Recovery

Hearing Voices
Helen Morton MLC
Walking Towards Recovery
Music and Anti-stigma
Finding a Home
35,000 people are reported missing each year in Australia

Would you know how to provide counselling to families and friends who are left behind?

For every missing person’s case reported, at least 12 people are affected whether it is emotionally, psychologically, physically or financially. That means that a significantly large number of people will endure the trauma associated with the unresolved loss of a loved one.

For some, the impact on their lives is momentary; for others, a lifetime.

The National Missing Person’s Coordination Centre (Australian Federal Police) has conducted national and international research to develop its national counselling framework *Supporting those who are left behind*.

The framework aims to assist health professionals and practitioners in working with families and friends living with the ambiguous loss of a missing person. It outlines new ways for working with these families and friends and provides a guide to enable counsellors to address ambiguity in the counselling space.

*Supporting those who are left behind* is available free-of-charge through the National Missing Persons Coordination Centre and comprises a book, instructional DVD and brochure detailing effective therapeutic prompts.

www.missingpersons.gov.au | Freecall 1800 000 634
The theme of this edition is recovery. You will gather from the articles that recovery is a journey that is distinct for each individual. Recovery means more than simply the absence of illness; it encompasses a person's mental and physical wellbeing, social participation and acceptance, development of resilience, sense of meaning and hope.

Hon Helen Morton MLC, Parliamentary Secretary to the Minister for Mental Health, who launched Head2Head and is pictured here with me, informs us in our feature profile about new State Government initiatives to assist in recovery.

The magazine also highlights the importance of artistic creation and music as positive forms of expression, coping and connection.

The cover artwork is by Perth sculptor Simon Gilby. According to Simon, the piece, entitled “Leap,” is “about the transition from one place to another, the dark unknown, a leap of faith and the hope of resurrection. It is about being brave.” While “Leap” is about spiritual transition, like any artistic work, it resonates on many levels. It symbolises for me key elements of the recovery journey.

Dr Steve Patchett
Executive Director, Mental Health
Hearing Voices

Some people hear voices. Sometimes the experience of hearing voices can be positive, at other times distressing.

Social and medical responses to voice hearers and their voices have been, and continue to be, varied.

People who hear voices are often diagnosed with schizophrenia.

Head2Head interviewed three international voice hearing experts who recently participated in the Recovery from Psychosis: International Recovery Conference, held in Perth late last year. The conference was hosted by the Richmond Fellowship of WA. Sponsors included the Department of Health’s Mental Health Division.

Paul Baker, Trevor Eyles and Dr Dirk Corstens are part of the Hearing Voices movement, which has led to the formation of groups such as Intervoice and the Hearing Voices Network.

People who hear voices are often diagnosed with schizophrenia.

These groups encourage voice hearers to accept, understand and talk about their voices, and to communicate with their voices as part of their recovery.

Paul Baker

Paul Baker, the Coordinator of Intervoice, works for change.

This evident in what he says of US President Barack Obama. “Obama’s background is in community organisation and development. Participation and empowerment were key values in his election campaign. He had a clear idea of his mission. Is change necessary? Yes! Is it possible to change? Yes! This is also the aim of community development—is what we’re doing the best thing we can do? And are we doing it in the best way?”
Like Obama, Paul has a background in community development, which informs his work in mental health campaigning. “We need flexible ways of working and open-mindedness in the ways we relate to people,” he says.

“We want people to explore their experience and have their own explanations about the voices.”

Paul’s introduction to community development began at university in the UK where he worked as a community volunteer. “When I left Uni, I worked for two years engaging students in the community they lived in. We had a great deal of fun and worked with all kinds of people.

“We also had a project in a rehabilitation ward of a large psychiatric hospital. We would take people out of the hospital, for example on a fishing trip or to the pub—these were people who’d been in hospital for 20 years! People opened up when we took them out of the hospital.

“So I was involved quite early on with people with mental health issues, but I never had any clinical experience. I came at it as a community organiser. I’ve always thought that mental health services need to engage with the local community and harness available resources by giving individuals opportunities to act as volunteers or interns.”

Paul attended the annual Intervoice meeting which was hosted late last year by the Hearing Voices Network Australia. “We wanted to use the opportunity to support this relatively new network. I flew over here from Scotland with 14 people, 10 of whom hear voices.

“We work as allies—we don’t push an agenda onto voice hearers about the right or wrong way of seeing an experience. We want people to explore their experience and have their own explanations about the voices. We try to change terminology regarding voice hearing.

“In mainstream clinical training, we’re taught to distract someone from the voice they’re hearing. On the contrary, we think that this denies the experience and that it’s better to engage someone and let them talk about their voices. This works because people like the opportunity to talk about their experiences.

“Over the past 15 years in England we have seen the growth from one Hearing Voices Group to 180! The idea is to make each group an absolutely safe place and that what is said in the group stays in the group.

“Unlike many self help groups, we don’t limit the number of sessions. There is no time limit, and it’s run by people who’ve had that experience for people who have that experience.

“I’ve been involved in the Hearing Voices movement for the last 18 years or so, and I’ve seen it develop from a small seed into something quite large.

“We are very recovery oriented. We have a lot of people who have moved on and would say that they no longer have an issue. Even those who still hear voices would probably say that they have much more control over the voices now. It’s a journey.

“Partnership is the way that we work. Not many organisations have this basis.”

Trevor Eyles

Originally from the UK, Trevor Eyles has been living in Denmark for the past 20 years. Trevor has a background in social psychiatry and has trained as a psychiatric nurse and gestalt psychotherapist. He is currently a consultant and project leader.

Trevor’s introduction to the field of voice hearing began at a conference where he met psychiatrist Professor Marius Romme (Dutch founder of the Hearing Voices movement), researcher Dr Sandra Escher, and mental health trainer Ron Coleman who introduced himself as a “former schizophrenic.”

Trevor went on to help establish Denmark’s first Hearing Voices Group. Within months he established a second group, and by six months a third.

In creating each group, Trevor felt it was imperative to consult with voice hearers as experts of their own experience.

According to Trevor, hearing voices is a very individual experience. “No two voice hearers are the same, and no two voices are the same,” he says.

Like Professor Marius Romme, Trevor believes the experience of hearing voices is not uncommon and that people without a diagnosable mental illness can hear voices and remain untroubled by them.

“Many people hear positive voices, but what we see is that people who seek help for voice hearing tend to hear negative voices.”

Negative voices are likely to be derogatory and threatening, and are often concerned with guilt, shame, self esteem, threat and power.

“Voices tend to develop as an emotional defence, as an emotional response to some sort of trauma.”

There is no definitive explanation as to why people hear voices, though Trevor believes that over 70 percent of voices originate during times of trauma or life crises.

“Voices tend to develop as an emotional defence, as an emotional response to some sort of trauma. They could act as warnings, represent perpetrators of abuse, and be expressions of the emotions.

“Emotional issues are central to the experiences of hearing voices. Voices can be heard by people who have difficulty expressing anger. They can be a form of self harm in which the abuse is turned within.”

Trevor believes that “the important thing is not to get rid of the voices but to change one’s relationship with the voices.”
“Understand the message in the voice,” he says. “The content of the voice will tell you what the issue is about.

“Talking about the voices is part of the recovery process.”

Recovery, Trevor says, is a nonlinear journey. “It is continuous and ongoing. Recovery is not necessarily a goal.

“Everyone is on a journey of recovery—recovery from stress and trauma, to get better, then to move on and forward. There are peaks and troughs, ups and downs.

“A professional can practice rehabilitation, be a navigator and catalyst—the individual is the one who recovers.”

Dr Dirk Corstens

Dr Dirk Corstens’ father, a GP, once told his son that he could study anything but psychiatry. The fact that Dr Corstens is now a psychiatrist says much about his spirit of defiance.

Dr Corstens has been a social psychiatrist and psychotherapist since 1992. In the same year, he met Professor Marius Romme and became involved in the Hearing Voices movement.

“It’s a kind of relationship therapy.”

For his PhD dissertation, Dr Corstens is currently developing a method of voice dialogue for voice hearers.

Voice dialogue, created by American psychotherapists Hal and Sidra Stone, is based on an understanding that a person is composed of a group of internal selves that can be explored and integrated through a process of facilitation and therapy.

“By using voice dialogue with voice hearers, we look at voices as part of the person, as one of the selves of the total person,” says Dr Corstens.

“Voice dialogue doesn’t work against the voices—it works with the voices.” Voice dialogue increases the options for treatment and recovery.

“In my opinion, voices have something to say. They contain significant personal information.

“Voice hearers come to us because they are stuck in an unproductive relationship with their voices. They are either fighting or rejecting the voices.

“I compare hearing voices with being in a marriage without divorce as an option.

Dr Corstens feels that it is essential for a therapist to know as much about the voice hearer as possible, “to understand why they started to hear voices.”

Understanding the context of a person’s individual situation—their history, symptoms and personality—is therefore important. “I see mental illness as a reaction to life circumstances,” says Dr Corstens. “You need to look at the underlying problems through therapy and try to solve them rather than just prescribing medications.”

Visit: www.rfwa.org.au
www.intervoiceonline.org
My Story of Recovery

What is it like to hear voices and recover? Marlene Janssen tells us her recovery story.

I moved back to Australia in mid-2003 and tried to go back to work, but had difficulty holding down a job. After 28 tumultuous months I ended up at a Richmond Fellowship of WA (RFWA) accommodation site.

I had a real connection with the RFWA staff who genuinely cared about me. They took the time to sit down with me and talk through my problems and fears. They guided me through my depressive, suicidal and psychotic episodes, and encouraged me to take control of my own life. What I found difficult at first, though in hindsight greatly appreciate, is that they didn’t make any decisions for me—I made them myself and learnt from the mistakes I made.

The RFWA was setting up the Hearing Voices Network Australia (HVNA), and so I attended their first group meeting. There, I discovered I wasn’t alone in hearing voices! A new world opened up for me, one that helped me beyond anything I’d imagined. In January 2007 I felt confident enough to start co-facilitating a Hearing Voices Group.

“My recovery doesn’t mean that my mental illness is gone—it’s about being able to live my life fully and meaningfully.”

My self-esteem and confidence gradually improved, so I moved out of the RFWA. In April 2007 I was asked to do some project work for the HVNA, which I really enjoyed, though it was difficult for me at times because my voices would sometimes bother me. But, with support from my colleagues, I made it! Within 12 months I was working full-time at the RFWA, an organisation I enjoy working for because it is so recovery focused.

My recovery doesn’t mean that my mental illness is gone—it’s about being able to live my life fully and meaningfully. I am happy with where I am right now, despite the fact that I live with the label of a mental illness and take low-dose medication. My life is rewarding to me, and this is what’s most important. I still hear voices, but that’s OK. I’ve learnt how to deal with them, to cope, and to keep on living. My work is rewarding because I can offer others the same hope and skills to cope and to keep on living!

For more information on the Richmond Fellowship of WA and the Hearing Voices Network Australia, call (08) 9258 3060, email admin@rfwa.org.au or visit www.rfwa.org.au
Before embarking on a political career, Ms Morton worked as an occupational therapist in mental health and pioneered private practice occupational therapy in mental health in WA. She also spent many years in senior executive positions across a number of public mental health services in the metropolitan and country areas.

As an Upper House Member for the East Metropolitan Region, Ms Morton has continued to dedicate her time to reforming mental health services in WA—originally as the Shadow Minister for Mental Health and now as Parliamentary Secretary to the Minister for Mental Health, Dr Graham Jacobs.

“Mental health service provision in the state needs a renewed sense of hope and commitment towards community-based recovery, one that enables people with a mental illness to live, work, learn and participate fully in the community,” says Ms Morton.

“The system needs to inspire people with a mental illness, their families and carers with the hope of recovery—and at the same time restore the pride of mental health workers in community-based recovery.

“Families and carers who support people with a mental illness must be considered an important part of the recovery team.

“Basically, I want to ensure that people with a mental illness, their families and carers are heard. I am thrilled that at last we will have a well-resourced peak mental health consumer voice in WA.”

Ms Morton is leading the development of the WA Suicide Prevention Strategy.

“Basically, I want to ensure that people with a mental illness, their families and carers are heard. I am thrilled that at last we will have a well-resourced peak mental health consumer voice in WA.”

As a starting point for the strategy, we believe that suicides are preventable and that it is everyone’s business to participate in suicide prevention.

“At the moment, we have fantastic information about what works and what doesn’t. There are many groups and individuals working in various ways to promote suicide prevention and build community and individual resilience—but it is patchy and not well resourced or coordinated.

“Suicide prevention is not just the business of mental health services. There needs to be a whole of government response linking the three tiers of government.”

“Suicide prevention is not just the business of mental health services. There needs to be a whole of government response linking the three tiers of government.

“We will be looking to link government agencies, non-government agencies, the corporate sector, sporting bodies, service clubs, community groups, and so on.

“We will be seeking to ensure a broader community understanding of the important role that community members play in preventing suicides. We want individuals to be resourced and capable of fulfilling that role.

“This is a real step towards promoting mental health literacy and wellbeing and bringing the prevention of mental illness to the fore.

“The Barnett Government has fully embraced the need for serious mental health reform. Minister Jacobs and I work as a team and, with the new Commissioner for Mental Health and Wellbeing, we will give people with a mental illness a fair go.”
Recently, the Minister for Mental Health, Dr Graham Jacobs, announced a major package of reforms to improve and enhance WA’s mental health system. The package includes three principal initiatives:

**Commissioner for Mental Health and Wellbeing.** The Commissioner will have a broad mandate to advance opportunities for people with a mental illness to participate in the community and have an improved quality of life. The Commissioner will also have a key role in breaking down the stigma, prejudice and discrimination that surrounds mental illness.

**Comprehensive review of mental health services.** The second key initiative is a review into the adequacy of current mental health services in WA. This review will look at issues around the type and availability of services and the patient’s journey through the health system.

**Development of the WA Mental Health Policy and WA Mental Health Strategic Plan 2010–2020.** The Government’s aim is to ensure that all components of the mental health system work together to provide a continuum of care that reflects the needs of consumers. The strategic plan will provide a blueprint to guide system reform and development over the coming decade.
The Overdownunder Project was inspired by my failed suicide attempt and subsequent recovery from depression. I looked for a profound way to turn a negative into a positive.

I started the journey, which began in May 2008 and ended in December, to raise awareness of mental illness, particularly depression. I wanted those who suffer in silence to know they’re not alone and that help is available. Along the way, it became clear to me that greater emphasis needed to be placed on suicide prevention.

On my journey I met some of the most amazing people whom I will call friends for life. I met and heard from people of all ages and backgrounds who had been touched or inspired by the project—this is something I’ll hold close for a very long time.

People from rural areas came up to me in the street with tears of relief to tell me their stories and thank me for drawing their town’s attention to the topic of depression. My journey had become “newsworthy” enough to create an “ice-breaking” opportunity to talk about it with peers and family.

En route I discovered the Suicide Call Back Service that offers free and confidential telephone support service for anyone at risk of suicide, carers of those at risk, and anyone bereaved by suicide.

Getting media exposure was my biggest challenge. I understand that the topic of depression is taboo and attached to stigma primarily because it is little understood by the majority of people. This in turn makes it harder for those who are suffering. That’s why I went public with a very open approach to depression. As a result, so many people’s lives have been positively impacted. In the end, the media played a vital role.

“It became clear to me that greater emphasis needed to be placed on suicide prevention.”

I am currently working to raise $75,000 to employ a suicide telephone counsellor for a year. A telephone counsellor can take on average 1700 calls in a working year—almost the same number of men who suicided in 2007.

I am also writing a book, which I hope will inform, educate and inspire compassion in the community. I want the book to reduce stigma and make it easier for those with a mental illness to come forward and get the help they need.

To me, recovery means only one thing: reclaiming that state where feelings of depression are no longer overwhelming. It means that when the feelings do pop up again—and they will—developing mechanisms to avoid backsliding. Only those that have experienced depression can truly understand this process.

Visit: www.overdownunder.com.au
www.crisissupport.org.au
or call 1300 659 467
Walking Towards Recovery

For Catherine Bennett who grew up in WA, recovery is a journey. Catherine recently completed a symbolic walk from Newcastle to Melbourne. She talks to us about the road to recovery.

I am a survivor of two severe mental illnesses, and I have walked the road to recovery to show that it is possible to live a healthy, happy life—even with a mental illness.

I grew up with violence, abuse and abandonment. I was an extremely shy and insecure child who struggled to express even the slightest need. I always felt that I was different. In my teens, I was repeatedly sexually assaulted at my work by the business owner. I began drinking heavily and became engaged to an abusive alcoholic. I stayed in the relationship for four years. At 21, I left the relationship and caught a bus from Perth to Newcastle.

“I still have some very bad days, but they are getting less intense and less frequent.”

For nearly 10 years, I did everything I could to destroy myself. I self-harmed and attempted suicide. I abused alcohol, food, medication, cigarettes and my body. In 2003, following another suicide attempt, I was diagnosed with Complex Post Traumatic Stress Disorder and Borderline Personality Disorder (BPD). I was devastated—I felt that I was now considered “insane.” I had not heard of BPD before and was told that recovery was not possible for me. The following year, I started Dialectical Behaviour Therapy and became a member of the Australian support site The Shack.

Living with a mental illness is one of the most painful experiences anyone will endure. I wanted to believe that the doctors were wrong. I was bought up to believe that people with a mental illness were bad, evil and weak. It took a few years but the truth finally became clear: I’m not bad, I’m not evil. I am a good person who is suffering, but who doesn’t deserve to suffer. After five years of intensive psychotherapy, commitment, hard work and ongoing support from The Shack, I no longer meet the criteria for either illness and am considered to be “in recovery.” I still have some very bad days, but they are getting less intense and less frequent.

In November 2008, I began my Walk for Awareness from Newcastle to Melbourne. I finished a month later at Federation Square. My 1000 km walk was similar to my journey towards recovery—a long, winding road that is mentally and physically challenging. The walk was my way of demonstrating that it is possible to recover from a mental illness, whether that recovery involves taking medication daily, attending therapy or changing your actions to create a better life.

In October 2009, with the support of People Like You and The Shack, I will be walking another 1000 kms to raise funds for services specifically for women with a mental illness.

My message is and will always be, mental illness is not a choice—acceptance is.

Visit: walk.ruralhealth.org.au
www.mjtacc.com
www.peoplelikeyou.com.au

Catherine Bennett with her dog Prudence who accompanied her on her walk. Photo www.johnturton.com
WHAT IF WE TALKED ABOUT MUSIC THE SAME WAY WE TALK ABOUT MENTAL ILLNESS?

EVER FELT LIKE RUNNING FOR THE HILLS?

How do you deal with stress and anxiety? Tell us at: www.musicfeedback.com.au

You can win a CD/DVD of the hottest new WA music
Musicians are effective instruments for social change. With this in mind, the Department of Health’s Mental Health Division has been collaborating with local musicians to raise awareness about mental health and challenge the stigma attached to mental illness. The campaign asks, “What if we talked about music the same way we talk about mental illness?” Using humour and popular identities, it encourages people to talk more openly about mental health, recognise problems and seek help.

Dr Steve Patchett, Executive Director of Mental Health, believes this is an exciting opportunity to create understanding and acceptance. “I’m delighted by the musicians’ willingness to share personal insights on positive ways of dealing with life’s ups and downs,” says Dr Patchett. “Getting early help for mental health problems and support from family, peers and the community is essential for people’s wellbeing and recovery.”

The campaign is aimed at young people and features the website www.musicfeedback.com.au where they can share mental health tips, upload original songs and win a CD/DVD of the latest WA music and band interviews.

The Panics lead singer, Jae Laffer, believes communication is the best medicine to offer friends experiencing tough times or a mental illness. “The more interaction between people in the community the better; more barriers will be broken down through conversation and recognition of each other,” he suggests. “The last thing anyone with mental health issues needs is to be alone in silence with their problems.”

“I’ve found one of the most effective means of dealing with my depression has been writing songs and listening to music.” Folk musician Catherine Traicos has found music to be a healing tool. “I’ve suffered from depression for a long time now,” Catherine says. “I’ve found one of the most effective ways of dealing with my depression has been writing songs and listening to music. I love songs where the writer has put everything out there; it gives a sense of solidarity so you don’t feel so alone in a strange, unusual headspace.”

Indigenous rock/reggae group, The Yabu Band, highlights cultural identity and peer pressure in their new album Gundulla—We Dance. Drummer Jade Masters says, “today’s society is focused on what’s on the outside, when it should be about what’s on the inside. We as a community need to come together and acknowledge people with mental health problems by including them in our day to day lives, so their recovery is much quicker.”

Craig Sinclair, a folk-blues musician and psychology PhD candidate, feels music helped him to find meaning in his life. “Creating and performing original music is empowering; you can positively influence others and form a community of like-minded people,” he states.

Craig was a winner of the West Australian Music Song of the Year competition, sponsored by the Mental Health Division for Mental Health Week. The WAMi Festival, to be held in May 2009, showcases music, photography and educational events, and the WA Indigenous Music Awards.

To get involved in the anti-stigma campaign, contact Pui San Whittaker on (08) 9222 4099 or visit www.musicfeedback.com.au

For information on the WAMi Festival, call (08) 9227 7962 or visit www.wam.asn.au
Looking Back, Looking Forward

Dr Geoff Smith is the Medical Director of the WA Centre for Mental Health Policy Research. He writes for *Head2Head* about his vision for rehabilitation in WA.

Overheard at last year’s Discover Recovery: Mental Health Rehabilitation Symposium, a question asked of an early intervention in psychosis worker, “What are you doing here?” What, indeed, is the link between early intervention and rehabilitation?

Psychiatric rehabilitation developed in the 1960s as part of the “de-institutionalisation” movement, which saw large numbers of people “resettled” from long-stay wards of psychiatric hospitals primarily to “board-and-care” hostels.

This led to the commonly-held view that rehabilitation was for people with persistent psychotic illnesses, late in the course of their illnesses when all other approaches had been exhausted.

“The principles and ingredients of rehabilitation are just as applicable to the very early stages of the illness, as they play an important role in preventing disability.”

The report, *People Living with Psychotic Illness: An Australian Study 1997–98*, by Assen Jablensky et al, found high levels of dysfunction, unemployment and homelessness amongst people living with psychotic illnesses, but only one in five had participated in any form of “rehabilitation.”

Research showing the shorter the period of untreated psychosis, the better the outcome, has led to the widespread growth of early intervention services. These services encourage early engagement with clients and their families and provide a range of evidence-based interventions during the first two to three years of illness.

Evidence-based interventions include pharmacological treatment, cognitive remediation, cognitive behaviour therapy, assertive community treatment, family interventions, skills training, integrated treatment for co-morbid substance abuse, training in illness management and supported accommodation, employment and education/training.

Because they are generally not provided in routine mental health settings, few people with psychotic illnesses actually receive these interventions outside an early intervention in psychosis program. Evidence strongly supports the consistent availability of evidence-based interventions for all people with psychotic illnesses over the course of their illness.

We need to stop thinking about rehabilitation as only being applied late in the course of illnesses. The principles and ingredients of rehabilitation are just as applicable to the very early stages of the illness, as they play an important role in preventing disability.

Clearly we need a significant enhancement of rehabilitation services in WA. What form should they take and where should they sit within existing services? Should we be modelling our services on the Victorian system in which the bulk of psychosocial rehabilitation and support services are provided through the non-government sector? Should rehabilitation be developed as a separate service system or integrated into mainstream service provision?

My vision for rehabilitation (as shown in the diagram) is a two level model in which, at the first level, all clinicians are trained to identify an individual’s rehabilitation and support needs. At the second level would be the specialist rehabilitation services trained to deliver clinical and psychosocial rehabilitation and recovery services.

Whatever the model, there will need to be significant investment in training for public and non-government sector staff to ensure consistent delivery of evidence-based interventions.

For more information, contact Dr Geoff Smith at the WA Centre for Mental Health Policy Research on (08) 9347 6928 or at Geoff.Smith@health.wa.gov.au
Finding a Home

By providing independence, security and dignity, a home is one of the most basic of needs.

As recovery encompasses important aspects of a person’s life—including housing, employment, mental and physical health, social and family networks—having adequate and stable accommodation is critical for the recovery journey.

For those with a mental illness, supported community accommodation offers not simply a home, but also the clinical and psychosocial support that will enable them to develop their own recovery plan. Such accommodation can aid a person’s recovery and foster wellbeing by encouraging greater independence and reducing isolation through the development of social connections. It provides the individual with welcome alternatives to unnecessary hospital stays.

One type of supported accommodation, Community Supported Residential Units (CSRUs), has allowed many people with a mental illness to reconnect with their own community. The opportunity to feel “at home” has assisted their journey towards recovery.

Jerry Burong, a mental health carer, says, “as my wife and I are getting older, we really want to ensure that our daughter’s future is secure and her home life is stable. The new CSRUs will help her foster friendships and develop living skills. Staff will be on hand 24-hours a day and she will receive an individually tailored support plan, which I feel is important for her care.”

Residents at CSRUs work with onsite non-government accommodation support and local mental health services to recognise their capabilities and strengths, identify the goals they wish to achieve, and develop the skills they need to reach them.

CSRUs have opened in Geraldton, Albany, Bunbury, Busselton and Bentley. Further CSRUs will open this year in Osborne Park, Middle Swan and Kelmscott.

Addressing Homelessness

Last year, the Commonwealth Government released green and white papers that acknowledged mental illness as a major risk factor for becoming homeless.

The Homelessness Accommodation and Support Services (HASS), formally known as the Supported Accommodation and Assistance Program (SAAP), is a joint Commonwealth and State Government program that funds not-for-profit organisations to assist people who are homeless or at risk of homelessness. This group includes women and children escaping domestic violence. HASS funds are managed by the Department for Child Protection (DCP).

The overall aim of HASS is to provide transitional supported accommodation and related support services to help those who are homeless achieve maximum self-reliance and independence. There are currently 137 HASS services in WA.

In 2000, a protocol was developed to address homelessness and mental illness. With the DCP working on behalf of the HASS services, and the Department of Health’s Mental Health Division on behalf of mental health services, the protocol facilitates the development of effective working relationships and linkages between service providers. A review of the protocol is underway across HASS and mental health services.

Local and regional protocols are currently being developed for the youth HASS sector, YouthReach South and Youth Link. An inner-city protocol is also being developed.

For more information, contact Terry Preston at the Mental Health Division on (08) 9222 0248 or at Terry.Preston@health.wa.gov.au
Loneliness, a Harsh Reality

A new study by SANE Australia reveals that people with a mental illness can pay a high price when it comes to relationships and social contact.

The survey, conducted from September to December 2008, focused on the emotional and physical relationships of people with a mental illness. The most disturbing result was that almost half the respondents reported having no friends and were struggling to connect with others.

Physical intimacy—including hugging and touching a partner, friend or family member—was rare for many. Almost one in six respondents had not touched or been touched by another person in the last 12 months.

Sexual health and intimacy also emerged as areas of concern for respondents, with figures reflecting the poor level of physical health care provided to people with a mental illness.

Extreme social isolation is known to damage mental health and impede recovery. SANE Australia’s Executive Director, Barbara Hocking, says, “while governments are promoting social inclusion, these findings highlight the very real need for immediate, specific action to ensure such basic human needs for social contact are not being ignored.”

SANE recommends that recovery-focused rehabilitation programs support people to improve their confidence and communication skills, that health professionals improve their own knowledge of the impact of mental illness on social and sexual relations, and that GPs and health services provide regular physical and sexual health checks for people with a mental illness.

For the complete study, Research Bulletin 8: Mental Illness and Intimacy, visit www.sane.org or phone 1800 18 SANE (7263).

From the Neck Down

People with a mental illness are less likely than other health consumers to receive proper treatment for their physical health conditions.

Research carried out by the Department of Health and the Centre for Clinical Research in Neuropsychiatry has shown that, while the number of people dying from heart disease in WA has gradually fallen over the last 20 years, this has not been the case among people with a mental illness.

In fact, the number of deaths from heart disease among women with mental health problems has increased. While people with a mental illness have the same chance of developing cancer as the general population, their chances of being cured are much lower.

The problem is not under-detection or missed diagnoses but, rather, under-treatment. When a person requires cross-institutional health care, they may well fall between the gaps.

The chances of surviving cancer will increase if people with a mental illness receive support to manage their treatment within the first few months of diagnosis.

For further information, contact Dr Daniel Rock at the Clinical Applications Unit (CAU) on (08) 9347 6405 or at Daniel.Rock@health.wa.gov.au. Please note: the CAU does not provide clinical services direct to consumers.
Unlocking the History of Graylands

Medical historian, Dr Philippa Martyr, wrote the best-selling *Paradise of Quacks: an alternative history of medicine in Australia.*

Dr Martyr is now writing a history of Graylands Hospital.

The project will draw on previously unreleased material from the State Records Office, new oral history and Graylands’ archives.

“Something which I would like to see emerge from this history is the theme of recovery,” says Dr Martyr. “Recovery is not restricted to individuals; like the human body, an institution can be self-repairing, depending on how healthy its immune system is.”

“Some might argue that Graylands is not part of a recovery-oriented mental health framework. But if we accept that recovery is not a linear process, Graylands has served as a stage in the recovery journey for many people.”

If you are interested in participating, contact Dr Philippa Martyr on (08) 9347 6705 or 0424 509 297 during business hours, or at Philippa.Martyr@health.wa.gov.au

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Metabolic Syndrome

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

Local mental health researchers Alexander John, Radhakrishan Koloth, Milan Dragovic and Stephen Lim have carried out the first Australian study to measure the prevalence of metabolic syndrome among people with a range of psychiatric disorders.

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 percent).

The incidence of Met_S was found to be more than double that of the rest of the population (estimated to be around 25 percent). People with bipolar disorder ranked highest with rates of nearly 67 percent.

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 Alexander John, “prevention, monitoring and treatment of cardiovascular disease risk factors should be considered a priority by those involved in the care of people with major psychiatric disorders.”

For further information, contact Dr Milan Dragovic at the Centre for Clinical Research in Neuropsychiatry (CCRN) on (08) 9347 6442 or at Milan.Dragovic@health.wa.gov.au

Please note: the CCRN does not provide clinical services.
Gratitude Journal

By Carol Burford

Each night, as I climb into bed, I pull out a very small notebook—my gratitude journal—from my bedside drawer. I write the date and then the numbers 1, 2 and 3 down the left hand side. Next to each number I write one thing that I am grateful for. It only takes a minute and I can still manage it even when I am very tired or very sick.

Some days I can’t wait to grab the notebook at night and write in it. And there are nights that I’m sure I could write down a hundred things that I am blessed with. Other nights, I reach for that little notebook, filled with disdain and cynicism that I could find one, let alone three, things to write down. And yet, within a minute or two I have easily written three things that I genuinely feel grateful for. On those nights, writing in my gratitude journal helps me to refocus and see things with a more balanced view.

It is my private little notebook. It gives me the freedom to be grateful for whatever I want, no matter how strange or silly it would sound to others. I have been grateful for something as significant as a loved one recovering from ill health, and for something as inconsequential as discovering a new lip gloss that I absolutely love.

So why do I do this every night? Well, it helps me to settle into a content, restful mood, feeling that I’m not doing too badly in this life if I have all these things I am grateful for. And I look more keenly during the day for good things that I can include in my gratitude journal.

Carol Burford
Carol is a senior consultant for the Mental Health Division and believes that getting things down on paper, whether it be writing or drawing, is a great form of therapy that can be done by anyone almost anywhere.

Meditation and Me

By Sue Crock

I’ve started to meditate again! It had slipped out of my life quietly, maybe because I got so busy.

I recently heard someone wise talk about the power of our unconscious to guide us if we are able to tune in and listen to it. Hearing this reminded me of why meditation has been so good for me. It connects me to the still, small voice of knowing deep inside. It enables me to quieten my mind from its restless thinking, to relax deeply, and to make space for myself.

Here’s what I do:

I find a quiet place and time where I can relax and be still without interruption. I focus on my breathing, feeling my breath come and go like the tide. Then I deepen my breaths and feel them in my belly, letting them go and feeling the relaxation spread throughout my body. I do this for 15 or 20 minutes every day.

Sometimes I imagine my breath as a light spreading through me, warming me and releasing any tension or tightness, until it reaches every cell in my body and I am deeply relaxed.
There is a certain romanticism in embarking on a long journey by foot. I love the scene in the film *Howards End* where Leonard Bast is inspired by literature to trek from London to the countryside, through the darkness, to see the dawn.

There are also many memorable, quirky songs about walking: The Proclaimers walked 500 miles, Lou Reed walked on the wild side, Johnny Cash walked the line, Green Day walked alone, The Bangles walked like an Egyptian, and Nancy Sinatra had her special walking boots.

I took up walking following a friend’s suggestion and found it to be energising; it provides space to think creatively, increases my fitness and builds community connections.

I walk for an hour or two every week, exploring the local neighbourhood via alternating routes. I’ve discovered schools, RSL clubs, parks, psychiatric hostels and shops that I was unaware of. I even found a new music teacher, after seeing the sign on her fence. Although I walk around the suburbs, I’m often delighted by unexpected natural beauty. I’ve seen black cockatoos bathing in roadside puddles, kaleidoscopic clouds and gorgeous sunsets over distant hills.

Along the way I’ve befriended cats, chatted with an elderly Italian gardener, helped a local councillor with a market art display and bumped into old friends.

The best walk of all was when I ended up at my nanna’s place, in time for Christmas breakfast. After a long illness, she was readjusting to living in an aged care residence. It was nice to realise that, while she had transitioned to another stage of her life, we are still part of each other’s journey.

The joys of walking sustain me emotionally, mentally and physically. I have gained a broader perspective of the world which helps me to take life’s ups and downs in my stride.

**Resources**

*Healthright*: information on physical health for people with a mental illness.

www.healthright.org.au

*The Department for Planning and Infrastructure*: walking in WA and maps.


Contact your local council for walking groups near you.

**Pui San Whittaker**

Pui San Whittaker is the Acting Manager of Communications and Business Operations, Mental Health Division. Her philosophy is best described by birthday card messages from friends: “Life’s too short not to dance,” “Live. Love. Matter.” and “Laughter is the medicine of life.”
Art Spoken provides a rich overview of CECAT’s history, from its early days as the Creative Expression Unit at Graylands Hospital (then known as Claremont Hospital), to its expansion as a statewide, community-based mental health service. In doing so, the book charts the positive impact of art therapy in WA.

“The art therapy process can be used by an individual to resolve personal issues and reach a new sense of personal meaning and identity.”

Art Spoken offers CECAT participants a unique opportunity to share with the public their personal stories and creative artwork. It allows art to speak for itself.

The book promotes the valuable role of art therapy in promoting positive mental health. Creativity and self-expression are shown to be vital elements of mental wellbeing and integral to what keeps people connected with the self, others and the community.

Indeed, “art as medicine” has been practiced across cultures for centuries. Based on collective theories of art, creativity and psychotherapies, art therapy uses a variety of art media for self-expression through the exploration of imagery and the creative process.

It does not require a participant to possess special skills or abilities; how a person feels about their piece during the creative process is often what’s most important. People of all ages, backgrounds and needs can benefit.

Art therapists work with people across many different clinical and non-clinical settings such as schools, prisons and health services. Art therapy can consist of individual sessions or group workshops.

Art therapy is a form of psychotherapy which aims to provide a safe and supportive environment for participants to express feelings and thoughts that may not be easily understood or verbalised.

By providing a bridge between a person’s inner and outer worlds, the art-making process can help an individual to resolve personal issues and reach a new sense of personal meaning and identity. In this process of recovery, self esteem, relaxation, stress reduction, and a sense of community and achievement may also be gained.

CECAT’s programs are aimed towards young people and adults who require early intervention, intensive support and art psychotherapy, and are transitioning in or out of hospital. Referrals are accepted from the public and private health systems.

In 2006, CECAT launched Reflections Art Studio, which provides studio approach and art skills groups for adults with a persistent mental illness. Reflections also employs a part-time Indigenous art therapist to provide focused art therapy groups for the Indigenous population and reduce the stigma attached to issues around Indigenous mental health.

Both CECAT and Reflections are free public mental health services.

For more information, contact CECAT on (08) 9347 6687 or Reflections Art Studio on (08) 9227 9083. Visit www.cecat.health.wa.gov.au and www.reflections.health.wa.gov.au

Art Spoken

1968 – 2008
Creative Expression Centre for Arts Therapy

40 years of Art Therapy in Mental Health in WA
Proving the Practice

Disability in the Arts, Disadvantage in the Arts, Australia (DADAA) has published a book called Proving the Practice.

The book provides a rich body of evidence to support the effectiveness of arts interventions for people with a mental illness.

The diverse group of national and international contributors include seasoned community arts practitioners, health professionals, academics, and artists with an experience of mental illness.

Chapters include case studies, community narratives, literature reviews, theoretical pieces and overviews of evaluation methodologies.

Aimed primarily at policy makers, the book has value for practitioners, allied health workers and consumers.

For more information, contact Andrea Lewis at andrea@dadaawa.asn.au

Empowering Consumers

Getting consumers directly involved in their treatment could prove beneficial.

“Empowering consumers includes getting them directly involved in their treatment.”

“Often we see a huge disparity of power between the consumer and their treating clinician,” says Jacqui, “yet allowing the consumer to have their say does much to level out this disparity. Empowering consumers includes getting them directly involved in their treatment.”

Involvement could incorporate the use of questionnaires. The Kessler 10+ is a self-rated questionnaire that measures a consumer’s mental distress. It allows the consumer to have a say about their feelings and symptoms. The Strength and Difficulties Questionnaire is designed for children and adolescents.

According to Jacqui, these questionnaires can facilitate the dialogue between consumers and clinicians, by tracking progress over time and therefore assisting in the development of personal care plans.

Use of these questionnaires is mandatory throughout state public mental health services, and Jacqui urges clinicians to further their appreciation and make more use of the questionnaires.

Says Jacqui, “we need to move away from the notion of consumers presenting to clinicians to get ‘fixed,’ to a more collaborative approach that involves the consumer’s views in the recovery process.”

For more information on the Engaging Consumer Participation in Outcome Measurement project, contact Joanne Dwyer on (08) 9381 7055 or at Joanne.Dwyer@health.wa.gov.au
Most inpatient psychiatric units are practical, “low stimulus environments” that function to contain persons recovering from an acute exacerbation of their illness. As such, they present as sterile, inhospitable places.

In 2004, I made the innocent suggestion to paint each door in the Broadmeadows Inpatient Psychiatric Unit a different colour. I felt this would cheer up the unit, give patients a meaningful endeavour, and enable them to find their rooms more easily. My Unit Manager agreed.

“The process that we used to change the physical look of the unit had a greater impact than we expected.”

To introduce the idea to some of the more reluctant staff, we began with one door, the Unit Manager’s door. We even took the bold step of adding a picture. No untoward behaviours ensued, so we painted another door. The doors began to generate positive interest, so we continued.

The project took on an impetus of its own: the unit began to look, in the words of the patients, “different,” “larger,” “more fun,” “less intimidating” and “creative.” Everyone on the unit was invited to design a door. Over three years, the patients and I designed and painted most of the doors there.

The results of this creative arts process have been remarkable, the physical and psychological effects lasting. In effect, the process that we used to change the physical look of the unit had a greater impact than we expected.

Many of the doors have images of importance to their creators. While creating them, patients were encouraged to chat about the images and their significance—the essence of creative art therapy. It was through this pictorial representation that some could begin to make sense of feelings that they were previously unable to express.

The addition of pictures created a gallery of ideas and feelings that others could identify with. Thus patients were able to recognise that they are not alone.

The doors continue to contribute to both the physical environment of the unit and the psychological health of the patients. New patients are intrigued and find their way around much more easily, while other patients find the doors familiar and attractive.

Patients who participated have notably improved self esteem, a sense of achievement and often fond memories of the creative process. They exhibit real pride in showing off “their door” to visitors and others.

Vandalism in the unit has decreased significantly.

Comments about the doors, however, are not always positive. I welcome feedback and discussion, as it opens the door on a much wider debate about society. Despite our differences of opinions and tastes, I do believe that we have to find a way to live in harmony.

A recent suggestion to return the doors to their original colour galvanised staff and patients to sign a petition and write letters requesting that the “picture doors” stay. Their feelings were such that they were willing to join in some form of action to have their say. This represented a remarkable shift in opinion by staff from the initial idea that the doors would be “too stimulating” and have a negative effect on patients.

Who would have thought that doors could stimulate such a sense of community pride? Now we are thriving, not just surviving.

A longer version of this paper was presented at the 2008 TheMHS Conference in Auckland. The 2009 TheMHS Conference will be held from September 1-4 in Perth. For more information, go to www.themhs.org.au

For more information on “Thriving, Not Just Surviving,” contact Carolyn-Noel at cnoe5355@tpg.com.au

One of the painted doors at the Broadmeadows Inpatient Psychiatric Unit
Participants are meeting twice a week to take part in a special horticultural therapy and training program, Growing Towards Wellness.

The program is a partnership between the WA Country Health Service, South West Mental Health and the South West Regional College of TAFE.

Growing Towards Wellness supports people with a mental illness to re-engage with the mainstream community.

Rehabilitation Coordinator, Debbie Easther, says participants have welcomed the program, which is offered to patients of the Acute Psychiatric Unit at Bunbury Regional Hospital and the Stepping Stones Community Mental Health Rehabilitation Centre.

“Clients learn all aspects of planning, developing and maintaining a garden,” says Debbie.

“The program also offers flexible pathways to training, education and employment. Through working in a group environment, they are exposed to group processes, communicating in a team, problem solving and work skills.

“The program assists in developing interpersonal and social skills, and helps build self-confidence and self-esteem—all important in assisting recovery and engagement in community life.

“Participants say the program gives them an opportunity to get out, learn new skills, meet people and socialise, and they are looking forward to completing a Cert 1 in Horticulture.

“We are hoping to offer more places in the program this year, as we now have a wait list of clients wanting to be involved in the program.”

For more information, contact Debbie Easther on (08) 9791 4729 or at Debbie.Easther@health.wa.gov.au
The HURT Project

www.hurt.net.au

The Women’s Council for Domestic and Family Violence Services (WA) has launched a website to confront domestic hurt and violence.

The HURT website is an interactive online approach to raising awareness about domestic violence and educating people who are affected by it.

The first thing you see when you log onto the HURT Experience is the statistic that one in four women in Australia experience domestic and family violence.

The HURT Experience features a residential house through which you can “enter” and in each of the rooms view videos of people recounting their experiences.

While these men, women and children are actors, they are portraying true accounts by people who have experienced domestic violence.

“I found the website confronting but powerful.”

The website also contains important information for women to increase their personal safety, as well as contacts for crisis and support services.

HURT training resources are now available.

Sandra

I found the website confronting but powerful. The story which really resonated with me was of a young woman talking about “disassociation.” This is where you feel you are not in your body or in the room—as if the painful events are happening to someone else you are observing.

I grew up in a violent, dysfunctional household. My mum remarried after we relocated to Adelaide when I was still in primary school. For 10 years she endured verbal, physical, sexual and financial abuse. I was caught up in many loud arguments and felt miserable and pessimistic about my future. I often wished I was numb, blind and deaf so that I’d be less aware of what was going on. This resulted in depression during my adolescence. It also contributed in my early adult years to a fear of men, anger and mental breakdowns.

It took me a long time to process my past and let it go. My faith, art, music, feminism, work, loving family and wonderful male and female friends have helped me to heal.

People wonder why a woman stays in a violent relationship. Sometimes it’s because of the perpetrator’s threats of further violence such as killing family members, suiciding or stalking.

I hope that the HURT Project enables everyone affected by domestic and family violence to get help and support. A safe home and healthy relationships are basic human rights we should all enjoy.

Terry

The stories superbly illustrate the suffering that victims experience at the hands of their partners.

Particularly striking for me were the stories recounted by the men.

As a social worker, I have provided counselling to perpetrators of domestic violence, most of whom were men. The perspectives of the males portrayed were consistent with the lives of the men I’ve met in my line of work.

As some men learn best through an interactive visual medium, I feel that this tool will be particularly useful for them to build empathy and insight into the impact of their actions on their partners. Such understanding is required before any real healing can begin. In this respect, I believe the website to be a well crafted and powerful tool to address family and domestic violence.

For more information, contact the Women’s Council for Domestic and Family Violence Services (WA) on (08) 9420 7264 or at info@womenscouncil.com.au
The WA Mental Health Good Outcomes Awards recognise the contribution of individuals, groups and organisations towards improving the lives of people with a mental illness, their carers and families.

The awards are presented annually at a gala breakfast by the Department of Health’s Mental Health Division and sponsors who promote good mental health in the workplace and community. The Minister for Mental Health, Dr Graham Jacobs, announced the winners last year.

“Dr Wright appreciates that the WA Mental Health Good Outcomes Awards recognises the importance of culturally responsive and innovative approaches.”

In 2007, Dr Bernadette Wright received the inaugural Mental Health Good Outcomes Employee Award in recognition of her ongoing work with culturally and linguistically diverse (CALD) communities.

Dr Wright, from the West Australian Transcultural Mental Health Centre at the South Metropolitan Area Health Service, Mental Health, fell into psychology in an effort to better understand her brother who has an intellectual disability.

“I remember as a child always wondering why my brother’s thought pattern was so different from the rest of us. In my naivety I wanted to understand him by learning more about the mind, and Psychology 101 was the closest thing I could find,” Dr Wright says.

Dr Wright decided to work in transcultural mental health because of her personal experience of the challenges surrounding migration, adapting to a new culture, and negotiating intergenerational differences.

“I wanted to know whether such experiences were common and how others had overcome them. What can be done to help those who haven’t managed this life transition successfully? How can services assist migrants and refugees more effectively?”

Dr Wright’s work to assist migrants and refugees led her to help establish the Multicultural Carers Support Program at Ishar Multicultural Centre for Women’s Health, serve on the management board of the Ethnic Disability Advocacy Centre, as well as train and support clinicians and CALD consumers and carers.

Dr Wright appreciates that the WA Mental Health Good Outcomes Awards recognises the importance of culturally responsive and innovative approaches.

“I always try to actively engage with the CALD communities. Being flexible, using community supports, establishing partnerships, and remaining open to different cultural approaches to recovery are means of facilitating the best clinical outcomes for consumers,” Dr Wright says.

“To address the stigma that prevents timely mental health service access, it is important to truly connect with the CALD communities with a view to increasing mental health literacy.

“I enjoy getting to know ethno-specific communities and their members as individuals with their own stories. Despite whatever mental health problems people may present to me, I am inspired by the challenges they have overcome to resettle here.

“It is satisfying to know that I may have helped chip away at the obstacles confronting them as they make a new start.”

Nominations for the 2009 WA Mental Health Good Outcomes Awards are now open. For more information or to make a nomination, contact the Mental Health Division on (08) 9222 4099 or visit www.health.wa.gov.au/mentalhealth
Eating disorders kept me bound up tight. I felt as though I was spending each day trying to contain things to keep a horrible, disgusting, shameful mess at bay.

As a social worker, my interest falls within the realm of human experience, insight, self-understanding and social justice. As a former drama student who remains curious about the potential of creative expression, my passion lies in the healing possibilities of dramatic creation and theatrical performance. As someone who has struggled with an eating disorder, my recovery has relied on my ability to intertwine the two in a dramatic process: the process of unravelling her.

“For me, eating disorders are primarily about what we keep within us and what we don’t want to see.”

Unravelling Her is not simply a play. It is a therapeutic journey towards recovery, in which others and myself come together to create a way out of the darkness.

Because eating disorders are very much about secrets and being alone, I wanted to explore this unique investigation with others.

I felt that:
Together we could name it.
Together we could confront it.
Together we could strip the power from it.
This would shatter secrets.
This could enable us to take responsibility.
This might heal us.

The process of unravelling worked to disjoint the cycle of our eating disorders. As I slowly allowed myself to unravel, my experience of containment became undone. I began to get out all the things that vomiting never could.

For me, eating disorders are primarily about what we keep within us and what we don’t want to see. They are about the “life” we cannot cope with, the “self” we forcefully deny. Above all, they are about the power and protection that we feel we need to survive the world we live in.

Eating disorders are about fear.

Eating disorders are not really about food at all.

Each part of the unravelling project taught me something different. Each phase made me a little more visible.

People often ask me about eating disorders and how I recovered. I can say that I have learnt that nothing is instant. Patience and endurance are crucial. The quest for something better—the place where I will finally be the “perfect” me embodied in the “skinny” me—is not a real place. I have driven myself there and found that I was still hungry.

Feeding myself now teaches me that, yes, I want lots of things, but that this does not make me worthless and greedy. Wanting, needing, desiring make me feel alive.

Unravelling Her has provided us, its participants, with a way of understanding and validating what we have experienced. Most significantly, this creative process has been our way of enacting our recoveries.

Sometimes, the simple stories of our lives are significant. Storytelling can allow a freedom from what hurts and provide an opportunity to expel. Unravelling Her has been a way of moving forward. But to move at all, we need to recognise that the hurt has been real, attempt to understand its meaning and place in our lives and, ultimately, realise our significance in the world without it.
Many people ask me, “what training did you receive to become a carer for your son?” “None,” I reply! “But how can you be entrusted to care for someone with such demanding and complex illnesses?” And so it goes.

Many people think that some mysterious force has supplied the average carer with ability or aptitude. This is not the case at all—carers just try to cope. Whereas highly trained nurses once did three eight-hour shifts across 24 hours, were paid, had holidays, in-service training, superannuation packages and leave entitlements, carers for family members receive none of these.

“Carers receive a pension and the associated lack of esteem that comes with the title, ‘pensioner.’”

Most carers have given up career opportunities in order to care for their stricken family member. They have foregone hundreds of thousands of dollars in the form of salary not earned. The irony of this is, if carers had had stayed in the workforce, governments would have had to provide expensive accommodation and care!

Instead, carers receive a pension and the associated lack of esteem that comes with the title, “pensioner.” Carers are professionals in their own right! They should receive a salary and the associated benefits that befit their invaluable and selfless contribution to society.

Carers save governments, and therefore taxpayers, millions of dollars.

I have been quizzed on why stigma exists with caring for someone with a mental illness. I refer people to historical examples from the last 500 or so years when it was common to execute people because they suffered from hallucinations and delusions. What’s more, people who had children with a mental illness were also considered deviant in one way or another. These attitudes were generally promoted by members of the church and the medical profession and perpetuated by an ill-informed public. Misinformation and myths regarding mental illness still persist today! What has been learned is hard to unlearn.

Things are changing due to research which has contributed to the re-thinking of mental illness, its origins and outcomes. However, I recently conducted research into the plight of carers and my preliminary findings show that we still have a long way to go! Many carers suffer appalling conditions emotionally; indeed, over 70 percent reported moderate to severe depression. Over 75 percent reported financial hardship caused by, among other things, gaps in their medical treatment. A large proportion reported breakdowns in marriages and relationships with family and friends. A litany of other difficulties was reported…. So watch this space!

If we, as a community, are to address the welfare and status of carers in a humane manner, we need to re-think our approach to caregivers and mental illness in a more effective and politically bipartisan manner.

Sadly, as matters stand, carers and their charges will battle on and falter in a painful and shameful struggle.

Caring. From the Heart!

Raymond Wells is a full-time carer for his son who suffers from schizophrenia, obsessive compulsive disorder and depression. A Vietnam Veteran and former lecturer and senior secondary school teacher, Raymond himself suffers from depression. He gives us his perspective on the plight of carers.
Carers WA

Carers WA counselling programs provide carers with a “safe place” to express their emotions and access support in person or via phone and email.

Carers WA understands that it is often not easy for carers to talk to family and friends about their feelings and issues. Even so, talking things over with another person can make a difference. Carers who contact Carers WA counselling programs can talk to a counsellor who will support them in their caring role.

Contact the free Carers WA Counselling Line (24 hour) on 1800 007 332. To arrange a free face to face counselling session, contact 1800 242 636. For free email counselling, email chat@carerswa.asn.au

headspace Great Southern

headspace Great Southern will purchase a youth outreach bus with a $117,795 grant from Lotterywest. The bus will be equipped with youth-friendly resources such as skateboard ramps, musical equipment, a TV, DVD player and internet access.

Youth workers and volunteers specialising in substance misuse and mental health issues will travel throughout the Great Southern to direct young people towards the help they may need.

For more information, contact headspace Great Southern on 9842 9871 or visit www.headspace.org.au/greatsouthern

June O’Connor Centre Inc.

The June O’Connor Centre Inc. is a non-government service that promotes independence and social wellbeing in adults with a mental illness. Comfortable settings for meeting and socialising are provided for members at its various centres. Recreational activities and therapeutic massage are offered at reduced cost. Hearing Voices Groups are run in Subiaco and Rockingham.

The centre’s Day to Day Living program, funded by the Commonwealth Government, supports individuals in the community who have experienced mental health problems. The program, available in Joondalup and Rockingham, encourages people to increase social participation, promote independent living, enhance quality of life and improve physical health. Skills development and educational and recreational opportunities are provided to assist people on their recovery journey.

Centres are located in Fremantle (ph: [08] 9336 3677), Joondalup (ph: [08] 9301 1127), Mandurah (ph: [08] 9535 9326), Rockingham (ph: [08] 9527 9113) and Subiaco (ph: [08] 9381 7175). Visit www.joc.com.au

North Metropolitan Area Health Service (NMAHS)

Dr Edward Petch will join the North Metropolitan Area Health Service in early 2009 as the State Director, Forensic Mental Health. He comes from Broadmoor Hospital in the UK and has a strong clinical background in forensic psychiatry across many settings. Dr Petch has also been heavily involved in lecturing, teaching and research, and has served on committees for the Royal College of Psychiatry.

Parenting WA

Parenting WA has replaced the Parent Help Centre. The aim of the service, based in Mt Lawley, is to provide families with support and information about parenting, childcare and early childcare programs.

The centre’s 24-hour Parenting Line aims to provide information and advice on caring for children up to the age of 18. Free resources are also available.

Contact the Parenting Line on 1800 654 432 or (08) 6279 1200.

Future editions of head2head

Winter 2009:  Young People, 12–25 years
Summer 2009:  Culture

                       Summer edition 2009 – 1 October 2009

Contact Duc Dau on (08) 9222 4072 or at Duc.Dau@health.wa.gov.au
**Redress WA**

The $114 million Redress WA scheme is open to adults who were abused and/or neglected as a child in WA state care before 2006. The scheme includes an ex gratia payment; acknowledgement of the abuse and/or neglect; an apology; support to complete the application form; counselling services before, during and after the application process; and an opportunity for applicants to record their personal story on their official files.

The scheme covers those who, as children, lived at places approved by the WA Government. This includes foster homes or other residential settings; institutions and facilities such as group homes, hostels, boys and girls homes; missions and farms; and orphanages operated by the State Government or by non-government or church organisations.

Applications close 30 April 2009.

**For more information, contact Redress WA on freecall 1800 617 233 or at redresshelpline@communities.wa.gov.au or visit www.redress.wa.gov.au**

**Samaritans**

The Samaritans are looking for volunteers in the Perth metropolitan area to provide confidential emotional support to people in need, including people at risk of suicide. A complete training program is provided to new volunteers several times a year.

The Samaritans provide a number of services, including telephone support, face to face support, the Shadow of Suicide Support Service for people who have lost someone to suicide, email support for those in distress, interactive educational sessions and free publications.

For 24-hour telephone support, call Careline on (08) 9381 5555, Youthline on (08) 9388 2500 or rural freecall 1800 198 313.

For face to face support, visit the Samaritans premises during business hours at 60 Bagot Road, Subiaco.

To make an appointment for the Shadow of Suicide Support Service, call (08) 9381 5725.

To access the email support service, contact samaritanshelpline@bigpond.com

**If you would like to volunteer for the Samaritans, contact administration on (08) 9831 5725 or at samswa@bigpond.net.au or visit www.thesamaritans.org.au**

**South Metropolitan Area Health Service (SMAHS)**

Quarterly newsletter “Transcultural Beat” will be launched in early 2009 by the South Metropolitan Area Health Service, Mental Health. The newsletter will focus on initiative development, clinical advancement and policy issues surrounding transcultural and Indigenous mental health. Articles, topics and commentaries will be specific to the service delivery environment of WA.

“Transcultural Beat” will be a statewide initiative, with an editorial board representing mental health services across the North Metropolitan Area Health Service, South Metropolitan Area Health Service, WA Country Health Service, non-government organisations, consumers and carers.

**To contribute letters, reviews/feedback on workshops or conference events, and ideas for themes and articles, contact Bernadette Wright on (08) 9319 7230 or Phillippa Farrell on (08) 9319 7221.**

**WA Country Health Service (WACHS)**

Mental health support in Narrogin, where a number of young men had suicided in the past year, will be enhanced through the establishment of a local, community-controlled men’s crisis centre. Mental Health Minister, Dr Graham Jacobs, Health and Indigenous Affairs Minister, Dr Kim Hames, and the Director General of Health, Dr Peter Flett, made the announcement in the town on Wednesday 4 February 2009.

The WA Country Health Service is providing more than $36,000 to cover the centre’s furnishings, fit-out and utilities. The Department of Housing has provided premises to house the centre.

“The Government will continue working with the Narrogin Aboriginal community, non-government organisations and other stakeholders to ensure that local Aboriginal people receive the services and support they require,” Dr Jacobs said.

Last year the WA Country Health Service, Great Southern Mental Health Service received a $26,000 grant from the WA Perinatal Mental Health Unit to evaluate the “Bouncing Back” program. The program provides support and treatment for women who are suffering from postnatal depression or similar conditions.

The evaluation is well underway and will be disseminated to mental health professionals and participants by the end of 2009.
Braver, Stronger, Wiser

The Salvation Army has launched a major initiative to help deal with depression.

Half a million Braver, Stronger, Wiser DVDs will be distributed free of charge around Australia. The DVD follows the journey of four rural Australians who have overcome depression.

Braver, Stronger, Wiser also contains a range of information on depression and tips on problem solving, mental wellbeing, dealing with panic attacks and overcoming negative thinking.

“There is a crisis in Australia, with the rate of suicide and depression on the increase and an estimated one in five Australians suffering from the illness,” says Warren Palmer of the Salvation Army’s WA division.

Celebrities supporting the project include Stuart Diver, Peter Cosgrove, Anne Kirkpatrick, Andrew Gaze, Jack Thompson, Ita Buttrose, Troy Cassar-Daley, John Williamson and others.

To register for a copy, call the Salvation Army on 13 SALVOS (13 72 58) or visit salvos.org.au/rural

Retrenchment and Financial Loss

The worldwide financial crisis has affected many Australians. Jobs have been lost, the value of assets have tumbled, and retirements plans have been put on hold.

These changes could effect a person’s mental wellbeing by increasing the risk of anxiety and depression.

While times are tough, help is available. beyondblue has launched the booklet Taking Care of Yourself after Retrenchment or Financial Loss, which addresses the fallout of the financial crisis.

The booklet includes practical tips to assist people and information about where to get help.

For more information, contact 1300 22 4636 or visit www.beyondblue.org.au

2009 Grants Directory Available Online

Community members and local governments seeking funding are encouraged to access the 2009 Grants Directory which contains information on over 110 grants funded by the State and Commonwealth Governments and WA private sector organisations.

The grants are offered in a variety of areas including arts and culture, the environment, indigenous development, science, sport and recreation, and youth.

For more information, visit the 2009 Grants Directory at www.dlgrd.wa.gov.au

Improving Outcomes

People experiencing both substance misuse and mental illness, or dual diagnosis, often experience poor outcomes when accessing mental health or alcohol and other drug (AOD) services.

Building the capacity of the mental health and AOD sectors to effectively treat people with dual diagnosis is essential.

The Drug and Alcohol Office and the Department of Health’s Mental Health Division established the State Strategic Dual Diagnosis Planning Group (SSDDPG) in 2005, with representation from consumers, carers and key public and non-government agencies. This group is developing opportunities for mental health and AOD services to enhance service coordination and ensure that people receive appropriate diagnosis and treatment, regardless of the door they first walk through.

The SSDDPG also aims to better equip staff to treat those with a dual diagnosis. The Workforce Development Subcommittee, established in 2007, focuses on initiatives to improve awareness, understanding and the capacity to treat patients with a dual diagnosis.

Currently in development is an overarching protocol between mental health and AOD services to guide the development of referral pathways. The mental health sector will also undertake a “service snapshot” to identify training and other workforce development needs.

For more information, contact Wynne James at the Mental Health Division on (08) 9222 4088 or at Wynne.James@health.wa.gov.au
WANNA RUN ALL AGES GIGS IN YOUR AREA?

Contact WAM for information about RAMMPAAGE support available for all ages contemporary music events in WA

Contact Sarah-Jane Hansen on 9227 7962 (regional WA 1800 007 962)
Sarah-Jane@wam.asn.au
www.wam.asn.au

Creating a mentally healthy community

RAMMPAAGE
REGIONAL AND METROPOLITAN MUSIC PROGRAM FOR ALL AGES

RAMMPAAGE is presented by WAM, The West Australian Music Industry Association Inc. in partnership with Drug Aware
Back from the Brink: Australians tell their stories of overcoming depression
Edited by Graeme Cowan
Bird in Hand Media, 2007. (Compilation)

Review by Stephan Millett, Curtin University of Technology
The black cloud preventing public understanding of depression is lifting and this book has a strong role to play in bringing compassion and understanding to this lonely and destructive illness.

For someone who has spent a lifetime dealing with depression—in myself and my family—many of the stories resonate strongly. Les Murray’s story is probably my favourite, but each has its special attraction and will be the special favourite for someone.

This is an uplifting book that shows how depression—in its many manifestations—affects the lives of the famous and not-so-famous. It puts a very human and very readable face on something that can destroy the lives of sufferers and their families and which is emerging as the next great public health issue.

Read this book to learn how, through courage and perseverance, these Australians have learnt to deal with their private, but very real, demons. Learn also how, through compassion, love, care and understanding, others have helped them quiet these demons.

With an illness as pervasive as depression, we are all fellow travellers. Whatever your understanding of depression, whatever your experience of depression, reading this book will help.

Big and Me
Written by David Miller
Ford Street Publishing, 2008. (Children)

Review by Michele Evans, Mental Health Division
This unique book tells the story of two machines, Big and Small, who work as a team. Small tells readers how, on some days, “Big gets a bit wobbly and I get a lot worried.” The story follows Small as he seeks help for Big and deals with his partner’s “illness.”

A metaphor for a child living with an adult who has a mental illness, the book offers parents an opportunity to begin discussing mental illness with their children. For children in a similar situation, the range of emotions felt by Small throughout the book is highly relevant.

My five-year-old was engaged with the book, which is vividly illustrated with paper sculpture. She quickly identified with Small, as she could see he was scared and vulnerable. She also expressed a dislike for Big, because he was scaring Small and behaving oddly. This presented me with a great opportunity to talk about why Big was behaving that way.

Often, children’s books offer a simplistic view of human nature in which people are either virtuous or wicked. What makes this book different and valuable is that it provides insight into a world where behaviour is affected by a range of factors and no one can be easily classified. Teaching our children from a young age about mental illness is vital if we are to effectively tackle the stigma and stereotypes attached to it.

Milk
Directed by Gus Van Sant

Review by Duc Dau, Mental Health Division
“I know you cannot live on hope alone, but without it, life is not worth living.” These words were spoken by Harvey Milk, who made history in 1977 by becoming the first openly gay man to be elected to public office in the US.

Milk’s story is told in this outstanding film, which has themes that resonate today. Hope as a political ideal has been expounded in recent times by another history-maker, Barack Obama, who once called for “hope in the face of difficulty. Hope in the face of uncertainty. The audacity of hope.”

Milk, played with conviction by Sean Penn, was Jewish, witty and charismatic. Events from his four-year endeavour to be elected to the San Francisco Board of Supervisors parallel the struggles faced by many minorities, then and now, to assert their civil rights. While attitudes towards homosexuality were changing in the 1970s, significant political hurdles remained, as the film dramatically shows.

The film succeeds as a portrait of a man who became a symbol of hope. Having lived in the closet for much of his life, Milk knew full well that stigma preys on invisibility. His message for gays and lesbians to “come out” and become visible is a potent one. As the film makes clear, coming out is a personal act that becomes public and, eventually, political. This ethos has directly influenced the emerging movement, led by mental health consumers, called Mad Pride.
Rachel Getting Married
Directed by Jonathan Demme

Review by Michele Evans, Mental Health Division

Heading home from rehab to attend her sister’s wedding is Kym (Anne Hathaway). The world she enters overflows with pre-wedding arrangements, music and excitement. Demanding, self-absorbed and armed with cynical, cutting one-liners, it doesn’t take long before Kym manages to unpick the seams of this happy scene.

Kym may be, as she proclaims in a cringeworthy speech, the “harbinger of doom,” but her sister (Rosemarie DeWitt) certainly doesn’t help matters. Displaying some serious sibling rivalry, the bride-to-be reveals deep wounds of her own. Through the sisters’ spiteful verbal battles, the viewer is offered glimpses of the underlying pain and tragedy in the Buchman family.

Bill Irwin plays the father, stoically doing his best to keep both the peace and a lid on his own fragile emotions. Debra Winger’s brief but powerful performance as Abby, Kym and Rachel’s emotionally disengaged mother, demonstrates a wonderful balance between restraint and explosive anger. Hathaway’s award-winning performance works well. She makes her character’s actions real and understandable—it is from this that we learn to like her.

With so much tension and tragedy floating around, I was surprised to find myself thoroughly enjoying the movie. Director Jonathan Demme has created a film that makes you laugh as much as it makes you cry. Which is fine. It’s a wedding after all.

The Holy Sea
A Beginners Guide To The Sea
Amphead

Review by Pui San Whittaker, Mental Health Division

Lead singer and lyricist Henry F. Skerritt has poured out golden, autobiographical musings for The Holy Sea’s second album. Self-imposed exile from Perth to Melbourne has left him with a visceral yearning for what could have been and for what is no more.

There are gentle folk ballads and hearty, rockin’ tunes layered with urgent guitars, keyboard, harmonium and harmonica. It’s hard to resist singing along to songs like “Paddy” or the poignant “Ghost Town.”

Skerritt’s lyrics search for identity and belonging across a very Australian setting. They evoke Nick Cave filled with tender regret, a bumpy road trip with Dave Graney and David Hosking’s existentialist landscapes.

Skerritt says The Holy Sea’s name is a pun on the institutions of the Church as well as a love of the sea’s grandeur. One hopes he has enough faith in his poetic talents and musical crew to set sail with another album soon.

Catherine Traicos
Gone
Self-release

Review by Bill Darby, Health Workforce

UWA graduate, Catherine Traicos, is a Sydney-based singer-songwriter whose style would fit comfortably alongside Beth Orton, Missy Higgins and The Waifs.

Catherine accompanies herself on acoustic guitar and is ably supported by a four-piece band. Additional instrumentation, including a peppering of piano and pedal steel guitar, provides extra depth and texture.

The album is undeniably folk with a country flavour, with hints of pop and rock in some tracks. Songs such as “Books That I Read,” with its warbly guitar and processed percussion, offer the listener further variation. There is a home-grown yet professional and mature feel to the recording.

Many of the songs are intimate, melancholy reflections, inspired by “countless ex-boyfriends,” according to the CD notes. But there is a sense of quiet hopefulness throughout, with several songs, such as “Bad TV,” musically and lyrically capturing the lighter moments of everyday life.

WANTED

CDs from WA bands for review in Head2Head.
Work from WA artists, illustrators and photographers for inclusion.
Contact Duc Dau on (08) 9222 4072 or at Duc.Dau@health.wa.gov.au
**Damien Thornber and The Orphans**

**Vow of Poverty**

Self-release

Review by Vicki Caulfield, Arts and Management Consultant

This is the first release by Perth musician Damien Thornber and The Orphans. It is a labour of love at every level.

The 12 original songs feature themes of spiritual longing, and of love lost and found. The music is sweet and relaxed with mellow vocals and delicate guitar sounds, making the production easy on the ear.

Elsewhere, Damien has spoken of his battle with addiction and subsequent decision to help others through his music. He recently toured from Perth to Kununurra, running music workshops and playing to over 500 children in remote communities.

All proceeds from CD sales will go to VOW International Services, a charity Damien established to fund education and other programs for underprivileged children around the world. You gotta admire the guy! And his music isn’t bad either.

For more information, visit www.damienthornber.com and www.vow.org.au

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**Questions Without Notice**

Performing Lines WA

Playhouse Theatre

Performed from 3 to 7 February 2009

Review by Margaret Raven, Indigenous Cultural Rights Consultant

Interview by Cindy Chi, Mental Health Division

In our daily lives we are often faced with *Questions Without Notice*. How we respond to them, as choreographer Sue Peacock suggests, depends on our relationship with the questioner and our understanding of the question.

“In developing the piece, I wrote lists of questions—all very provocative and personal,” says Sue. “We set up an interview table and asked the performers questions that they could either avoid or answer honestly. They then created ‘phrases’ or movements to express their answers and feelings. The whole process was organic, with some improvisation.”

Sue’s questions explore people’s hopes, sense of safety, fears, love, behaviour, disappointments and sexuality. “Do you have a pet?” is the first question asked. In response, the performers move across the stage playfully, suggesting an animalistic part to our personalities that influences communication.

A sequence featuring questions posed in Italian to a non-Italian speaker becomes an exploration in miscommunication. How many of us, like the performer, have been asked a question we have not understood and yet felt we had no choice but to answer?

The audience itself doesn’t escape from *Questions Without Notice*, as the divide between the stage and audience is challenged more than once. At one point, audience members are asked to join in a game show akin to a *So You Think You Can Dance* showcase.

Sue hopes the play “raises self-reflection, as it is a great opportunity for audience members to connect with their own sense of self.” She says Relationships Australia (WA) sponsored the performance to show “dancing is a form of social contact that is for anyone and everyone.”

*Questions Without Notice* is a wonderful, entertaining exploration of animalistic and sensual behaviour, and of our miscommunication and uneasiness when we are faced with unexpected questions or situations.

Visit www.relationships.com.au

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**Diary Dates**

To include your event, contact Duc Dau at Duc.Dau@health.wa.gov.au

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*The cast of Questions Without Notice. Photo by Andrew Lake*
### Diary Dates

#### MARCH

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<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tr>
<td>26 March 2009</td>
<td>Conference – Growing Up Alien: Clinical Engagement with Culturally Diverse Families (Perth)</td>
<td><a href="mailto:bridget.abbott@health.wa.gov.au">bridget.abbott@health.wa.gov.au</a> t: (08) 9336 3099</td>
</tr>
<tr>
<td>30 April to 2 May 2009</td>
<td>Conference – The Right Stuff – Australian Practice Nurses Association (Melbourne)</td>
<td><a href="http://www.apna.asn.au">www.apna.asn.au</a> e: <a href="mailto:info@corporatecommunique.com.au">info@corporatecommunique.com.au</a> t: (03) 5977 0244</td>
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<tr>
<td>12 to 13 May 2009</td>
<td>Conference – Making it Happen: Responding to AOD issues across the sectors (Frementle)</td>
<td><a href="http://www.makingithappen2009.com">www.makingithappen2009.com</a> e: <a href="mailto:info@eebw.com.au">info@eebw.com.au</a> t: (08) 9319 7230</td>
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#### APRIL

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<tr>
<td>3 April 2009</td>
<td>Workshop – Orientation: the Refugee Experience (Perth)</td>
<td><a href="mailto:training@asetts.org.au">training@asetts.org.au</a> w: <a href="http://www.asetts.org.au/training">www.asetts.org.au/training</a> t: (08) 9227 2700</td>
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<tr>
<td>14 April, 12 May or 9 June 2009</td>
<td>Workshop – Skills for Working with Young Refugees (Perth)</td>
<td><a href="mailto:training@asetts.org.au">training@asetts.org.au</a> t: (08) 9227 2700</td>
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<tr>
<td>16 April 2009</td>
<td>Workshop – Jungle Tracks (Perth)</td>
<td><a href="http://www.asetts.org.au/training">www.asetts.org.au/training</a> e: <a href="mailto:training@asetts.org.au">training@asetts.org.au</a> t: (08) 9227 2700</td>
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<tr>
<td>21 April 2009</td>
<td>Workshop – Cross-Cultural Counselling Approaches to Working with Refugee Survivors of Torture and Trauma (Perth)</td>
<td><a href="http://www.asetts.org.au/training">www.asetts.org.au/training</a> e: <a href="mailto:training@asetts.org.au">training@asetts.org.au</a> t: (08) 9227 2700</td>
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<tr>
<td>14 to 15 May 2009</td>
<td>Forum – Happiness and its Cause (Sydney)</td>
<td><a href="http://www.happinesst%C3%A5nditscauses.com.au">www.happinesstånditscauses.com.au</a> e: <a href="mailto:conferences@vajrayana.com.au">conferences@vajrayana.com.au</a> t: (02) 8719 5118</td>
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<tr>
<td>21 May 2009</td>
<td>Workshop – Cross-Cultural Counselling Approaches to Working with Refugee Survivors of Torture and Trauma (Perth)</td>
<td><a href="http://www.asetts.org.au/training">www.asetts.org.au/training</a> e: <a href="mailto:training@asetts.org.au">training@asetts.org.au</a> t: (08) 9227 2700</td>
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<tr>
<td>27 to 28 May 2009</td>
<td>Conference – Reconnexion’s 4th National Conference on Anxiety and Depression (Melbourne)</td>
<td><a href="http://www.reconnexion.org.au">www.reconnexion.org.au</a> e: <a href="mailto:janet@reconnexion.org.au">janet@reconnexion.org.au</a> t: (03) 9886 9400</td>
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<tr>
<td>28 May 2009</td>
<td>Workshop – Vicarious Trauma and Self Care Strategies for Workers (Perth)</td>
<td><a href="http://www.asetts.org.au/training">www.asetts.org.au/training</a> e: <a href="mailto:training@asetts.org.au">training@asetts.org.au</a> t: (08) 9227 2700</td>
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<tr>
<td>13 to 14 July 2009</td>
<td>Symposium – Mental Health Challenges: Anytime, anywhere, anyone (Central Queensland)</td>
<td><a href="http://www.acmhn.org">www.acmhn.org</a> e: <a href="mailto:b.happell@cqu.edu.au">b.happell@cqu.edu.au</a></td>
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<tr>
<td>16 July 2009</td>
<td>Forum – Music and Mental Health (Perth)</td>
<td><a href="mailto:MentalHealthReception.Royalst@health.wa.gov.au">MentalHealthReception.Royalst@health.wa.gov.au</a> e: <a href="mailto:b.happell@cqu.edu.au">b.happell@cqu.edu.au</a> t: (07) 3832 2600</td>
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<tr>
<td>29 to 30 May 2009</td>
<td>Conference – Critical Care Nursing Continuing Education 10th Annual Meeting ICE 2009 (Hobart)</td>
<td><a href="http://www.acccn.com.au">www.acccn.com.au</a> e: <a href="mailto:acccn@acccn.com.au">acccn@acccn.com.au</a> t: (03) 9347 8577 or 1800 357 968</td>
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<tr>
<td>24 June 2009</td>
<td>Workshop – Cross-Cultural Counselling Approaches to Working with Refugee Survivors of Torture and Trauma (Perth)</td>
<td><a href="http://www.asetts.org.au/training">www.asetts.org.au/training</a> e: <a href="mailto:training@asetts.org.au">training@asetts.org.au</a> t: (08) 9227 2700</td>
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WHAT IF WE TALKED ABOUT MUSIC THE SAME WAY WE TALK ABOUT MENTAL ILLNESS?

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www.musicfeedback.com.au

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