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ISSUE 13
June / July 2008

www.mifsa.org

Which way home

PRIME MINISTER KEVIN RUDD RELEASED A DISCUSSION PAPER ON HOMELESSNESS AND GAVE THE OPENING ADDRESS TO THE 5TH NATIONAL HOMELESSNESS CONFERENCE IN ADELAIDE ON 22ND OF MAY 2008.

Mr Rudd spoke about the 100,000 Australians who are homeless every night, 10,000 of whom are under the age of twelve. He expressed frustration with the fact that seven out of ten people on any given night are turned away because “there simply is not enough room at the inn..... we need to do better.” The Prime Minister emphasised the new Australian Government’s commitment to “finding creative solutions to complex problems”.

The Green paper “Which Way Home” is an opportunity for wide consultation in seeking real and deliverable outcomes. “This is the first national green paper on homelessness ever. I find that remarkable and the policy that will follow will be the first national white paper on homelessness ever.” Mr Rudd has referred to homelessness as a national obscenity and added that “it is time to turn the homelessness crisis around for the long-term.”

The Mental Illness Fellowship of Australia’s international speaker for Schizophrenia Awareness Week 2008 is an expert in the area of homelessness. Mr Phillip Mangano was in Adelaide to greet the Prime Minister and later met with Ms Therese Rein, Patron of Common Ground, Minister Tanya Plibersek, Federal Minister for Housing, and the Federal Homelessness Steering Committee Group.



Moving from servicing the homeless to ending homelessness

“WHEN YOU ASK PEOPLE WHO ARE HOMELESS WHAT THEY WANT, THEY DO NOT ASK FOR A PILL, A PROGRAM OR A PROTOCOL” STATES PHILIP MANGANO. “THEY ASK FOR A PLACE... A PLACE TO LIVE”.

It sounds like a sensible plan, but for too long Mr Mangano states we have funded programs which **service** people who are homeless rather than looking for solutions which will **end** their homelessness.

Philip Mangano is the Executive Director of the US Interagency Council on Homelessness, he convenes 20 US Federal agencies, reports directly to the President of the United States and not surprisingly was recently nominated one of TIME Magazine’s 100 most influential people. This year he is the Mental Illness Fellowship of Australia’s Schizophrenia Awareness Week guest, engaged on our national speaking tour.

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Vision & Mission

Our vision is that every person with mental illness is able to make a valued contribution to society, without stigma or discrimination, due to an increased understanding and awareness of mental illness in the community and the availability of appropriate services as required.

Our mission is to provide education, support, rehabilitation and recovery based programs in a safe, quality environment to assist people with mental illness and their natural support network living in South Australia to enjoy the best possible quality of life.



Philip Mangano

Moving from servicing the homeless to ending homelessness *continued*

Mr Mangano explains that as important and well intentioned as bread lines, shelters and soup kitchens are, they offer little more than servicing the homeless and the end result is still homelessness. Philip Mangano describes a change in mindset in the US from **managing** homelessness to **ending** homelessness. This change in vocab has resulted in a move from sheltering to housing, from funding programs to investing in results and from inputs to outcomes and results. The inputs which have been traditionally counted were “numbers of meals served” and “nights spent in shelters” with both inputs still resulting in ongoing homelessness. The results which are now being collected are reductions in the numbers of homeless people, quantifiable changes on the streets and in the lives of homeless people.

Mr Mangano’s message is timely following a meeting with Prime Minister Kevin Rudd in Washington earlier this year and the Prime Minister’s announcement that tackling the problem of homelessness is a government priority. Mr Mangano points to more than 65 recent studies in the US all of which show it is more cost-effective to house the homeless rather than allow them to “randomly ricochet” through shelters, hospital emergency rooms, courts, jails, drug and alcohol and mental health services.

“It costs between \$US35,000 and \$US150,000 per person per year to maintain someone on our sidewalks and in our parks, while they re-cycle and shuffle through various health, corrections and related systems. In fact we can’t do it more expensively or less effectively,” asserts Mr Mangano. In comparison it costs between \$US13,000 and \$US25,000 to provided a housing option with customized support services – clearly a better investment! “In fact it is economically irresponsible for those people to be left in the park,” states Mr Mangano.

Mr Mangano describes the need for the three legged stool: a place to live, psychotropic medications and the community services to support people to maintain their tenancies. Listening to Mr Mangano describe de-institutionalisation of people with mental illness in the US is a reminder of the many issues in common between our countries and therefore an opportunity to also learn from each other.

In both countries the well-intentioned policy of de-institutionalisation resulted in the unintended consequence of pervasive street homelessness. Without the necessary supports in the community people with mental illness became victims of an unfulfilled policy. With only two legs of the stool it tipped and “left our most vulnerable neighbours to fall from housing onto the street,” says Philip Mangano. As they had recently fallen out of housing the incorrect assumption was made that they could not sustain a house and therefore housing was left out of the response for many, many years.

Instead the last few decades have seen us servicing homelessness with responses such as “drive-by feeding programs” which offer warm meals but do not address the core problem of homelessness at all. Our responses “enabled the person to stay out rather than assisting them to come in,” says Mr Mangano. “We need to engage the person and then rapidly re-house them in permanent and supported housing”. In fact 65 cost-benefit, research studies in the US have shown it is up to \$US100,000 cheaper per person per year to provide homeless people with a place to live and the social services to support their tenancies rather than to allow them to “randomly ricochet” through various systems.

For 20 years homelessness was viewed through a social service lens with the question being asked: “how can we serve those people”. With a change in viewpoint to a business lens, the statement now is “how we are going to solve that problem”. In the US, 65 cost studies have shown that it costs more to keep a person homeless than to provide them with housing and support services.

Continued next page>



Therese Rein, Philip Mangano, Hon Tanya Plibersek



Philip Mangano speaking with the Hon Prime Minister Kevin Rudd



Philip Mangano and Natasha Miliotis





The good news is that there are innovative solutions, responses which have been field tested and numerous evidence based innovations that are working. Mr Mangano describes a business approach to homelessness where cities adopt 10-year plans to get people into housing. As Mr Mangano explains: "results are infectious" with local police officers, emergency department staff, mental health workers and local community members finding hope by being a part of solutions rather than demoralised by playing a part in simply sustaining lives on the sidewalk.

Mr Mangano stresses that homelessness is a national problem that will only yield to local solutions. In the US 335 City and Counties have developed 10 year plans to address homelessness. The plans must involve all levels of government; federal, state and local, involve all stakeholders; police, hospital administrators, the local business community, health workers, parks and recreation departments, housing developers, law enforcement, etc and be guided by solutions which are identified locally and tailored to the specific community. Mr Mangano reminds us that we do not need to romanticize or idealise the homeless who require a raft of services to address physical health, addictions, psychiatric, and other support services to maintain their housing, "but why would you spend more money keeping people homeless and demoralizing everyone when you can spend less and end their homelessness?"

Mr Mangano was personally selected by the American President to fight the war on homelessness through a new model known as Housing First. The model is built on the principle that a key to your own place should not be a distant goal to be worked towards by people with a mental illness, but instead needs to be the starting point from which other achievements such as getting a job or an education become possible.

Across the United States rapid re-housing programs are having success with 85% of homeless people who continue on in their housing, with Mr Mangano optimistic that development of further innovative solutions will ensure that the last 15% achieve long term housing stability too. The original

Housing First program in New York City has a success rate of about 85-90 % with the program now rolled out in more than 15 locations across America with similar results. For the first time in 25 years some US states have experienced reductions in homelessness of up to 25% in some areas. This means that 1 in 4 people who have been homeless are now housed.

Mr Mangano points us to the website of the US Interagency Council on Homelessness www.usich.gov to find out more about a range of innovative solutions to end homelessness. Innovations include events such as "Project Homeless Connect" that are marketed to the homeless, with people being offered hospitality instead of exile, with local Mayors welcoming individuals to a one-day, one-stop event designed to provide housing, services, and hospitality directly to people experiencing homelessness in a convenient one-stop model.

For example, in San Francisco every other month over 1000 community volunteers partner with city government, non-profits and the private sector to provide a one-stop shop of health and human services from haircuts to housing. Services include medical, mental health, substance abuse, housing, dental, benefits, legal, free eyeglasses, food, clothing, wheelchair repair and more. The goal is to provide easy access to services that support the transition of the City's homeless off the streets and into housing.

On arriving in Adelaide Philip Mangano and David Meldrum our MIFSA President, spent time in the emergency departments of the Queen Elizabeth and Royal Adelaide hospitals. Mr Mangano played a familiar word-association game with the emergency staff nurses. He said "homeless" and their responses echoed what US nurses inevitably reply: "we see them all the time".

Mr Mangano emphasises that "our most vulnerable, most disabled neighbours are in those emergency rooms very frequently. Sometimes with physical illness, sometimes with psychiatric distress, sometimes because they want to be looked in the eye and responded to ... it is an expensive way to get your primary health care." Mr Mangano hears the same story from the wide range of

stakeholders busy managing homelessness: our police officers, nurses, judges, parks and recreation staff and even librarians. "For too many years we have managed the crisis, now we are ending the disgrace," states Mr Mangano.

Mr Mangano has shared his ideas with Ms Therese Rein, the Federal Homelessness Steering Committee Group, Federal and State Ministers and Shadow Ministers, engaged in numerous round table discussions with sector and Commonwealth Department representatives, met with Senators, the Australian Human Rights and Equal Opportunity Commissioner and undertaken numerous media interviews. Our hope is that the expertise that Philip Mangano brings will in turn assist our nation to make significant steps towards ending homelessness and improving housing and housing support for people living with mental illness.

To find out more about the Interagency Council on Homelessness, to read about innovative initiatives, research and a whole lot more go to: www.usich.gov

The Mental Illness Fellowship of Australia's national speaking tour during Schizophrenia Awareness Week 2008 is made possible by an unconditional educational grant through Eli Lilly Australia.

Key Dates:

Annual General Meeting
Thursday, 2 October

Sunflower Awards
Thursday, 2 October

Celebration of Life
Sunday, 5 October

Mental Health Week
Sundays, 5 – 12 October

Mental Health Week Launch
Tuesday, 7 October

Volunteers Acknowledgement Function
Friday, 5 December



From the Executive Director

As a member based and member driven organisation MIFSA is guided by its membership. We work hard to ensure that our programs and services meet the needs of members and where gaps exist we advocate for changes in relevant systems.

One of the important ways we make sure MIFSA continuously improves and develops is through our Strategic Plan.

Our current three year strategic planning cycle is due to end December 2008. Planning is now well underway to ensure that we can launch MIFSA Strategic Plan 2011 by the end of this year.

Three years ago all of our MIFSA members received a questionnaire inviting input into our strategic planning process. The questionnaire was developed following meetings with staff, volunteer representatives from each program area and the Board of Management. Questionnaires then flooded in, with the results shaping development of the plan and our work over the past three years.

This year we have decided to hear from our members first. You will find your questionnaire included as an insert with this edition of MIFSA News. More information is included in box alongside. We hope that you are able to take the time to give us your valuable feedback.

A number of strategic objectives and projects from our last Strategic Plan directed us to influence and shape the environment around us, the mental health sector and to improve services for people living with and affected by mental illness. Raising community awareness about the needs of people with mental illness is one of our key strategic objectives.

Each year our national organisation, the Mental Illness Fellowship of Australia (MIFA), organises Schizophrenia Awareness Week. Member organisations of MIFA celebrate the week with a diverse range of awareness raising activities. Standard events include seminars, workshops, open days, Art exhibitions and a national speaking tour.

MIFA has been supported by Eli Lily Australia for several years with an unconditional educational grant which allows us to bring an international speaker of standing to Australia.

In past years this has included Major Sam Cochrane from the Memphis Police Crisis Intervention Team (this visit was a major influence in the establishment of the NSW Police Mental Health Implementation Team), Professor Gary Bond, Purdue University (this visit had a major impact on federal employment programs for people with a mental illness) and Xavier Amador (nationally introduced a methodology for working with people with a mental illness who lack insight or suffer from anosognosia, with public mental health workers receiving motivational interviewing training following the speaker tour). More about each of these can be found at: <http://esvc000144.wic027u.server-web.com/archive.htm>

This year MIFA was proud to host Phillip Mangano, Executive Director of the Interagency Council on Homelessness. Philip Mangano is recognised by mainstream and business media in the United States for his leadership on the issue of homelessness.

Natasha Miliotis

Members – have your say!

MIFSA has just commenced the process to develop our next Strategic Plan for 2009 – 2011.

The process for the development of the Plan will involve listening to the views of our members, our volunteers, our staff and other stakeholders outside of the organisation that work closely with us.

We would very much like to hear about what you like about MIFSA, where you think we should improve and what areas you think we should focus on over the next few years.

In this edition of our newsletter you will find a Member Survey, which we would like you to complete and return to Marguerite Tohl in the enclosed envelope. Marguerite is a Consultant working with us to develop the Plan.

The surveys are due back in coming weeks.

Your assistance with ways we can improve how we work in the future is important to us and very much appreciated.



Sunflower Awards 2008 – nominate now!

At MIFSA we pride ourselves on being the authentic voice for people affected by mental illness: both consumers and carers. MIFSA programs are developed and delivered with the "lived experience" of mental illness. In fact, more than 75% of over 80 staff members have "lived experience" as consumers and carers.

For the past 12 years MIFSA has presented the Sunflower Awards. The Awards honour outstanding work by an individual, group or organisation working in the mental health area. Nomination forms are now available!

Consumers and Carers this is your chance to have your say. You may know of a group or an individual who have worked for years without recognition, this is your chance to reward their hard work.

Why not make a nomination now for the 2008 Consumer choice and Carers choice Sunflower Awards. A Nomination Form is enclosed. Please give thought to the workers and volunteers assisting you in your daily lives and consider nominating that person for a Sunflower Award and return completed form to:

MIFSA Sunflower Award Nomination
PO Box 310, Marlestone SA 5033



Respite Program

SUPPORTING FAMILIES AND FRIENDS CARING FOR PEOPLE LIVING WITH MENTAL ILLNESS

Hello to all from the MIFSA Respite Program! We are very excited to be part of the MIFSA team and are enjoying the positive energy and vibe which radiates from MIFSA.

The MIFSA Respite Program aims to support family members, friends or neighbours who provide regular or sustained care and assistance to a person living with mental illness. The Program is a partnership between these Carers, the person they care for and MIFSA.

The Program offers a variety of appropriate, effective and flexible respite options to Carers and Care Recipients. These options include:

- 1 to 1 Respite with trained Respite Workers
- Telephone Support
- Emergency Respite
- Retreats
- Getaway Camps
- Short Breaks
- Volunteer Visitors

The MIFSA Respite Program is now in its third month of development and we have begun providing **1 to 1 Respite** and **Telephone Support** services to our first participants. These services have been developed in collaboration with Carers and the person they care for, with development of a Respite Plan tailored to meet the varying and diverse needs and interests of all participants. Their thoughts about the Program:

“Knowing there are people I can go to for support gives me peace of mind while my parents are away – and has given my parents peace of mind too!”

Care Recipient, receiving 1 to 1 Respite and Telephone Support services

“I feel better about going to school now that I know Mum is getting some real help”

Young carer, age 11, accessing 1 to 1 Respite services

We look forward to offering a broader range of respite services in the near future. If you would like to know more about the Program, please contact:

Marie Choi and Amanda Porter
Team Leaders
MIFSA Respite Program
respite@mifsa.org

Well Ways Program

A PROGRAM FOR CARERS, FAMILY AND FRIENDS OF PEOPLE WITH A MENTAL ILLNESS



Carers sharing a cuppa at a recent Well Ways Program



Carers attending a Carer Involvement Workshop at Victor Harbor

Well Ways: building a future

Well Ways Program consists of a block of 8 weekly sessions followed by 4 sessions over the next 12 months.

LOCATION	DATE COMMENCING
Rm 2, Enfield Community Ctre, Regency Road, Enfield	Thursday, 19th June, 6-9pm
Rm 1, Payneham Community Centre, 374 Payneham Road	Tuesday, 8th July, 6-9pm
Salisbury	Starting week of 21st July
Stirling	Starting week of 18th August
Seaford	Starting week of 25th August
Modbury	Starting week of 8th Sept
Keswick	Starting week of 22nd Sept
Henley Beach	Starting week of 5th October

Carer Facilitators who conduct the programs are trained and qualified by Mental Illness Fellowship of Victoria
Contact Maureen Lewis, Well Ways Coordinator
on 8221 5160 or email: mlewis@mifsa.org



Psychosocial Groups Program

PSYCHOSOCIAL GROUPS PROGRAM SUPPORTS THE PRINCIPLES OF REHABILITATION AND RECOVERY AND UNDERSTANDS THAT THERE IS HOPE AFTER DIAGNOSIS OF MENTAL ILLNESS.

The groups focus on building strengths and achieving the best possible quality of life. Sharing ideas and methods for managing well-being in a group with others who have similar experiences can be particularly helpful.

If you are interested in any of these programs or for more information please contact the PGP team: Jane, Ben, Anna or Paula on 8221 5160 or paula@mifsa.org

Voice Hearers' Group

Our Aims:

- bring voice hearers together in a supportive, constructive environment
- facilitate sharing of knowledge and experiences
- provide the opportunity to explore the relationships with and meanings of voices
- foster hope, acceptance and new possibilities
- share and discover strategies and techniques to manage voices constructively

THE GROUP WILL RUN FORTNIGHTLY FOR 2 HOURS, INCLUDING A BREAK FOR REFRESHMENTS, OVER TWELVE WEEKS.

We will work together to:

- Develop effective life management skills as well as voice management skills
- Identify stressful situations and coping strategies
- Increase self-awareness about patterns of voices and how they relate to life events, thoughts and emotions
- Explore personal values and identity related to and apart from voice hearing
- acknowledge and feel good about strengths and achievements
- develop goals towards improving health and well-being

SESSION TIMES AND VENUES:

Location	Dates and times
Marjorie Black House 47 King William Rd, Unley	10th June – 12th August Tuesday, 10am -12noon

LIVING BEYOND THE VOICES

I AM WRITING THIS BECAUSE I WANT TO HELP PEOPLE TO SEE THE VALUE I FOUND IN THE 'HEARING VOICES' GROUP.

How has the 'Hearing Voices' group helped? For the first time I was allowed to talk about the demons, their existence for me was acknowledged. We were encouraged to share our experiences not suppress them. I felt the aim was not to argue that the voices are illness based and the only way is to reject them or suppress them, both of which take up masses of energy. Instead I sensed a level of acceptance. Instead of opposing these phenomena they were acknowledged.

I've tried for decades to live in spite of my spirits but at the cost of my essence, my true self. I truly do not know who I am. Want it or not, I have been entangled in an inner world of misperceived perception, and I believe that the sharing that has taken place in the 'Hearing Voices' group has actually helped me justify my right of existence while reinforcing the fact that even though these voices often seem in control they are only part of me. I am more. I am whole.

Each of us experiences our own individual perceptions but with the guidance of Anna and Ben we were able to see similar traits within these.

Some common characteristics of voices such as their persistence, their broken record attack and their overall negativity were strongly identified and we were encouraged to share our individual coping methods.

For me, a major turning point was being met with acceptance and encouragement to discuss our individual concepts of our experiences without becoming consumed by them. To open up without the label of failure. To acknowledge that I experience voices regardless of the source. I did not have to slip into the poor, sick me role so often enforced by well intentioned others: 'you hear voices, you must be sick'.

Okay our experiences are beyond that of the general 'norm' but what I felt was reinforced in the group was that we are all individuals with our own individual experiences but none of us is either more or less than the other. We are and we have the right to be. One of the key concepts I tuned into was that; I experience voices but these are just part of me not my whole. I exist beyond the label and as I strengthen, this label will, with my determination, play an ever-decreasing part in my life.

To acknowledge without guilt – to live beyond the limitations.

Jenny Benham



Living with Psychosis

We will work in small groups to:

- share experiences and increase knowledge and awareness of psychosis and its impact on participants and relationships with others
- understand anxiety, its effects on health, and how to manage it
- identify early warning signs and positive strategies to manage health
- explore personal values and identity related to and apart from psychosis
- understand motivation, realistic goal setting and structuring time
- acknowledge and feel good about strengths and achievements.

THESE GROUPS WILL RUN FOR 2 HOURS, INCLUDING A BREAK FOR REFRESHMENTS, OVER SIX WEEKS.

SESSION TIMES AND VENUES:

Location	Dates and times
Marjorie Black House Unley	18th June – 23rd July Wednesday 10am -12noon
Elizabeth House Christie Downs	18th June – 23rd July Wednesday, 2pm – 4pm
Bagster Road Community Centre Salisbury North	19th June – 24th July Thursday, 10:30am – 12:30pm

*The focus is about thriving,
not just surviving*

Managing Moods

Both Highs & Lows

We will work in small groups to:

- better understand depression
- share ideas with others who have similar experiences
- get to know and understand your moods
- explore helpful and unhelpful coping strategies
- develop plans to manage crises
- practice Cognitive-Behavioural Therapy techniques
- identify early warning signs and positive strategies to manage health

THESE GROUPS WILL RUN FOR 2 HOURS, INCLUDING A BREAK FOR REFRESHMENTS, OVER SIX WEEKS.

SESSION TIMES AND VENUES:

Location	Dates and times
Clarence Park Community Centre Black Forest	30th July – 3rd Sept Wednesday 10am-12 noon
Elizabeth House Christie Downs	30th July – 3rd Sept Wednesday, 2pm-4pm
Level 1, Education Centre Modbury Hosp, Modbury	29th July – 2nd Sept Tuesday, 2pm – 4pm
West Lakes Community Centre West Lakes	31st July – 4th Sept Thursday 10am – 12noon
Community Campus Elizabeth Grove	1st Aug – 5th Sept Friday 10am – 12noon
Payneham Community Centre Payneham	1st Aug – 5th Sept Friday 10am – 12noon

Building the best MIFSA we can

Each year MIFSA staff members gather together as a team to develop and build our organisation. We discard our titles, roles and responsibilities for a day to talk openly and honestly about our organisation and how we can continue to improve MIFSA. Last year 25 staff members attended the Staff Planning Day. This year 47 staff were invited with another 33 staff who work on a very part time basis having opportunity to provide input via a questionnaire. Questionnaire results were shared with the rest of the staff team at the Planning Day.

The MIFSA staff team gave their time, energy and input into the Planning Day. The day resulted in fantastic feedback with much more planning, work and of course a whole lot of actions to occur as we continue to build the best MIFSA we can.



The Power of You: the impact of consumers sharing their lived experience

I imagine many of you watched 'Enough Rope' on the ABC on April 7th 2008; an episode titled 'Angels and Demons'. It was incredibly powerful to watch consumers sharing their stories with the entire nation, some obviously uncomfortable but still willing as they knew that this was an important opportunity to be seen and heard.

It got me thinking about the huge personal journey undertaken to get to that point where someone is willing to speak publicly and openly. I have friends and family that still don't know the ins and outs of what I've experienced and possibly never will. The very real threat of being stigmatised is an enormous weight to bear, especially when we have so much to contend with already.

So why would anyone want to put themselves out there like the people on 'Enough Rope' did? Surprisingly, there are some very good reasons:

1. Sharing our story can take away some of the myths that surround mental illness – for example, that we are all ticking time bombs that have the potential and desire to commit murder and keeping us away from society is the best way to deal with us
2. Sharing can be cathartic and an important step in the recovery process
3. It creates an atmosphere of openness and honesty around mental health issues – taboo no more!
4. By disclosing, you might discover added support sources
5. Your story can offer HOPE to someone else struggling with mental illness (this is the essence of Peer Work and why story sharing is a vital part of the role)
6. Your confidence and self-esteem can increase... what a great boost to your recovery!

It's easy to think "I'm only one person" or "nothing's ever going to change". But think about this story: someone is diagnosed with a relatively unknown terminal disease that creates havoc in the body and mind of the sufferer and has everyone puzzled. Someone else is discovered to have it, and another and another. Panic starts: this disease is spreading and the word is it can be passed on through any contact with people who have it. Society starts ostracising homosexuals and needle users and blaming them for bringing this illness into our world. Some people even say they deserve what they get, yet they sympathise with those who contract the disease through a blood transfusion.

Eventually, someone who is suffering takes a stand. They take a deep breath and share their story. Someone else follows. And more and more until we hear the real story, that this illness can affect anyone from any walk of life and is not passed on by hugging or shaking hands. People calm down and listen and start to support those who are willing to speak up. A red ribbon becomes the international symbol of support for finding a cure and many famous people add their faces and names to the fight. Attitudes change.

Impossible, right? Wrong. This happened in the 1980's when I was in school and AIDS became a household word. People's beliefs and behaviours have changed dramatically – why shouldn't the same happen with mental illness? Through the willingness of people to speak out and shows like 'Enough Rope' to listen, it just might.

So if you are thinking about telling your story, here are some of the key things we explore with potential Peer Workers before they go on to share their experience:

- Why are you sharing – what are you hoping to achieve? (eg. is it therapy for you or to offer hope to someone else?)
- Who are you telling it to? Consumers, professionals, friends? This will determine how and what you share
- What are you comfortable sharing? You don't have to tell EVERY detail of what you have been through; pick and choose the things you'll share and those you'll keep private
- You can offer hope – your story might help someone else; so think about making it positive and focused on recovery
- When should you share? Make sure it is an appropriate time
- Warning signs – some parts of your story may be upsetting. You don't need to tell everything to everyone and you don't want to become unwell as a result of sharing. Know your early warning signs and be sure to debrief with someone experienced after sharing.

Remember: **"Hope can be generated through the positive life stories of others that have experienced a mental illness. For many, witnessing peers living fulfilled lives in the community is one of the most compelling demonstrations of hope"**.
(O'Hagan, 1999)

Never underestimate the power of you. You have a valuable, unique experience that can make a difference.

Belinda Brown
Program Facilitator, MIFSA Peer Worker Program.

"If I had met a Peer Worker in the early days of my diagnosis, ten years of my life may not have been lost"

Comment made by 'Introduction to Peer Work' Course Participant, 2006

Education Program

UP AND COMING EVENTS FOR THE EDUCATION PROGRAM FOR THE NEXT 2 MONTHS INCLUDE:

Port Lincoln: where we will be working closely with MIFSA Eyre Activity Programs to deliver a range of education sessions for the general public and for MIFSA Eyre Forums. We will be in Port Lincoln from Wednesday 4th June to Friday 6th June 2008. We are also planning a follow-up trip for later in the year. We are having a great time working closely with Shane Dunkley from MIFSA Eyre and are looking forward to heading to Port Lincoln.

We have also started working with 'Lifelinks' to provide information about MIFSA services to a number of Supported Residential Facilities around Adelaide. In June we will be heading to Aldridge Court, St Michaels and Rose Terrace.

We will also be finishing up at the Australian Tax Office. We have been holding sessions for the Rundle Mall staff once a month since the beginning of the year. These sessions have been really well received and we hope to continue working with the ATO in 2009.

We have also had a number of TAFE/Nursing students come to Keswick to learn more about the services that MIFSA provides. These are continuing in June and July.

A big thank you to people who have been helping us out with education sessions, including Tony Kushelew and Reg Zacher, as well as Robyn Miller who has been assisting as the Acting Education Coordinator in Andrew's absence.

At our last ATO session, with Reg, Robyn and myself, we received the following feedback, in particular to the question 'What did you find most valuable and why?'

- Hearing first hand explanation of Reg's symptoms and life experiences.
- Reg's very clear and frank discussion of how schizophrenia affects him
- Reg – GREAT!
- All
- Having guest speakers who have mental illness and sharing their experiences was amazing.

As you can see we received some really positive feedback!

Sophie Angell
Country Education Coordinator
sophie@mifsa.org

Education Sessions for 2008

Whether you are a MIFSA member or community member, program participant or member of the public, why not join us for the following education sessions:

Keswick Centre, 1pm – 2pm (MHRC Conference Room)

11th June	Personality Types
23rd July	Assertiveness
13th August	Anxiety, Stress and Relaxation
10th September	Schizophrenia and Psychosis
15th October	Depression

Panangga Centre, 11am – 12:30pm

4th June	Bipolar Disorder
18th June	Understanding Anger
6th August	Personality Types
17th September	Depression
12th November	Emotional Wellbeing

MIFSA Mental Health Education coming to Port Lincoln:

Wednesday 4th to Friday 6th June

Presentations at various sessions and locations, to school students, community groups, workplaces and the general public.

For further information or to book into one of the sessions please contact Shane at MIFSA Eyre Activity Programs on 8683 1548.

Wednesday Forums and Support Works

AT KESWICK ACTIVITY CENTRE:

All sessions 1pm – 3pm

11th June	Personality Types
23rd July	Assertiveness

Facilitator:

Sophie Angell
Andrew Kelly

The Forums are information and discussion sessions so come along and join in – everyone is welcome.

Further information phone Suzie, 8221 5160

Sunflower Shops are located at:

CHRISTIES DOWNS

Shop 4, Flaxmill Shopping Centre, 303 Flaxmill Road
Phone 8236 2456

GOODWOOD

145 Goodwood Road (*just south of the Capri Theatre*)
Phone 8272 7162

SEACOMBE GARDENS

577 Morphett Road
Phone 8298 3051

Volunteers Wanted

Looking for voluntary work? Enjoy meeting people? Committed to supporting MIFSA? MIFSA provides its services ONLY through the generous and enthusiastic support of volunteers. The following volunteer positions are available:

Panangga Activity Centre:

MEAL PREPARATION

To prepare lunches on Wednesdays.
For more information or expressions of interest please contact Yvonne or Berny on 8382 5588.

CRAFT TUTOR

2hrs, one day a week; day negotiable

New Staff for Volunteers

MIFSA has recently recruited a Communications Officer to provide project input, direction and support to a range of MIFSA programs.

One of the key duties of the Communications Officer will be to further develop and enhance the supports, resources, policies, processes and networks relevant to volunteers at MIFSA.

If you are a MIFSA volunteer, are thinking about becoming a volunteer or just have some great ideas about how we can continue to build and improve volunteering at MIFSA please feel free to give Susan Wilkes a call on 8221 5160.

Other duties for the Communications Officer include maintenance of our websites, coordination of student placements and research requests. The Communications Officer will also ensure promotion and smooth operation of our programs. Keep a look out for more information in coming editions of *MIFSA News*.

Vale: Bill Love

MIFSA Life Member William Lewis Love died peacefully at Rose Court Aged Care Facility, Gilles Plains on Monday 28 April 2008, aged 75 years, after an extended period of ill health. He was simply known to everyone as "Bill".

Bill and Liz Love first joined the Schizophrenia Fellowship of SA in April 1985, as they were have two daughters with schizophrenia. In the early days they took a keen interest in the affairs of the Schizophrenia Fellowship, both regularly attended Fellowship meetings, such as Annual General Meetings and the Eastern Support Group. Bill and Liz also participated in many fundraising appeals, and were found with collection trays and stickers on every Badge Day, first in Rundle Mall, and in recent years at Burnside Village.

In 1991 Liz and Bill extended their voluntary work by working at the Goodwood Sunflower Shop one day per week, and sometimes on Saturdays. Their dedication to this shop provided an ongoing working base to other shop volunteers, and its fundraising commitment. We wondered "Has Bill become the Albert Steptoe of the Goodwood shopping precinct?!!" There were some rumours!!! If it's worth selling, Bill would generally find a buyer!! Liz and Bill eventually stepped down from this volunteering role in 2006.

Bill's contribution was recognised in 2002 when he and Liz were awarded Life Membership.

Bill Love was a lovely 'salt of the Earth' man; with remarkable courage, totally reliable and dependable, and so practical in his wisdom. Bill's health may have declined markedly in his latter years, but will be remembered as one of our treasures.

We extend our sincere condolences to Liz and family.



Bill & Liz Love at the 2007 Life Members Lunch



Financial Counselling services at MIFSA, Tuesdays, 10am to 1pm

Hi, my name is Rosalyn Williams and I am a qualified financial counsellor from UnitingCare Wesley Bowden. I have been a new face at MIFSA every Tuesday since January. If you are worried about your finances then you might like to make an appointment to see me.

I deal with a wide range of financial problems from budgeting to debt problems, legal action and bankruptcy. Sometimes people are unaware of concessions that they can access. I can help people to identify their entitlements.

Gaining control over your finances relieves a lot of stress.

Often financial problems are often directly linked with mental illness. I have negotiated on behalf of people who have incurred debt when in psychotic or manic phases. I also see debt worries aggravating conditions of depression and anxiety. I can negotiate with creditors on your behalf, and help to uphold your rights.

Financial Counselling Services are FREE.

I consult at MIFSA (1 Richmond Road, Keswick) every Tuesday between 10am and 1pm.

If you would like an appointment, then phone MIFSA Reception on 8221 5160 to make an appointment.

Emergency Support lines and websites:

24 HOUR SUPPORT AND/OR CRISIS LINES

Assessment Crisis Intervention Service (ACIS)	13 14 65
Lifeline www.lifeline.org.au	13 11 14
Kids Helpline www.kidshelp.com.au	1800 551 800
Domestic Violence Helpline	1800 800 098
Rape & Sexual Assault Service, Yarrow Place	8226 8787
Drug & Alcohol Services SA	1300 131 340
Poisons Information Centre	13 11 26

SUPPORT SERVICES

Women's Information Service www.wis.sa.gov.au	8303 0590
Mensline Australia www.menslineaus.org.au	1300 789 978
Youth healthline	1300 13 17 19
Parent Helpline	1300 364 100
Women's Legal Service	8221 5553
Legal Helpline (Legal Services Commission)	1300 366 424

Carers urged to make submissions to new inquiry

Carers of people with mental illness are urged to make submissions to a new parliamentary inquiry into carer needs.

The Rudd Government will establish an inquiry to determine how to better meet the needs of carers who look after those with chronic illness, disabilities or frailty. Federal MP Annette Ellis will chair the inquiry.

"Mental illness is a chronic disease and mental health carers' needs must be considered by this new House of Representatives Family and Community Committee," said David Crosbie, CEO of the Mental Health Council of Australia.

The inquiry has been established to determine social and economic barriers for carers and practical support measures.

The MHCA is urging carers and carer organisations to make written submissions to the inquiry

"It's critical for Ms Ellis and her Committee to hear directly from mental health carers about the myriad and complex issues they face in providing essential care," Mr Crosbie said.

Details:

House of Representatives Family and Community Committee

* inquiries 02 6277 4372

* email – fchy.reps@aph.gov.au

Written submissions to the inquiry addressing the terms of reference must be made by 4 July 2008.

The committee is due to report back to government in early 2009.

Linda Rosie

Mental Health Council of Australia



My Story: Recovery and Rehabilitation with MIFSA

BY: ANTHONY WAITE

In August 2007 I became a member of MIFSA. This is a story about what led up to my involvement with MIFSA and what has happened since I joined.

I am now aged 57 and was born and raised in Adelaide. My working life had spanned over 42 years. I have been a group worker in the field of behaviour change for young recidivist offenders and an English language teacher in the Tafe system teaching English to migrants, refugees and asylum seekers.

I have had the privilege of living and working in many South East Asian cultures such as Indonesia, Malaysia, Thailand and China. In my early working days I was a plumber, a seaman, a gardener and an earth moving machinery operator. I've worked in mines, on farms, in city skyscrapers, in ships, have driven trucks, buses, graders, front-end-loaders, repaired railway tracks, paved bitumen roads and been a handyman for aged people living in their own homes.

The division in the types of jobs that I worked in my early working life and the later ones was marked by a five year stint at university. I left high school at age 15 and went straight into learning a trade. I began university as an adult entry student at age 39. I completed three degrees and found it a fabulous experience of intellectual awakening, learning how the world works. I would say I was a fairly able person. I like a lot of variety, enjoy travel and interacting with people from different cultures. I enjoyed using my skills and developing new ones and considered myself pretty lucky in the health area.

My point in mentioning this is that considering all of the above I still developed mental health issues. Now there are many reasons for that and this is not the time or place to go into them, but the point is that I have become aware that anyone can develop mental health issues. In fact, the statistics tell us the one in five people in Australia experience depression.

In 1999 I was clinically diagnosed with moderate to severe depression. Since that time I have been dealing with the shock of being diagnosed and how that has impacted on my life. At the time of diagnosis my doctor suggested antidepressants. I didn't understand much about them but realised I needed some chemical input to balance the serotonin that my brain was not making. I didn't put any effort into understanding what was happening to me and thought I would just take the drugs and continue on with my life as normal. I got terrible side effects but just saw that as a "trade off" for the good the chemicals were doing for me. I went on like this for several years.

In January 2007 I experienced what is commonly referred to as a "nervous breakdown". I felt an overwhelming sense of failure. I was not coping with life. I was unable to continue with work because I didn't want to be around people, I was unable to make any decisions, and I felt a lot of shame. I wanted to hide and withdraw from everybody and everything.

Physically, I lost my 'get up and go'. I became lethargic, and I experienced bubbles popping in my legs and stomach area. My breathing was short and shallow. Mentally and emotionally I felt I was a non-productive and useless member of society. But worst of all was the guilt and shame and the feeling of not fitting in or not coping as "normal" people do. This was so severe I thought of taking my own life several times. It seemed to me that there was nowhere else for me to go.

For several months I went to psychotherapy and began a once a week yoga and meditation class. During this time I felt so alone. In reality I wasn't because I had people who loved me and cared about me but I kept pushing them away. I felt I didn't deserve to be loved and cared for and therefore could not accept what they were offering me. I spent a lot of time alone during this period. My thoughts became

oppressive and my mind seemed like a battlefield. I was continually warring with myself and got no rest from it.

I took up reading, more to give myself a rest from my own thoughts. I joined my local library because the building was a nice place to be in and I could be there with others but not interact with them. Just being around others was enough. Occasionally I would pick up a book and read a few lines or a page and then fall asleep. I couldn't concentrate on what I was reading. I realised that reading was a good sedative for me.

Gradually, over many months, I began to read more than one page and not fall asleep. I felt my concentration improve, I became far more interested in what I was reading and it precipitated other thoughts for me to think about. Alongside this I was learning very useful relaxation and meditation techniques from my yoga teacher. My negative thinking and mind battles continued and I began to wonder what I could do about that.

What could I do that would help me to live with and accept this mental health problem and still be able to get on with the rest of my life?

The first thing I decided was to bring other people into my life that were experiencing similar things. I was sick of trying to do it all alone. I began to search on the internet for mental health organisations and I discovered MIFSA.

I rang and asked for information about support groups. Anna at the time, was coordinating the Wednesday afternoon support group and she invited me in for an interview, and suggested I attend the group.

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Go offline for mental health support

FOR PEOPLE STRUGGLING WITH MENTAL HEALTH OR ADDICTION PROBLEMS, GETTING HELP ON THE INTERNET IS NOT THE ANSWER. COMPREHENSIVE ANALYSIS CARRIED OUT BY PSYCHOLOGY HONOURS STUDENTS AT UNISA SHOWS WEB-BASED INFORMATION IS OFTEN DIFFICULT TO UNDERSTAND AND INACCURATE.

The students, Christina Challis, Lee McDonald and Matthew Cornish examined online health information on Obsessive Compulsive Disorder (OCD), Suicide and Alcohol Dependency and found in all instances much of the information was inaccessible for average readers and had little or no supporting referencing.

Senior lecturer at UniSA's School of Psychology, Dr Nadine Pelling says the combined student research is the most comprehensive review to date of Internet-based mental health information and it raises concerns about people using the Internet as a central source of information on these issues.

"Books and even pamphlets on mental health issues have to meet editorial and organisational standards, but the Internet has no such arbiter – anyone can have a presence there," Dr Pelling said.

"My own research supports what the students have found – the Internet may offer a useful mode of casual communication but is a dubious source of knowledge to support professional practice and individuals needing personal help would be best advised to go straight to a professional."

Dr Pelling says while organisations such as Beyond Blue have established good websites, Internet searching can be hit and miss and the good sites don't always pop up first.

The students researched across a range of search engines and examined up to 210 websites each. For about half of all sites (and in some cases more than half) the reading age of the material was well above average literacy rates for both Australia and the US.

In the case of suicide prevention, 51 per cent of sites had no references and for OCD sites, 77.6 per cent were unreferenced. The sites were also inconsistent in the amount of bio-psycho-social information provided and its accuracy according to standard psychological literature.

Other negative factors included no indication of how recent the material was and in the case of alcohol dependency, more than half the sites were commercial with hyperlinks to treatment products.

"I think the take home message is that we need to adopt a 'browser beware' approach especially when it comes to sensitive and complex issues such as mental health support," Dr Pelling said.

**By Michèle Nardelli, Manager UniSA News & Media
Used with permission, courtesy of the University of
South Australia.**

Health & Community Services Complaints Commissioner

**ENQUIRY SERVICE: 8226 8666, MONDAY – THURSDAY
10AM – 4PM.**

TOLL FREE FOR COUNTRY SA: 1800 232 007

Or go to: www.hcsc.sa.gov.au to download information on the complaint process and forms, resources, interpreter assistance, and copies of the hcsc buzz newsletter.

The Health & Community Services Complaints Commissioner helps people (service users, carers and service providers) resolve complaints about health and community services, when a direct approach to the service provider is either unreasonable, or has not succeeded.

Complaints to hcsc about community sector services have related to issues like communication problems, complaints processes, lack of information about services or what people can expect from them, and boundary violations. As a result of making a complaint complainants have had an opportunity to be heard, received information, become more actively involved in decisions affecting them and had their complaints responded to appropriately.

For more information about hcsc visit www.hcsc.sa.gov.au or contact the Enquiry Service 10am – 4pm Monday-Friday on 8226 8666 or 1800 232 007 (toll free for country SA).

Research on the experiences of Australian families and carers

PhD student, Cathy Bentley, at the University of Wollongong, is conducting research on the experiences of Australian families and carers of children with mental health problems (such as anxiety, bipolar disorder, depression, obsessive compulsive disorder, and schizophrenia). Ms Bentley says:

"We believe that family members and carers have valuable knowledge, and we would like you to share this with us."

"We want to uncover how the caregiving journey is different for people who have been caregiving for a short or longer time. We are particularly interested in your sense of self, or personal identity, your relationships, and your perception of control".

The research project plans to feed back results to participants. For more information, please contact Ms Bentley on clb09@uow.edu.au.



My Story: Recovery and Rehabilitation with MIFSA *continued*

So I began coming to MIFSA. At first I felt strange being with people who seemed to know each other very well because they had been coming to the support group for a very long time. But I was intensely interested in their stories and their lives and their openness in sharing those things with the rest of the group. They accepted what they had and they were prepared to help themselves to live the best way they could. They impressed me with their knowledge of their particular mental health problems, the types of medication they were taking and its effects on them physically, as well as their search for more knowledge and improving ways to help themselves.

Guest speakers were regularly invited to the group to cover a range of topics that promoted self help and self determination towards living well with mental illness.

I found the group empowering and inspiring.

It also helped me discover a sense of balance in relation to my own problems. There were people in the group who were living with and managing much greater health issues than myself. There was also a great sense of trust in the group which I found very attractive. So I made it along regularly to the group. It was the beginning of my recovery and rehabilitation. It was through coming along on a regular basis to the support group that I became more aware of other areas of MIFSA. For example, the Activity Centre, the Psychosocial Groups Program and in particular, the personal counselling offered at Keswick specifically with Peter Bartram.

At the Activity Centre I found wonderful friendly staff (Marianne, Carol, Suzie, Mel) heaps of volunteers and members who gave me a welcome and accepted me for who I am. There is a library of useful materials on mental health. We have a pool table, computers to use, table tennis and a lounge area. All sorts of fun is offered, things like painting and drawing,

music, trips out for walks, or bowling, or kayaking, or woodwork, or to the Adelaide City Market. There is such a lot to choose from. And best of all if you don't want to do anything, that's cool, just sit and relax.

We have a kitchen with lunch offered each day from Tuesday to Saturday and an evening meal on Tuesday and Thursday. I found both the meals and the company very nourishing and I began to attend regularly. Alongside the fun involved in participating in these activities is the equally important therapeutic outcome. Being able to achieve and accomplish at whatever level is appropriate for each participant is so important for self esteem and adding a self determined step along the journey of living well. I began to become aware that the activity centre was about helping me being well too. I was discovering like minded people; people who were looking for friendship and acceptance, people who wanted to be creative and have fun, people who wanted to enjoy each others company; people who wanted to help themselves. The activity centre was (and still is) an integral part of my recovery and rehabilitation.

Last year I did a course with the Psychosocial Groups Program called "Alleviating Anxiety". I decided I wanted to learn more about anxiety and how it was affecting me and what I could do about helping myself to balance it in my life. Anna and Ben, our group facilitators, were very sensitive, knowledgeable and encouraging to each of us in the group.

They gave us general knowledge about what happens to our bodies physiologically when we get stressed and how this impacts on the brain and the brain's responses to this stress. We learnt strategies to assist us to relax in these highly stressful situations, especially belly breathing, and relaxation techniques. We also learnt about personal values, what we value in our lives and why, and just as importantly, we reflected on whether any of those values contribute to our anxieties and therefore sometimes keep us in an unwell mode.



Learning this information was liberating for me because it helped me realise that I am in charge of my life and my mental illness is not in control of me.

This has helped to set in motion an engine for my recovery and rehabilitation because it gives me energy and strength to learn, discover, change and to keep going.

Peter Bartram has taught me about inner beliefs and their influence on how I think and what I think. I have discovered that some of my inner beliefs have added to my depression and anxiety. Peter has helped me become aware that I don't have to hold on to inner beliefs that create stress for me and he has shown me techniques to help me change them, in particular Cognitive Behaviour Therapy (CBT).

Several weeks ago MIFSA advertised for sessional activity workers. I decided to throw my hat in the ring. That was such a big step for me. I put in an application, was asked in for an interview and from that, selected to take up one of the appointments available. I now work one day a week at Panangga. I take a group of participants bowling in the morning and then another group walking in the afternoon. I know I have a lot of skills with people because about twenty two years of my working life

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Australian Red Cross Telecross Service

TELECROSS – THE PHONE CALL EACH DAY TO CHECK YOU'RE OK!

Telecross is a Red Cross community program that provides a daily reassurance telephone call to people living alone to check they are safe and well.

With Telecross, trained Red Cross volunteers contact hundreds of people across South Australia, helping them feel safe and connected. If the call goes unanswered, an emergency procedure is activated.

Telecross client Pauline, who experienced a medical emergency at her home recently, believes the service was potentially life-saving.

'Without it, I wouldn't be alive,' she says.

Pauline feels that Telecross allows her to remain independent in her own home.

'When you have a number of illnesses, getting that call each day is reassuring. Hearing those voices on the phone helps break the isolation,' Pauline adds.

Telecross service is for people who live alone, have a disability, are housebound, frail, aged or socially isolated. It operates every day of the year.

The service can also be used on a temporary basis when family or carers are away.

Telecross referrals are welcome and can be made by anyone.

Telecross calls can start as quickly as the next day once registration has been completed.

Last year, over 450 Telecross volunteers made 220,000 calls to South Australians in metropolitan and regional areas.

To find out more or how you can become a Telecross volunteer, please visit www.redcross.org.au/SA or free call 1800 246 850.

Global website for people living with bipolar depression (BPD)

AN EXCITING NEW PROJECT TO DEVELOP A WEBSITE TO ASSIST PEOPLE LIVING WITH BIPOLAR DEPRESSION, WITH THE INTENTION THAT THE WEBSITE IS DESIGNED BY THEM.

To access the online survey visit:

www.surveymonkey.com/s.aspx?sm=HUisU1tNJVjlkEmdcNGOjQ_3d_3d

The survey should take no more than 10-15 minutes to complete. Its aim is to find out:

- What people with BPD think are the most important types of healthcare information for them;
- Other key subjects of importance to people with BPD;
- What people with BPD think sets them apart from other people with a mental health condition.

SURVEY CLOSES MONDAY 30TH JUNE 2008.

The survey is being conducted online via a specialist survey website to ensure that all contributors' responses remain completely anonymous to the survey administrator, PatientView (unless a person prefers to be attributed in the survey results as a contributor to the survey). NO IP addresses or email details will be visible to the survey administrator, PatientView (unless a person chooses to specify such information in their survey response).

To thank people for participating in the survey, PatientView will email every participant a pdf of the survey findings (if they have provided an email address), which will be available from September 2008. People who have remained completely anonymous to the survey will be able to obtain the survey results from MIFSA.

The Tobacco & Mental Illness Project

Be Smoke Free!

WOULD YOU LIKE TO QUIT OR CUT BACK TOBACCO?

Come and join a group support program. The group is for people who are:

- Just thinking about quitting
- Wanting to cut back
- Really keen to stop smoking

The group meets on **THURSDAYS, 1:30 – 3:30pm** at MIFSA 1 Richmond Road, Keswick **New Members Welcome!**

For more information or to register, please contact Carol at MIFSA on 8221 5160 or phone the Be Smoke Free! team on 8200 2009.

Bread tags fundraiser

The tally of bread tags collected by our members and the general public, both in South Australia and interstate, is now over 1500kg.

Thank you all for a fantastic effort!

Our thanks also to the efforts of our volunteers in picking up, weighing and bagging the bread tags – your efforts are greatly appreciated.

Since the last *MIFSA News*, bread tags collections large and small, far and near, have been received from:

Henty CWA of Victoria
YWCA Kotara Club
North Eastern Community Hospital
Regen Opportunity Shop
Carolyn Cordon and the Mallala Community
Fasta Pasta, Christies Beach
Birds of a Feather Collectors Club
Unley High School
National Foods Limited
Roseanne Ruchin
Dr Peter Tyllis and patients
Gawler Uniting Church
Mitcham Primary School Canteen
Jill & Douglas Enever
L Davy, New South Wales

Thank you all, and the many anonymous donors who leave bread tags at our Sunflower shops, the Collection Bins, Panangga and the RAH Hospital Kiosk. Your support is appreciated.

Delivery Points for Bread Tags:

Sunflower Shops – *see addresses above*

Sunflower Shops Collection Bins at:

- Sixth Ave Shopping Centre, Cnr Sixth Ave & Stephens Tce St Peters
- Woolworth's Plus, 272 Shepherds Hill Rd, Eden Hills
- Mental Health Resource Centre, 1 Richmond Road, Keswick
- Panangga Activity Centre, 64 Elgin Avenue, Christies Beach

In Memoriam

Thank you to those who have supported MIFSA in this way with their donations in lieu of flowers. It is through your generosity and financial support we can continue to help both people with mental illness and their carers. MIFSA gratefully accepts memorial gifts to help its work. Donations are promptly acknowledged to the bereaved and the donor.

My Story: Recovery and Rehabilitation with MIFSA

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has been focussed on working with people. I also know I have a lot to learn and will continue to learn for the rest of my days. But more importantly I am so pleased to be at a place in my recovery and rehabilitation that I can actually be pro-active and use my lived experience to support others.

To me living well means to accept what is my problem, to know and understand it, to develop strategies to help me manage with it, to not fear relapse but instead see it as strength building to move forward and to develop an attitude of gentleness and compassion towards myself.

MIFSA has provided opportunities for me to access to assist me greatly in my recovery and rehabilitation. And so it will go on.

Anthony Waite

Tears in the Rain

Hello?
 You're alone,
 says a voice
 in my brain.

There's the sound of water
 caught up – (glug, glug)
 struggles its way
 down the drain.

Heavy drops fall outside
 searching, reaching,
 for a way through
 the broken window *pain*.

Wetness slicks the railroad track
 damaged and neglected by the roadside.
 It's purpose?
 Of course, a home for a train.

Would it kill me to smile?
 Hell yes – what a strain!

Alas, as I try,
 it all seems in vain,
 as just for today
 I am forced to refrain.

Inching my way to the door
 Out I go, turn, my neck I do crane
 And be thankful I have a place to hide
 my tears in the rain.

Lee-Ann Kennedy © 2008



Travelogue from Port Lincoln

As I write I have just returned from a 3 day visit to Eyre Activity Programs. I thought I would share my experiences, and look forward to some Eyre participants contributing to the *MIFSA News* next time.

Shane, the Coordinator of MIFSA Eyre Activity Programs, picked me up from the airport and after dropping off my bags at the hotel we went straight to Port Lincoln Community House, which is where the MIFSA staff work from. It was great to chat to some of the Community House staff there but we had little time to stop as we packed the trailer with BBQ, eskys, fishing rods and other bits and pieces. We drove to Tumby Bay and headed up the jetty with rods, bait and some mighty fine plans!

What had started off as a beautifully calm day in Lincoln had now become typically 'Eyre Peninsula windy', and a few fishermen leaving the jetty with rows of plump salmon talked about a school which had come and gone already. We were undeterred however, and there was much activity untangling lines, baiting hooks and running from one rod to another. A couple of other participants had driven up to Tumby themselves, and Ron, the Social Worker from the local Community Health Services also joined us.

MIFSA Eyre Activity Programs still has bragging rights that on every fishing trip they have always caught fish, but really, does it count when they are two tiny rock cods and two spider crabs?? Back to the local park and we shared a BBQ and lots of conversation ranging from Andrew Denton's special on mental illness, photography, our favourite footy teams, food and the hope within a recovery framework around mental health. Thanks guys for a great day all round...

Shane and I spent the second day of my visit up to our ears in documents and wild ideas as we worked on a Strategic Plan. We are so excited about what is happening already, and we look forward to the opportunities for participants to grow and develop through the variety of programs and activities that are being planned. If you live in Lincoln and want to get more involved or you've got ideas, please call Shane on 8683 1548.

On the last day of my visit, I spent the morning on the computer, and then went shopping with Shane and Shane for the Drop-In at the Baptist Church Hall in town. I couldn't help wondering how people perceived this strange combination of people arguing about fruit juice and spring onions. I spent the next few hours eating, discussing the opportunities for the program (people had some great ideas: a trip to Whyalla, a visit to a local farm, a camp), Shane trying to teach me "Wild Thing" on the guitar, and three of us playing Chinese Checkers – I will get you next time Hellon! I said goodbye, Eric assured me he would be there next time I come to visit (looking forward to that Eric), and it was back to the airport for the flight home. Can't wait 'til next time!

Mattea Malcolm
Team Leader, Activity Programs
mmalcolm@mifsa.org

Art Exhibition at Keswick

The idea of an annual Arts Exhibition was suggested by Suzie Howard, one of our Activity Program Coordinators, early in the year as an encouragement for artists to express themselves, prepare works for display and provide opportunity for sale. The initiative was so well received that MIFSA was overwhelmed by entries and created an impressive gallery in the conference room.

The opening night saw 60 people attend a launch by Jane Doyle, one of our Co-Patrons, who also awarded several prizewinners. The MIFSA band played, drinks and nibbles were served, and there was an opportunity for the mental health community to celebrate wonderful achievements.

Many of the artworks were sold, but more than that, stories continue to emerge about people living with mental illness demonstrating courage and resilience despite many challenges to be a part of this event. Not only did participants enter artworks, many became involved in the crucial preparations and there are plans already for a bigger and better event next year!

Thanks to all involved in any way, from attending the gallery, volunteering for the many jobs that needed to be done, and most of all the artists themselves.

Kit to help young people when their parent is unwell

The Australian Capital Territory-based YOUTH COALITION has produced a 'kit' to help young people and their families affected by mental illness to think about, and plan for, what they want to happen if a parent is suddenly unable to care for their children.

Entitled the Coloured Kit, the resource includes information on topics such as: some key words that might help; personal rights; getting support; who can help?; asking for help; getting support at school; creating a personal support list; getting help for parent in a crisis; who can be called?; using a phone without money; how to make an emergency phone call; the personal Care Plan; where to stay?; things to remember when staying away from home; organising the week; money; and medical details.

For more information and to download the kit, visit:
www.youthcoalition.net/public/Projects/coloured.html



The art



Members On Camp at Chowilla Station



The winners



The buzz!



MEMBERSHIP FORM/ CHANGE OF ADDRESS



Mail to : PO Box 310 Marleston 5033

- Membership Renewal
 New Membership
 Change of Address

Membership Categories

- Single \$20
Pensioner/Student \$10
Organisation \$45
Family \$30
Pensioner Family \$18
Donation

We keep membership cost low.

Why not make a tax deductible donation and support MIFSA.

Mr/Mrs/Ms/Dr _____

Address _____

Post Code _____

Email Address _____

Contact Telephone _____

Old Address (if applicable) _____

Membership payment by Cheque Money Order Cash Credit card

Visa Mastercard

Credit card number Expiry date /

Name on Card _____

Signature _____

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SUNFLOWER SHOPS

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Tuesday, 1st July 2008

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