

INCLUDING EVERYONE:

HELPING YOUR RECREATIONAL GROUP
UNDERSTAND SOCIAL
AND EMOTIONAL DIFFICULTIES

NEWCASTLE AND HUNTER AREA

AN INITIATIVE OF THE KAIYU COMMUNITY INCLUSION PROJECT
FUNDED BY THE HUNTER AREA ASSISTANCE SCHEME



Kaiyu
Enterprises Inc

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SECTION ONE:

INTRODUCTION TO THIS RESOURCE

WHY YOU SHOULD USE THIS RESOURCE

This resource has been designed to assist members of local clubs and recreational groups to better understand and include people with emotional and mental health issues. This resource should be used both as an educational and reference tool.

All people shift between periods of feeling emotionally and mentally good, and periods when they may experience emotional difficulties. It is during these difficult periods that people may demonstrate odd or unusual behaviours and thoughts. This can be a confusing experience if you are not aware of what these behaviours may actually mean. This resource provides some important information on mental health and the effect it **can** have on people's lives. It also provides some practical information on how to identify the signs that someone in your community group or club may be experiencing social and emotional difficulties including how and when to access appropriate support services. A list of contacts is included in this resource as a handy guide for community groups and recreational clubs within the Newcastle and Hunter area to use.

This resource also encourages community groups and recreational clubs to address barriers to participation that people with social and emotional difficulties experience. Acknowledging and addressing these barriers and inviting people into your group can be a very effective way of helping to facilitate good mental health for all involved.

INCLUDING ALL PEOPLE IN COMMUNITY LIFE

Sometimes people behave in a way that alienates them from their family and friends.

They may stop calling friends and family, miss group or club functions, seem tired, cry for no reason, or embarrass others when at functions. A change in someone's behaviour may signify difficulties with one's social and emotional well-being.

Inclusion requires accepting individual differences. Regardless of whether people have a physical disability, are more physically attractive, or they experience social and emotional difficulties - every member of the community has the right to access the resources and services available to others. The negative perception of people with social and emotional difficulties generally limits the extent to which people will allow them to access services, resulting in social isolation from the general community. If people with social and emotional difficulties did not have this negative view placed upon them, then they would be more likely to enjoy these rights and be equal participants in society (Repper & Perkins, 2003).

It is important to include people with social and emotional difficulties so that they have the opportunity to identify areas of **personal strength** and **ability**, **set goals**, and aspire to achieving these. It is also important that people have a social network or a group of **supportive relationships** to discuss issues and form important friendship bonds. Including people in your recreational club or community group is a way of ensuring that people do not become isolated from the rest of the community.

People with mental health issues are as valuable as anyone else in the community. We all think and act differently but some of us are simply more unique than others. Including people who experience social and emotional difficulties in your local community group or recreational club brings a **positive** benefit. Such people often provide another perspective on life. They may have strange thoughts at times, or act in a way that you would not do yourself, however underneath all this is a unique individual who will have a positive impact on your club. Their involvement will bring creativity and imagination to your club. After all everyone in our community is seeking to find the same things in life:

- Acceptance
 - Emotional support
 - A reason for living
 - Finding meaning and a purpose in life
 - Peace and relaxation
 - Control and making choices
 - Safety and security
 - Pleasure
 - Shared experiences with others – "shared identity"
- (Repper & Perkins, 2003).

INCLUDING ALL PEOPLE IN COMMUNITY LIFE

If you have not thought about how you are including people in your community group or recreational club, you probably have not thought about whether you are excluding them.

WHAT YOU CAN DO TO PROMOTE INCLUSION:

Listen - to your friends and members of your group. Give them the opportunity to express how they are feeling. Reassure people that their feelings are okay.

Being open minded - be supportive of people in your community group, especially if they experience social and emotional difficulties.

Use open body language - keep eye contact with people and do not cross your arms. Having open body language will help the person to feel more comfortable telling others about what maybe troubling them.

YOUR RESPONSIBILITIES: THE NSW ANTI-DISCRIMINATION ACT

As a community organisation or club you are required by law to ensure that people experiencing difficulties with their social and emotional well-being are able to access your service in the same way that everyone else can.

It is against the law to discriminate against people on the basis of mental health or disability whether the disability is present now, in the past, or that you think someone has a disability. There are serious implications if you or your organisation has been found to act in a discriminatory way. You cannot treat a person differently to and less favourably than others, or if your club has rules, policies and procedures that treat people with mental health issues in an unequal way. An example is to refuse a person entry to your club because they demonstrate "odd" behaviours.

There is an exception to the Anti-Discrimination Act which is relevant to readers of this resource. People organising sporting activities can sometimes legally discriminate against people with disabilities if the person's disability means that they are not capable of performing the actions required, or do not meet the required skill level. You should check with the Anti-Discrimination Board of NSW Ph. 02 9268 5544 or <http://www.lawlink.nsw.gov.au/adb> to see if this applies to your recreational club or organisation.

COMMUNITY ATTITUDE SURVEY

Before reading this resource material any further, it may be worthwhile to consider what you already know or think about mental health. Please take the time to complete this survey before reading on. You will find the answers on page 35 of this resource. Be sure that you read this resource booklet before looking at the answers.

Please tick the appropriate answer

SOME THOUGHTS ON MENTAL HEALTH	Agree ✓	Disagree X	Unsure ?
1. People should generally sort out their mental health problems on their own			
2. People who have a mental illness have it for life			
3. More females have a mental illness than males			
4. People are born with mental illness			
5. Medication is the best treatment for mental illness			
6. People with mental illness are usually violent and dangerous			
7. Mental illness can be cured			
8. More adults have a mental illness than teenagers			
9. You can tell by looking at someone that they have a mental illness			
10. People with mental illness are mostly shy and quiet			
11. Mental illness can affect anybody			
12. Would you be willing to have a person with a mental illness at your community group or workplace?			
13. Would you be willing to have a person with a mental illness marry into your family?			
14. Would you be happy to have a person with a person with a mental illness as a close friend?			
15. It would be safer for people in the community if people with mental illness were kept in hospital			
16. People with mental illness should be able to have children			
17. We should think about mental illness the same way we think about physical illness			

Adapted from Mind Matters- 2003

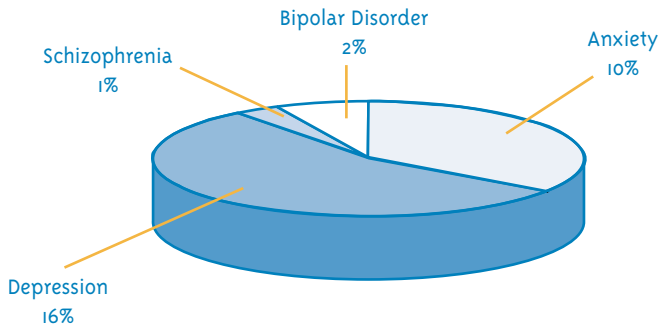
http://www.online.curriculum.edu.au/mindmatters/resources/pdf/booklets/mental_ill45_60.pdf

SECTION 2:

UNDERSTANDING SOCIAL AND EMOTIONAL WELL-BEING

EXPERIENCING SOCIAL AND EMOTIONAL DIFFICULTIES

Having positive social and emotional well-being (or good mental health) enhances your ability to cope with change and stress. Social and emotional well-being means feeling good about yourself and feeling in control of your life. Sometimes we may feel stressed, feel overworked, worn-out, cannot manage our responsibilities, or be apprehensive about what is going to happen next in our lives. These feelings are common and are experienced by us all at some point. Some people may experience significant difficulties with their social and emotional well-being. In fact, one in five Australians (20%) at some stage in their lives will experience a mental illness. Of this 20% of people, the type of mental illness experienced varies. The most common types are shown in Figure 1.



Adapted from Sane Australia- Fact sheet: Fact and figures about mental illness.
<http://www.sane.org/factsheetfigures.html>

Figure 1. Breakdown of different types of mental illnesses experienced by 20% of Australians.

During different stages in our lives people are more susceptible to the stresses of life and the normal coping mechanisms may not work as effectively. People may experience low energy, feel distressed, or unable to concentrate on tasks. Some people are able to find a healthy balance between having fun, resting, and working that restores good mental health.

EXPERIENCING SOCIAL AND EMOTIONAL DIFFICULTIES

During different stages in our lives people are more susceptible to the stresses of life and the normal coping mechanisms may not work as effectively. People may experience low energy, feel distressed, or unable to concentrate on tasks. Some people are able to find a healthy balance between having fun, resting, and working that restores good mental health.

Some find this more difficult and may require additional supports such as family, friends, and professional assistance.

It is important to remember that it is just as important to have a positive social and emotional well-being (also known as good mental health) as it is to feel physically fit and healthy. It is important that you consider the social and emotional well-being of people attending your community group or recreational club to make their experience of being involved more rewarding.

SECTION 2 UNDERSTANDING SOCIAL AND EMOTIONAL WELL-BEING

KEY POINTS TO REMEMBER:

- Everyone can experience social and emotional difficulties – it affects **all** of us.
- learn to **protect** and **promote** social and emotional well-being (or good mental health)
- **encourage** others to take responsibility for their social and emotional well-being – **be supportive**
- Try and find a **healthy balance** between work, fun, and rest
- **Poor mental health does not mean mental illness.** **Support** from family, friends and professionals early will assist individuals to cope with setbacks, feel good about them, and be in control of their lives.

**NO ACT OF KINDNESS, NO MATTER HOW SMALL,
IS EVER WASTED.**

AESOP

COMMON MISCONCEPTIONS

A number of misconceptions are often produced in the community about people experiencing social and emotional difficulties that they are "abnormal" or "sick". As a result of these labels, people experiencing social and emotional difficulties are often made to feel ashamed or embarrassed. This is what is known as stigma. This stigma comes from a long history of people being ignored, feared, neglected and institutionalised by governments and members of society. Unfortunately this stigma often prevents people from receiving effective treatment, people are discriminated against, and the focus of treatment may be to **treat the person with an illness as the illness itself**. For example a person diagnosed with Schizophrenia is often called a "Schizophrenic". This is instead of people acknowledging that the **person comes first**, and the **illness**, schizophrenia is **secondary**.

This stigma inadvertently influences the way that many people in community groups and recreational clubs may interact with people experiencing difficulties with their social and emotional well-being. There is no reason why such people should have to experience this stigma – they are people just like every other member of the community. They have the right to access treatment and other resources in the community, and to be free of discrimination.

The **attitudes** of the community towards people experiencing social and emotional difficulties, is one of the major **barriers** preventing them from **participating** in the community. If **community** groups and recreational clubs have a positive attitude towards **including** people in their organisation, then their lives would be less isolated and complicated.

KEY STEPS IN **REDUCING** THESE MISCONCEPTIONS ARE:

- **Speak about issues openly** and without shame, fear, or embarrassment. Remember that mental illness affects 1 in 5 Australians
- **Encourage members** of the community and participants of your club to **read this resource**
- **Encourage others** to be **open** to people in the community and **deal with difference positively**
- Report acts of **discrimination** and make the larger community aware of this

SECTION 3:

SPECIFIC INFORMATION ABOUT SOCIAL AND EMOTIONAL WELL-BEING

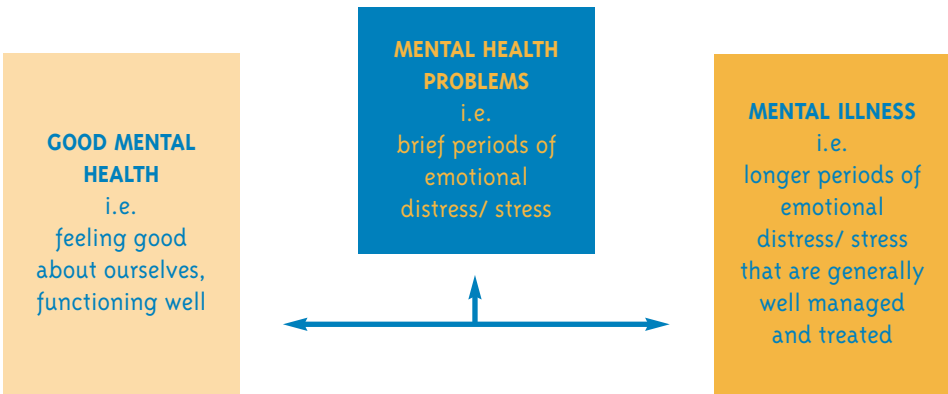
THE SPECTRUM OF MENTAL HEALTH

People experience difficulties with social and emotional well-being in a variety of ways. They could be of either a short or long duration, occur only once in one's life, affect a number of areas in one's life, or fluctuate in the level of interruption they may have on a person's life.

When people experience severe difficulties with social and emotional well-being these can have an impact on a person's general behaviour, thoughts, and interactions with others, they are said to be experiencing a **mental illness**. Most people with the support of others are able to manage and control their mental illness and maintain good relationships with family and friends, and experience minimal interruption to their everyday lives.

When a mental illness becomes more long-term and difficult to manage, and people lose the skills they need to carry out day-to-day activities, they are said to have a disability. The impact this **disability** will have varies throughout different periods of one's life, with different areas of functioning being affected, such as learning, thought, interactions, and sleeping. A person's ability to cope with daily living is greatly affected and generally cannot function in society without the assistance from friends, family, carers and professional services.

The diagram below outlines the spectrum of mental health. It ranges from **good mental health** (feeling good about ourselves emotionally), to **mental health problems** (brief periods of emotional and social disturbance), to longer periods of emotional and social disturbance (otherwise known as **mental illness**).



THE SPECTRUM OF MENTAL HEALTH

SECTION 3 SPECIFIC INFORMATION ABOUT SOCIAL AND EMOTIONAL WELL-BEING

GOOD MENTAL HEALTH	MENTAL HEALTH PROBLEMS	MENTAL ILLNESS
<p>Good emotional, intellectual and spiritual development.</p> <ul style="list-style-type: none"> • Able to initiate, develop, and sustain positive, satisfying personal relationships • Able to cope with everyday problems (resolve and learn from them) • Have confidence • Able to understand another's perspective • Play and have fun • Able to laugh (at ourselves and the much wider world) 	<p>Problems experienced with one's mental health are generally of short duration - particularly those who receive help early on.</p> <ul style="list-style-type: none"> • May experience worries, fear, grief, sadness, apprehension and stress in everyday life and may not be able to manage this effectively. • May experience a form of emotional distress. • May experience the "blues", and have a lack of energy or motivation. • May experience confusion and anger, and become hypersensitive to criticism. • May become isolated from friends, family and society, and feel rejection from others (particularly those close to them). • If people can not move on from these problems, long-term, real and lasting effects may be experienced (mental illness). 	<p>A mental health problem becomes an illness when it significantly interferes with a person's thinking, feelings, and ability to socially interact.</p> <ul style="list-style-type: none"> • Common indicators of mental illness: <ul style="list-style-type: none"> ○ Changes in mood and behaviour (confusion, anxiety, being irritable, or sad etc.) ○ withdrawal from social situations ○ difficulty sleeping ○ loss of energy or motivation to do everyday tasks ○ inability to cope with work or study ○ unusual thoughts (delusions) ○ may hear voices or see visions (hallucinations) • Most people with a form of mental illness find it is able to be well managed and controlled. People can work, maintain relationships, and go about their everyday lives. • Mental illness may have a more permanent impact for some people. If this is the case, ongoing professional treatment such as medication, counselling and therapy is necessary, along with assistance with general everyday living from family and other supports.

LABELS OR TERMS THAT YOU MAY HEAR

There are a number of different terms or labels that are used to describe the social and emotional difficulties people may be experiencing. You may have heard some of these terms before but not quite understood what it was that they meant. This section is designed to provide some basic information about the different labels or terms often used so that you have a better understanding if someone attending your recreational club or community organisation experiences these.

1. Anxiety

We all have anxiety to a certain degree as it assists us to cope with stressful situations. However if you have an anxiety disorder, it can have a significant impact on your life. Some examples of labels or terms used to describe anxiety disorders are:

Generalised Anxiety	excessive worry and anxiety about a number of different events or activities
Panic Disorder	panic attacks
Agoraphobia	anxiety caused by certain places or situations such as being in a crowd, travelling on a bus, for example.
Social Phobia	anxiety experienced in social situations
Obsessive-Compulsive Disorder (OCD)	person experiences obsessional thoughts and performs repetitive behaviours such as hand washing, ordering checking, counting, repeating words silently
Post-Traumatic Stress Disorder (PTSD)	Distressing recollections or dreams of a traumatic event that cause anxiety and social disturbance

Anxiety has a physical component. People may report experiencing an increased pulse rate, blood pressure, accelerated breathing, perspiration, dryness of the mouth, fainting, heart palpitations, for example. We all experience some of these signs when stressed, but it is when people experience these signs on a persistent basis that they become a concern.

2. Bi Polar Disorder

Bi Polar Disorder was once known as Manic Depression. People who experience Bipolar Disorder can have both the highly excited state of mania (e.g. talk really fast, cannot concentrate on a task) as well as depression (e.g. feel sad most of the time, lose interest in things they previously liked to do, be irritable, cry a lot).

3. Depression

Depression is more than feeling sad for a short time after a distressing event. For some people the feelings of depression, sadness, or fear, can become so strong and uncontrollable that they feel that they can no longer cope with their daily activities. Depression is feeling like this most of the day, every day for at least two weeks. Depression can occur on its own or with mania (as previously described with Bipolar Disorder) (see bipolar table to list of depression signs).

LABELS OR TERMS THAT YOU MAY HEAR

4. Eating Disorder

Some examples of eating disorders are Anorexia and Bulimia. Below is a list of some of the most common signs that someone may be experiencing an eating disorder:

Anorexia and Bulimia	<ul style="list-style-type: none">• Talk a lot about food• Overly interested in fat content and latest diets.• May not eat a lot whilst out with other people, or may take a long time to eat only a small amount.• May exercise more than most people do, and seem to be obsessed• Be really worried about putting on any weight.• Go to the bathroom, usually after eating and may vomit shortly after• Be using weight loss pills or diuretics to lose weight
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5. Personality Disorders

People with Personality Disorder may not follow the 'normal' social patterns of behaviour in their relationships with others. They may misread situations when spending time with others, for example, they may be easily offended if people do not respond as expected. They may show emotions which seem irrational or strange for the situation they are in. They may respond in a way that puzzles many people.

There are many different types of Personality Disorder. Some of these are listed in the table below:

Paranoid	<ul style="list-style-type: none">• Recurrent suspicions that other people are exploiting, harming or deceiving them• Bears grudges i.e. unforgiving or insults etc.• Fearful that information will be used maliciously against them
Antisocial	<ul style="list-style-type: none">• Does not conform to social norms i.e. laws• Impulsive and cannot plan ahead• Recklessness• Irresponsible
Dependent	<ul style="list-style-type: none">• Lack of remorse• Difficulty making everyday decisions without excessive reassurance from others• Difficulty expressing disagreement with others• Uncomfortable or restless when alone• Difficulties doing tasks on own due to a lack of self-confidence

6. Schizophrenia

People with Schizophrenia experience the world differently. They may have delusions (false beliefs e.g. falsely believes that people are plotting against them) and hallucinations (seeing, hearing, feeling, or tasting things that are not there). Some of the most common signs of schizophrenia are:

Schizophrenia	<ul style="list-style-type: none"> • Think that things are different to what they really are. For example they may think that they are someone famous or that people are out to get them. • Experience things that their friends or relatives don't. They may see things that aren't there, hear things that no-one else hears, feel things in their body or taste things that aren't there. • Difficulty concentrating, organising and remembering things. • Talk in a way that does not make sense to those around them. • Appear to show few emotions.
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7. Dementia

People with Dementia may have difficulties with memory functioning (difficulty remembering or learning new information), difficulty planning, organising, and making judgments. They may also experience difficulty identifying people and places.

GENERAL BEHAVIOURS THAT YOU SHOULD LOOK OUT FOR

SECTION 3 SPECIFIC INFORMATION ABOUT SOCIAL AND EMOTIONAL WELL-BEING

You may begin to notice that someone attending your recreational group or social organisation is demonstrating some behaviour which is **not typical of the way that that particular person generally behaves**. It is possible that they may be experiencing social and emotional difficulties. Some **general behaviours** that you might see include:

- changes in physical appearance or personal hygiene such as dirty clothes, body odour
- loss of interest in activities - may suddenly stop attending your club and not want to do anything or go anywhere
- excessive worry and unable to relax around others
- trouble following conversations, difficulty concentrating and remembering things
- experiences physical symptoms such as trembling, muscle tension, sweating, nausea, breathlessness, and feeling light headed
- performing certain rituals or odd behaviours such as excessive hand washing or repeatedly checking locked doors
- talking really fast about a number of different topics which do not make sense
- state that they are hopeless or worthless
- appear cranky, irritable or tired (due to trouble sleeping), or cry a lot of the time
- lost or gained a lot of weight recently
- neglect household and parenting responsibilities
- show few emotions and appear depressed
- withdraw from social activities, family, & friends
- imagines they are someone famous, or that someone is out to get them - **delusions**
- Experience **hallucinations** - e.g. see things that aren't there, hear things that no-one else hears, feel things in their body or taste things that aren't there.

GENERAL BEHAVIOURS THAT YOU SHOULD LOOK OUT FOR

There are a number of ways to deal with these behaviours:

- ☺ Do **not** draw attention to the behaviour in front of others
- ☺ Be patient with the person and let them talk about the behaviour when **they** are ready to
- ☺ Be sensitive to their needs
- ☺ Involve the person in conversation and activities
- ☺ Listen to the person and treat them with respect
- ☺ Do **not** judge the person - they may be seeking treatment already
- ☺ If you do offer to help, make sure that you do not over commit yourself
- ☺ Be understanding of any rituals, odd behaviour or beliefs a person may have and do not make fun of them
- ☺ Do **not** challenge any strange ideas that the person may have
- ☺ Do **not** argue with the person or attempt to make them see the error of their ways

GENERAL GUIDELINES FOR SUCCESSFUL CONFLICT MANAGEMENT AND COMMUNICATION:

- **Don't blame** or **judge** the other person
- Use **"I" messages** (say 'I feel... when this happens....' etc)
- Be **honest**
- Provide **clear feedback**
- Take into account the needs of others
- Use good timing
- Make sure your own **verbal** and **non-verbal messages** are **consistent** (what you say and your body language)
- Remember to keep in mind a **person's right to privacy** – ensure that they give you **permission** to seek assistance
- **Always ask** what the person **wants**
- **Always allow time** for the person to **respond**
- **Never anticipate** the person's **response**

THE DIFFERENCE BETWEEN MENTAL ILLNESS AND INTELLECTUAL DISABILITY

SECTION 3 SPECIFIC INFORMATION ABOUT SOCIAL AND EMOTIONAL WELL-BEING

Many people may mistake someone who is experiencing social and well-being difficulties as having an intellectual disability. But, there are distinct differences between someone experiencing mental health problems, and someone who has an intellectual disability.

People who are considered to have an intellectual disability have experienced a slowed growth and development. This development often affects motor abilities, learning and emotional maturity. You may have heard the terms mental retardation, developmental delay, and learning disability being used. These are all old terms or labels of the past used to describe someone as having an intellectual disability.

A person considered to be experiencing mental health problems does not necessarily experience a slowed development. Rather, they may be experiencing difficulties with being able to feel emotionally well and in control of their lives. People with mental health issues may experience low energy, stress and an inability to concentrate on tasks. They generally find it hard to manage and control their emotions and experience difficulties interacting with others socially.

People can also have what is referred to as a **Dual Disability**. This is where a person has been found to have an intellectual disability and also experiences mental health problems at the same time. People who do experience both generally demonstrate a number of problems, ranging from limited communication skills, difficulty managing their behaviour in social situations, experience difficulties finding appropriate support services, and find it hard to understand what is happening to them during periods of acute difficulties.

IT IS IMPORTANT TO REMEMBER THAT:

- **Not all** people in society are **treated equally**
- Society is built around values that construct standards and barriers that, in turn, have the effect of excluding people who do not meet those values or norms
- Your **own community** may **value characteristics** that may **exclude** some people
- It is often **community attitudes** that are the **biggest barriers** for people with disability and mental illness
- **Disability** and **mental illness** affect people in a range of different ways

SECTION 4:

THE ROLE OF YOUR COMMUNITY GROUP/ RECREATIONAL CLUB

You are likely to come into contact with someone who experiences social and emotional problems within your community group or recreational club at some stage because **one in five Australians** will develop some form of mental health problem throughout the course of their lives. You may not be aware but there may be people already actively participating in your group who have mental illness or people who want to join. It is important that you are **aware** and have a basic understanding of the warning signs in order to acknowledge factors that impact on how people are able to access community, social and recreational services

It is important that you don't just assume that people are just like you. This resource attempts to identify a number of different things that **you** can do as a member of a local recreational club or organisation to facilitate the **inclusion** of people experiencing social and emotional difficulties. Being aware of the barriers experienced by people is a way that you can make your **club a better place for everyone.**

There are a number of ways that you can help to facilitate the inclusion of people, who experience problems with their social and emotional well-being, including:

The use of simple, clear, and easy to read language to promote upcoming activities - people attending your club or organisation may have limited reading and writing abilities. If they cannot read flyers advertising upcoming events, or signs around the club, then they are not likely to become actively involved in a community group or club. Consider using pictures, drawings or photos to help convey information.

An awareness of how you communicate with people – try to use clear and easy to follow speech. Many people with social and emotional difficulties often find it hard to follow complicated directions and sustain conversations for long periods of time.

Awareness of your own body language i.e. crossing arms and eye contact - People often become put off by subtle body language that may be interpreted as unwelcoming. Due to the nature of problems people can experience with social and emotional well-being maintaining open body language will assist people attending your club to attend more regularly and feel part of the organisation.

More **practical** ways to address barriers to participation:

Consider the **cost of activities** – many people experiencing social and emotional difficulties receive pensions. They do not have a lot of money to spend on social outings and activities and have to budget for big expenses.

Schedule events at varied times throughout the day – many people with social and emotional well-being issues experience difficulties attending events and activities because they over sleep or find it hard organizing themselves in the morning. Many also rely on public transport and the times in which buses and trains run. Try scheduling your activities so that they coincide with major bus and train timetables.

HEADING

Be flexible in the activities offered - be flexible in the activities that you run and allow for rest times or short breaks if needed. If possible structure your group so people can be absent when their physical or mental health requires this and then allow them to rejoin when they are able.

Running events/ social activities during the weekend – many people with social and emotional well-being problems often become more isolated from the community at weekends due to the difficulties sometimes experienced in accessing public transport. Keep this in mind when scheduling events at the weekend and ensure that people are able to access your event.

Consider developing transport support systems i.e. car pooling – this can be a very effective way of ensuring participation in your community group or recreational club.

Reduce the cost of activities by hiring or loaning equipment – this will help facilitate increased participation if the cost of social activities is reduced. Many people with social and emotional problems are on fixed incomes and cannot afford to participate in expensive activities.

Encourage all members of the community to access your group – this will help people with to feel a part of the community and reduce the social stigma associated with mental illness. If someone does have a mental illness and wants to attend your club, make reminder phone calls to assist them to do so.

HANDY HINT FOR YOUR ORGANISATION / RECREATIONAL GROUP:

- Photocopy the [Directory of Mental Health Services](#) found in this resource and store in an area accessible to all members involved in your community or recreational group.

**IT IS ONE OF THE MOST BEAUTIFUL
COMPENSATIONS OF THIS LIFE THAT NO MAN
CAN SINCERELY TRY TO HELP ANOTHER
WITHOUT HELPING HIMSELF.
RALPH WALDO EMERSON**

BARBARA'S STORY



Barbara is a 32 year old lady who has always been interested in things crafty, and now she would like to join a local craft group.

Barbara has Depression and her low days sometimes out number her good days. Barbara is managing her depression with medication and is also attending counselling at the local community centre.

Sometimes Barbara finds it difficult to leave the house or is embarrassed to have people at her house as she often finds it difficult to do the housework when feeling depressed. This has contributed to her social isolation and limited contact with her old friends.

Barbara found out about the craft group at the community centre when attending her counselling appointment. The classes are at 9am on Monday mornings at the centre. The classes are a little expensive for Barbara as she is now on a disability pension. She would like to go but cannot afford the classes as she must pay for one semester, up front and cannot pay only for the classes she attends.

Barbara is concerned that she may not be able to organize herself to attend by 9am and is also worried that she may spend a lot of money on the classes but miss a few when she is having a low period.

WHAT CHANGES COULD THE CRAFT GROUP MAKE TO INCLUDE BARBARA?

They could change their fee structure to allow Barbara and other members to pay for the class on the day.

The classes could be held later in the day to give people time to get there

The craft group leader could make a phone call to Barbara before the class to remind her and prompt her to get her things organized for the next class

Barbara could organize her counselling appointments to start just after or before the craft group to reduce the commitments she has each week.

MATT'S STORY



Matt is a 45 year old man who has a keen interest in fishing and would like to participate in this activity more often and meet some new people along the way.

Matt has schizophrenia which is well controlled by medication. He lost his job six months ago due to a relapse which resulted in him experiencing some symptoms of the schizophrenia like hallucinations and delusions. Matt is doing really well now and his GP has suggested that he get back out and mix with people.

As Matt does not have a car and finds it hard to get to fishing places using public transport. The president of the local fishing club has said that most of the members have a boat and their own fishing groups already organized. He was not sure if Matt would be able to get a spot on a boat but encouraged him to come along anyway. Matt was really excited and looking forward to the trip. The president said that he would send him all of the information in the mail.

Matt received the information in the mail on the Friday before the trip. He had to be at the meeting point at 6am. To get there it would take Matt about two hours on a bus and a short walk. Matt looked at the bus timetable and there were no buses running that early. He thought about going up on Saturday but could not afford the accommodation at the local caravan park.

Matt was unable to attend the fishing trip and was quite disappointed.

WHAT CHANGES COULD THE FISHING CLUB MAKE TO INCLUDE MATT?

Information to be sent to people well in advance that is clear and concise and uses pictures and maps to enhance the message

The owners of the boats could change their crews every outing according to the randomly allocated roster which has been developed by the president. This encourages people to meet new people and gives people a chance to experience different boats and crews

A car pool could be organised so that all members can get to some of the more out of the way fishing spots. The members without the car make a small donation to the car driver which is agreed upon by the club committee

The starting times have been changed to 8am to allow people to travel if they cannot afford to stay overnight

New members are welcomed in and included through the monthly meetings

SECTION 5:

SUPPORT SERVICES IN YOUR LOCAL AREA

FINDING SUPPORT: HOW AND WHERE CAN YOUR CLUB FIND HELP?

Although it is important that people with experiencing problems with their social and emotional well-being be included as active participants in the community, at different times, these people may also need to be supported to be able to cope with stressful experiences and situations. The importance of having people around you who are understanding and supportive cannot be overestimated. Below is a list of community organisations which provide support to people experiencing social and emotional difficulties.

Emergency Supports your Club can contact:

If someone **requires immediate crisis support** and they are putting **themselves** or **others** at risk (e.g. threatening suicide) you should immediately:

Contact **000**

or

Access the **James Fletcher Hospital**, call the **Psychiatric Emergency Centre (PEC) - 1800 655 085**

or

Go to the Emergency Department of your nearest General Hospital and wait to be assessed by a Triage Nurse and Medical Team.

or

Contact **Lifeline 131 114 (24 hours a day toll free)**

or

Mental Health Services

- **Newcastle 4969 5579**
- **Charlestown 4904 9000**
- **Maitland 4939 2444**

Mental Health Services you can encourage people to contact:

Mental health support services in the community are the main sources of professional service available to people experiencing social and emotional difficulties. If you know of someone attending your club who is experiencing social and emotional difficulties, use this resource to guide them to some of the services they may be able to access.

- Contact **Lifeline 131 114 (24 hours a day toll free)** – personal and financial counselling service
- Speak with their local **General Practitioner**
- Contact their local **Community Health Centre or Polyclinic** – these are located throughout the Newcastle and Maitland area and provide counselling and other health services.
- **Mental Health Services (Newcastle, Maitland, and Charlestown)** – assist people experiencing crises associated with their social and emotional well-being. Staff specialise in dealing with crisis situations.
- **Private Practitioners**- e.g. Psychiatrists and psychologists. Will require a private consultation fee.
- **Association of Relatives and Friends of the Mentally Ill (ARAFMI)** – assistance for carers and family members. Provides support groups and other important information on how to access other mental health services. Contact **1800 655 198 (24 hours a day toll free)**.

FINDING SUPPORT: HOW AND WHERE CAN YOUR CLUB FIND HELP?

Mental Health Services which can provide education and assistance to your club:

There are a number of services within the Newcastle and Maitland area that can provide your club with education and assistance in how to best deal with people attending your club who are experiencing difficulties with their social and emotional well-being.

Supported Recovery (Newcastle, Cardiff and Maitland) – service designed to promote recovery, prevent relapse and encourage people to live independently in the community.

Kaiyu Enterprises 4967 7227 can provide **free advice or a training session** to help your club/organisation with a specific person or inclusion issue.

Various local organisations such as:

- Life Activities Incorporated (provides training to community groups and organisations)
- Psychiatric Rehabilitation Association
- Life Without Barriers
- Relationships Australia (provides training to community groups and organisations)
- Interrelate
- Richmond Fellowship
- Schizophrenia Fellowship
- Centacare

**YOU HAVE NEVER REALLY LIVED UNTIL YOU'VE
DONE SOMETHING FOR SOMEONE WHO CAN
NEVER REPAY YOU.**

UNKNOWN

DIRECTORY OF SUPPORT SERVICES

EMERGENCY and CRISIS CONTACTS

Emergency	000
James Fletcher Hospital	4924 6500
- Psychiatric Emergency Centre (PEC)	1800 655 085

General Hospitals:

John Hunter Hospital	4921 3000
Maitland Hospital	4939 2000
Belmont District Hospital	4923 2000
Newcastle Mater Misericordiae Hospital	4921 1211
Royal Newcastle Hospital	4923 6000

Community Mental Health Teams:

Newcastle	4969 5579
Charlestown	4904 9000
Maitland	49392444

Private Hospitals:

Lingard Private Hospital	4969 6799
Lifeline (telephone counselling – personal and financial)	13 1114

MENTAL HEALTH SUPPORT SERVICES

Support Groups:

ARAFMI Association of Relatives and Friends of the Mentally Ill) – assistance for carers and family	1800 655 198 (24 hours toll free)
Schizophrenia Fellowship	4925 3050
GROW	1800 032 120
MANDA (Bipolar Disorder)	4951 3589
NAPAD (anxiety/ depression)	4955 9791
Anorexia and Bulimia Support Group	4950 1592
Alcoholics Anonymous	4962 3844
Narcotics Anonymous	4969 6767
Gamblers Anonymous	4940 4026

Clinical Services:

Beresfield Community Health Centre	4966 1363
East Maitland Community Health Centre	49312000
Nelson Bay Community Health Centre	4984 0730
Newcastle Community Health Centre	4925 7800
Raymond Terrace Community Health Centre	4987 2078
Toronto Community Health Centre	4935 8100
Wallsend Community Health Centre	49246100
Windale Community Health Centre	4948 7044
Nexus – Child & Adolescent Mental Health Unit (located at John Hunter Hospital)	4985 5830
Centre for Psychotherapy (located at James Fletcher Hospital)	4924 6820
Supported Recovery – Newcastle	4961 6929
Supported Recovery – Cardiff	4954 6655
Supported Recovery – Maitland	4933 0222

SERVICES OFFERING INFORMATION & EDUCATION

Supported Recovery – Newcastle	4961 6929
Supported Recovery – Cardiff	4954 6655
Supported Recovery – Maitland	4933 0222
Kaiyu Enterprises	4967 7227
Life Activities	4929 5858
Citycare	494927 1888
Psychiatric Rehabilitation Association	4929 3888
Life Without Barriers	4929 1605
Relationships Australia	4969 3977
Interrelate	4969 6313
Lifeline	131 114

SECTION 6:

REFLECTING ON WHAT YOU HAVE LEARNED

Now that you have read this resource and have a better understanding of social and emotional well-being (mental health) and how to **include** people who may be different to you in your social or recreational group, please complete the survey below one more time to see if you think more **positively** about **including** people with social and emotional problems in your community group or recreational club.

It maybe useful to compare your answers before reading this resource and the answers you provide now to see if any of your beliefs and attitudes about mental health has changed.

The correct answers are provided on the next page.

COMMUNITY ATTITUDE SURVEY

Please tick the most appropriate answer

Some thoughts on Mental Health	Agree ✓	Disagree X	Unsure ?
1. People should generally sort out their mental health problems on their own			
2. People who have a mental illness have it for life			
3. More females have a mental illness than males			
4. People are born with mental illness			
5. Medication is the best treatment for mental illness			
6. People with mental illness are usually violent and dangerous			
7. Mental illness can be cured			
8. More adults have a mental illness than teenagers			
9. You can tell by looking at someone that they have a mental illness			
10. People with mental illness are mostly shy and quiet			
11. Mental illness can affect anybody			
12. Would you be willing to have a person with a mental illness at your community group or workplace?			
13. Would you be willing to have a person with a mental illness marry into your family?			
14. Would you be happy to have a person with a person with a mental illness as a close friend?			
15. It would be safer for people in the community if people with mental illness were kept in hospital			
16. People with mental illness should be able to have children			
17. We should think about mental illness the same way we think about physical illness			

Adapted from Mind Matters- 2003

http://www.online.curriculum.edu.au/mindmatters/resources/pdf/booklets/mental_ill45_6o.pdf

Here are the answers to the surveys you have completed. You might be surprised by some of the answers. Hopefully you know a lot more about mental health, and this resource has assisted you to become more aware in your daily interactions with other club or organisation members, so that if you do see behaviour which is out of character for someone, you will know how and where services can be accessed. I hope you have a greater appreciation of how important it is to include people experiencing social and emotional difficulties in your club.

1. People should generally sort out their mental health problems on their own

No. It is best if people can receive support from a number of people and services. If family and friends are able to assist the person in some way, the assistance is generally appreciated. Also, they may benefit from the assistance of mental health professionals such as GP's, psychologists, counsellors or psychiatrists. Attending a support group may also be useful. A support network including some or all of these people is usually the best approach. It is important to remember that people with a mental illness do not have to do it on their own.

2. People who have a mental illness have it for life

Again, this is not true. There is good evidence to suggest that most people recover from mental illness and live the rest of their lives without any symptoms.

3. More females have a mental illness than males

No, this is not true! There is no difference between males and females, however males are more likely to have substance abuse disorders related to drug and alcohol problems and females are more likely to have mental health issues related to anxiety or depression.

4. People are born with mental illness

The causes of mental illness vary. It is thought that mental illnesses such as schizophrenia may have a genetic component to them, passed on in families. Other causes of mental illness however may involve stress, relationship breakdown, grief and loss, child abuse, life-threatening or chronic illnesses, drug use, social isolation, and unemployment.

5. Medication is the best treatment for mental illness

There is no 'one size fits all' approach to treating mental illness. There are a number of treatments including medication, counselling, and stress management. And for a few people, a short stay in hospital may be what is required to help them to get better. Everyone with a mental illness is an individual and the treatment offered will be specific to their individual needs. All issues relating to treatment should be discussed with the person's doctor.

6. People with mental illness are usually violent and dangerous

No, that is a myth. People with a mental illness are no more violent than the rest of the community. Even those with more severe forms of mental illness are seldom dangerous (particularly if they are receiving effective treatment).

7. Mental illness can be cured

When mental illness is treated early and appropriately, the rate of recovery is good. Treatment for mental illness may need to be ongoing – similarly with diabetes and heart disease. Some people may experience chronic mental illness that may have a more permanent impact on their lives, but most people are able to live satisfying and productive lives.

8. Mental illness is more likely to develop during teenage years

Of adults, young persons aged 18 to 24 years of age were more likely to have a mental illness than adults aged over 24 years. 27% of people in this age group had experienced a mental disorder compared to 6.1% of 65 year olds. Of the 4 to 17 year olds 14% of Australian children are reported to have mental health problems. So when taking both these statistics into consideration, the reported rates for children and teenagers is very similar to the reported rates for adults, which is 1 in 5 or 20%.

9. You can tell by looking at someone that they have a mental illness?

No. Mental illness can affect all of us. It affects all people and most of the time goes unnoticed by many people, including family and friends. Being aware and sensitive to people's needs means that we are better able to support people who may be displaying behaviour that is 'out of character' or 'out of the ordinary'. Mental illness can affect the way people think as well as the way they behave, so most of the time you will be unable to tell if someone you pass in the street has a mental illness.

10. People with mental illness are mostly shy and quiet

All people are unique and have different personalities. Some of us are more confident and outgoing while others are quieter and like to avoid the spotlight of attention. This is also true for people with mental illness. Not all people with a mental illness are shy and quiet, they are individuals and their personality is developed through their experiences, relationships and self-esteem, amongst other things.

11. Mental illness can affect anybody

That is true. About one in five people are affected by mental illness. It does not matter how old you are, if you are male or female, what job you had, when you left school, what religion you are, what country you are from or the colour of your skin. Mental illness can also affect people who do not have a family history of mental health concerns. There are a number of risk factors which are not limited to a particular group of people.

Below is a list of famous Australians who have experienced mental illness at some stage in their lives:

- **Su Cruickshank** (Entertainer), **Garry MacDonald** (Actor), **Adriana Xzenides** (Game Show Star) and **Rachel Griffiths** (Actor), **Andrew Bartlett** (leader of Australian Democrats), **John Curtin** (Prime Minister), **John Conrads** (Olympic Swimmer/ Businessman), **Pat Cash** (Tennis Player), and **Suzie Moroney** (Marathon Swimmer) have all experienced Depression
- **Elle McPherson** (Supermodel) has experienced Post-Natal Depression
- **David Helfgott** (Pianist) experiences Psychosis and Schizophrenia
- **Daniel Johns** (lead singer of Silverchair) has experienced clinical depression, an anxiety disorder and an eating disorder

Famous people from around the world who have experienced mental illness include:

- **Buzz Aldrin** (Astronaut) suffers from Depression
- **Sheryl Crow, Elton John** and **Janet Jackson** (singers) all suffer from Depression
- **Jim Carrey, Anthony Hopkins** and **Harrison Ford** (actors) all suffer from Depression
- **Ludwig von Beethoven** (composer) and Vincent Van Gogh (artist) experienced Bipolar Disorder
- **Ernest Hemingway** and **Charles Dickens** (authors) suffered from Depression
- **Winston Churchill** (English Politician) experienced Bipolar Disorder
- **Roseanne Barr- Arnold** (Comedian/ actress) suffers from Depression and a Personality Disorder
- **John Nash Junior** (Nobel Prize Winning Mathematician) suffered from Schizophrenia
- **Virginia Wolfe** (Author) suffered from Bipolar Disorder
- **Ray Charles** and **Eric Clapton** (Musicians) suffer from Depression
- **Spike Milligan** (Actor) experienced Bipolar Disorder

12. Would you be willing to have a person with a mental illness at your community group or workplace?

Most people with a mental illness are still able to work and join in community activities. The decision to be involved in these things should be up to the person and not those around them. It is not for you to decide if they should be able to work or be part of a community activity or social group.

13. Would you be willing to have a person with a mental illness marry into your family?

Many people with a mental illness marry and have successful relationships. You need to remember that everyone's mental health goes up and down from time to time, and that in the majority of cases, most people get better. We can all be vulnerable to mental health problems from time to time, just as we are all susceptible to physical illness.

14. Would you be happy to have a person with a person with a mental illness as a close friend?

Many people have friends with a mental illness. Having a mental illness does not change who the person is inside and it is a well known fact that the better a person's support network, the greater chance they have of recovery. People with mental illness are just as able to bring something to the relationship as you are. You may discover something about yourself and be a better person from this experience.

15. It would be safer for people in the community if people with mental illness were kept in hospital

No. Most people with mental illness are able to receive the necessary support and treatment whilst living in their own homes and maintaining their natural support networks. For some people, a short stay in hospital is the best course of action and necessary for their recovery. People with a mental illness do not pose more of a risk to the general community than any other group of people. This is a stereotype that is often portrayed in the media. People with a mental illness have the right to live in the community just like everyone else.

16. People with mental illness should be able to have children

Having children is a right enjoyed by most people in the community. There is no evidence to suggest that people with a mental illness are unable to be good parents to their children. Having enough money, a good support system and access to healthcare reduces the stress of raising children for everyone. Without these supports the task of raising children can be more difficult. People with mental illness sometimes go without these things which make raising children more stressful. Therefore, it is often a lack of resources and not the mental illness which makes it harder for parents with a mental illness.

17. We should think about mental illness the same way we think about physical illness

Yes, the brain is another organ of the body which is just as susceptible to illness as the kidneys or liver. Like a physical illness, mental illness can be treated and most people do make a full recovery. Just as some people have more difficulty with more significant physical illnesses such as cancer, some mental illness do not have a good prognosis.

REFLECTING ON THE INFORMATION IN THIS RESOURCE

Hopefully you have found reading this resource interesting and you understand more about social and emotional well-being (mental health), and importance of including people experiencing in your community group or recreational club. You now know what behaviours to look out for and what they may mean. You also know the action that you can take as club or organisation members to make activities more accessible. Further, you have been provided with some important information on how to contact support services in the Newcastle area to help the person experiencing social and emotional difficulties, and for further training and education.

If you use this material that this resource has provided, you will be assisting people experiencing social and emotional difficulties to feel part of the community, form supportive relationships, identify and pursue personal strengths and abilities, and generally feel great!

BE THE CHANGE YOU WANT TO SEE IN THE WORLD

Anxiety- anticipatory tension related to an unconscious threat. A person experiencing anxiety may notice an increase in pulse rate and blood pressure, accelerated breathing rates, perspiration, muscular tension, dryness of the mouth, diarrhoea, heart palpitations, shortness of breath, and fainting. There are a number of different types of anxiety disorders including Panic Disorder, Generalised Anxiety, Agoraphobia, social phobia, obsessive-compulsive disorder, post traumatic stress disorder, and phobias.

Delusion – A delusion is a false belief based upon a misinterpretation of reality, even when there is evidence or proof that the belief is incorrect. Delusions vary in intensity, and are not uncommon among substance abusers, particularly those who use amphetamines, cocaine, and hallucinogens. They may also occur frequently among individuals diagnosed schizophrenia, and during the manic stage of bipolar disorder. Some of the most common delusions experienced include persecutory delusions, in which the individual falsely believes that others are plotting against him; delusions that an individual's thoughts can be transmitted to others or that thoughts are being implanted in their minds, or the individual may imagine themselves as highly important i.e. someone famous.

Depression – A mental disorder characterized by intense feelings of loss, sadness, hopelessness, failure, and rejection. In severe cases, depression may also include insomnia, irritability, weight loss, and a lack of interest in outside events. The disorder may last several months or longer—and may recur—but it is generally reversible in the short run. A person experiencing depression may just experience depression on it's own (unipolar), or they may also experience periods of mania, characterized by periods of intense euphoria and activity (bipolar).

Diagnosis – a decision made by a psychologist or psychiatrist about what mental illness a particular person may have. This decision is based on scientific and medical information, including psychological tests, functional assessments and medical examinations to determine whether a person meets the established criteria for a particular mental illness/ disorder.

Episode – Generally mental illness comes and goes. A person may experience only one acute period or episode of mental illness, and fully recover. Others may experience a number of episodes throughout their lives, fluctuating between being well and being ill. However, most people do learn to manage their mental illness quite well.

Hallucinations – Being able to hear, see, smell, taste, or feel things that are not really there. Most common form of hallucination is that of hearing voices. This is commonly found in people diagnosed with schizophrenia and other forms of psychosis.

Inclusion – Assisting people to access roles, relationships, activities and resources necessary for recovery from mental illness. Inclusion is the process of ensuring that people have enough material access to enough money, decent clothing, housing, and material possessions. Social inclusion will assist individuals with mental health issues to improve their physical and mental health, but also their social functioning.

Medication – medication prescribed for people experiencing mental illness is designed to relieve the symptoms of the disorder, and in some cases may be effective enough to help prevent the mental illness from recurring. General Practitioners and Psychiatrists prescribe medication to help manage mental illness. There are a number of drugs available across the different types of mental illnesses and disorders.

Mental Health – Mental health describes your ability to cope with change and any stressors that may happen in life, feeling good about yourself, interact with others and your environment, and feeling in control of your life. It is a stage of emotional and social well being.

Mental Illness / Disorder - A mental illness or disorder significantly interferes with a person's thinking, feelings, ability to socially interact and function. A mental illness may vary in type and severity. The most common type of mental illness experienced includes anxiety, depression, psychosis, substance use and dementia.

Paranoia – Persistent, unalterable, false beliefs or delusions, usually of persecution or grandeur such as people wanting to hurt you or kill you, fear, suspicion of others and their motives. A person who is experiencing paranoia will often be hypersensitive, tense and argumentative, and in severe paranoia, possible violate confrontation (although this is rare). People with paranoia may experience jealousy and vengeful emotions.

Psychosis – is the loss of the sense of reality. A psychotic episode occurs when a person's thoughts become confused and distorted. A person experiencing a psychotic episode may hear voices or have hallucinations but that doesn't happen to everyone. Schizophrenia is the most well known of the psychotic illnesses but psychotic symptoms can also be an indication of bipolar disorder, may be due to drug use and alcohol abuse, alcohol or drug withdrawal, and periods of extreme stress.

Stigma – means a sign of shame or disgrace. A stigma is like having a mark placed upon you that may affect how people view you in society. There is often stigma associated with mental illness that people are sick or "abnormal".

Substance Abuse – is a type of mental illness that describes the miss-use of alcohol or other drugs. An individual is said to be addicted to drugs or alcohol if a physical dependence is formed i.e. when the drug dose is decreased or if the drug is discontinued altogether, the person experiences withdrawals. Withdrawal often includes vomiting, muscle cramps, convulsions, and delirium. With the continued use of an addictive drug, tolerance develops; i.e., constantly increasing amounts of the drug are needed to duplicate the initial effect.

Treatment – action or intervention designed to reduce the impact of mental illness upon a person's ability to function. Treatments are designed to reduce the presentation of symptoms/ signs of particular mental illnesses. Treatments can take the form of medication, psychological treatments, or a combination of both.

REFERENCE LIST

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Repper, J. & Perkins, R. (2003). Social inclusion and recovery: A model for mental health practice. London: Bailliere Tindall.

Sane Australia (2003). Fact sheet: Fact and figures about mental illness. Retrieved on 19th January from: <http://www.sane.org/factsheetfigures.html>

RESOURCE LIST

There are lots of resources out there about mental health and social and emotional well being. Some are aimed at giving you information on a specific mental illness, others provide more general information, and others focus on how you can maintain good mental health (social and emotional well-being).

The Local Library- Information in the reference (non-fiction) and fiction sections.

Useful Reading Material- some of these include:

- Information and brochures at GP surgery or local community health clinic
- The Blue Day Book: a lesson in cheering yourself up, written by Bradley Trevor Greive, 2000. Sydney: Random House Australia.
- Surfing the Blues guide to understanding and coping with mood disorders, panic attack, and manic depressive illness, 1996. Pymble, NSW: Angus and Robertson.
- Depression and How to Survive it, written by Spike Milligan, 1993. London: Ebury.
- Fairytales in reality, written by Margo Orum, 1996. Sydney: Pan Macmillan Australia.
- An Unquiet Mind, written by Kay Redfield Jamison, 1995. New York: A.A.Knopf.

Internet or WWW- The library also has access to the internet or WWW. You could type in 'Mental Health', 'Mental Illnesses or 'Psychiatric Illness/ Disability' as a search key word. A search like this will provide a number of articles on mental health. You could also be more specific and type in 'helping people with mental illness'

Useful Websites – that provide general information about mental illness include:

- SANE Australia <http://www.sane.org>
- Mental Health Association NSW <http://www.mentalhealth.asn.au/>
- Mind Matters http://online.curriculum.edu.au/mindmatters/resources/links_healthlinks.htm
- Mental Illness Education – Australia <http://www.miea.org.au>
- Mental Illness Education Australia (NSW) Inc. <http://www.miea.org.au/nsw/>
- Grow Organisation <http://www.growint.org.au/>
- Beyond Blue <http://www.beyondblue.org.au/site/>
- Schizophrenia Fellowship NSW <http://www.sfnsw.org.au>
- DepressioNet <http://www.depressionet.com.au>
- Mental Health and Wellbeing <http://www.mentalhealth.gov.au>
- Commonwealth Carelink Centre <http://www.commcarelink.health.gov.au>

Support Groups-

- Contact your local GP or Community Health Centre to provide details of support groups running in your area.
- ARAFMI is a support group for families and friends of people with mental illness or disorder. ARAFMI can help by offering **support**, **education** and **advocacy**. ARAFMI provides a 24 hour HELPLINE (02) 9805 1883 or Toll Free 1800 655 198.
- Schizophrenia Fellowship (NSW) (02) 9879 2600.
- GROW 1800 032 120.
- MANDA (support group specifically for people experiencing Bipolar Disorder) (02) 4951 3589.
- Anorexia and Bulimia Support Group (02) 4950 1592.
- NAPAD (support group for people experiencing anxiety and/ or depression) (02) 4955 9791.
- Alcoholics Anonymous (02) 4962 3844.
- Narcotics Anonymous (02) 4969 6767.
- Gamblers Anonymous (02) 4940 4026.

Videos- there are a number of fictional videos that portray the stories of people experiencing mental illness. Some of these are outlined below.

- o **As Good As It Gets-** this film is about a writer with Obsessive Compulsive Disorder, Melvin Udall (Jack Nicholson) who develops a difficult relationship with a waitress (Helen Hunt). Film deals with the trials and tribulations of their relationship, and about learning the true meaning of "the sunny side of life".
- o **A Beautiful Mind-** This film is based on the mathematical genius, John Nash who made an astonishing discovery early in his career and stood on the brink of international acclaim. John Nash experiences a journey of self-discovery after being diagnosed with schizophrenia, eventually resulting in John Nash winning the Nobel Prize.
- o **Girl Interrupted-** This film is based on a 17 year old teenage girl, Susanna Kaysen (Winona Ryder), who like a lot of teenagers experiences confusion, insecurity and struggles to make sense of the world around her. Susanna sees a Psychiatrist who diagnoses her with Borderline Personality Disorder, a condition manifested by uncertainty about self-image, long-term goals, types of friends or lovers to have, and which values to adopt. Susanna is sent to Claymore, a Psychiatric facility, where she develops close friends with 5 other girls.
- o **Shine-** This film is based on the true story of Australian pianist David Helfgott. The movie re-tells David's past growing up being abused by his father and the loss of his family in the concentration camps during the war. David experiences a breakdown and is diagnosed with schizophrenia. David spends time in a psychiatric facility before returning to playing the piano as a concert pianist.
- o **One Flew over the Cuckoos Nest-** This film is about a man called Murphy who was sentenced to jail for contributing to the delinquency of a minor (15 year old girl). Murphy convinces guards that he needs to enter psychiatric care and is sent to a hospital, instead of carrying out his sentence in jail. At the hospital he fits in very well, and his different point of view causes some of the patients to progress.

RESOURCE LIST

- o **Angel Baby**- This is an Australian film about a person recovering from a mental illness in hospital who believes that he has found the right woman in a fellow patient. They fall in love, move in together, stop taking their medication and have a baby. The mother believes the baby is really an angel and communicates to her through TV's "Wheel of Fortune."
- o **Analyze This**- This film is about Paul Vitti (Robert De Niro), one of New York's most powerful Mafia bosses, who reluctantly goes to see a Psychiatrist, Dr Ben Sobol (Billy Crystal) because he is experiencing panic attacks and his henchmen think that this is not good for business. The Psychiatrist has problems of his own dealing a famous father, a broken marriage and a son.
- o **The Hours**- The Hours is a complex narrative that intertwines the lives of three women over the course of eighty years and seeks to draw parallels between the women's lives showing their desperation to live their life to the full whilst simultaneously running away from it. The film opens with the suicide of Virginia Woolf (Nicole Kidman) then shifts back to when she is writing her novel. The film moves onto a housewife, Laura Brown (Julianne Moore) whose life has reached a dead end, and whose only solace is a copy of Woolf's novel. The film then switches to Clarissa Vaughan (Meryl Streep), who is looking after a former lover and literary giant (Ed Harris) who is dying of AIDS.



Kaiyu
Enterprises Inc