



FACES NEWSLETTER

Editorial – August 2019 Issue

We are now past the half way mark of this year and I am wondering how your year has shaping up? Have you seen breakthroughs in your loved one's recovery or experienced the challenges that come from setbacks or other issues that pop up along the way?



I know that I have seen my fair share of challenges this year as my partner has struggled with some major health complications.

As I have been reflecting on my own ability to bounce back from the challenges, I know that it has taken a lot of determination on my part to not slip into the dark and murky depths of low mood.

And I have been asking myself a question, "Why am I doing this to myself?" And the resounding answer I hear is, "Because I have chosen to be with this person for life and I love them." It is a choice that I have made and one that I choose to continue to make.

Recently I was in conversation with a counsellor about my situation and they asked me to create a list of the attributes of my partner that I find attractive or positive. I started with three, but after being given a list of attributes to choose from I ended up with 15!

What this showed me was how easy it is to focus on the negative and to forget about the positive things that a person can bring to the table of life, no matter how affected they may be by an illness. I am grateful for that counsellor's wisdom, as it shifted my perspective, once again, and gave me the fuel I needed to continue to care.

Challenges present themselves. Our job is to see them for what they are, challenges. Illness affects a person, but is not the person. If we can separate them from the illness, then we can find the grace to continue to love and support them. After all, if the roles were reversed, I think we would want them to continue to love and support us.

Hayley | Carer Consultant
Stirling Community Clinic

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NMHS MH CARER SUPPORT SERVICES

Older Adult Carer Support Group

Lower West meets monthly at 6 Lemnos St, Shenton Park. The sessions are designed for carers of a person with mental illness or behavioural difficulties related to dementia, who reside in the Lower West. To attend, contact Lower West OAMHS Social Work Department or Carer Liaison and Education Service on 9328 0800.

Mirraboooka Carer Support Group

meets on the **3rd Tuesday** of every month, with one month focusing on 'educational-based' content, and the alternate month providing the opportunity for outings and support.

Osborne Park Carer Support Group

meets 11am **1st Thursday** of every month.

Sir Charles Gairdner Hospital

Inpatient Unit Carer Support Group for carers of inpatients only. Access via social workers.

Osborne Park Hospital, Mirrabooka, and Joondalup Community Clinic Carer Peer Support Workers -

available upon request, ask the case manager.

Youth Hospital in the Home (HiTH)

Carer Support Available upon request, ask the social worker.



Would you like to receive this newsletter in your inbox?
Or would you like to contribute an article, poem or story?
Contact: Hayley.solich@health.wa.gov.au.

Self-Care Tips

Know your limits

by Hayley | Carer Consultant
Stirling Community Clinic

When is 'enough' enough?



We all experience different levels of tolerance for pain, be it emotional or physical. The best person to decide when they have had enough is you.

This is where it is important that you check in with you regularly. Self-reflection is key to understanding yourself. Checking in with yourself enables you to keep a handle on how you are being affected by your caring responsibilities.

Check in with yourself by asking some questions:

1. *Am I coping?*
2. *Do I feel sad?*
3. *Do I still have motivation for living?*
4. *Do I experience feelings of joy?*
5. *Do I feel connected to my community?*
6. *Do I still care about what I am doing?*

I would highly recommend that if you are feeling sad, lacking motivation, not coping, not experiencing feelings of joy anywhere in your life and feeling disconnected from your community, that it is time to re-evaluate your situation.

No man is a mountain. We all have basic needs and drivers to belong, to have someone to love and to have our needs met. You cannot continuously give out and not receive something back in, so it is important to put yourself first. If you become unwell, you are no longer able to care.

We all have limits. When we reach the edge of our limits, it is time to get some help or to take some time out. Help is always available if we reach out. A good place to start is the [Commonwealth Respite and Carelink Centres](#).

I know in my own journey as a parent and a partner, there have been times when I have wanted to bang the table and say, "What about me? I matter, too."

Having firm boundaries with others is great, but sometimes we also need to put some boundaries around ourselves. Learn how to say no, learn how to ask for help and learn how to separate ourselves from the difficulties that we are facing. Our identity is not in our experiences, it is in who we are. And if you feel like the person you see currently is not who you are, then I would suggest it is time to reclaim you.

Creative Expressions

Hope

by Andy | Consumer
Mirrabooka Community Clinic

I felt the ripple of hope as it tickled
my senses
It wasn't a strong wave to begin
with
More just the soft caress of a long
lost friend
But it was enough.

It caused my lungs to open fully
for the first time
For my soul to catch its breath
And my heart to begin to beat
more strongly
More purposefully.

At first I was surprised at the lifting
of the smog
At the piercing of the dark veil that
hung over my eyes
But quickly I felt the ripple effect
transforming my gloom
Shredding it with the light of a
future

And that future was almost
blinding in comparison
It was not broken, burdened or
buried in worry and fear
Yet nor was it unfettered and fully
free
It just was more than I expected.

Despair snuck like a thief into my
life to claim my future
And hope came equally as
stealthily to reclaim it



Let's Talk About It

What is respite for you?

by Trudy | Carer Consultant
Joondalup Community Clinic

The mental health service delivery is changing rapidly. With the transition into NDIS, there is uncertainty around:

What is and where is carer support?

What is respite and how may support be accessed?

There is the suggestion that once a person has an NDIS package then this is respite for a carer. Some smaller and new agencies assisting to develop an NDIS plan are even calling it a carer respite service - really?

What about the principles of recovery being also applied/adapted to a carer and carer respite?

Here is how these principles may be paralleled:

1. Uniqueness of the individual - respite outcomes are personal and unique to the individual, empowering you to recognise that you are at the centre of the respite you receive.

2. Real choices - Making your own choices about what respite is for you, depending on your strengths and what you feel are risks or new opportunities.

3. Attitudes and rights - Being listened to and recognising your human

right to choose what is respite, to support you to maintain and develop social, recreational, occupational and vocational activities which are meaningful to you.

4. Dignity and respect - Being courteous, respectful and honest in all interactions; being sensitive to each individual, especially for their values, beliefs and culture – challenging discrimination.

5. Partnership and communication - Acknowledging that each individual is an expert on their own life, working in partnership with carers to provide respite in a way that makes sense to them and to assist carers to realise their hopes, goals and aspirations.

6. Evaluating recovery - Services demonstrate that they use the individual's experiences of care to inform quality improvement activities.

So, after adapting these Recovery principles to suit carer respite, are you being included in the consultation of what respite is for you?

Is respite a one size fits all?

Has it considered there are many barriers to respite when it has to align to a 1 or 2 hour service delivery time for their loved one, determined by the agency along with the person they support?

There may be other commitments a carer has to attend to at that time. Work commitments, family commitments, appointments and many other responsibilities.

It may be challenging to be ready to have your respite once the support person arrives, you may not yet be dressed, or have eaten, taken your medication, be the right time for you and by the time you are - your allocated time is over.

Respite can be so many different things - unique to the carer – decided by the carer as to what is respite for you.

For some it may be – being alone whereas for others it may be connecting with Peers. For some it may be to take a break and get away, for others it may be to sit in the home alone.

It may be to read, bathe, meditate, exercise, sleep, do nothing, study, paint, dance, garden, cook, sing, skydive, run, swim, walk on the beach, learn something new, meet friends etc.

It may need to be at a specific time, a short time or for a long time, in the morning, night or weekend.

Surely though, it should be up to the carer to determine.

So, what is respite for you?

Carers Sharing Stories

There is Hope
by Anonymous | Carer

12 years ago I walked into my GP office and finally after someone asked me how I was doing, "I broke". Something I never expected to happen, as I considered myself a pretty tough cookie.

I had been managing numerous crisis for ten years prior with no support, no family other than my two young teenagers. There had been misdiagnosis and incorrect medication that had made things worse.

I had remained silent, ashamed, embarrassed, stepping on eggshells, self-blaming and self-loathing at times. Sometimes I would cry all the way to work after seeing a couple walking hand in hand along the coast. On arrival I would dust myself off and put my work face on. Sometimes I would stop on the way home to take a breath before wanting to step back into reality. I just kept putting one foot in front of the other, building a brick wall around me so tall that no-one could get in and I couldn't get out – I was totally isolated. Everything just felt absolutely hopeless, I believed our marriage and family life was over.

I was alone. I had no understanding about mental illness or that there were support organisations to help us. The GP referred me to a Carer Support Organisation. It saved our family.

First, I had counselling, and then attended a respite retreat before being ready to participate in peer led information and education programs and support groups. I began to feel connected, validated; I began to understand Mental Illness had renewed empathy and increased hope. Allowing myself to be vulnerable, reaching out and sharing with Peers provided me with the tools to better walk alongside my husband.

We got appropriate support for him, an accurate diagnosis and successful treatment. Within a very short period of time he was well. We began to recover and heal. Our family began to function more easily, reconnected and with the tension settling.

Together, we managed to adjust our lives, accommodating the bumps in the road, the uncertainty and inconsistency. We reconnected, conversed, planned and trusted in one another to give and receive support. We learned to make the most of the well times, enjoying every minute, filling our cups up. This equipped us to accept the not so well times, armed with the skills to cope and trust or hold on to the hope that wellness



would return. Wellness is now sustained for much longer, we have become a stronger, more united team; feel equipped and able to cope with what we face together.

Often we reflect on our journey, and as hard it sounds we believe we are stronger and more compassionate people than we ever could have imagined. We were worried about the impact on our children; they too now understand mental health and have empathy and are both part of our support network.

We never would have believed this possible prior to engaging in support services, we had lost hope and didn't expect our relationship to be current today.

33 years married – committed to wellness – still engaging in Peer support programs, we for the most part love our lives and feel optimistic about our future and we believe - There is hope.

Showcasing Carer Services

Borderline Personality Disorder Foundation
by Trudy | Carer Consultant
Joondalup Community Mental Health Clinic

The Borderline Personality Foundation WA Branch was officially launched during BPD Awareness Week 2017. The WA Branch functions with a committee of carers, consumers and clinical representatives participating as interim committee members.

The WA Branch since its inception has supported and delivered a number of events and projects, such as:

- BPD Awareness Week October 2017 and 2018
- Promotion of BPD Awareness, Radio Interview 2017
- Compiled an extensive resource for carers, consumer and professionals relevant to Western Australia
- Project Air provided training to clinicians, consumers and carers in Perth during their recent visit
- Workshop for family members which was well received and held at Mental Illness Fellowship of WA (MIFWA)
- Four MHPN each year which provides professional development and network opportunities for those within the mental health sector.
- Liaising with the PD Mental Health Sub-networking Committee

BPDF WA was the recent recipient of a G'rilld Local Matters community donation. The cheque was accepted by Sharon Karas. Sharon Karas and Samantha Scott from MIFWA occupy the role as interim Chairs for the BPD Foundation WA Branch and can be contacted on 9237 8900 for any enquires regarding the WA Branch.

Borderline Personality Disorder (BPD) - sometimes now called Emotional



Upregulation Personality Disorder (EUPD) or Emotional Dysregulation disorder is a complex mental disorder that is often misunderstood. People with this disorder are frequently discriminated against and stigmatised.

Symptoms for people with this disorder include emotional distress, self-harm, difficulty relating to others and the world around them. This can be very distressing for the person and for people close to them.

Currently between 2% and 5% of Australians, that's 500,000 to 1,200,000 individuals, are affected by BPD at some stage in their lives.

Interesting facts about BPD

- The symptoms of the disorder usually first appear in mid to late teens or in early adulthood,
- Women are three times more likely to be diagnosed with BPD than men.
- The causes of BPD are not fully understood. They are likely to involve biological, social and/or environmental factors. For some people these factors may relate to childhood experiences of trauma or neglect.
- Contrary to common belief, people with BPD can recover! With early diagnosis,

appropriate treatment and support the prognosis for people with BPD is positive.

Having BPD is not deliberate; it is a disorder people do not choose to have. And, people can recover!

Embracing Borderline Personality Disorder - Dr Keith Gaynor (2013)

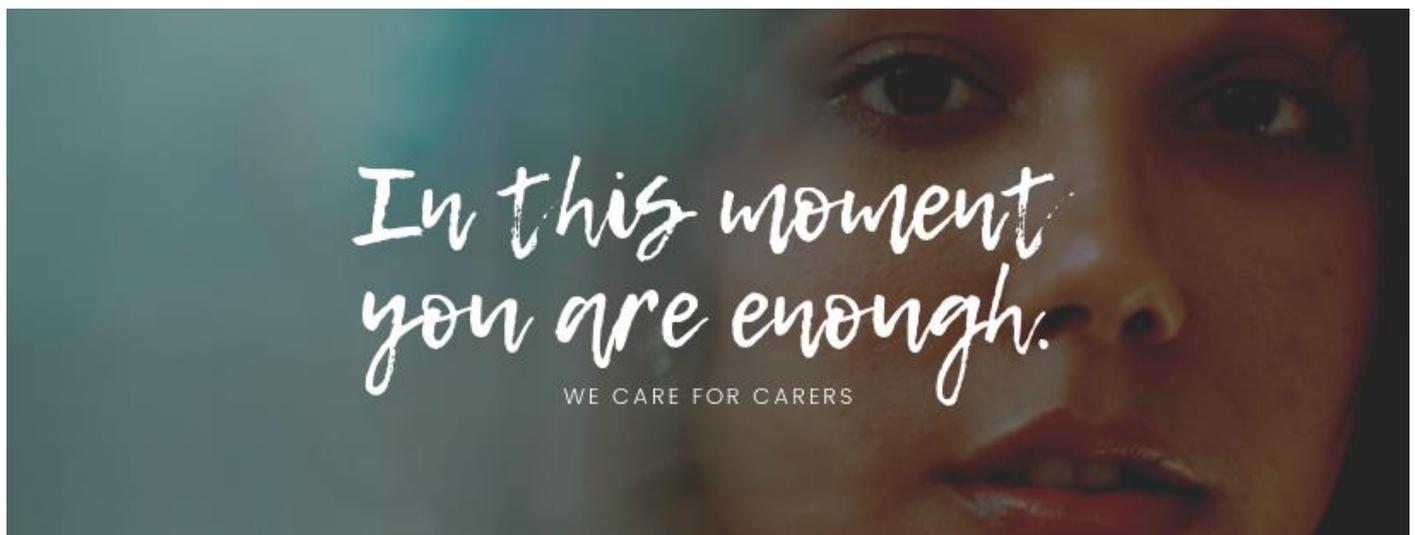
<https://bpdfoundation.org.au/>

Support for Families and carers The Family Connections™ Program

Family Connections™ is a 12-week course that meets weekly to provide education, skills training, and support for people who are in a

relationship with someone who has BPD. Focusing on issues that are specific to BPD, it is hosted in a community setting and led by trained group leaders who are usually family members of relatives with BPD. Dr Alan Fruzzetti and Dr Perry Hoffman developed the course based on their research as well as their significant professional expertise in counselling people with BPD and their loved ones. Family Connections provides: current information and research on BPD and on family functioning; individual coping skills based on Dialectical Behaviour Therapy (DBT); family skills; and group support that builds an ongoing network for family members.

<https://www.borderlinepersonalitydisorder.org/family-connections/>



Did you know:

We are currently compiling a report for the Carers Advisory Council, showcasing what is being done at North Metropolitan Health Service, Mental Health with a carer focus. The report outlines the programs and commitments we have made during the 2018-2019 year. Some highlights include:

- Launch of Carers Support group at Osborne Park Hospital.
- Speak Up poster and staff training to help carers identify when their consumer is experiencing a decline in their health so there can be early intervention
- Completion of a Carers project at Stirling and Graylands Hospital to help staff with the early identification of carers and creating more awareness of the needs of carers and their rights and responsibilities.
- Modification to our intake consent forms to include spaces for carers details to be recorded to ensure better communication with carers.
- And much more, including the relaunch of the FACES newsletter.

Inspiration Corner



I Am A Lion

By Nadine | Carer Consultant, Adult Program

I am like a lion and I can roar
 You may just see me,
 but I am so much more.
 Like a lioness guarding, protecting its pride.
 I will be present,
 I will not give in
 I will not hide.

I carry the burden more than you know
 I see the reality of life's highs and lows.
 A different perspective, clarity, truth and open eyes
 You see I speak without the illness,
 because the illness can lie.

My voice is invaluable of things unsaid,
 what has been happening,
 sometimes not even getting out of bed.
 How can you help
 when the help they have, you don't ask
 I'm a part of this too,
 it's not always about the past.

My presence is intentional
 To be heard,
 to be seen,
 Everyday life, I'm a part of the recovery team.
 Just like a Lion,
 I can be bold,
 stand tall and be strong
 According to the "Mental Health Act 2014", I
 do belong

So be mindful of how you consider me
 A Lions heart I have, but a Lion I can be.

Reflections on Ageing

by Norm |

Now the afternoon is fading with the darkness
 coming on,
 As I sit here and reflect upon just where the
 day has gone;
 I used up my potential well before the autumn
 moon,
 Now my energy is fading, winter night comes
 on too soon.

All the years that I have wasted, all the
 dreams left unfulfilled,
 Opportunities gone begging, that enthusiasm
 killed;
 I've had my ups, I've had my downs,
 I've been right through the mill,
 Although I never reached the top,
 and now it's all downhill.

There isn't much that I can do
 to halt the downward slide,
 I've forsaken my ambitions,
 my hopes and dreams and pride.
 I can only seek forgiveness
 for the wrongs that I have done,
 And walk, ever so gently, into the setting sun.

But wait! It isn't time yet, for me to walk away,
 There's a flame that burns inside me, every
 single day;
 If I can do just one small thing to ease
 another's load
 I'll smile and roll my sleeves up and continue
 on my road.

Let's Talk About It

Smoke Free Policy

by Lisa | Carer Consultant

Lower West Community Clinic

There is now a Smoke Free Policy for our Mental Health Services

As of 27 August all NMHS Mental Health Services will implement a smoke free environment policy. Therefore all indoor and outdoor areas on NMHS Mental Health grounds are totally smoke free and smoking can only occur off the grounds, well away from facilities.

This is to deliver a healthy environment for consumers, visitors, and staff.

To achieve a smoke free environment, and to support consumers who are smokers, there will be a concentrated routine to establish, in a timely manner, the smoking status of every consumer during their admission in a non-smoking Mental Health facility.

To support their nicotine dependence, consumers will be offered Nicotine Replacement Therapy (NRT). This aims to replace the nicotine from smoking cigarettes with safer alternatives, to reduce symptoms of nicotine withdrawal. This can be in the form of nicotine patches, inhalers, mouth sprays and lozenges or be a combination of products.

It is essential that nicotine withdrawal signs are recognised and promptly treated as they can be misinterpreted as symptoms of mental illness. Early recognition and treatment improves a consumers' wellbeing and enhances their ability to engage in managing their mental health.

Consumers will be supported to quit smoking from initial assessment to discharge. On discharge they will be given a supply of NRT, as well as information and help to support their continuation of not smoking.



As family and carers of loved ones who smoke there are things we can do to help in this situation.

. Be prepared and plan ahead.

Have a conversation with your consumer on how they would like to manage not smoking if they go to hospital. Maybe consult your GP or pharmacy and access nicotine replacement products.

. Be aware of withdrawal symptoms by 2 or more of the following :

Anxiety, irritability or restlessness, reduced concentration, tobacco craving, increased cough, change in sleep patterns, mouth ulceration, mood swings, increased appetite and request an increase of NRT, if necessary.

. If a hospital admission is necessary and your loved one will not go due to the fact they cannot smoke whilst in hospital, you could request Hospital in the Home, if they meet the criteria.

Showcasing Carer Support Services



by Hayley | Carer Consultant
Stirling Community Clinic

Palmerston supports individuals, families and communities affected by alcohol and other drug issues with a range of services including counselling, group and residential rehabilitation.

The Family Support group meets every Wednesday at 6pm at 134 Palmerston St, Perth.

The group is run by a Peer support Worker who has a lived experience of dealing with the issues and life experiences of having a loved one use drugs.

The group is free and is open to any family members who are experiencing any level of stress, discomfort or trauma due to a loved one's alcohol or drug use.

The group runs on a collective wisdom model and is extremely supportive. Guest speakers attend at different times to address any specific issues raised by the group.

Often people attend the group and then request specific family counselling, which is available through Palmerston Perth.

Palmerston Perth has a strong base of family counsellors who can offer family or individual sessions to anyone affected by someone else's drug or alcohol use.

Palmerston also has SMART groups on Tuesdays and Thursday at 6:30-8pm, and Fridays 10-11.30am. These groups are peer based and trained SMART facilitators help those affected by drugs and often co-occurring mental health issues to make a practical plan to overcome their drug and mental health issues. These groups are free and people can just come on the night, no need to book ahead.

For any inquiries, please feel free to contact Palmerston on 9328 7355. There are many services related to helping people overcome addiction that are offered from Palmerston Perth. On-line inquiries can be sent to perth@palmerston.org.au

5662 clients supported 2017/2018

41% clients under 30 years of age in community services during 2017/2018

30% of clients listed meth as their number one drug of concern

Ref: <https://www.palmerston.org.au/>

Other Carer Support Services

Helping Minds (08) 9427 7100
Carers WA 1300 227 377
MIFWA 9237 8900

Important Numbers

**Mental Health
Emergency Response
Line (MEHRL)**

1300 555 788

Rural Line

1800 552 022

For help with mental health emergencies

Crisis Care Help Line

1800 199 008

Help with temporary accommodation, protection for children, financial aid, counselling and other support services

Police

131 444

For police assistance or attendance: when any person feels in danger, under threat or at risk.

Triple 000 Emergency (Police, Fire, Ambulance)

For urgent help in a life-threatening emergencies

LifeLine

131 114

24/7 crisis support telephone counselling service.