

8. INFORMATION BROCHURE FOR CARERS

This brochure has been developed for national use on the basis of the information obtained during consultation. It includes adaptations and selections of work contained within State, Territory and NGO carer documents, including those produced by Lifeline and beyondblue.

Recommendation

It is recommended that the following section of the report be edited to a 'plain English' format; and be further developed by a graphic designer for transmission by email and to be web based; to enable wide distribution nationally to carers for consideration and feedback. The revised brochure should then be published in hard copy and placed on the DoHA website for national use.

INFORMATION BOOKLET

for Families and other Carers

You have been given this information pack because you live with, or provide support to, someone with a mental illness?

This could mean you:

- Provide emotional support, sometimes for long periods each day; or
- Need to encourage the person you care for to take their medication, and watching for side effects; or
- Provide assistance with bill paying, filling in Medicare claims and other similar tasks; or
- Need to remind the person you care for when they have appointments and make sure they get to them; or
- Help the person you care for to understand what the doctor has said and what the treatment will be; or
- Check to see if there is food in the fridge, and you might make some meals; or
- Help with household chores such as cleaning, grocery shopping, gardening; or
- Make regular phone calls to the person you care for to “check in” on them; or
- Assist the person you care for to be involved in some social activities.

If so, this means you could be described as a ‘CARER’. Carers of people with a mental illness are entitled to be recognised, respected and provided with information and support.

‘Carer’ is a term that is used by services and governments to describe people that provide support to someone with a mental illness that needs help. You may be, and will continue to be, primarily the persons wife, husband, partner, son, daughter, sister, brother, parent, other relative, neighbour or friend. It doesn’t matter how many hours per week are spent providing support. Carers may live with the person they are caring for, providing assistance with daily needs, or may visit the person weekly or call regularly. Being a carer involves an investment in time, energy and support.

We know that carers are often ‘hidden’ looking after a family member or helping a friend or neighbour with day to day tasks and may not see themselves as a carer. This is particularly true in situations where children may be the carers in the family.

Caring for someone with a mental illness can be a difficult and painful experience. It takes time and can be emotionally draining. Most people have had limited or no

previous experience of mental illness and may experience a whole range of feelings. This is often described as 'like being on a roller coaster'.

This can be particularly difficult if the person concerned feels they do not need help, but behaves in ways that causes problems for themselves and possibly for you too.

Some of the reactions commonly experienced by family and friends are:

- Guilt
- Stigma
- Fear
- Frustration/Anger
- Hurt
- Grief

We understand that it may be difficult for you to identify yourself as a carer, particularly in the early stages of an illness because:

- You may be overwhelmed by the situation if you have not had any previous experience with mental illness;
- Mental illness is not always viewed favourably in the community;
- You see it as a duty or family responsibility and would be uncomfortable about accepting help from other people;
- You may be uncomfortable about the involvement of government services or the police;
- You may feel you are a failure if you ask for help;
- You are so busy just coping that you may not be aware there is help available or how it might make a difference; and
- You don't believe anyone could help you

You are not alone in feeling these things and it is important you seek information and support for yourself and other family members.

Carers are our partners in the provision of healthcare. We need to work with you to make sure that your family member or friend receives the best care possible.

ABOUT MENTAL ILLNESS

How do I recognise if someone may have a mental illness?

While symptoms vary, and each person with mental illness is different, all people with mental illness will experience some of the symptoms listed below.

Symptoms on their own, or as isolated events are not necessarily a sign of mental illness, however persistent, multiple or severe symptoms may require a mental health assessment.

Possible symptoms

There are a range of symptoms which may indicate mental illness. These include:

Changes in thinking or perceiving including:

- Anxiety – being overly fearful about things that may never happen
- Depression – sadness and lack of interest in life that lasts for more than a couple of weeks
- Confused or disorganised thinking – sometimes it is difficult to understand or make sense of what the person is saying.

Changes in mood including:

- Sadness coming out of nowhere that cannot be explained
- Extreme excitement or happiness
- Mixtures of moods from very happy to very sad
- Pessimism, seeing the world as grey and lifeless
- Feeling hopeless
- Loss of interest in once pleasurable activities
- Thinking or talking about suicide or other forms of self harm

Changes in behaviour including:

- Sitting and doing nothing
- Friendlessness, abnormal self-involvement
- Dropping out of activities, decline in work, academic or athletic performance
- Anger and hostility that is out of character
- Indifference, even in highly important situations
- Inability to express joy
- Inappropriate laughter
- Inability to concentrate or cope with minor problems
- Irrational statements
- Peculiar use of words or language structure
- Excessive fears or suspiciousness
- Drug or alcohol abuse
- Forgetfulness and loss of valuable possessions

- Attempts to escape through frequent changes of address
- Bizarre behaviour (strange posturing)
- Unusual sensitivity to noises, light, clothing

Physical Changes including:

- Being very active or not active at all or a combination of both
- Poor hygiene or personal care
- Unusual eating habits/patterns
- Unexplained weight gain or loss
- Sleeping too much or being unable to sleep

Hallucinations – problems with any of the senses (sight, sound, touch smell and taste). Most often they are auditory hallucinations or voices that the person can hear that are not real to anyone else. They are often very distressing to the person as the voices may say upsetting things and other people deny hearing them.

Delusions – psychotic symptoms of particular types of mental illness, such as schizophrenia. They are firmly held beliefs that are not held by other members of the person's social group. Persons who experience delusions may offer bizarre explanations for experiences or circumstances. For example, they may believe they are being spied upon, followed, poisoned or that they possess great unrecognised talent.

Sometimes, particularly if this is the first time your family member or friend has been unwell, it may not be possible to make a clear diagnosis or to determine what is causing the symptoms. Each person is unique and the symptoms they have will be unique to them. There is no reliable way to predict what the course of an illness may be. Symptoms may change from year to year. Also one person's symptoms may be very different from those of another, although the diagnosis may be the same.

Often symptoms of mental illness run in cycles and may vary in severity. The length of time an episode of mental illness may last also varies. Some people are affected for a few weeks or months, while for others, the illness may last many years or for a lifetime.

In some cases of apparent mental illness, physical illnesses can be found to be the cause. Possible physical illness always needs to be investigated when mental illness is suspected.

Note: *This guide is for informational purposes only. It is not meant to be used as a diagnostic tool. It is very important that you seek a professional evaluation if you have concerns about yourself or another person.*

If you are concerned about a family member or friend you should contact your GP or local mental health service.

SOME COMMON MYTHS

Myth: mental illness is for life

Most people will recover from mental illness, especially with early treatment. Some people may have one episode of illness and recover completely and other people will have episodes of mental illness with times in between when they are well. For a small percentage of people with a more severe illness, episodes of illness will occur regularly and need specialist management and long-term medication. Some people are very disabled by their illness but others with appropriate treatment can lead full and active lives.

Myth: mental illnesses are all the same

There are many types of mental illness with a variety of symptoms for each illness and each individual.

Myth: people who are mentally ill are violent

Having a mental illness does not mean someone will be violent. People receiving treatment for a mental illness are no more violent or dangerous than anyone else. It is much more likely that someone with a mental illness may hurt themselves, or be hurt by someone else.

However, there is a slightly increased possibility someone with a severe mental illness may be violent if they are not receiving treatment, have a previous history of violence, and are abusing alcohol or drugs.

Symptoms of severe illnesses may include frightening hallucinations and delusions as well as paranoia. This means there is a small chance someone who is experiencing them may become violent when they are scared and misinterpret what is happening around them.

Family members and other carers faced with these situations should seek help immediately from their GP, mental health service, or in extreme situations from the police.

If a person is being effectively treated for psychotic illness and is not abusing alcohol or drugs, there is no more risk they will be violent than anyone else.

How do I find out more?

It is important to ask your doctor about any concerns you have about mental illness. You can also call the SANE Helpline on 1800 18 SANE (7263) for confidential information and advice. SANE Australia produces a range of easy-to-read publications and multimedia resources on mental illness.

LEARNING A NEW LANGUAGE

In mental health there are many terms you may not be familiar with. Some of the more common terms you might hear are explained below.

Mental Illness

A disorder of the mind that affects a person's ability to function properly, eg, their thinking, feeling or ability to work or socialize.

Mental Health Service

A specialised service that provides assessment, treatment and support for people experiencing mental illness. Mental health services include both inpatient and community based services and are available on both a public and private basis.

Inpatient Services

When someone is admitted to a psychiatric hospital they may be cared for in either an open or a closed ward. This will be dependent on what is considered the safest option for that person at any point in time.

Consumer

A person receiving treatment from a mental health service.

Carer/Family Carers

Any family member, relative or friend who provides ongoing care and support for a person with a mental illness without payment.

Case Manager/Care Co-ordinator/Key Worker

A mental health worker who may be assigned to help a person being treated

by the mental health service. All people in these positions are required to have training to be able to assist a person by:

- Helping them to identify ways they can develop a treatment plan and work towards recovery from mental illness
- Educating them about mental illness and how they can manage their symptoms
- Linking them to other services and community organisations
- Being a contact person in the mental health service
- Providing support and education to families and carers.

Multidisciplinary Teams/The Mental Health Team

Specialist mental health services provide treatment and support through multidisciplinary teams made up of professionals from various disciplines (e.g. Psychiatrists, Medical Practitioners, Nurses, Social Workers, Psychologists, Occupational Therapists, Aboriginal Health Workers and Aboriginal Mental Health Workers). The team may also include people who work in the non-government sector such as personal mentors and peer support workers. Each of these people have different training and skills. They will work with each other, and with you, to make sure the treatment plan developed for your family member or friend is put into action.

Nurses

Nurses are educated to promote good health, prevent illness, and the care for people when they are ill. They work in a broad range of health settings including in hospitals and GP clinics. Some have received specialist training in mental health. When your family member or friend is in hospital it is the nurses who will provide 24 hour care.

Occupational Therapists

A person specifically trained to assess the practical skills that a person has and to develop programs to support the person to learn new skills in managing day to day living that build their independence.

Psychiatrist

A doctor who has undertaken additional specialised training that qualifies him or her to diagnose and treat mental illnesses. Psychiatrists are able to prescribe medication.

Psychiatric Registrar

A doctor who is currently undertaking specialised training for registration as a Psychiatrist. Registrars are able to prescribe medication.

Psychiatric Medical Officer

A doctor who has experience in the treatment of people who have a mental illness, alcohol or drug abuse but no specialist qualifications. They are able to prescribe medication.

Psychiatric Case Manager

A person appointed to monitor the progress of the treatment and care of a person receiving treatment under a community management or treatment order.

Social Workers

A person specifically trained to work with people to change the way in which they live. This may involve assisting them with their finances or accommodation and helping them to navigate community welfare services that may offer support.

Psychologists

A person who has usually completed a postgraduate degree in psychology. Psychologists are people who have undertaken additional specialist training in the assessment of behaviour and mental functioning, and ways of helping people change how they may think, feel and act towards themselves and other people. Psychologists are not trained in general medicine and are unable to prescribe medication.

Recovery

From the perspective of the person with mental illness, recovery means gaining and retaining hope, understanding of ones abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self. It is important to remember that recovery is not the same as cure

COMMUNICATING WITH STAFF – a check list

As a carer, you should be provided with information to help you. The following checklist provides prompts that may be beneficial to you in seeking information.

Ask if you can be provided with general verbal and written information about:

- The mental illness and diagnosis.
- What sorts of behaviours you might expect and how to handle them.
- Medication – alternatives, benefits and possible side effects.
- Services that might be available locally for your family member/friend.
- Services that might be available locally to assist you as their carer – government, private and community services.
- Local and national support groups.

In order for you to feel comfortable in talking about your concerns you need to ask if you can have:

- Ongoing opportunities to ask questions and discuss concerns.
- The opportunity to meet with staff on your own.
- Assurances that the information you discuss with staff will be kept confidential.
- Assurances that you are a valued member of the care team.
- Practical and emotional support.
- An assessment of your own needs to help you in your role as a carer.

Have you been given help to understand:

- The rights and responsibilities of people who have a mental illness, you, as their carers, and mental health staff who work in this service.
- Any restrictions on sharing information requested by the person with the mental illness.
- What the treatment plan involves and aims to achieve.
- What a crisis plan might involve. It is a good idea to ask for this in writing.
- What a recovery plan might involve.
- The roles of each staff member involved in care of your family member or friend.

Have you made sure that you have communicated to mental health staff:

- Any information regarding your family member/friend that may be relevant such as changes in behaviour, use of drugs or alcohol.
- Information that that may influence the choice of medication or treatment, such as allergies.
- Information regarding benefits or side effects of medication or treatment previously prescribed.

- Any problems you have in caring for your family member/friend such as them being unwilling to take medication, or to get up in the morning.
- If you need help in solving problems or handling specific situations.

Remember, communication is a two way process.

People with mental illness have the right to refuse to have personal information shared with carers however this does not over-ride your right to present your views and experience to staff and to receive general information about the person you provide care for.

WHAT ARE MY RIGHTS AS A CARER?

Caring for someone is an important and valuable role in the community, which is often a 24 hour job that can be very demanding and may make you feel very alone. A number of pieces of Carer Recognition Legislation, Mental Health Legislation and the National Standards for Mental Health mandate that you receive appropriate support via way of access to accurate and timely information and referral where appropriate.

The mental health team is committed to working in partnership with you and your family member or friend to provide safe, high quality services.

It is important for us to know if we are listening to you and providing the right information and support to help you – so please let us know what you think, because we really do value your opinion.

Carers can expect the mental health team to:

- Introduce themselves and advise you of their role in caring for the person who has been admitted to the service.
- Treat you with dignity and respect
- Explain the level of the information that is able to be shared and the reason for this
- Reply appropriately to any concerns or queries
- Provide you with access to interpreters if you need them
- Keep personal information you give the team about yourself as confidential and respect your privacy
- Inform you of your right to seek further opinions regarding the diagnosis and care of your family member or friend.
- Inform you that you do not always have to be available to your family member or friend, ie you can take time for yourself
- Inform you of your right to make complaints and how you would go about doing this.
- Inform you that there are information and support programs available for carers and where to go to get this information.

In addition, if your family member or friend who is unwell gives permission, you can expect the mental health team to:

- Discuss the available treatment options with you
- Involve you in planning a program of care
- Involve you in planning for discharge and on-going care

Relationships between people with a mental illness and their family or other carers are not always straight forward. They may also change frequently depending on the nature of the illness, or how unwell the person is. There may also be circumstances where the person is too unwell to give, or refuse, permission for the mental health team to involve you because of their disturbed mental state.

If this is the case you can still expect the mental health team to:

- Provide you with an assurance that they will check with your family member or friend on a regular basis, the level of information to be shared; and
- Provide opportunities for you to give the mental health team information you have concerning family relationships and any matters relating to the mental state of your family member or friend to assist with diagnosis and care.

COMPLAINTS PROCESSES

If you feel that something is not right, please **let the mental health team know**. You can do this by asking to speak to a senior member of the staff. You might like to have another family member or friend to help you if this situation arises.

In most cases if you let staff know about any concerns you may have as soon as possible it is generally easy to deal with them.

You may also like to ask the Carer Consultant/Family Worker to help you to speak with, or arrange a meeting with staff.

If you are still concerned, or need more information, it is possible to telephone or meet with people who could assist you. These might include:

Health and Hospitals Complaints Commission

Telephone numbers vary across states and territories

Office of the Public Advocate

Telephone numbers vary across states and territories

Office of the Chief Psychiatrist

Telephone numbers vary across states and territories

Carers Australia

Freecall 1800 242 636

ARAFMI

Telephone numbers vary within states and territories

Mental Illness Fellowship

Head Office in Adelaide – business hours 08 8272 1018

WHAT ABOUT YOU

Supporting someone with a mental illness can be an extremely challenging experience that takes you along unexpected and unknown paths. Trying to make sense of your feelings, the illness, and the whole situation brings many questions with sometimes, it seems, even fewer answers. This is not an unfamiliar experience, many families and other carers often say they feel this way.

It is important to understand that your reactions are normal. They reflect how you feel and shouldn't be questioned or judged by other people who aren't walking in your shoes. Everyone's experience is unique, however it is good to find opportunities to share these feelings as you may be surprised to find how much you have in common with other people who are carers.

When you are the carer of a person with a mental illness you're likely to experience a range of feelings. Sometimes, adjusting to the problems you're facing and understanding your emotional reactions can take its toll. This sometimes means you might become anxious or depressed and need to seek help for yourself.

Maybe you have had thoughts or questions like the ones below. Hopefully the stories from other carers can give you some reassurance and support to help you in your journey.

- **Is what I am feeling a common experience for families and friends?**
- **How will the experience affect the rest of the family and my friends?**
- **I never expected to feel grief and loss.**
- **How on earth am I going to cope?**
- **I feel like I am going to explode...I need help too...**
- **Something or someone's got to change. Maybe its me...**

IS WHAT I AM FEELING A COMMON EXPERIENCE FOR FAMILIES AND FRIENDS?

During the initial stage, when your family member or friend is diagnosed with a mental illness, it's likely that you may feel relief because:

- There is a name for the difficulties you have both been facing
- There is a reason for the behaviour
- Help is available

You may also feel some fear and confusion and wonder:

- Where to from here?
- Is this only the beginning?

These questions are all normal because for most people this is a new experience.

Many family members and other carers say that once the mental illness had been diagnosed, their feelings of love and protection increased. Sometimes, at the same time, you might feel a sense of helplessness because you can't control or fix the situation.

Common feelings at various stages generally include:

- Fear
- Blame
- Uncertainty
- Confusion
- Guilt
- Insecurity

"I felt pretty terrible because I hadn't recognized it...so I felt shattered...but I also felt a great relief that now we know what is wrong. I think that it is impossible for anyone who has not had this experience to understand the trauma that mental illness can have on a family. As a mother of a very intelligent and loving son it is very hard to let go of the hopes and dreams that you have for his future.

I felt guilty and scared at the same time. I was worried about what this would mean for us, for our family. We are reliant on him to provide for us, and the thought that he would not be able to do this was terrifying. Then I felt even more guilty. He was suffering and there was I thinking about money. How heartless...I was torn between guilt and fear."

Families and friends of people with a mental illness also describe other feelings such as being overwhelmed by what is required of them. It may seem just too demanding and there may be no relief in sight. The high level of responsibility that can come with caring for, and supporting, another person, particularly if this involves physical, practical and financial support, can be exhausting and may also trigger feelings of resentment, frustration and anger.

"I wouldn't put up with it if I didn't love him."

"I am only hanging in there to help my grandchildren."

It is important to know that these are normal responses to a situation you did not plan. Remember, the situation in which you find yourself is beyond your control. You had no say in it. You didn't ask for this to happen – but nevertheless, here you are.

This does not mean you love or care about your family member or friend any less. However, it is likely that at some stage you might react to all these feelings – and you might not be able to predict when, or how. Again, this is normal response because you are using all your energy and resources to take care of your family member/friend and to take care of yourself.

How will the experience affect the rest of the family and my friends?

Relationships

Living with, or supporting a person with a mental illness not only affects you. It is likely to affect the other relationships within your family and with friends.

Family life may be disrupted. Routines and the sense of 'normality' you once had in your home may gradually change, often without you recognizing it. You may find that the changes you have all gradually made to adjust to living with a person whose behaviour has changed have now become the norm.

"I rarely see a friend or anything...I don't really invite people over that much because of it."

"It has affected my family greatly and still does. Like me, they had no dealings with mental illness and thought their sister was a spoilt brat at first until I gathered all the information I could put my hands on to help me understand more and to convey what I learnt to my children. In one way, it has split the family because they still cannot comprehend mental illness, as they are busy with their own children – my grandchildren."

"Whenever we have a family get together I know my family, including myself, are very careful with our choice of words in case my daughter becomes up set and has an outburst. This makes it very unpleasant for everyone."

Social relationships may also change. The response you get from friends and family members may be surprising or hurtful. This may be because they don't understand mental illness, what it means, or what you may be going through.

"Both my husband and my son had difficulty accepting my daughter being diagnosed with mental illness. Now after many years they have become more understanding of mental illness as a whole – not just within our immediate family. We also found it hard that 'friends' of long standing were unable to provide much support to us. In fairness this was probably due in part to their limited knowledge of mental illness and therefore they had their own problems acknowledging what we were dealing with."

In some situations you may experience financial difficulty as a result of:

- Not being able to continue working full-time
- Ongoing medical expenses
- Helping to meet the financial commitments of your family member/friend.

"I just got so much flak from my workmates that I was ready to quit. They don't understand why I sometimes need to take time off at a moment's notice sometimes."

"I have been assisting my daughter with money because she can't work and I've been paying whatever she needs to get by."

Relationships can become one-sided because people with a mental illness are sometimes so focused on their own problems they may have nothing left to share with anyone else.

If your relationship has changed, remember this is mainly due to the person's illness. If that person gets the right treatment, then your relationship has a chance of returning to what it was or you may move to a new stage in your relationship.

Parents

Parents of children who develop a mental illness often feel responsible. They think they might have contributed to this in some way. This can be made worse by parents feeling blamed when they sense underlying questions from friends or other family members about their children's behaviour, their skills as a parent, or the amount of love and support they give to one child.

"Other people can be critical of not only the way you are supporting them, but the fact that you are continually supporting them."

It is important to work out what is being protective and what is reasonable care. Parents often talk about the balancing act they struggle with. Where is the line between reasonable support and becoming over-protective, or when to be there and when to step away.

"At the end of the day you have to do what is right for you – but it is really hard."

Brothers and sisters

Balancing parenting and caring can be even more complicated when there are other children in the family. It's difficult trying to treat all children equally and not focus solely on the child with the illness. Other children may feel resentment when the unwell child is given special treatment.

"...our other children, although we didn't realise it at the time, but they told us later that we were kind of putting a lot of pressure on them by not giving them a fair share of our time and by kind of putting expectations on them to be the 'normal' ones...I don't think we knew we were doing it except by saying things like, 'Thank God you're okay.'"

Some children may also worry that they too will become unwell – *"Will this happen to me too?"* They may be embarrassed and self-conscious about the situation and withdraw from the family and their brother/sister.

It is very important to discuss the situation openly within the family, educating everyone about the illness and the importance of each person having a role in supporting the person with the illness (and each other) at this time.

Partners

Providing care and support can be particularly draining and tiring for a partner. The mental illness, increased tension, decreased communication and reduced intimacy, may all combine to change the relationship significantly. As a result, over time, the relationship may change and many carers say that they feel a sense of grief and loss that they no longer have the relationship with their partner that they once did.

Many people who care for a partner with a mental illness struggle most at times when the burden of care becomes overwhelming, leaving some to consider leaving the relationship. This in turn may lead you to experience strong feelings of guilt for considering abandoning her/his partner in their time of need.

It is important you try to relieve the burden by looking for other avenues of support and by giving yourself some time out. This not only provides a time to relax but also to step back and review the relationship and the situation. Individual and/or couple counseling may also help provide support, reassurance and strategies to cope with difficulties.

Friends

Friends who take on a caring role may struggle to find the right balance in their relationship and they may worry about over-stepping the mark. There can be a fine line between being intrusive and being supportive. It can sometimes be difficult to maintain the friendship and, at the same time, encourage the person to seek treatment. It can also be difficult when only one person in the friendship group is aware of the problem and can't share it with others.

While you may feel privileged that your friend has confided in you, it can become difficult if she/he becomes totally dependent on you. It is important to try to maintain open discussion and encourage the person with the illness to develop other supports and strategies from friends, family and/or support groups.

Finding the right balance

One of the big challenges for family and other carers is the issue of accommodating the person's illness, her/his behaviour and needs, and the impact this has on family life. Sometimes, because you adapt so much to the changes in your life, you begin to see the situation almost as a new kind of normal.

With changes at home, your behaviour may alter and your quality of life may be affected because you are trying to make life easier for the person with the illness.

Many carers describe this as ‘walking on egg shells’. Remember, you also have needs and at some point, you may have to put those needs first.

Many carers say it’s important to access professional help to assist them in their caring role and to provide practical strategies and reassurance.

“The only way I could get the balance right was with the direction of a psychologist who helped me learn what I needed to know, and when and how to respond to different situations.”

I NEVER EXPECTED TO FEEL GRIEF AND LOSS

Many carers have also described experiencing what is referred to as ‘anticipatory grief’. This refers to a feeling of loss and sadness at ‘what might have been’ – the fear that someone may never reach his/her full potential, fulfill hopes and dreams or that the relationship may never return to what it was.

“There’s this awful grief that goes on. It’s not like when someone dies and the grief is there for a year or so and then it’s finished. This type of grief goes on and on. You think this time it will be all right, but then you fall in a hole again. It is continual and that’s what wears me down.”

“I clearly recall the shock of recognition I had when, some months after my son had been diagnosed, a mental health professional asked how I was handling my grief. “Grief? Me? But he’s alive?” And then, “Yes. Of course that’s what it is.” It was almost a relief. Finally I could identify the awful, heavy feeling that had dragged along with me as each day I continued putting one foot in front of the other. Finally I could begin to talk about my engulfing sadness that my beautiful boy had already lost almost a year of his youth to this awful, awful illness that I found so hard to understand. I grieved that his friends had moved on from him – they didn’t understand either and at 20 they didn’t have a second to waste as they hurtled on into their own futures. I grieved at not having been able to prevent this dreadful illness, at not being smart enough, and at somehow being responsible for his pain...”

“But my grief, my sense of loss, was also for me, for my innocence, for the loss of my perfect family. After years of sharing my son’s triumphs, joys and aspirations with my own circle of family, friends and acquaintances, I could no longer do this. And I was angry that this should have happened to me, who’d tried so hard to do it all the right way.”

“It helped me to talk about my feelings; it helped me to read books on grief and loss, and the various stages one goes through. It’s true, much of it is not the same, but there are similarities and I knew instinctively that, whatever the course of my son’s illness, we would never be able to go back to those earlier, simpler days. And there was grief in that too ...”

“Small achievements, like getting out of bed for the day, were the victories we would learn to celebrate. I still feel sad and empty when I look at her childhood photos. When she was paranoid and argumentative

I would wish it all away and resent the ugliness of mental illness. When she died I felt relief that the madness was over but absolutely devastated that we had lost her for eternity. I still want her back."

HOW ON EARTH AM I GOING TO COPE?

For many people who find themselves in a caring role, fear, concern and worry are always present, even when they're not with the person for whom they care. They may wake up thinking about the person and even when they are busy doing other things, the person is always in the back of their mind. They wonder how he/she is. They hope he/she is okay and safe.

"Anger was only upsetting me and our whole family atmosphere was affected. Tension was created, I found it hard to continue through my day and I had no positive results from my outbursts. I had to realise that my anger was only affecting me and not working so I stopped being angry and found other methods of expressing my opinion."

...I had to take a good look into myself and try to analyse my reactions and behaviour and understand what impact I had on other people. An interesting development occurred when I investigated alternative options of dealing with people and life. I discovered that I had stumbled onto an opportunity for personal growth. It is the irony of life, the harder the challenge the more you learn.

I FEEL LIKE I AM GOING TO EXPLODE...I NEED HELP TOO

"Caring for someone with a serious mental health condition can be socially and emotionally isolating. It is difficult to navigate these seas without incurring some personal problems along the way. I developed two sides to me – the public "I am coping/I've got it together" face and the private secret face that only I knew. I felt I had to keep things together on the surface because people were depending on me to help my sister and my brother as well as dealing with my own family's needs. I was being torn in several directions and eventually I thought I was going to explode."

One way of taking care of yourself is to recognize when you need more help and seek support. Monitor what you're thinking and how you are feeling. Are you experiencing more than the usual number of headaches, tightness in your muscles, lack of sleep or poor concentration?

Remember that you are merely human and have needs of your own. Continually putting them off, or not allowing time for yourself, will only make you resentful, irritable and could eventually make you unwell.

- Allow time each week to do something you enjoy, something to make you feel relaxed, refreshed and that life is good.
- Eat regularly and well. Poor sleep and diet will only add to your overall stress levels.

- Exercise as much as possible – even a short brisk walk will help.
- Plan to take regular time out and/or holidays – and take them.
- Put in clear boundaries with the person you care for. Be clear about what you can, and cannot do – and stick to it.
- Ensure there is at least one supportive person with whom you can talk confidentially. It is really easy to lose your perspective and sense of humour if you feel isolated.
- Remember that your GP can be a source of help. Take a friend with you if you think you may not be able to tell the doctor how you are feeling.
- Knowing about the mental illness you are dealing with will help you to understand it and act appropriately, even if the person you care for doesn't want to know.
- Joining a carers group may help relieve isolation, stress, loss of humour and loneliness as well as helping you to understand different types of illness.
- Seek advice from the team involved with providing care if you can – if not a Carer Consultant/Family Liaison Worker can help get answers for you.
- If you feel you should be receiving services that you're not getting, don't be too proud or too afraid to complain – don't just cope all by yourself.

SOMETHING OR SOMEONE'S GOT TO CHANGE. MAYBE IT'S ME.

So much of your role as a carer is about supporting the person with the mental illness. You helped them to see a GP, and to find and start treatment. You monitor their medication. Your thoughts, conversations, lifestyle, worries, lack of sleep, frustrations, efforts and energy have been mainly directed towards the person you care for. What support is there for you? What support is right for you?

I am convinced that the transition from purposeful coping to recovery came about when I faced my fear of losing my brother and understood that this journey was about sharing the load with others. Reaching out for help from mental health organisations, support agencies and professionals, really made a difference at times.

I have learned that I CAN make a difference in certain areas of his recovery but there are times when I have also had to accept that I have NOT been helpful in my attempts at caring. Ultimately I had to really understand that my brother was his own person, an adult who had the right to make his own decisions, that stepping back and letting him exercise his rights was essential.

My family and I have learned that it is important to become informed about dealing with mental illness – learn strategies that work eg how to support someone financially without creating dependency, how to

recognise signs of early breakdown to intervene sooner, how to cope with dual diagnosis – drug/ alcohol dependency.

Learning to say “no” helped me cope and helped me look after my own health. There came a time when I decided that I would only allow a certain amount of my time to be used up by my son and I learnt not to feel guilty when I was doing something for myself that I enjoyed. It was sometimes very hard not to feel guilty when my son had been home on his own in a bad way, but I decided I just needed to live a life too.

Privacy

Some people like to maintain their privacy and keep to themselves when dealing with mental illness. However it is important that this does not prevent you from seeking support for yourself.

If you are struggling to support a person, don't think you are betraying a confidence because you talk to someone in order to get support for yourself. There is only so much you can do for other people if you're not physically and mentally well yourself.

Informal support networks

Some people say they prefer to rely on family and friends for support. They know you and they know the situation. This is fine however there may be times when you may need to have your opinions and actions challenged if you are going to move forward. You may need an independent sounding board – someone with whom you can be truly honest, rather than censoring some of your thoughts, particularly if you are feeling resentful, or thinking about leaving a relationship.

Counselling

Some carers find individual counseling helpful because it gives you time to off load everything in an uninterrupted way. This could be a constructive and safe place to voice all your worries, fears grievances and frustrations.

It can also be a way of learning some new ways of thinking about old situations and developing some new skills.

Support Groups

When it comes to support groups, there is a range of options and it's not one size fits all.

Talking to people who are in a similar situation may be helpful in gaining support. There are support groups just for carers. You could attend the group for as long as it meets your needs and find it helpful. The advantage is that people will know what you're going through because they have been there and you won't have to keep on explaining what is happening. Even if you don't attend for long, you may meet some people whom you can continue to see outside the group.

“I don't know if I have coped very well, there have been many times when I just didn't... After about 13 years into my daughter's illness, and

with other health issues and business worries, I saw a 'Carer's Group' advertised. I went along and now don't know how I managed without the warmth, friendship, understanding and total support of this group, which has been invaluable. I believe this has helped immensely and has made a big difference not only to me, but the rest of the family. Personal counseling provided a confidential means of talking freely of my concerns and at the time helping me with strategies to deal with issues and challenges."

There is a range of support groups but not all groups will suit everyone. It's important to find a group with a structure in which you feel comfortable. Some carers say the most important thing to look for in the group is a positive, forward-looking attitude and perspective.

What will work for you

You will probably need some time to think about what you might find helpful. You could get some help in deciding by discussing the options with your GP. Some people find support groups helpful because they hear how other people manage – whereas others find this overwhelming. Rather than participating in a group you may prefer to talk to one person on an ongoing basis – so individual counseling may best for you. Some people find comfort in spiritual support and counseling.

Remember, not every option works for everyone, so you need to choose what works best for you.

ANSWERS TO SOME COMMON QUESTIONS

For many years mental illness was not discussed openly in the community because of fear, ignorance or stigma. Most people can easily recognize when someone has a physical illnesses or disability and is happy to seek treatment from a GP or a specialist. This is not often the case with mental illness, particularly when it develops during the teenage years. We have all heard comments such as:

“ He was moody and irritable, but we thought it was just being a teenager” “ I just thought I was so stressed I could not think straight” “I know I drink too much, but it blocks out all the bad thoughts I am having”

It is common for people not to discuss what may be symptoms of mental illness with family or friends. Negative views, or stigma about mental illness, are often due to lack of information or experience, misunderstandings, or cultural beliefs.

Some people from different cultures or Indigenous people feel okay about accessing normal services however some may need to be referred to specialized services where their specific language and/or cultural needs are able to be given particular attention.

What if I am worried that my relative or friend is becoming unwell?

It is important to encourage the person to seek help. Talking with someone about the situation is also important for you. If the person is being treated by a mental health service then speak with their Case Worker.

If the person is being treated by their local GP then this may be a good place to start.

Advice, information and assistance can also be obtained from the State/Territory Mental Health Service. Other options for help include Private Psychiatrists and community organisations (see *Contact Details section on page*).

What information will services need to know?

Asking questions is how services find out what is happening and how they might be able to help. Being prepared for these questions will help you feel less anxious and enable the services to assess the situation better. Some questions that you may be asked include:

- Is the person talking about hurting themselves or other people?
- Has the person already been diagnosed with a mental illness?
- If yes, which one? Who diagnosed the illness? When?
- Are they currently under the care of a Doctor or other services?
- Is the person willing to accept help?
- Does the person have any medical conditions?
- Is the person on any medication? If so what?

- Does the person misuse substances? (alcohol, illegal drugs, inhalants)
- What is happening that is worrying you and for how long has it been happening?
- What has prompted you to seek help now?

What can I do if the person refuses help?

Sometimes people don't feel they need help or refuse to accept help. Everyone is an individual and there may be many reasons for refusing help such as:

- What will people think?
- I live in a small town – everyone will know
- Men are strong, they don't get sick
- I am too anxious to talk to anyone
- I am not unwell

In other cases denial that anything is wrong may be one of the characteristics of the illness.

This can be a difficult situation for families and friends who are concerned about the person. In circumstances where the person is very unwell and refusing to acknowledge this, the Mental Health Act can be used to get help for the person even if they do not agree. Talk with your GP or your local MHS for information and advice about getting help for your relative or friend under the Act.

What do I do if I'm concerned someone needs help urgently?

If the person is talking or behaving in a way that suggests they are going to hurt themselves or another person, help needs to be obtained urgently. If you feel:

- Afraid for the person you care for
- Afraid for yourself or another person
- Helpless or despairing
- That you cannot keep on caring
- That you do not know what to do

Don't be afraid to contact someone and ask for help, even if you are not sure if it's the right person. If they cannot help they should be able to tell you who can.

Before you call:

- Take a few deep breaths
- Stay as calm as possible
- Stay safe
- Decide who might be the best person to contact

When you call:

- Say who you are and what is wrong
- Say what is needed
- Trust what they say to you
- Say if there is any reason why you cannot do what they say

Your local mental health service can provide you with information, advice and assistance in most cases.

However, if you feel that you, or anyone else is in real danger, dial 000 and ask for the Police. The police are authorised under legislation to take a person to hospital to have a psychiatric assessment.

What happens after the person has been assessed?

This depends on individual circumstances and how unwell the person is. Sometimes the person may need to be admitted to hospital, sometimes the person can get treatment and support in the community from the mental health service, private mental health practitioners, other community services or their GP.

In some situations you may notice that the person you care for has become more upset or anxious after their assessment or appointment. They may have been talking about issues they find difficult, or their relationship with you. Listen quietly and calmly to what they have to say without becoming defensive.

Sometimes people just want to talk about their concerns. They are not necessarily looking for answers. Make it clear they have your full attention and you are listening properly. You might like to save any suggestions for a later conversation.

If your conversation becomes difficult or the person you are talking to gets angry, stay calm, be firm, fair and consistent, admit if you are wrong and don't lose control.

Often just spending time with the person lets them know you care and can help you understand what they are going through.

What will happen when my friend or family member is admitted voluntarily to hospital?

When your family member/friend first comes into the hospital a doctor will examine them and decide whether they need treatment and if so, whether this should happen in hospital or in the community. If the doctor thinks they would benefit from treatment from the service, they will also make sure that they agree to admission and that they know what that means for them. They will be given a consent form to sign, which they should only complete if they understand and agree to the admission and the treatment offered.

What if my friend or family member wants to stop their treatment?

Voluntary patients have the right to stop treatment whenever they wish, this includes leaving the hospital or deciding to stop attending community mental health services and they have the right to refuse any treatment offered to them. However, if they do

decide they would like to leave the hospital or stop attending appointments at a community mental health service they should talk to someone from their treating team to discuss their plans.

Can my family member/friend who is a voluntary patient be made an involuntary patient?

Yes. If your family member/friend changes their mind about staying in hospital and wants to leave against all the advice of the treatment team then a doctor will examine the person again. If the doctor feels that your family member/friend are so unwell that there are risks to the health and safety of themselves or other people then they have the power to keep them in hospital for their own good. This means they become an involuntary patient.

What will happen when my family member or friend is admitted involuntarily to hospital?

When your friend or family member first comes into the hospital for admission, a doctor will examine them to determine whether they need to stay in the inpatient unit. In some situations where the person with the mental illness is very unwell or may feel like hurting themselves, or another person, it may be necessary for a short period of time for the doctor to make a decision that this person **MUST** be admitted to hospital. This is called an involuntary admission. The legislation that enables this to occur is called the Mental Health Act.

In this situation the person with the mental illness will, within a short period of time be examined by a second doctor. If the second doctor agrees with the first doctor then the involuntary admission will continue for a further time.

If this situation occurs the doctor will also have to decide how much information he or she is able to discuss with you. Once the person with the mental illness is feeling better they will be able to decide how much information they want to share with you.

It is important during this period that staff listen to your concerns and explain as much as they are legally allowed to do.

Legal orders are only allowed to be used in cases where a person does not understand how unwell they are and refuses to have any treatment, or in cases where because of their illness they may pose a risk to themselves or another person. The order usually stays in place until the person is well again. However during this time the person with the mental illness, or you, as the person who cares for them may challenge the legal order if you think it is unfair.

If either the first or second doctor decides that they don't need to be admitted as an involuntary patient, they may consider admitting them as a voluntary patient or consider involuntary or voluntary treatment in the community.

Can my friend or family member who is an involuntary patient leave the hospital?

While they are being detained as an involuntary patient your friend or family member cannot leave the inpatient unit unless their doctor says they can. If they are given leave it will be for a specific purpose and they must comply with the conditions of their leave.

If they do leave the hospital without permission, a police officer or someone else authorised by their doctor may pick them up and take them back.

If they want to leave the hospital to see someone, or attend an appointment, they can ask their doctor for permission. If the doctor thinks that the leave is for a good reason and will be good for them then they may be given permission. The doctor may cancel your friend or family members leave if they believe that they are likely to come to harm, harm someone else or become more unwell, or if they have not done what they agreed to while on leave.

What does this public or private mental health service do?

The service assesses and helps people with mental illness. Our goal is to provide you and your loved one with a service that is based on each person's individual needs. We have experienced staff who have expertise in helping people with all types of mental illness as well as helping parents, carers and other family members. Our aim is to help people with a mental illness to get well quickly and to return to live in the community as soon as possible.

There is a lot of paperwork that needs to be completed when a person with a mental illness is admitted to a public or private mental health service. This is also a time when you can tell staff about your relationship with the person and what you do to support them.

Part of this process may involve asking the person you care for, for permission for the staff to talk with you about your experience of living with them, or supporting them. Sometimes the person you care for may be so unwell that they say that they do not want staff to talk with you. Whilst staff have to respect their wishes at that time it is important for you to understand that the staff will keep discussing this matter with the person as they become well as their feelings about this issue are likely to change as time goes by.

Staff recognise how important carers are in the ongoing support of a person with a mental illness. They will therefore be working with the person to encourage them to include you in their care and planning for their discharge.

You will also be given information about the Carer Consultant/Family Support Worker who will contact you within the next couple of days. You may also make contact with this person at any stage to obtain extra information to help you to understand what is happening.

Being discharged from the hospital/clinic

The person you care for may only be in hospital for a short period until their illness has been stabilised. They may be referred to a less intensive level of service such as a community service or private psychiatrist.

Discharge planning will start from the moment your friend or family member starts receiving treatment from the mental health service. The treating team will also involve you in these discussions wherever possible and appropriate.

When your friend or family member leaves the hospital they will have a discharge plan that contains arrangements for:

- The level of on-going care necessary
- Who will be available to provide this care?
- Where the person will live?
- Who will be responsible for medication?
- Provision of information and support to everyone involved
- Development of a relapse prevention plan

It is important that you feel fully involved at all stages of care, including the decision to discharge the person. This is a process of handing over care and carers are critical partners in this process. Ideally, time should be allowed for you to make choices about:

- Taking on, or continuing to fulfil the role of carer
- How much and what type of care you are prepared to provide taking into consideration your other family commitments, work, health education and social activities.

Some people feel they have no choice in this matter even when their personal and physical resources have been exhausted, where they are afraid of the person with the illness, or where that person will not allow you to have enough information to provide proper care. This is an extremely difficult situation for carers who want to help. Services must listen to your concerns and provide you with information regarding people and services that can help you.

What is a Community Management /Treatment Order and when are they made?

Community Management/Treatment Orders are made where a person is unwilling or unable to follow a treatment plan on a voluntary basis but can be treated involuntarily in the community rather than admitted to a hospital. If your friend or family member is on a Community Management/Treatment Order they can live in a hostel, at home with you or independently, but they have to follow a treatment plan that is developed for them.

The treatment plan will include things like:

- Who is responsible for your friend or family member's treatment
- Where the treatment or care is to take place e.g. home
- How often the person treating or caring for your friend or family member must visit them or vice versa
- Medication and/or other treatments your friend or family member will need to receive under the order.

The mental health team will work with your family member/friend during the period of this Order to help them develop insight, understanding and knowledge of the mental illness and its management. You, as their carer should also have input at this time.

Dealing with difficult behaviour

Much of the care of people with a mental illness takes place in the community with brief visits to hospital only if essential. It is therefore possible that you may, from time to time, need to deal with some difficult behaviour. This will depend on the nature of the illness and will vary from person to person. There is a lot of misunderstanding about mental illness but generally people find it uncomfortable to be with people who might be behaving strangely or are withdrawn and unhappy. Often when someone becomes distressed they seem to be like a different person. Some of you may become angry about what appears to be laziness or disinterest. Most people do not realize that some mental illnesses and medications can make people unable to motivate themselves or to see how they affect other people.

Those people with severe illnesses who experience hallucinations or delusions may not be able to understand how their illness affects them; the voices they hear and beliefs they have are real to them, and therefore they think their actions are entirely appropriate. You may find that at first you try to prove to them that their beliefs are wrong, but it is a pointless exercise. It may be more helpful to explore their feelings and plan how to cope with them, or to distract their attention. Sometimes when a person is recovering they may remember what was going on inside their head, but often they cannot.

Medication may make people drowsy and unable to think quickly and clearly; some medication can affect sleep or make people more anxious. You are often in the best position to notice if behaviour is worsening, or if medication is having an adverse affect. If the person also uses alcohol or drugs it may prevent medication working effectively.

Dealing with unusual thoughts or behaviour

Unusual thoughts or behaviour often cause problems for families, friends and carers. The problems that can arise include:

- Disordered thinking and speech which may indicate paranoia and delusions
- Social withdrawal
- Loss of motivation

- Depression, attempts at self harm or suicide
- Aggression (usually verbal)
- Risky behaviour (see below)

Some suggestions for managing these situations:

- Respond calmly and with tolerance
- Communicate clearly, simply and without undue emotion
- Be patient, give time and space to let coping begin again
- Be realistic in your expectations
- Be clear and consistent in what you say and do
- Avoid letting their pessimism influence your thinking and feelings
- Take action in small steps

Disordered thinking and speech

It is important to avoid going along with or humouring the person you care for by agreeing with their perceptions or beliefs. You can say that you do not see or hear the things they do, and that 'delusions' are part of their illness – which you can help via distraction, talking about how they feel, encouraging them to ignore voices etc.

Try to avoid:

- Confronting or laughing at their expressed thoughts
- Undermining them by telling them they are 'stupid' or 'mental'
- Ignoring them by remaining silent

Risky behaviour

Aggressive or risky behaviour is often a response to a feeling of losing control. It will help you if you can try to:

- Understand the person's response: although the response may be extreme, real problems have usually triggered it.
- Recognise the triggers: what are the situations that make them fear losing control? Learn to recognize the early warning signs.
- Have realistic expectations of what the person you care for can achieve, and give plenty of encouragement. Try to avoid criticism or nagging. However let your personal knowledge of what works guide you.
- Give them space and time. The person you are caring for needs to regain control and learn to cope again. If there is no risk to the person or other people, you could leave the room or go out for awhile until the emotional temperature has cooled.
- Provide reassurance. The person you care for needs to know that you support them fully as they regain control over the situation and cope again.

- If the person you care for is saying that they want to die, or to kill themselves, it may help to encourage them to talk about why they feel like this. They may be afraid of being alone, of being unwell forever or they may be overwhelmed by feelings of paranoia or guilt. It can also help to let them know that you understand why they may feel so desperate but that you will help them get through it. Discussing such feelings rarely makes them worse. It will help if you can keep calm and discuss how you can support them during this time. Try to give them hope that it will pass.

Know whom you should contact and how to do this if you have real fears for your safety.

If the behaviour of the person you are caring for is causing you concern, speak to the mental health team involved, they should be able to help you with this.

WHO CAN HELP YOU

Information regarding diagnosis, treatment and medication

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) has developed a number of guidelines to assist you to gain a deeper understanding of specific diagnoses. These are available in printed form or from their web site www.ranzcp.org.

CARER ORGANISATIONS

Carer Advisory and Counselling Service

This organization can refer you to services and tailored information and resources to support you in your role. They can also provide you with a Carer Support Kit containing general information about issues such as looking after yourself, managing health care and medications, loss and grief and an Emergency Care Kit.

Call Freecall 1800 242 636

Commonwealth Respite and Carelink Centres

Provide assistance to carers to access respite or to take a break and provides information about community and aged care services. They can provide information and advice about respite options and help with organizing planned or emergency respite.

Visit www.commcarelink.health.gov.au or call **Freecall 1800 052 222**. For after hours emergency respite call **Freecall 1800 059 059**

The Association of Relatives and Friends of the Mentally Ill (ARAFMI).

ARAFMI's aims are to:

- Ensure state and federal governments recognise the role, contribution and needs of carers.
- Advocate for policy changes and improve services to address carer needs.
- Support carer involvement in the planning, delivery and evaluation of services for people with mental illness and their carers.
- Facilitate communication between carers and government.
- Establish partnerships between carers and service providers.
- Encourage research on best practice in carer support.

Carer issues are identified and worked on through monthly Carers Network meetings and specific working groups. Carer issues and policy positions are taken to State and Federal government officers and Ministers via:

- Regular meetings with the Mental Health Branch;
 - Letters, submissions, deputations;
 - Liaison and representation on government committees.

On a local level carer representatives are often asked to:

- Sit on interview panels for staff selection of mental health services staff;
- Represent carers at mental health service quality meetings;
- Represent carers at mental health service strategy workshops;
- Advise mental health services on carer issues and perspectives.

ARAFMI NSW Information and Support Line	➔	Ph: (02) 9332 0700 or regional: 1800 655 198
ARAFMI QLD 24 hour support line	➔	Ph: (07) 3254 1881 or regional: 1800 351 881
ARAFMI TAS	➔	Ph: (03) 6228 7448
Mental Health Carers NT formerly NT ARAFMI	➔	Ph: (08) 8948 1051
ARAFMI WA	➔	Ph: (08) 9427 7100 or rural: 1800 811 747

There are a number of other organisations available for support. Many have a website with generally a lot of information which you might find helpful. Others have support telephone services.

Carers Australia (National) For family carer support and counselling you can contact your state or territory Carers Association on the same telephone number	➔	Ph: 1800 242 636 Website: www.carers.australia.com.au
SANE	➔	Ph: 1800 187 263 Website: www.sane.org
Beyondblue: <i>the national depression initiative</i>	➔	Ph: 1300 224 636 Website: www.beyondblue.org.au
Mental Illness Fellowship Australia	➔	Ph: (08) 8272 1018 Website: www.mifa.org.au
Multi Cultural Mental Health Australia	➔	Ph: (02) 9840 3333 Website: www.mmha.org.au
Orygen Youth Health	➔	PH: (03) 9342 2800 Website: www.oyh.org.au
Headspace – Kids Help Line A 24-hour telephone and online counselling service for 5 to 25 year olds in Australia.	➔	Ph: 1800 551 800 Website: www.headspace.org.au
CounsellingOnline Free alcohol and drug counselling online 24-hours-a-day, 7- days-a-week	➔	Ph: 1800 888 236 (Counselling) Website: www.counsellingonline.org.au
Alzheimers Australia National Dementia helpline	➔	Ph: 1800 100 500 Interpreter: 131 450 Website: www.alzheimers.org.au
Alcoholics anonymous List of telephone contacts	➔	Website: www.aa.org.au
Grow List of state groups	➔	Website: www.grow.net.au
Anglicare List of state contacts	➔	Website: www.anglicare.org.au
Centacare List of state contacts	➔	Website: www.centrecare.com.au
Relationships Australia List of state contacts	➔	Website: www.relationships.com.au
YWCA List of state contacts	➔	Website: www.ywca.org.au

Where to go for help

- **Your general practitioner.**
- **Your community health centre.**
- **Your community mental health centre.**

For immediate counselling assistance, contact

Lifeline on 13 11 14

24 hour confidential telephone counselling to anyone within Australia

For information on services, check the Community Help and Welfare Services and 24-hour emergency numbers in your local telephone directory.

