SANE Guide to Anxiety Disorders* gives the facts on symptoms, treatments and tips.

Call the SANE Helpline or visit the SANE Bookshop to order a copy.



## Mental illness – paying the price

We all need to be careful about money these days, and this is especially true if you have a mental illness and are living on a low income... SANE Australia wants to hear from you about the cost of living with a mental illness, so that we can make recommendations to Government – not only about increased benefits, but also changes to how services are charged and improved support to manage finances, for example. Complete the survey now to help make a difference.

### Is there less or more stigma against mental illness than 5 years ago?

Have your say in our new poll and find out what SANE Australia is doing about this issue through its StigmaWatch program...

[www.sane.org/](http://www.sane.org/) For more information contact Caroline 9228 0200.

## Perth Home Care Services Time Off and Planning Mental Health Respite Program (TOPMH)

Carers and families of people living with mental illness are welcome to contact Stephanie Bachman, Resource Coordinator Mental Health at Perth Home Care Services to discuss the TOPMH program which offers flexible and appropriate respite options including; supported accommodation, one-off grants for holidays/short breaks, in-home and social support.

If you are interested or have any questions Stephanie can be contacted on 9204 7800 or [stephanie.bachman@phcs.org.au](mailto:stephanie.bachman@phcs.org.au)

## EMERGENCY CONTACT NUMBERS:

SERVICE / ORGANISATION NAME	HOURS OF SERVICE	DETAILS	PHONE NUMBER
Mental Health Emergency Response Line (MHERL)	24 hrs, 7 days	Metro	1300 555 788
		Rural	1800 676 822
Carers WA Counselling Line	24 hrs, 7 days		1300 227 377
Beyond Blue	24 hrs, 7 days		1300 22 4636
Lifeline	24 hrs, 7 days		13 11 14
SANE helpline:	9-5 weekdays		1800 18 SANE (7263)
Kids Helpline (if you are under 18 years)	24 hrs, 7 days		1800 551 800
Youthline WA			08) 9388 2500
Crisis Care	24 hrs, 7 days	Metro	08) 9223 1111
		Country Callers	1800 199 008
Samaritans	24 hrs, 7 days	Careline	08) 9381 5555
		Country	08) 9388 2500 1800 198 313
Salvo Care Line			08) 9227 8655
Parenting Line	24 hrs, 7 days		08) 6279 1200
		Free call STD	1800 654 432
Family Helpline	24 hrs, 7 days		08) 9223 1100 /
		Free call STD	1800 643 000
Child Protection and Family Crisis Service			1800 656 463
Women's Domestic Violence Helpline	24 hrs, 7 days		08) 9223 1188
Men's Domestic Violence Helpline	24 hrs, 7 days	Free call	1800 007 339
Transcultural Mental Health Centre		Metro	08) 9223 1199
		Free Call	1800 007 599
Translating & Interpreting Service (TIS)			13 14 50
Suicide Helpline Call Back Service			1300 659 467

## SUICIDE HELPLINE CALL BACK SERVICE

The Suicide Helpline Call Back Service (SHLCBS) is a nationwide outbound telephone counseling service provided by Crisis Support Services. The service offers specialized support to people who are at risk of suicide, people caring for someone who is suicidal or people bereaved by suicide.

SHLCBS offers six sessions of telephone counseling, which run for approximately 50 minutes each, over a period of up to six months. The service gives people the opportunity to receive supportive counseling, information and referrals to specialist services for on-going support.

The service also caters for people from CALD background through its links with the Translating and Interpreting Service (TIS). SHLCBS is completely confidential and non-judgemental.

**Suicide Helpline Call Back Service**

**1300 659 467**  
**(referral line only)**

# Be loyal to wellness By Sandy Jeffs

The following is a personal reflection by Sandy Jeffs on what is helpful to her when she is in a psychotic state. (From 'Developing Carer Skills' by Sandy Jeffs – poet, writer, woman living with schizophrenia).

## **What do I expect my carers to do when I am unreaching and unreachable?**

My carer base has never been my family. It is a collection of friends, some being primary carers and another group of close friends who have a wide range of roles and accept a wide range of responsibilities for me.

Broken leg analogy – If I was lying in the driveway with a broken leg and was yelling 'Don't touch me! Leave me alone!', my friends would try to help.

They wouldn't leave me. They would assess the situation, intervene by treating me themselves or calling for an ambulance.

They would be clear in their own minds that treatment would be needed and more than likely, most of the world would agree that action had to be taken. They do it for the person who used to play hockey or tennis or whatever.

My friends take action and initiate treatment for me because of the sane person they know and who mainly returns to them when well. Back your judgment and even if you feel as though you are doing the worst possible thing for your loved one, and fear their resentment and anger, do whatever you have to. Be loyal to wellness. Don't be

loyal to illness. This may mean calling a Crisis Assessment and Treatment Team (CATT), and sometimes having the person you love committed as an involuntary patient. Familiarise yourselves with the system and have plans and back up plans in place to deal with circumstances arising. Know your region. Have at hand relevant telephone numbers and names of any persons who may be able to support you.

My carers have to know my two responses: my sane response and my mad response. It is my sane response, the well me, that keeps my carers going and which gives them incentive. They are helping a sick sane me. It is important for my carers to have a belief in their own sanity and to have the confidence to distinguish between the two sides of me. Equally important is the notion that I need my wellness affirmed.

It is important for my carers to have support from wherever they can get it. It is important for my carers to protect themselves by trying to have lives, or a portion of their lives, that are separate from me.

What are the ongoing skills, the day today skills needed to deal with me? I ask the impossible! I ask that my carers maintain an equanimity while I hurtle off on a rollercoaster journey, oscillating between varying degrees of wellness and illness. I know it is completely unreasonable and selfish to demand that they provide a stable background upon which to base my unstable life.

Do not enter into any delusional thoughts I might be harbouring. Always present a gentle but firm affirmation of reality.

While trying to normalise me, my carers accept that sometimes some of my responses are not normal and may cause unwanted difficulties. This means coming to grips with the limitations set by mental illness which are dreadful and difficult and possibly impossible for any human being to do. As some people say, shit happens and this is the rotten reality.

Learn to read the signs that something is not quite right.

### **Mental Illness Fact Sheet**

For more information or to find out about our other facts (30 in total) sheets contact Caroline 92280200.





## Diary Dates

### MIFWA Services

#### MIFWA MEMBERSHIP RENEWALS

Memberships are active from the 1st July to the 30th June each year. Membership renewal forms are sent out at the end of June each year. If you have any queries about your membership status, please contact Administration on 9228 0200 or [admin@mifwa.org.au](mailto:admin@mifwa.org.au). MIFWA welcomes all our new members for 2009.

#### MIFWA WEBSITE

The MIFWA website is currently undergoing some significant changes to bring it into line with our national body the Mental Illness fellowship of Australia, and sister fellowships. In a few weeks our website will be brought up to date and will include a number of improvements to content and access to information.

The MIFWA website is [www.mifwa.org.au](http://www.mifwa.org.au). If you have any feedback or any information/ events/news you would like promoted on the website please contact [info@mifwa.org.au](mailto:info@mifwa.org.au) or phone Caroline on 9228 0200.

## Mental Illness Fellowship of WA Locations/Sites:

#### MIFWA Fellowship Central

110 Edward Street, Perth  
PO Box 8422 Perth Business Centre WA 6849

**P: (08) 9228 0200**

Opens 9am to 4.30pm, Monday to Friday

#### Lorikeet Centre

104 Cambridge Street, West Leederville,

**P: (08) 9381 9144**

Opens 9am – 4.30pm, Tuesday – Friday

Early Intervention Recovery Program (EIRP) **Phone/Fax: (08) 9388 2191**  
Subiaco Office.

## MIFWA Team

#### Chief Executive Officer

Sandra Vidot

#### Organization Support & Promotion

Caroline Wood

#### Development Officer Carer/

#### Family Services

Samantha Harris

#### Administration Officer

Annika Wallace

#### Finance Officer

Joy Morey

#### Volunteers

Jan, Michael

#### Family Support Program (FSP)

Team Leader – Merrill Stokes

#### Family Support Workers – Sharon Puren,

Margaret Gardiner; Gaye Hodgson;

Sarah Anstey; Tara Cavazzi.

#### Children of Mentally Ill Consumers (Comic WA)

#### Conveners

Margaret Cook and Pauline Miles

#### Awareness & Education Project Officer –

Anna Richards

#### Lorikeet Centre

#### Service Manager

Linda Bosman

#### Facilitators

Steve, Ben, Elaine, Laura, Kerylee,

Madeleine.

#### Early Intervention Recovery Program (EIRP)

#### Team Leader

Alan Cock

#### Team Facilitators

Karla, Kerylee, Amelia

