



Arafmi News

The Newsletter of
Mental Health Carers
Arafmi Queensland Inc

Providing support for carers,
families and friends of people
with mental health issues.

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'Re-allocating Hospital funding would increase capacity 500 percent'

A new report has found a 500 percent increase in overall mental health care capacity could be achieved if funds were shifted from psychiatric hospitals to supported community care.

The research, commissioned by Queensland Alliance for Mental Health and conducted by Synergies Economic Consulting, investigated the financial implications of alternative investment strategies for mental health care in Queensland.

Beyond Hospitalisation - Supported Community Care for Mental Health models three alternative scenarios based on current investment levels in mental health in Queensland:

1. Leave things as they are (which would require an additional \$300 million a year by 2020)
2. Shift 30 percent of current psychiatric hospital funding to community-based programs such as the highly successful Housing and Support Program (HASP) and triple the number of places available in the community
3. Shift all current psychiatric hospital funds (approx \$101 million annually) to programs such as HASP and increase capacity by 500 percent

Neither scenario results in a decrease in the availability of inpatient services in major public hospitals.

Neither scenario requires additional government investment; rather a re-allocation of current expenditure.

"The findings of this research demonstrates that investing in supported accommodation is more cost-effective than funding inpatient beds and achieves better outcomes for people with a mental illness," said Queensland Alliance for Mental Health CEO, Richard Nelson.

"A re-allocation of resources would enable a 500 percent increase in supported social housing for people with a mental illness. It would move Queensland from one of the lowest levels of supported community care in Australia to near best practice."

Based on 2011 budget figures, \$101 million is invested in psychiatric hospitals, \$287 million in general hospital psychiatric services and \$19 million in HASP - meaning the state government currently spends 19 times more on psychiatric hospital care than on community based residential options.

"Current HASP funding supports 240 places. Shift the \$101 million from psychiatric hospitals to HASP and we create a total of almost 1,500 places that would support people and keep them out of hospital," said Mr Nelson.

Continued on page 3....



President's Piece....

Welcome to the May 2012 edition of *Arafmi News*.

Government update

As I am sure you will all know we now have a new Premier, Mr Campbell Newman, and a new political party, the Liberal National Party (LNP), in the driver seat for Queensland. The newly appointed Minister for Health, the portfolio which encompasses mental health, is Lawrence Springborg MP. Looking through the Charter Letter provided to the Minister by the Premier, there is a long list of *First Term Tasks* on his agenda with only one of them being specific to our sector:

Make key decisions in relation to the Queensland Mental Health Commission, and deliver improved access to services for Queenslanders suffering from mental health issues. Work with the Minister for Communities, Child Safety and Disability Services (Tracy Davis MP) where appropriate.

What does this mean for us and the mental health sector? It's a little too early to tell just yet but it is pleasing to see we are still on the agenda and we are hoping that the current Government will continue to build on the progress made by the previous Government. We shall certainly be watching this space with great interest and will keep you informed of any developments – fingers crossed “Can Do Campbell” lives up to his nickname!

Show me the money

A recurring issue that I have noticed through my own family's experience and from comments made by other carers, is the difficulty some people experience with managing their money. Often times I hear carers stating that no sooner has the person they care for received their money (whether that be a Centrelink benefit or wages) than it is gone and they are then left with nothing to get them through to their next pay day. Coupled with the sometimes impulsive or unwise decisions made on matters financial, it can lead to frustration and exasperation when we, as carers, find ourselves having to help our loved one make do until they get paid again, especially when our own financial positions are quite tight.

One thing I learned from my own family's situation was that repeatedly handing over money, even with the best intentions, did not provide a long term fix. It actually had the opposite effect as my sibling came to rely on me as a solution, knowing that I would always bail them out. I was in fact enabling my sibling to

continue the cycle of making bad financial decisions and spending money without having to worry about the consequences because they knew I would come to the rescue.

It took me a while (and quite a lot of money I knew I would not see again) to work this out. I found myself in a very difficult and emotional position: I didn't want to see my sibling penniless but neither did I want to continue acting as rescuer, I wanted them to learn how to manage their money and to start saving for themselves. So, when next I spoke with my sibling about their financial situation, I told them I would no longer give them any money and I explained why – that they needed to take control of their money or they'd never get themselves out of debt. I then sat down with my sibling and worked out a detailed budget on an Excel spreadsheet.

It wasn't easy at first for either of us but I had set the boundary and was determined I wasn't going to go back on it. My sibling stuck to the budget (with a few hairy transgressions in the first few months) and, I'm happy to say that some twelve months later, my sibling was debt free and had even managed to start saving some money each fortnight. This was a big win for our family but one thing that stood out for me was the intrinsic changes in my sibling. They gained some self-confidence through the process and said they felt a little bit better about themselves because they were able to win back control with at least one area of their life.

There are many helpful resources available on the subject of money and budgeting. We have provided a small selection for you on the **information** page of our website. The subject is also touched on in our Boundary Setting workshop. More information on that can be obtained under the Carer Workshops tab on the Education page of our website. If you don't have access to the internet, please call the office for assistance.

Just a reminder that if there is anything you would like to see in the Newsletter or, if there is something specific you would like us to address, please get in touch and let us know.

Until next time, please take care, be safe and be kind to yourself.

Shoena McGonigle

Never bend your head. Always hold it high. Look the world straight in the face.

Helen Keller

'Re-allocating Hospital funding would increase capacity 500 percent'

Continued from page 1

"The average length of stay in a psychiatric hospital in Queensland is 290 days, compared with an average of around 54 in other Australian states and territories."

"This is simply because there is nowhere else for these people to go and indicates a massive underinvestment in this area. Clearly, if it costs less, is better for people's recovery and doesn't require additional expenditure it must be investigated.

"Deinstitutionalisation started in the 1970s and now we have the evidence, not only that it works, but that it opens up the opportunity to finish the job."

Background to report

Commissioned by Queensland Alliance for Mental Health, the Synergies Report is a direct response to two challenges facing any future investment strategy into mental health services:

- First, as argued by the Federal Treasury's *Intergenerational Report 2010*: "In light of ...escalating health pressures, it will be important to ensure that the health system provides value for money. This requires a health system that responds well to innovation, funding cost-effective improvements to health care while being able to **adjust spending levels in areas where better value for money could be obtained.**"
- Second, as stated by Dr Ala Alwan, Assistant Director General Non-Communicable Diseases and Mental Health, World Health Organisation. "The scant resources that are dedicated to mental disorders are often inappropriately deployed. Most resources are spent on expensive, and sometimes inhumane, and ineffective care in psychiatric hospitals, rather than on effective treatment through primary health care, community-based care, and short-term hospital care near to where people live."

The report was commissioned to investigate the financial implications of developing an alternative investment strategy for mental health in Queensland: what would happen if funds were diverted from hospital care to supported community care?

Implications

It is incumbent on the incoming government to address the findings of this report: that the current investment strategy is unbalanced and unsustainable. An alternative strategy which diverts money from hospital beds to community based care can increase the level of care provided without requiring additional expenditure.

For a full copy of the report visit

<http://www.qldalliance.org.au/sites/www.qldalliance.org.au/>

A GOOD NEWS STORY

In 1997 our son was diagnosed with Paranoid Schizophrenia by a GP after we had consulted him about his behaviour and he was referred to a private psychiatrist for treatment. He was admitted to hospital with some subterfuge and difficulty and was treated there for 2 weeks, being discharged to our care with medication. Things seemed to go fairly smoothly enough and he shortly gained casual work in the hospitality industry where he remained for 18 months, continuing to see his private psychiatrist regularly. He even saved up enough money to have an overseas holiday.

Eventually though, he stopped taking his medication regularly, he was put off from his job and he had to be hospitalised for some time. After trying several different medications and more hospital admissions he was recommended to take Clozapine, but being warned of the side-effects, was not happy about this, until we talked him into it.

He was stabilised after some weeks in hospital and was discharged again into our care.

The good news is that after this he decided he would like to get a University degree. His siblings and cousins all had a degree of some kind and he felt he wasn't as good as them. We never thought he would make it – full-time study for 3 years, attending lectures and doing assignments, but he even picked up some credits for some subjects, and the great day eventually came when he graduated in his gown and mortar board with a Bachelor of Arts degree.

Since then he has gained further qualifications as well, but unfortunately full-time employment has eluded him and he gets casual part-time work where possible. He never stops trying.

He lives at home with us and we are grateful that he is pleasant to have around, even -tempered, and sticks to his medication, seeing his psychiatrist monthly. We are sure that the medication, together with seeing the same psychiatrist regularly, instead of a different doctor each few months, is the answer.

Independent living is a subject we still have to address.

An Arafmi Carer

The Public Trustee

The Public Trustee is committed to raising community awareness of the importance for all Queenslanders over 18 to have a valid Will and even more importantly a valid Enduring Power of Attorney.

Based on research conducted in Victoria by State Trustees, they estimate that over 50% of Queenslanders have not planned for their future with a valid Will and Enduring Power of Attorney.

As the “baby boomer” generation ages there will be more Queenslanders with incapacity to manage their affairs due to age-related illness such as dementia. Queensland is also beginning to see increasing transfers of wealth between generations as “baby boomers” leave their estates to their loved ones.

If Queenslanders do not plan ahead with an Enduring Power of Attorney and a valid Will, there will be an increased burden on families, carers and the Queensland legal system.

Enduring Powers of Attorney

An Enduring Power of Attorney is a legal document that outlines who you would like to manage your financial and health matters when you are unable to do so.

While you still have capacity, you can choose to nominate more than one Attorney. You can also specify the particular powers that your Attorney/s can hold, as well as when the powers will come into effect.

Whom you select as your Attorney/s is an extremely important decision as they will have the power to make decisions on your behalf.

These decisions might include where you will live, what community activities you participate in, your clothing, your health care and how your money will be invested.

Granting a person an Enduring Power of Attorney is not something that should be automatically done because they are family. You need to consider if that person is suitable for this important role.

Questions to consider are:

- Do they manage their own financial affairs effectively?
- Is there any conflict within the family?
- Has there been a history of drug use, gambling or other addiction?
- Will they have your best interests at heart?

If appointing a professional adviser such as an accountant or solicitor, it is prudent to appoint two or three partners in the firm rather than just one. If you feel that you have no suitable person to appoint as your Enduring Power of Attorney you can choose to appoint The Adult Guardian as your Attorney for health and personal matters.

Queensland Wills



Week

8 – 11 May 2012

Wills

A Will is a legal document that outlines how you would like your assets (Estate) distributed when you die and appoints the person who will be responsible for the administration of your estate. The people who receive your Estate are referred to as your beneficiaries.

Everyone over 18 who has the capacity to make a Will, should make one, regardless of the size of the Estate.

If you die without a Will, you are said to have died intestate. The Queensland laws of intestacy are outlined in Part 3 of the Succession Act, 1981. This Act sets out the rules for distributing your assets.

Dying without a Will can mean:

- Your Estate may not be distributed to your beneficiaries in the way that you would wish.
- You may not have left clear provision for your loved ones and you may be placing an extra burden on them at a time of stress, grief and loss.
- There may be potential for conflict between the beneficiaries of your Estate.
- It may take more time and money to finalise your Deceased Estate.

A Will is a living document that accompanies you on your life's journey. Important life stages for updating your Will are: marriage, separation or divorce, entering a de facto relationship, birth of a child or grandchild, a change to your assets or financial circumstances, death of a spouse or partner, a change to a beneficiary (a beneficiary is someone who you would like to have a share of your Estate), retirement and natural disasters.

At the Public Trustee, the Will-making service is free and it's as easy as making an appointment at one of their offices.

If you don't live in a region where there is an Office, there may be a local Queensland Government Agent Program (QGAP) agent, courthouse or Centrelink Office that can assist you.

There are a range of outreach services across the State. Phone 1300 360 044 for more information.



From Carer Connect

In my role as the Key Worker, Carer Connect, a question or worry which is often expressed by carers is "What will happen to my son or daughter after I die?" I recently attended a Legal Seminar run by Horizon Information Services where a lawyer, Brian Herd, gave a presentation about legal issues for people who have a disability and their parents/carers. I thought it might be useful if I pass on to you some of the information I learned, especially as Wills Week is coming up in May.

It is important that everyone has a Will and an Enduring Power of Attorney. An Enduring Power of Attorney continues even if the person loses his or her capacity to make decisions. It can contain guidelines as to what you want your attorney to do in relation to the care of your son/daughter who has a mental illness. With respect to Wills, you may be surprised to learn how an estate is distributed if you die without leaving a will i.e.:

- The first \$150,000 + household chattels to the spouse;
- The remainder split evenly between spouse and each of the children.

However, if the home is in joint names, it goes automatically to the surviving spouse.

The following are two ways to make a Will to take account of a disabled child or adult:

1. Leave a life interest in the home, and create a Protective Trust (when the child or adult dies, their share of the estate goes to the other children).
2. Create a Special Disability Trust. The child or adult must be on a Disability Support Pension for this to be applicable and you need to confirm with Centrelink that the child has a "severe disability" according to their guidelines. A person can leave up to \$532,000 in this Trust, to be used for the benefit of the child or adult, without it affecting his or her entitlement to the pension. However, there are strict rules about what this money can be used for, the main purpose being for accommodation and care.

An amount must be nominated, so it is up to the person making the Will to decide how much they can afford to leave to the child with the disability, depending on the value of the estate and how many other children there are etc.

If they wish to leave more than \$532,000, the remainder will be treated as an asset for the purpose of Centrelink benefits. There is nothing to stop a person leaving their child or adult a home (if it is their principal place of residence it will not affect

their pension), plus up to \$532,000 in the Trust (subject to the rules of use of these funds). Either two persons (such as family members) or a trustee company (such as the Public Trust Office) must be nominated as trustee under a Special Disability Trust.

Another document you might like to consider making is an Advance Health Directive. An AHD directs your attorney as to what health care decisions you want made about your own health in the event of your incapacity to make decisions.

In passing on this information, I stress that I am not a solicitor, and it is simply my interpretation of what was discussed. If you believe you need to make formal arrangements for the future, you need to see a solicitor or the Public Trust Office. The Law Society has a list of solicitors who specialise in succession matters, so you might like to phone and select a specialist in your area.

Robyn O'Hare

Key Worker - Carer Connect

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The Quest for 'Balance'

If you search the Internet for the term "work/life balance", you will get over a million hits. It is the new panacea for the promotion of health, well-being and family life.

Carers, too, are being advised to balance their caring role with their work, family and leisure time.

Describing a video called *Balance the Care*, produced by her organisation¹, Maree McEvoy says

"When you become a carer, your whole life changes and everything is thrown out of balance. Finances are affected, most carers can't work, family relationships change under stress, friends often don't understand the pressure carers are under or are afraid to reach out, emotional relationships change, dreams and hopes are lost, and no matter how much carers do, they frequently feel guilty that it's not enough. ... The result of being a carer is often emotional and physical exhaustion, which frequently results in unnecessary tragedy – the breakdown of the carer's own health. *Balance the Care* encourages carers to try to introduce more balance into their lives by spreading the load of caring and particularly by looking after themselves."

In her PhD thesis on the experience of people caring for someone with a mental illness² Dianne Wynarden found that the basic problem shared by all participants was the experience of "being consumed".

This experience consisted of two stages: "disruption of established lifestyle" and a "sustained threat to self-equilibrium".

In order to address the problem, participants engaged in a process of "seeking balance". When participants were engaged in this process they moved from a state of being consumed to one whereby they established and consolidated a balanced life perspective that incorporated their care-giving role.

The process of seeking balance consisted of three phases:

- utilising personal strategies to reduce the problem of being consumed
- restoring self-identity
- reaching out to make a difference.

IT MAKES SENSE, DOESN'T IT? BUT HOW DO WE DO IT?

Challenges to balance

In Arafmi's face-to-face counselling service, we often meet people who have reached the end of their tether. They are so exhausted that they feel they cannot take any more. They struggle with feelings of resentment. They feel weighed down by guilt for neglecting other members of the family. When they do try to go out and enjoy themselves, they dread what they will find when they get home. They would like to leave and never come back. They have nothing more to give. They are getting old themselves now and want a life.

Yet, they are attached to the loved one by strong bonds that refuse to be broken, despite the enormous pressure placed on them.

What could they have done to manage their lives so that they did not get to this point of total exhaustion?

Many of them know about "balance". It is just that it is difficult to achieve it.

Often the obstacles to achieving balance are some very common and human **beliefs** about ourselves.

These beliefs are usually unconscious, that is they underlie our thoughts and actions but we don't realise that they are there. We absorbed them from our parents and from society around us. Part of what we do in the face-to-face counselling service at Arafmi is to notice when these beliefs surface and to explore them to discover how useful or not useful they are.

Unconscious beliefs might include one or more of the following:

"I am totally identified with my carer role. It is what gives my life meaning."

"I am powerless to change anything."

"If I am not totally in control, there'll be a disaster."

"Unless I totally exhaust myself, I am not good enough or loving enough."

"I cannot enjoy myself when I know that my family member is suffering."

"My needs are not important / I do not have any needs / I don't deserve to have my needs met."

"If I don't do it, it won't get done."

"Others would not do as good a job as I do."

"Feeling resentful means I am a bad person."

"It's my fault."



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The quest for 'Balance'

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We might need to look quite deeply before we realise that we have some of these beliefs.

Once we have uncovered them, we can replace them with **positive thoughts** such as:

"I can make one small step towards change."

"I cannot live another person's life for them."

"It is normal to feel resentment. I will simply observe what I am feeling without rationalising or feeling guilty."

"Allowing the loved one to make choices and take responsibility gives them the opportunity to grow and feel empowered."

"I did the best that I could at the time."

"If I do not take care of myself, I will not be capable of taking care of others."

"I am a whole person and I owe it to myself/God to manifest and celebrate my own individuality."

"I deserve to fulfil my needs for friendship / meaningful work / being creative / being alone with nature / doing something I love / growth and self development."

I believe that each person must find a balance that is appropriate for his or her needs and circumstances. This balance might never be perfect but can be adjusted and negotiated as we grow and develop.

Basic to the negotiation and establishment of balance is the concept of "boundaries". It is up to each of us to set the boundaries of what we will or can tolerate, without feeling guilty.

BALANCE is a question of SURVIVAL.

Anne Di Lauro

Face-to-face counsellor at Arafmi

'Ideas that Work' (<http://www.ideasthatwork.com.au/balance.html>)

²Wyndarden, D.G. *The primary carer's experience of caring for a person with a mental disorder in the Western Australian community: a grounded theory study.* PhD thesis for Curtin University School of Nursing and Midwifery, 2002. <http://adt.curtin.edu.au/theses/available/adt-WVCU20050620.155303/>

Arafmi's Counselling Service

Arafmi's face-to-face counselling service started on the 16 May, 2005. Seven years on and two of those counsellors, Anne and Olaf, continue to provide this voluntary service to Arafmi carers.

Counselling is by appointment only

Three sessions are held on Monday at 10 am, 11:15am and 12:30pm and two sessions on Wednesday at 10:30am and 11:15am. These sessions last for 60 minutes.

The fee schedule is:

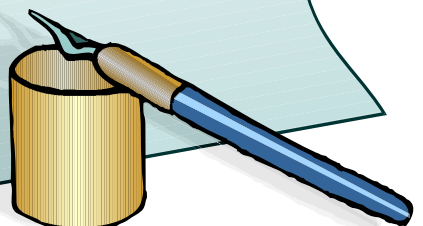
Health Care Card	\$15
Income up to: \$25,000	\$15
\$25,001 – \$40,000 pa	\$30
\$40,001 – \$60,000 pa	\$45
Over \$60,000 pa	\$60

These sessions are held at the Arafmi premises, 237 Kent Street, New Farm

For further information or to make an appointment please contact the Arafmi office on 3254 1881

A note of thanks received from one of our carers:

"I recently attended a counselling session with Anne. I understand that this service is done on a voluntary basis. Please could you pass on my sincere thanks to Anne for a commendable job. I admire her selflessness and dedication to this cause. I benefited tremendously from our session and I am still grateful for some of the insights I gained that day."





Caregiver stress fact sheet

What is caregiver stress?

Caregiver stress is the emotional and physical strain of caregiving. It can take many forms. For instance, you may feel:

- Frustrated and angry
- Guilty because you think that you should be able to provide better care, despite all the other things that you have to do
- Lonely because all the time you spend caregiving has hurt your social life
- Exhausted when you go to bed at night

Although caregiving can be challenging, it is important to note that it can also have its rewards. It can give you a feeling of giving back to a loved one. It can also make you feel needed and can lead to a stronger relationship with the person receiving care. About half of caregivers report that:

- They appreciate life more as a result of their caregiving experience
- Caregiving has made them feel good about themselves

Can caregiver stress affect my health?

It is not uncommon for caregivers to have serious health problems partly because they are less likely to take care of themselves. Research shows that caregivers:

- Are more likely to be have symptoms of depression or anxiety
- Are more likely to have a long-term medical problem, such as heart disease, cancer, diabetes, or arthritis
- Have higher levels of stress hormones
- Spend more days sick with an infectious disease
- Have a weaker immune response to the influenza, or flu, vaccine
- Have slower wound healing
- Have higher levels of obesity
- May be at higher risk for mental decline, including problems with memory and paying attention

Also caregivers report that, compared with the time before they became caregivers, they are less likely to:

- Get enough sleep
- Cook healthy meals
- Get enough physical activity

How can I tell if caregiving is putting too much stress on me?

If you have any of the following symptoms:

- Loss of interest in activities you used to enjoy
- Becoming easily irritated or angered
- Feeling overwhelmed
- Sleeping too much or too little
- Gaining or losing a lot of weight

- Feeling tired most of the time
- Feeling constantly worried
- Often feeling sad
- Frequent headaches, bodily pain, or other physical problems
- Abuse of alcohol or drugs, including prescription drugs

Talk to a counsellor, psychologist, or other mental health professional right away if your stress leads you to physically or emotionally harm the person you are caring for.

<http://www.womenshealth.gov/publications/our-publications/fact-sheet/caregiver-stress.cfm#c>

Resilience



What is resilience and how can one build skills to endure hardship?

Resilience is the ability to bounce back into shape after stress. Resilience means being able to adapt to life's misfortunes and setbacks.

When you have resilience, you harness inner strength that helps you rebound from a setback or a challenge.

Resilience won't make your problems go away — but resilience can give you the ability to see past them, find enjoyment in life and better handle stress. If you aren't as resilient as you'd like to be, you can develop skills to become more resilient.

Tips to improve your resilience

If you'd like to become more resilient, consider these tips:

Get connected

Building strong, positive relationships with loved ones and friends can provide you with needed support and acceptance in both good times and bad. Establish other important connections by doing volunteer work, getting involved in your community, or joining a faith or spiritual community.

Make every day meaningful

Do something that gives you a sense of accomplishment and purpose every day. Set goals to help you look toward the future with meaning.

Learn from experience

Think back on how you've coped with hardships in the past. Consider the skills and strategies that helped you through rough times. You might even write about past experiences in a journal to help you identify both positive and negative behavior patterns — and guide your behaviour in the future.

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Resilience

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Remain hopeful

You can't change what's happened in the past, but you can always look toward the future. Accepting and even anticipating change makes it easier to adapt and view new challenges with less anxiety.

Take care of yourself

Tend to your own needs and feelings, both physically and emotionally. Participate in activities and hobbies you enjoy. Include physical activity in your daily routine. Get plenty of sleep. Eat a healthy diet. To restore an inner sense of peace or calm, practice stress management and relaxation techniques, such as yoga, meditation, guided imagery, deep breathing or prayer.

Be proactive

Don't ignore your problems or try to wish them away. Instead, figure out what needs to be done, make a plan and take action. Although it can take time to recover from a major setback, traumatic event or loss, know that your situation can improve if you actively work at it.

When to seek professional advice

Becoming more resilient takes time and practice. If you don't feel you're making progress — or you don't know where to start — consider talking to a mental health provider. With guidance, you can improve your resiliency and mental well-being.

<http://www.mayoclinic.com/health/resilience/MH00078>

Arafmi Carer Workshops



for those caring for and about people with
mental health issues

Workshop Topics include:

Loss and Grief

Family and friends of people with a mental illness may experience feelings of loss when their loved one develops chronic mental health problems. This workshop explores these losses and the associated grief.

Understanding & Supporting Recovery

This workshop assists carers in understanding what recovery-based practice and care is and how they can support their loved ones in their recovery journey.

Coping Skills

A workshop designed to look at a broad range of issues that Mental Health Carers confront such as communicating with someone who is unwell, providing support to someone with a mental illness, coping with difficult behaviour and understanding the symptoms of the major mental illnesses.

Boundary Setting for Carers

Boundaries are limits we set with people in order to help us maintain a sense of ourselves as individuals, separate from others. Boundaries:

- Protect us
- Put us in charge of our own lives
- Promote healthy relationships
- Can promote independence
- Reduce stress and conflict

We will explore what boundaries participants would like to set in their relationships through practice exercises and small group discussions.

Effective Communication

This workshop covers basic communication skills and strategies for communicating with someone experiencing mental disturbance. Attendees are encouraged to practice these skills at the workshop by participation in small group activities.

Workshop to be held in New Farm To register phone Shidan at Arafmi on 3254 1881 or email: carereducation@arafmiqld.org	
Saturday 16 June	Loss and Grief 9am - 12:30pm
Wednesday 20 June	Understanding & Supporting Recovery 9am - 12:30pm
Saturday 21 July	Coping Skills 9am - 3pm
Monday 13 August	Boundary Setting for Carers 9am - 12:30pm

Workshop to be held at Adina in Deception Bay To register phone 3293 2538	
Friday 18 May	Effective Communication 10am - 2pm

Workshop to be held at Karinya in Ipswich To register phone 3812 3358	
Wednesday 11 July	Boundary Setting for Carers 9am - 12:30pm

Workshop to be held at Jerendine in Mt Gravatt To register phone 3411 2777	
Tuesday 24 July	Coping Skills 10am - 2pm

NOTICE BOARD

Ongoing - Mental Health Carers Forum

If you are a carer and would like to talk with other mental health carers about issues of concern to you please complete the form at:

<http://www.mhca.org.au/carerform/index.php>

THE FIVE Ls

To live, to love, to learn
To leave a legacy
For that's the way we turn
Life's most mysterious key
That leads into the room
That we have all looked for
With all its doom and gloom
There still will be a door
Into a new tomorrow
Where hope and faith will reign
To overcome the sorrow
And heal the nails of pain
For these 5 Ls return
Rewards to set you free
To live, to love, to learn
To leave a legacy.

Adrian Bowler

Griffith University Mental Health and Community Pharmacy Project

Consumers and carers are invited to participate in a telephone survey and receive a \$10 Coles gift voucher in exchange.

We are looking for people who have experienced mental illness or carers/family members to take part in a study of the evolving role of community pharmacy.

We want to know about your experiences, needs and expectations of community pharmacies.

This information will help develop a new program to train pharmacy staff to work with consumers and carers to manage their medicines.

You will have to answer some questions by phone or in a survey after you have visited your pharmacy. This will take about 10-15 minutes. The information will be anonymous and collected by a Griffith researcher. We would like to do this three times over the next 18 months.

For more information phone 1800 600 687 or email mentalhealth@griffith.edu.au

The project is funded by the Australian Government Department of Health and Ageing as part of the Fifth Community Pharmacy Agreement Research and Development Program managed by the Pharmacy Guild of Australia. Ethics approval has been obtained from the Griffith University Human Research Ethics Committee (PHM/13/11/HREC).

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Mental Health Carers
Arafmi Queensland Inc Support Groups
Brisbane and Surrounds

Beenleigh	10am	4th Wednesday	New Farm	10am	Last Saturday
Caboolture	10am	2nd Friday	Redcliffe	10am	3rd Wednesday
Carindale	9:30am	1st and 3rd Monday	Sunnybank	10am	2nd Thursday
Cleveland	10am	4th Monday	Strathpine	6pm	2nd Thursday
Indooroopilly	1:30pm	1st Thursday	The Park	1pm	Last Saturday
Ipswich	10:30am	1st Tuesday	Valley	10am	4th Tuesday
Logan	10am	2nd Wednesday			

Rural and Regional Queensland

Barcaldine	4651 1314	Gloria—Blue Care	Innisfail	4061 5327	Jennifer Jensen
Bundaberg*	4151 4605	Dell	Mackay	4951 2973	Sandi Winner
Cairns	4031 0163	Barbara	Maleny	5451 1882	Eric
Caloundra*	5438 1048	Jillie	Maroochydore	5451 1882	Eric
Charleville	4650 5300	Graham	Maryborough*	4122 3649	Kathy
Chinchilla	4632 8922	Carers Qld	Rockhampton*	4930 7300	Neville Williams
Dalby	4662 3079	Eric	Stanthorpe	4681 5225	Pam Taylor
Emerald	4982 4062	Debra	Theodore	4993 1805	Jennie Horne
Gladstone*	4972 8220	Robynne	Toowoomba*	1800 35 1881	Ruth
Gold Coast	5591 6490	Mental Illness F'ship	Townsville	4725 3664	Andy Froggart
Gympie	0427 735 573	Dianne	Warwick	4660 3911	Danielle

The Arafmi support groups in the Brisbane area are for families, carers and friends of people with mental health issues. Whereas some of the support groups in Rural and Regional Queensland are for carers generally and not particularly for mental health carers. Groups marked with an * are Arafmi Support groups for mental health carers.

For further information about the groups, please phone the office on 3254 1881

FREECALL regional areas 1800 35 1881 for carer support only

To join or renew your membership, which is valid for 12 months, please return completed form to:
The Treasurer *Arafmi* Queensland Inc. PO Box 248 New Farm Qld 4005
Annual Membership fee is - Unwaged \$5 (or whatever you can afford)
- Waged \$10

Name.....

Address.....

Postcode.....Phone..... Are you a carer? Yes No (Please circle)

New Membership \$ _____ Renewal \$ _____ Donation \$ _____

Donations of \$2 and over are tax deductible. Total Amount Enclosed \$ _____

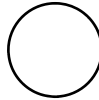
HAVE YOU CHANGED YOUR ADDRESS?

Please write your new address below and return with the original label to:

Mental Health Carers , *Arafmi* Queensland Inc PO Box 248 NEW FARM Qld 4005

Name:.....

Address:.....



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