



Arafmi News

The Newsletter of
Mental Health Carers
Arafmi Queensland Inc

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

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COMMUNITY MENTAL HEALTH SUMMIT

On December 8th last year the first ever Community Mental Health Summit was held at the Queensland State Library in partnership with the Queensland Alliance .

The Queensland Premier, Anna Bligh opened the day and said that the summit was about giving Queenslanders with a mental illness, their families and carers a voice.

The intention of the Summit was to inform planning for the community mental health sector and assist in developing Queensland's position in relation to National Mental Health reform. Areas to be addressed were around early intervention, recovery and finding employment. The Premier said the State Government has invested \$100 million in community mental health programs over the last four years, helping to fund 90 organisations throughout the state.

"For too long mental illness has been seen by many in the community as something to be ashamed of. Not anymore - I am determined to give these Queenslanders a voice." she said.

Approximately 150 delegates from community mental health organisations, consumers and carers attended along with the Minister for Disability Services, Anastacia Palaszczuk, the Parliamentary Secretary for Healthy Living, Murray Watt, the Director of Community Mental Health, Department of Communities, Ivan Frkovic and the Director of Health, Dr Aaron Groves.

In the morning sessions, there were presentations from guest speakers including Professor Patrick McGorry, Australian of the Year 2010, who is a leading international researcher, clinician and advocate for the youth mental health reform agenda.

The afternoon session provided the opportunity for a number of community mental health services to speak about their aims with several consumers giving an outline of their personal stories and how that service had helped them.

The day concluded with a panel of 5 speakers, taking 10 minutes or so to address issues or ideas for reform.

As a member of Mental Health Carers Arafmi Queensland I was invited to speak on behalf of carers and again took the opportunity to say that the mental health budget needs to be doubled if we are ever to see some real reform within the sector.

I also spoke about the need to be more inclusive of all consumers. I especially mentioned three concerns. First, those who do not fit within the 18-24 age group and often fall between the gaps, second the issue of ageing carers and what happens after they are no longer able to care. Finally, the need for earlier and less traumatising interventions when required, that do not involve the police to the extent the system does presently.

Jean Platts



President's Piece....

Welcome to the February 2011 edition of *Arafmi News*.

Ordinarily, I would begin by wishing you all a Happy 2011 but, given the disastrous start to 2011 that so many people have experienced, I wasn't sure

it was quite appropriate.

My best wishes go out to everyone affected by the recent floods along with my hope that their lives return to some semblance of normality as soon as possible. Mother Nature is certainly letting us know who's really in control of this planet!

Having said that, I am keeping my fingers crossed (and everything else that is crossable!) that the rest of 2011 sees great success and achievement for everybody. No matter how small the achievement, it should be viewed as a big win.

Since our last edition, several members of the Management Committee and I have, between us, attended a few events organised by the Government (please refer to the articles in the pages following for more information).

It's heartening to see both Commonwealth and State governments bringing the issue of mental health on to their agenda and giving it the attention it deserves. We're hoping they continue to keep it there and, with the help of other organisations within the sector, we'll be doing what we can to ensure they follow through. The subject of mental health has far too long been kept in the shadows; now that it's been brought into the light; we want to keep it there!

We also have several in-house projects either in motion or coming up. We're looking at ways we can best provide the services to you that you need and also how we can streamline our processes to be the most efficient we can be. So, stay tuned in the coming months...

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

Success in the affairs of life often serves to hide one's abilities, whereas adversity frequently gives one an opportunity to discover them.

Horace



Shoena McGonigle

Executive Committee

President	Shoena McGonigle
Vice-President	Claire Lees
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Jean Platts	Deb Nizette
Fran Gallagher	

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	Robyn O'Hare
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.....

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Margaret Lukes OAM
Professor Ross Young PHD

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MINISTER FOR MENTAL HEALTH FORUM/S



CONSUMERS AND CARERS INVITED TO PARTICIPATE IN ONLINE SURVEY

The Mental Health Council of Australia was given the task of organising and facilitating forums in 14 different locations around the country inviting carers, consumers and representatives from mental health organisations to meet with the Hon Mark Butler, Minister for Health, to discuss the many issues around mental illness.

Arafmi's Executive Officer, Marj Bloor and I were able to attend the Brisbane Forum, which was held on 6th December along with approximately 45 others. Notes were taken of the issues and priorities. Mark then gave us the opportunity to ask questions and have a say. I put forward two questions to him:

1. What is the position of the National Advisory Council that was set up by the Labor Government when it came into office and where does it now stand with the Chair John Mendoza having resigned?
2. Australia's budget for mental health stands at approximately 7%, which is substantially lower than many other countries and would he look to increasing it to somewhere around 12-14% in order to help bring about some real reform to the sector?

In response to the Advisory Council it will go ahead and quite possibly he will be the person to Chair it. I didn't really get a clear response of the budget, but at least the point was made.

Mark Butler has since announced that the Prime Minister asked him to establish and chair a new Mental Health Expert Advisory Group that will provide the Federal Government with advice on the important reforms needed within the sector.

"This will be a time-limited, specialist group and give targeted advice on how to achieve the most coordinated, cost effective and lasting reforms for our investment in mental health care".

Members of this group include carer Tony Fowke of Arafmi Aust. and consumer Janet Meagher. Both are long standing and strong advocates for change in the mental health sector, along with Prof. Patrick McGorry, Prof. Ian Hickie and others from relevant organisations.

"The Gillard Labor Government is determined to deliver significant reforms, and as Chair of this Expert Advisory Group on Mental Health I look forward to working closely with the members to develop a strong, sustainable mental health system now and into the future", Mr. Butler said.

The words are promising and this Expert Group will, undoubtedly, provide sound advice around key issues - for now though we again wait and see.

Jean Platts

The Mental Health Council of Australia (MHCA) is undertaking a consumer and carer survey about the behaviour of health professionals towards people with mental illness.

As the peak national body for mental health the MCHA is committed to ensuring fair and equitable mental health services for all Australians. They understand that feelings of discrimination, victimisation, or negative judgment create a real barrier to effective engagement in mental health treatment.

We would like to invite carers and consumers to complete a survey about your views of health professionals' attitudes and behaviours towards people with mental illness as well as your experience of care from mental health and other health service providers.

This could be directly as a consumer of mental health services, or indirectly as a carer for someone else with a mental illness who has used these services.



This research study is extremely important, as the findings will give them the platform to be able to provide government with recent and relevant information that will assist in directing future funding into mental health services.

If you think you might like to part in the study, please go to:

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

The questionnaire will probably take 20-30 minutes to complete. If you begin and then wish to stop at any point you can.

If you have any questions about this project please contact Rachelle Irving, Acting Deputy CEO on 02 6285 3100 or via email at rachelle.irving@mhca.org.au.

Setting Limits

No one deserves to be abused in any way. Abuse of personal limits can take many forms – from actual physical violence, to verbal abuse, to emotional manipulation and to simply what we commonly call ‘using’ – getting someone else to always do things when the person is capable of doing things for themselves.

Carers often express the belief that because their relative or friend has a mental illness or psychiatric disability it is ‘not fair’ to set limits on what they will accept from the person. This partly stems from carers’ confusion about what is reasonable and acceptable behaviour, what is behaviour caused by illness, and what is abuse. The answer is fairly simple – abuse is whatever feels abusive to you – whatever makes you want to walk away, and feel ‘used’. No one – whether they have a mental illness or not – has the right to abuse any one else.

Use your friends and other family members as a reality check if you are having trouble deciding whether to accept a certain behaviour from the person with the mental illness or to set limits on it. If you would not put up with the behaviour from other family members or friends – do not accept it without question from the person with the mental illness.

Similarly, if the person does not display the behaviour, or can control it with other people, but not with you – there is no reason why you should accept it. The reason people act differently with different family members or friends may be that those family members or friends have successfully set a limit on the behaviour.

The key to setting limits is to believe that you have the right to set limits on what you will accept from the person – not because the acceptable behaviour is the right thing to do, expected, normal or how other people act – but it is YOUR personal preference.

You don’t have to negotiate those limits with anyone. You might want to talk to other family members about the limits you have set, but you don’t have to change them. Remind yourself that setting personal limits benefits everybody – you, the person with the mental illness, and the rest of the family.

Limits make relationships healthier and help them to last longer with fewer arguments and resentments.

DEAR is a technique developed by Dr Marsha Linehan especially for use with people with borderline personality disorder, but the technique is simple and

can be used with anyone. **DEAR** stands for: **Describe, Express, Assert, Repeat.**

The following steps can be repeated for any situation or behaviour that you believe the person can control. Go through the steps and write down your answers before you talk about the limit with your ill friend or relative. I have used the fairly common scenario of a person with a mental illness who uses his mum as a taxi driver. He demands and expects that he be driven by his mum wherever he wants or needs to go, when he wants to go – despite the fact that his mum has to stop doing what she is doing, or has to arrange her life around his appointments, so that she can drive him.

Step 1

Describe the situation that is worrying you as you see it without exaggerating or making judgements. Be as objective and specific as you can. For example, ‘I have to stop what I am doing to take you, when you constantly expect me to drive you places’.

Step 2

Express your feelings about the situation clearly. Take responsibility for your own feelings – e.g., ‘I feel’, not ‘You make me feel...’. You may need to really think about exactly what your emotions are about the situation. Using the same example: ‘I feel angry that you want me to drive you around all the time, when you could walk or catch a bus.’

Step 3

Assert your limits, making them very simple. Again explain to the person that you have set the limit about what you will accept from their behaviour because it is your personal preference to do so – not because it is right, expected or normal. You need to tell the person how you would like to be treated, and what makes you feel comfortable. For example, ‘I am not going to make a special trip in the car to take you places or pick you up anymore’.

Step 4

Repeat yourself if necessary. Reinforce the benefits of your limits. You might need to point out the negative things about the behaviour continuing, and your unwillingness to continue things as they are.

For example, ‘If I am going your way, I will pick you up or drop you off, but I won’t make a special trip. If I do it this way, I will feel better about helping you when you really need help.’

When is the best time to tell your friend or relative about the limits you have set?

DEAR
stands for:
Describe,
Express,
Assert,
Repeat.

Setting Limits (continued)

When you are settling limits for the first time, make sure that you have thought them through, planned for arguments, made sure the person is fairly calm and you will have few interruptions.

If you have let this limit slide before, acknowledge the fact – e.g., ‘I know that when you have asked me before I have driven you anywhere you wanted to go.’ Simply explain that you don’t feel happy or respected when that happens and you’ve done some thinking and changed your mind about how to handle the situation.

What if the person doesn’t observe your limit?

When you first set the limit – especially if you have let it slide before – the person is likely to test your resolve. This may be:

by increasing the behaviour you have set limits on – e.g., if they nagged before, they may now nag louder, longer and more often;

by using the Big Three of emotional blackmail – Guilt, Obligation and Fear, e.g.

Guilt – “I can’t drive because of my medication’, or ‘I have so few good things in my life and now you won’t even drive me to see my friends’.

Obligation – ‘If you loved me, you’d do it’, or

Fear (and this is the hard one) – “If you won’t drive me to see the doctor/case manager, I won’t go.”

If you have thought through your limit setting before you tell the person, you will hopefully have some strategies to deal with these kinds of reactions.

For instance, if your friend or relative increases the behaviour, criticises or blames you, you could simply terminate the conversation – **walk away; leave the room; or hang up the phone.**

If the person uses the limit to refuse to accept treatment or keep appointments, talk to the doctor or case manager about what you are trying to do and work out an alternate strategy with them.

For instance, if the person refuses to keep appointments unless you drive him, you could enlist the help of the case manager to suggest some strategies to provide alternate transport in the short term.

What if the person doesn’t agree, starts arguing or tries to confuse you?

Again, think about what could happen before you set the limit. Anticipate responses and develop phrases to get you back on track. Remember, personal limits don’t need to be defended, explained or justified

If the person changes the subject or ignores you, repeat yourself when the subject comes up again without justifying, elaborating or backing down. Ignore biting or critical comments.

Refuse to discuss whether the limit is ‘right’ or ‘wrong’. It’s a non-issue. It doesn’t have to be ‘right’ because this limit is what you require.

Again, using the example of being asked to be a taxi driver for the person, you could use phrases like –

I’m sorry, I can’t take you there at the moment.

I’m sorry that makes you upset.

I understand I used to drive you around, but I will not do it anymore.

I understand you feel upset, I hope you work out how to get there.

I see you’re disappointed. I hope you find a solution to the problem.

Let’s talk about this when you’re not so upset.

When you first set the limit, especially if you have let it slide before, the person is likely to test your resolve.

Will limits hurt the person?

The very simple answer to this question is no – they will help the person control him or herself. Setting limits will eventually cut down your stress levels considerably – although enforcing the limits you set may be difficult in the beginning.

Limits can help stop you feeling overwhelmed by the demands of your ill friend or relative, and may enable you to maintain your role as a support for the person more effectively.

They also model good, caring, behaviour for the person. Any technique that shows the person with the mental illness how their behaviour is affecting the important people in their lives can have only a positive effect.

Condensed from an article written by Patti Farley, Northern Territory ARAFMI. Reference: ‘The Stop Walking on eggshells Workbook’, R Kreger & J P Shirley.

Cannabis Triggers Earlier Mental Illness

The smoke is clearing on the link between cannabis and mental health problems, as latest research shows how the drug can hasten the onset of schizophrenia by several years.

The study which took in data from 20,000 patients with a psychotic illness has found those who smoked cannabis were diagnosed almost three years ahead of those who did not use the drug.

Dr Matthew Large, from the University of NSW's School of Psychiatry and Prince of Wales Hospital, said the study was unique in scale and it should settle debate on whether cannabis could trigger earlier mental health problems.

"Results of this study are conclusive and clarify previously conflicting evidence of a relationship between cannabis use and the earlier onset of a psychotic illness," Dr Large said.

"The results ... provide strong evidence that stopping or reducing cannabis use could delay or even prevent some cases of psychosis."

Dr Large, in a partnership with Melbourne's St Vincent's Hospital and the US-based George Washington University School of Medicine and Health Sciences, pooled patient data from more than 80 studies which had probed the link between psychotic illness and substance abuse.

The earlier studies had looked at the role played by cannabis, alcohol and other psychoactive substances but Dr Large's meta-analysis was looking for an effect caused by cannabis alone.

Most of the patients involved had schizophrenia and, of those who were cannabis smokers, their diagnoses were seen to occur an average of 2.7 years earlier in their lives.

This time difference could be critical, Dr Large said, as it ensured psychotic symptoms were more likely to emerge during a person's formative years and so compounded the life-long impact.

"When you see people who develop schizophrenia in their 40s and they have family around them, and an occupation, often it is a much more simple matter of prescribing some medication and providing some education ... it is not nearly as disabling," Dr Large said.

"People who get it at 15 are much less likely to be able to hold down a job, to sustain relationships or complete their education."

Cannabis is the most widely used illicit drug in Australia with a third of the population (33.5 per cent) reporting use at some time, according to a 2007 National Drug Household Survey.

Dr Large said it was also estimated about one third of those Australians with a diagnosed psychotic illness also report a history of cannabis use.

Just how cannabis use could trigger a psychotic illness was not yet known, though it could hinge on genetic as well as environmental factors or be the result of "disrupting" the brain during a period of "important neurological maturation".

Dr Large also said it was also suspected, but not yet proven, that cannabis use made more people prone to psychotic illness.

He said those cannabis smokers who developed psychotic illness early could still have done so later in life had they never used the drug, and more research was needed.

"It took a long time to prove cigarette smoking caused lung cancer - it wasn't really until 1965 that that information was firmly established," Dr Large said.

"We are in that process of examining epidemiological associations of cannabis and this is another piece - quite a big piece - of the jigsaw."

The research is published in the journal "Archives of General Psychiatry".

BRISBANE HEARING VOICES SUPPORT GROUP

.....is a group for people who hear or have heard voices. It is a safe place where people can meet others with similar experiences and gain support and information about their experiences.

They aim to help break down the isolation often associated with the hearing voices experience in a non judgemental atmosphere.

Dates: Every Tuesday from 1.30 pm to 3.30 pm

Location: Mt Gravatt Community Centre
1693 Logan Rd, Mt Gravatt
Bus no 175 or 172, Bus Stop no. 40

For more information contact
Mary or Steven
0430572653/ 0423208218
Email stevenranke@gmail.com



Helping someone at risk of suicide tool kit

.....provides information about the following:

Are you concerned that someone close to you is considering taking their own life?

Have you noticed changes in their attitude and behaviour?

Has someone you know attempted suicide?

Would you like to know how to help them stay safe and seek help?

This tool kit will help you identify signs to look for, decide what to do, and where you can go for help.

Most people who consider suicide get through the crisis. Family, friends and professionals can make a big difference in helping people stay safe and re-establish reasons for living.

Why does someone consider suicide?

People considering suicide often feel very isolated and alone. They may feel that nobody can help them or understand them. They believe that suicide is the only way out of the difficulties that they are experiencing.

Having a mental health problem does not mean a person will have thoughts of suicide—many don't. However, mental health problems can affect the way people view situations. They affect motivation and openness to seek help, therefore we need to be particularly aware of the vulnerability to suicide that people experiencing mental illness can have.

What do I do now?

1. Do something now—don't assume that they will get better without help or that they will seek help on their own.
2. Acknowledge your reaction—panic, quick-fix solutions, criticism or trivialisation of the issue are common reactions but not helpful
3. Be there for them, spend time with them, hear their pain
4. Ask if they are thinking of suicide—they may feel a sense of relief to be able to talk about it
5. Check out their safety—have they thought about how and when—ensure their safety and yours too
6. Decide what to do
7. Take action
8. Ask for a promise
9. Look after yourself—it can become emotionally draining to support this person
10. Stay involved—these thoughts don't easily disappear.

Queensland Advocacy Incorporated

Queensland Advocacy Incorporated (QAI) is an independent, community-based systems and legal advocacy organisation for people with disability.

QAI's mission is to promote, protect and defend, through advocacy, the fundamental needs, rights and lives of the most vulnerable people with disability in Queensland.

The Justice Support Project is a Queensland Advocacy Incorporated (QAI) initiative designed to respond to the needs of individuals with a disability in the justice and related systems.

Access to this service is through the Individual Advocate whose role it is to marshal legal and community services to support the person at risk.

The focus of the Justice Support Project is to provide the best possible opportunity for the person with a disability to remain in the community and to prevent any further entrenchment into the criminal justice system.

The Individual Advocate is committed to people with disability in Queensland to promote, protect and defend QAI values and beliefs when conducting any activities or actions related to the role.

Examples of the Advocacy support provided are:

- referral to appropriate legal services, for advice or representation
- trying to resolve the issue
- advocate with service systems to acquire appropriate and responsive supports i.e. housing, personal assistance, counselling etc.
- help the person to comply with Court orders i.e. attend appointment etc

The criteria for accessing the Justice Support Project is that:

- the person at risk has a disability—mental illness, intellectual disability, cognitive impairment, acquired brain injury or physical disability; and
- the person's primary issue has a connection to the criminal justice system; and
- there is no other more suitable service which can assist the person with the issue.

To access the Justice Support Project contact QAI on 3844 4200 or 1300 130 582
qai@qai.org.au



FOCUS ON SUPPORT

New Farm Support Group has changed its meeting day to the last Saturday of the month.

The meetings will start at 10 am. It will be at the same venue - 237 Kent St, New Farm.

Carindale Support Group changes venue

With the renovations to the Carindale Shopping centre, the Library has relocated to the Homemakers Centre across the road until the new premises are ready in 18 months.

Consequently the Carindale Support Group meetings are now being held at the temporary Library meeting room which is next to Harvey Norman on the Old Cleveland Road side. The meetings will start at 9:30 am.

Arafmi Family Support Programs

**Planned and regular respite supports
well-being**

Have you planned your next break?

While you have a break from the carer role, Arafmi staff will provide respectful support for your loved one, at one of our four respite houses, at your house, or within the community.

Call your nearest respite house and ask about our services.

Adina (Deception Bay) 3293 2538

Coolibah (Lutwyche) 3857 0377

Jerendine (Mt Gravatt) 3411 2777

Karinya (Ipswich) 3812 3358

From the Carer Connect files

You may not know about the Carer Connect program, which provides flexible ongoing support to carers of persons with mental illness. Here is an example of the type of issues that come my way. Feel free to comment by phoning or emailing me. I am always keen to learn and to hear your stories.

Scenario 1 – a Mother applying for Carer Payment

Belinda is caring for her 23 year old son Josh* who has a mental illness and substance abuse.*

The questions asked in Centrelink's application form about the type of care Josh requires relate more to caring for a person with a physical disability. For example, there are several questions relating to mobility, toileting, eating, and personal hygiene. Therefore, I assisted Belinda to answer the questions with respect to Josh's mental illness. For example, we highlighted the need for prompting around getting up, showering, getting dressed, eating etc.

We emphasised his social isolation and the need for his mother to remind him of family occasions due to his tendency to withdraw into his room and stay there for days.

We stressed the fact that the voices he hears can interfere with his understanding of what people say to him. His mother pointed out that his medication has caused him to gain 40 kg in

the past year, and that unless she is with him full-time, she cannot monitor his food. She is worried that his weight gain puts him at risk of heart disease and diabetes.

In spite of all this additional information that we included on the Carer Application form, the application was rejected. This was because Josh's psychiatrist did not corroborate Belinda's answers to questions about Josh's needs.

The psychiatrist and the Mental Health Team at the public hospital responsible for Josh's care made a decision that if Belinda were compensated in any way for caring for Josh, this would further enable his substance abuse.

What do you think? Has Belinda been discriminated against? Belinda has appealed Centrelink's decision, and I am continuing to assist her.

I hope you have enjoyed reading this example of the work that I do. This column may become a regular feature in Arafmi's Newsletter.

(*For confidentiality reasons, the names have been changed.)

Robyn O'Hare

Key Worker - Carer Connect

Workshops Schedule for 2011



Arafmi Carer Workshops
are for those caring for and about
people with a mental illness

New Farm

To be held at the Uniting Church Hall,
52 Merthyr Road, New Farm
(near corner of Watson Street)

Saturday 19 February	Fit for Caring 9:00am – 12:30pm
Saturday 19 March	Effective Communication 9:00am—3:00pm
Saturday 16 April	Coping Skills 9am – 3pm
Saturday 21 May	Boundary Setting 9am – 12:30pm

To be held at Karinaya, 12 Ferret Street, Sadliers
Crossing—to book phone 3812 3358

Thursday 24 February	Fit for Caring 8:30am—3:00pm
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For information about these workshops for carers,
family and friends of people with a mental illness,
please call Arafmi on 3254 1881 or email:
carereducation@arafmiqld.org

Fit for Caring

This workshop is designed to give participants an opportunity to look at their own needs, discuss the impact of the caring role on carers and explore strategies to ensure good health and a positive sense of well-being.

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.

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

Boundaries are guidelines between people about mutually acceptable behaviour and responsibilities. This workshop explores, through discussion, the question of what are reasonable boundaries to have with and for someone experiencing mental illness. The workshop also offers attendees an opportunity to explore what boundaries they would like to set and how they might go about it.

Arafmi Face-to-face Counselling Service

**For carers, family and friends of
people with a mental health issue.**

**Counselling sessions are held at our
New Farm office (237 Kent Street)
on Monday and Wednesday
mornings. Each session lasts for one
hour.**

**The counsellors have professional
qualifications in counselling and
volunteer their services to *Arafmi*.**

**Call the office on 3254 1881 to make
an appointment.**

INFORMATION ON PARKING AND BUS ROUTES TO THE NEW ARAFMI OFFICE

If you are visiting the Arafmi office by car, there is parking on Kent Street right outside the Arafmi office. There is a limit of 2 hours from Monday to Friday between the hours of 7am and 6pm. Outside of those hours there is no limit.

For those who use public transport, there are 2 options.

- Bus route No 470—stop no 11 on Chester Street near the corner of Kent Street is a 2 minute walk to the Arafmi office. This bus can be accessed at Stop 83 in Elizabeth Street approaching Albert Street or at the Wickham St exit of Fortitude Valley Railway Station
- Alternatively Bus route No 196/197/199—stop no 7 at 593 Brunswick Street, near the corner of Kent Street is a 10 minute walk to the Arafmi office. This bus can be accessed at Stop 20 in Adelaide Street, at the City Hall or on Brunswick, Street, Fortitude Valley, just east of the mall.

New Staff at Arafmi

Introducing.....Eileen

Hi beautiful Carers, I am delighted to have boarded the Arafmi cruise ship on 8 February 2011 and to go with you all on an amazing adventure. I hope to enjoy cruising along with you all to a great destination called ***Feeling in Charge and Peaceful with Your Lives.***

My new role here is Carer Education Worker. I have 34 years experience working in Human Services and have been counselling and facilitating groups for sixteen years.

For the past 16 years as a trained counsellor I have worked my passion with groups and individuals primarily focusing on self care through innovative programs that are highly valued and always well received.

I work in a person—empowering and person-centred way seeing each person as a unique individual with their own strengths, talents, wisdom, knowledge and experience.



My task is to stand alongside you and gently encourage you to discover your full potential and grow into the infinite beauty of your true being so your “light” can shine brightly into the world.

I have several years of experience supporting families and friends of a person who requires caring. I consider my work with carers and the person they care for a labour of love and joy. I feel very privileged to be able to work with people who have beautiful hearts that they have developed through their challenging journey.

I am very adamant that the work I do is for mutual healing and “I” am not healing anyone, rather I am the facilitator standing alongside you encouraging you to discover your own deepest peace and healing that ripples to all of humanity and brings you back home to the truth of the Love in your heart.

Eileen Dielesen

.....and Ruth

Hello, my name is Ruth Hippisley and I commenced work with Arafmi on the 7th February 2011, after accepting the position of Carer Support Worker.

I have worked in many different roles in the community service field since 1995, supporting carers and their loved ones in both NSW and Queensland.

My last role was with Commonwealth Respite and Carelink Brisbane South, so we may have already met and I look forward to our paths crossing again.

I moved to beautiful Brisbane in January 2000 and live with my partner.



I am a mother of two adult sons and grandmother to a beautiful granddaughter and a gorgeous grandson, who all live in Wollongong NSW.

I enjoy going to the gym, reading and catching up with friends for coffee.

I am currently studying a Diploma of Community Services.

As a carer myself I have the empathy and understanding of the challenges that can be faced by being a carer.

I am very excited about this wonderful opportunity I have been given and I am looking forward to meeting you and providing assistance, support and being part of your caring journey.

Ruth Hippisley

Mental Health Carers
Arafmi Queensland Inc Support Groups
Brisbane and Surrounds

Beenleigh	10am	4th Wednesday	Ipswich	6.00 pm	1st Tuesday
Caboolture	10am	2nd Friday	New Farm	10am	Last Saturday
Cleveland	10am	4th Monday	Strathpine	6pm	2nd Thursday
Carindale	9.30am	1st and 3rd Monday	The Park	1pm	Last Saturday
Indooroopilly	1.30pm	1st Thursday	Valley	10am	4th Tuesday
Inala	9:30am	2nd Thursday			

Rural and Regional Queensland

Barcaldine	4651 1314	Gloria—Blue Care	Innisfail	4061 5327	Jennifer Jensen
Beaudesert	5541 1653	Michelle	Mackay	4951 2973	Sandi Winner
Bundaberg	4151 4605	Dell	Maleny	5451 1882	Eric
Cairns	4031 0163	Barbara	Maroochydore	5451 1882	Eric
Caloundra	5438 1048	Jillie	Maryborough	4122 3649	Kathy
Charleville	4650 5300	Graham	Rockhampton	4930 7300	Neville Williams
Chinchilla	4662 8528	Laurette Buettel	Stanthorpe	4681 5225	Pam Taylor
Emerald	4982 4062	Debra	Theodore	4993 1805	Jennie Horne
Gladstone	4972 8220	Robynne	Toowoomba	4634 4192	Michele Cauchi
Gold Coast	5591 6490	Mental Illness F'ship	Townsville	4725 3664	Andy Froggart
Gympie	0427 735 573	Dianne	Warwick	4660 3901	Danielle
Hervey Bay	4191 4616	Debbie Pearson			

These support groups are for families, carers and friends of people with mental health issues.
 For further information about the groups, please phone the office on 3254 1881

FREECALL regional areas 1800 35 1881 for carer support only

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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 \$15.00 (or whatever you can afford)
 - Waged \$20

Name.....

Address.....

.....Postcode.....Phone.....

(Please circle) Are you a carer? Yes No ~ New Membership ~ Renewal ~ Donation

Donations of \$2 and over are tax deductible. 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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Reminder

Copy for the February issue to be forwarded to the office by April 20

Send articles to:

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Arafmi Queensland Inc
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