



Mental Health Services

ADVERTISING FEATURE

A simple and clear premise

CATHOLICCARE, formerly known as Centacare, is the welfare arm of the Roman Catholic Church and has operated within the Archdiocese of Canberra and Goulburn for more than 50 years. CatholicCare operates with a simple and clear premise – to help people – and runs a number of programs to do so.

■ STEPS
A residential youth mental health program focussed on supporting young people aged 13 to 17 who are experiencing moderate to severe issues with their mental health; STEPS seeks to assist young people to better understand and manage their wellbeing.

■ Youth and wellbeing
This is an outreach program that supports young people in the community aged between 12 and 25 years who are experiencing mental health, and/or drug and alcohol issues. This program is designed to promote resilience and independence.

■ SAILS
A community mental health program for individuals aged 18 to 65 years who are experiencing issues with their mental health. This program uses a recovery orientated case management approach to assist people to live independently in the community.

■ The Lodge

A residential facility for men over the age of 18 years who are experiencing mental health and/or drug and alcohol issues. The Lodge offers respite and medium to long-term support to men needing a safe environment for their health and wellbeing.

CatholicCare
For information, phone 6163 7600, email info@catholiccare.org.au or visit www.catholiccare.org.au

Focus on mental health research

AFFIRM, The Australian Foundation for Mental Health Research, was launched in 2003 at Parliament House by her Excellency, Professor Marie Bashir.

AFFIRM is an organisation dedicated to funding and advocating for the importance of mental health research.

AFFIRM seeks to decrease the prevalence of common mental health disorders in Australia, such as depression and anxiety, and to increase community understanding of mental health issues.

One in five Australians will experience mental illness in their lifetime, but effective prevention and intervention programs require that these disorders be understood. Family and friends suffer too; good quality research can make a real difference to the lives of these Australians. You can make a difference by supporting this research.

Research in mental health can make a real difference to the lives of those who are touched by mental illness. However, more research is urgently required in order to combat the burden of mental health disorders in the Australian community.

Furthermore, mental health research receives about 3.3

per cent of total research and development in health in Australia. This is astounding since depression contributes disproportionately to the disease burden in Australia.

AFFIRM supports innovative research of the highest professional and ethical standard designed to further our understanding of mental health issues and develop practical and effective prevention and intervention programs to reduce their burden. By investing in mental health research, AFFIRM is investing in the mental health and wellbeing of Australians.

AFFIRM has three major goals:

1. Increase awareness of mental health problems in the community. This is achieved through Gourmet in the Gardens, Glow to Affirm, Access to Government Dinners, Our Memorial Wall, and through the promotion of research programs with a focus on the delivery of high quality mental health information.

2. Fund research that develops and evaluates interventions designed to provide practical, effective, relevant and direct support for individuals in the community with mental health problems.

3. Advocate for the import-

ance of mental health research. If mental health disorders are to be understood, prevented and treated, more research is urgently needed.

AFFIRM's mission is to fund scientifically researched community initiatives and interventions for mental health problems and to promote mental health literacy and stigma reduction through national mental health awareness-raising activities.

They know that people with mental health problems are stigmatised – 21 per cent of Australian adults are unwilling to work closely with an individual with depression, 30 per cent of Australians would not vote for a politician with depression, and 25 per cent believe one can 'snap out of' depression. Public misconceptions impede help-seeking, resulting in many suffering mental illness failing to seek or receive professional help.

Research into mental health can identify the best way to address and change these public misconceptions and to promote mental health awareness and understanding. For more information, visit www.affirm.org.au

The issue of suicide – what you say and do can make a difference

SUICIDE is a tragedy. People are often prepared for the deaths of elderly parents, friends or relatives who have a serious illness, but we are rarely prepared for the impact of sudden death. We are usually even less prepared for the suicide of someone we know.

When an individual dies by suicide, it is estimated that between seven and 10 members of the individual's close family and friends are bereaved. This equates to more than 450 Canberrans bereaved by suicide annually.

Suicide often leaves behind questions of "why?" or "what could I have done?"

While death is a natural part of life, suicide is not. Those left behind may experience emotions including shock, disbelief, denial, regret, anger, shame, sadness, rejection, yearning, despair, blaming, detachment, loss of confidence, and guilt. This range of reactions emphasises the important and sometimes difficult task we all have when we want to help someone who is bereaved by suicide.

When a person loses someone to an accident or illness, well-meaning family and friends often spend time with the bereaved listening to them and comforting them.

However, when the death is by suicide, people often draw back from the bereaved. Frequently we don't know how to begin a conversation or know what to do or say.

People bereaved by suicide often tell how they felt stigmatised by those closest to them not discussing what has happened. When their friends have finally spoken, they very often say "I didn't know what to say"

or "I didn't know what to do".

How you can best support a person bereaved by suicide

■ Listen to the story or sit with them in their pain, sometimes this may be a time of silence.

■ Listen without judging; you cannot change what has happened or take away the pain but you can help by being there, caring and listening.

■ Be prepared for any and all types of reactions.

■ Keep in touch on a regular basis, don't abandon those mourning this loss. There may be times when your offers are refused, try again later.

■ Offer to do something practical such as making a meal, doing the shopping or washing.

■ Give people time to begin their healing.

Some things to avoid include:

■ Don't ask for details about the suicide.

■ Don't blame the person who has died or give reasons for the suicide.

■ Don't avoid talking about the person who has died. It may seem that you are denying they ever existed, which can be very upsetting for people left behind.

■ Don't make judgements or assumptions about the person who died, such as "they've gone to a better place" or "it was the best thing for them".

■ Don't use cliches such as "you must be strong" and "life goes on".

Why do people take their own life?

There are no simple explanations as to why people take their own life and often the reasons are not clear to others. A person's desire to take their own life may be driven by a number

of factors. It is often related to a desire to escape intolerable emotional or physical pain or a sense of hopelessness.

There are a number of factors that are known to increase a person's risk:

- Poor physical or mental health;
- A history of deliberate self-harm;
- Socio-economic disadvantage;
- Discrimination;
- Low educational achievement;
- Legal problems;
- Imprisonment;
- Lack of parental bonding;
- Family violence or disharmony;
- Lack of friends;
- Experiences of bullying;
- Experiences of harassment;
- Experiences of abuse; and
- Social isolation.

There are also some things that may reduce the possibility that an individual or group of individual's will become suicidal, also known as protective factors:

- Good physical and mental health;
- Economic security;
- Self-esteem;
- A spiritual or religious belief;
- A personal sense of meaning or purpose to life;
- Personal resilience and problem-solving skills;
- Connectedness to family and school;
- Responsibility for children;
- Functional family communication patterns;
- The presence of a significant other person in an individual's life;
- Community and social integration; and
- Non-stigmatised community attitudes to mental illness.

How you can help someone who is feeling suicidal?

It is distressing to realise that someone close to you may be considering taking their own life. It is often difficult to know what to say or what to do to help make the person safe.

People need to know that it is okay to talk, because we all know that talking can help.

You might ask the person if they are thinking of taking their own life. Spend time with the person, encourage them to talk about how they are feeling and to get further support.

It is important to not agree to keep it a secret. The person's safety is your main concern. You may need to talk to someone else to make sure that the person is safe.

If you know that someone is suicidal, it is vital to remove access to any means of suicide.

But remember, most people who consider taking their own life get through the crisis.

What do I do if someone has attempted suicide?

■ Get medical help.

■ Make sure that people receive ongoing support – people who have attempted suicide and have been treated in a hospital or psychiatric facility have a much higher risk of attempting suicide again in the time period following discharge.

■ Be aware of your own reactions – supporting someone at risk of suicide is stressful. Take care of yourself by taking time out to relax and do things you enjoy.

Information supplied by ACT Health.



Okay to talk: Talking to a family member, a trusted friend, your doctor, health professional, or a telephone counselling service is the first step in getting help if you are feeling depressed or suicidal.

It's okay to talk about suicide – talking helps

It is normal to feel overwhelmed and distressed during difficult times or when things seem that they will never improve – this happens to many people. But feeling so overwhelmed and distressed that you want to end your life is very frightening.

It is important to remember that you are not alone; help is available. We all know that it is okay to talk and that talking helps.

Talking to a family member, a trusted friend, your doctor, health professional, or a telephone counselling service is the first step in getting help.

Below are some additional things that you can do to keep yourself safe and to work through the tough times.

Develop a safety plan	Come up with a plan that you can put into action at any time.
Avoid being alone (especially at night)	Stay with a family member or friend or have someone stay with you until your thoughts of suicide decrease.
Postpone any decision to end your life	Many people find that if they postpone big decisions for just 24 hours, things improve, they feel better able to cope and they find the support they need.
Avoid drugs and alcohol	They are depressants and can effect your judgement.
Set yourself small goals	This can help you move forward and feel in control.
Stay healthy - try to get enough exercise and eat well	Exercising can help you to feel better by releasing hormones (endorphins) into your brain. Eating well will help you to feel energetic and better able to manage difficult life events.

DRUG-FREE SOLUTION

Breathwork is a form of therapy that uses a controlled breathing technique as a tool for producing therapeutic change.

BREATHWORK IS A DRUG-FREE SOLUTION FOR ANXIETY AND DEPRESSION.

Call Phil Morey 6262 5252 (Turner clinic)

Suzanne Zankin 6288 9808 (Weston Creek)

See www.greenhill-therapies.com.au

Members of the Australian Breathwork Association 10-105802

The Mental Illness Education ACT program supports finding and nurturing hope as a key to recovery. Hope includes not just optimism, but a belief in oneself and a capacity to persevere through uncertainty and setbacks...

Watch, listen, read, be amazed...

Visit 'The Story Room' at www.mieact.org.au

ANU
THE AUSTRALIAN NATIONAL UNIVERSITY

PSYCHOLOGY CLINIC

Research, Training & Treatment Centre

The ANU Psychology Clinic has been offering specialised, effective and affordable psychological services to the community for the past 12 years. The clinic provides assessment, counselling and therapy for adults experiencing fears and phobias, obsessive compulsive disorder, generalized anxiety disorder, social phobia, depression, grief and bereavement and stress related health conditions. The clinic also provides a specialist treatment program for children and adolescents with anxiety disorders.

Therapy is provided individually or within groups, is time limited and centred around evidence based best practices.

Ground Floor - Department of Psychology (Building 39)
ANU College of Medicine, Biology & Environment
The Australian National University, ACTON ACT 0200
http://psychology.anu.edu.au/psychology_clinic/

Bookings & enquiries 02 6125 8498 or psychology.clinic@anu.edu.au

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Educating through personal accounts

FOR more than 17 years Mental Illness Education ACT (MIEACT), a not-for-profit community organisation, has, with the vital help of volunteers, educated the Canberra community about mental illness.

MIEACT has done this with the aim of reducing stigma and discrimination, improving knowledge, and raising awareness about the importance of getting help early.

MIEACT's extensive school and community education programs, websites, theatre projects, radio show, and digital media projects all include people telling their own stories, combined with facts and helpful information to promote an understanding of what it is like for people to live with mental illness.

MIEACT's newest project 'Moving Minds Short Films' are also made by people who have first hand experience with mental illness.

Frank, fragile and funny, the stories in the films explore the many varied and winding paths

people may travel to recovery. "It's been really great to make these stories for the public. The internet makes things so accessible; in a couple of clicks you can be watching and listening to how a person dealt with depression, or homelessness," said Jacqui, one of the film makers. "There is a lot of hope in these stories."

The collection of 13 two to three minute short digital films include tales of disordered eating, road-trips to beyond, visits from the green man and the quandary of being sane by choosing to live between the lines of 'normal'.

You can view the collection online from MIEACT's website at www.mieact.org.au

Mental Illness Education ACT
For more information, call 6257 1195 or visit www.mieact.org.au



Personal: Volunteer MIEACT educators talk about their own experiences with mental illness.