Allies for Recovery

Information and support options for families living with mental illness and alcohol & drug use in Tasmania

Designed by Hannah Graham
School of Sociology & Social Work, University of Tasmania, and the Salvation Army Bridge Program
Recovery

*noun:* a process of working towards health and wellbeing, improvement, being able, resilience, hope, acceptance of who you are, participation, being in a place of offering something to others

*Ally*

*Noun:* supporter, collaborator, friend, helper, assistant, team member, someone you trust, someone you work with or walk alongside, with the same hopes and goals

*mother*  *father*  *daughter*  *brother*  *aunty*  *grandfather*  *sister*  *uncle*  *niece*  *general practitioner*  *counsellor*  *psychiatrist*  *detox nurse*  *social worker*  *friend*  *boss*  *colleague*  *neighbour*  *chaplain*  *advocate*  *support group*  *peer*

Families are a very important and valuable part of a person’s support network, especially when recovering from mental illness or dependency on alcohol or other drugs. You know your loved one well, you know what works for them. Inevitably, families living with co-occurring mental illness and substance misuse will go through ups and downs, and have mixed feelings. Some days may be very frustrating, some will be stressful, many others will be full of love, joy, giving and teamwork.

This resource includes information for you as a person, an individual family member, as well as information to help you support your loved one in their recovery, with practical tips for those ups and downs along the way. Every family is unique, so tailor the information in this resource to fit your circumstances where you are at now. The information and professional services listed in the following pages are not here to override your lived experiences or personal expertise, we are here to come alongside you as allies on the road to recovery.
## Contents

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preface</td>
<td>4</td>
</tr>
<tr>
<td>Understanding Co-Ocurring Mental Illness and Substance Misuse</td>
<td>6</td>
</tr>
<tr>
<td>Understanding Substance Misuse and Addiction</td>
<td>7</td>
</tr>
<tr>
<td>Drugs Q&amp;A and Services Q&amp;A</td>
<td>8-9</td>
</tr>
<tr>
<td>The Impact on Children and Youth and Talking about Comorbidity with Kids</td>
<td>10-11</td>
</tr>
<tr>
<td>Parents Again: Grandparents Raising Families</td>
<td>13</td>
</tr>
<tr>
<td>Supporting Parents with Comorbidity to Stay Connected</td>
<td>14</td>
</tr>
<tr>
<td>Men, Depression and Heavy Drinking</td>
<td>15</td>
</tr>
<tr>
<td>Coping with Pregnancy and Parenthood</td>
<td>16</td>
</tr>
<tr>
<td>Families Need Support Too! Caring for the Caregivers—Services Listings</td>
<td>17-23</td>
</tr>
<tr>
<td>The Cost of Caring: A Family Member’s Checklist for Monitoring Your Own Stress</td>
<td>24</td>
</tr>
<tr>
<td>Time Out Tips and Self Care Plans for Carers: Managing Stress and Getting Some Rest</td>
<td>25-26</td>
</tr>
<tr>
<td>Help Now: Key Contacts in a Time of Need</td>
<td>28</td>
</tr>
<tr>
<td>Useful Websites and Online Resources</td>
<td>29</td>
</tr>
<tr>
<td>Mental Health First Aid Tips</td>
<td>31</td>
</tr>
<tr>
<td>In Case of Emergency: Signs and Symptoms of Drug Overdose</td>
<td>32</td>
</tr>
<tr>
<td>Psychosis Explained: Voices, Visions and Minds that Play Tricks with Reality</td>
<td>33</td>
</tr>
<tr>
<td>The Impact of Child Abuse on Adult Survivors</td>
<td>34</td>
</tr>
<tr>
<td>Falling Through the Gaps? Mental Illness, Drugs and the Criminal Justice System</td>
<td>35</td>
</tr>
<tr>
<td>Helping Someone at Risk of Suicide</td>
<td>36</td>
</tr>
</tbody>
</table>
Preface

Building the capacity of families in our community is fundamental to The Salvation Army’s social programs. ‘Allies for Recovery’ presents options for families and opens up suites of services more readily available than many realise.

The simple African proverb; “It takes a whole village to raise a child” is a guide for us to invest energies into development of the families around us. It is a clue to understanding the value of life and health in our community. The inherent strength of the family model can be that which most assists recovery from the negative effects of co-occurring mental health and substance use. In Tasmania we have opportunities more so than our larger, more populous mainland centres, to return to the ‘village’ support structures, where community members care for each other in more ‘family’ based ways. Resources and knowledge are close at hand and are clearly identified in this information package. It is to be hoped that in growing the understanding shared here, family supports for those suffering co-occurring illnesses and addictions can reduce the harsher effects and build capacity for recovery.

Grant Herring
Manager, Alcohol & Other Drugs and Corrections Stream, Salvation Army, Tasmania

Recently, I have been working with Hannah Graham on a comorbidity project in partnership with the Salvation Army. As a part of this, we started to look for information for families about mental illness and substance misuse that was designed specifically for Tasmanians. It seems that many helpful toolkits and booklets have been made in the last few years by lots of different organisations, but most of them are for other Australian states. In Tasmania, there are good information resources out there, but they only give information about one organisation or one area (i.e. just mental health, but not drug and alcohol). This family information pack was designed in response to this gap, not as a comprehensive guide, but a good starting point. Bear in mind that this is a ‘living document’ that may be changed or updated in the future, especially as new services start and existing agencies expand or change.

This information pack is designed to be easy to use and relevant to your everyday needs, whatever life stage you find yourself at. Our hope is that this resource fosters opportunities to connect with professionals and services who can join you as ‘allies’ for recovery, offering support and encouragement along the way.

Rob White
Professor of Criminology, School of Sociology and Social Work, University of Tasmania
Director, Australian Clearinghouse for Youth Studies
The Comorbidity Improved Services Initiative (ISI) is a capacity building project involving the Salvation Army Bridge Program and, between 2008-2010, consultants from the School of Sociology and Social Work at the University of Tasmania. The project is funded by the Australian Government Department of Health and Ageing. The focus of the project is to build capacity and improve the ability of services to support people with co-occurring mental illness and substance misuse (comorbidity) and their significant others. One of the project activities is to design resources like this.

Sincere thanks to Rob White, Grant Herring, Sally Upton, Judy Graham, and the frontline staff at the Salvation Army Bridge Program and Family Pathways services for their input into various aspects of the content and structure of this resource.

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What is Comorbidity? How Common is It?

The word ‘comorbidity’ is a clinical term that refers to lots of different co-occurring medical and social problems, but it is commonly used to describe a person who has co-existing mental illness and drug misuse. Sometimes this is also called ‘dual diagnosis.’ Drug misuse includes legal and illegal substances, and mental illness includes mental health problems that can range from depression or anxiety through to schizophrenia, bipolar or eating disorders. Yet the way comorbidity affects each person can be different.

Comorbidity is more common than you might think. Most of the Australian research estimates comorbidity to be approximately 45-60%, which means around half of the people who have one problem (mental illness or drug use) also have the other problem at the same time (Australian Bureau of Statistics [ABS], 2008; Andrews et al., 2003).

Of the 16 million Australians aged 16-85 years, almost half (45% or 7.3 million) have had a mental disorder at some point in their lifetime (Australian Bureau of Statistics, 2008). The most common mental illnesses are anxiety (including post-traumatic stress disorder) and depression; whereas schizophrenia and psychotic illnesses are rare. Of the 183,900 Australians who self report using illicit drugs daily, almost two thirds (63%) also have a current mental disorder (ABS, 2008).

There are many pathways to recovery; different people find that different things work for them in staying well and pursuing a meaningful life in the context of family, work and community. Recovery is not a straightforward or linear process. For many, the journey of recovery will involve some setbacks, which may require psychiatric or medical intervention for a time until the person is stable again. The first step is for the person with mental illness and substance misuse to acknowledge and accept that these problems exist and are willing to seek help (both professional and social, by family and friends) to achieve change and personal growth beyond symptoms and struggles they may live with.

Hope for Recovery

“Recovery involves a process of building or rebuilding what a person has lost or never had due to his or her condition and its consequences. Recovery is building or rebuilding healthy family, social and personal relationships. Those in recovery often achieve improvements in the quality of their life, such as obtaining education, employment and housing. They also increasingly become involved in constructive roles in the community through helping others, productive arts and other communications. Recovery is a reality. It can, will and does happen.”


Understanding Co-Occurring Mental Illness and Substance Misuse
Understanding Substance Misuse & Addiction

One in five Australians abuses or becomes addicted to alcohol in their lifetime. Adolescents and young adults are four times more likely to have abused alcohol in the last year when compared to older adults. Men are three times as likely as women to have drinking problems. Source: Robotham, J. (2010) ‘Alcohol abuse bad, and expected to get worse’ The Age 17/8/2010

Types of Drugs

As shown by the quote above, the most commonly used substances are those that are legal, for example, alcohol, nicotine, caffeine and paracetamol. There are various categories of drugs, and each of them have different effects on a person—physical and psychological/social—with some effects stronger than others. The main categories of drugs are:

**Depressants:** alcohol, cannabis, barbiturates, benzodiazepines (tranquillisers), GHB, opiates and opioids (including heroin, morphine, codeine, methadone, pethidine), some solvents or inhalants (“glue”, “chroming”);

**Stimulants:** caffeine, nicotine, amphetamines (including speed, crystal meth/ice, dexies), cocaine, ecstasy, mephedrone, and slimming tablets;

**Hallucinogens:** datura, ketamine, LSD, magic mushrooms, PCP, and cannabis and ecstasy have some hallucinogenic qualities in addition to being depressants.

Substance misuse is spread across all levels of society, age groups, and genders. People use drugs for different reasons. There is no one cause of drug use. But there are lots of opportunities for recovery.

The ‘Iceberg Model’ of Addiction

The iceberg model of addiction uses the metaphor of an iceberg to explain what contributes to a person’s choice to use drugs. The addiction is like the tip of the iceberg, the 10% that can be seen above the surface, but below the surface there are lots of other issues that might be fuelling the addiction. These issues will be different for every person, but there are common examples in the picture. Understanding why your loved one uses drugs (real causes) is more important than just knowing what drugs they use, and how often (surface symptoms). Understanding addiction will help you think of keys and strategies to support their personal process of recovery.
Q: Cannabis
Can cannabis use affect a person’s ability to have kids? What about the effects of cannabis during pregnancy? Is breastfeeding a baby safe?

A:
Cannabis is the most commonly used illicit drug amongst women of reproductive age or by women who are pregnant, yet heavy use of cannabis has been linked to decreased fertility in women and men (NCPIC, 2010). Smoking cannabis during pregnancy can disrupt the supply of oxygen and nutrients to the unborn child, which stunt or restrict the growth of the foetus and can also result in higher risk of premature birth, stillbirth or miscarriage.

When a breastfeeding mother uses cannabis, THC (the psychoactive ingredient) passes through the breast milk to the baby. THC stays in the baby’s body for several weeks, so no it is not safe to use cannabis and breastfeed.

Also, cannabis use by the father during conception or pregnancy has been associated with risk of Sudden Infant Death Syndrome.

Source: National Cannabis Prevention and Information Centre (NCPIC) www.ncpic.org.au

Ring the Cannabis Information Helpline: 1800 30 40 50 (2-11pm)

Q: Ice/Crystal
Apparently my adult son has used ‘ice’ before. What is it? How do people use it? What kind of effect or damage can it do?

A:
‘Ice’ is the street name for a form of methamphetamine, sometimes also called ‘crystal meth’ or ‘glass’. It is translucent or white to look at, and may have a slight tinge of blue, pink or green in some cases. It can be smoked, swallowed, or snorted, but the most common way of using it is injecting it. Ice used to be very rare in Australia, but has become more popular in recent years, especially in the party drug scene. There are various harmful side effects of ice:

- **Brain**: The brain goes into ‘fight or flight’ mode. Heavy ice use can result in brain damage, and it can cause memory loss.
- **Kidneys**: higher risk of kidney stones or infection because methamphetamines shrink the blood vessels in various organs.
- **Bladder**: higher risk of infection.
- **Sex**: Meth can increase a person’s libido, increasing the risk of unsafe sex.
- **Decreased appetite, weight loss**
- **Sleeping problems**

Go online to www.meth.org.au

There’s a help section for families

Q: Safe Injecting
What exactly is meant by ‘safe injecting’? My partner is not ready to stop injecting, but I’m worried about the risk of getting HIV/AIDS or hep C—a risk for both of us.

A:
‘Safe injecting’ involves taking precautions to reduce the risk of getting or spreading blood-borne viruses such as HIV/AIDS or hepatitis C. New clean injecting equipment is available from a local Needle & Syringe Provider (NSP). Family Drug Support give this advice for injecting drug users:

- Never share any injecting equipment: this includes syringes, swabs, cotton wool, spoon, and anti-septic wash.
- Wash the surface or table being used with diluted bleach.
- Wash your hands with soap before and after injecting, and before and after touching anybody else.
- Swab the area of skin with an anti-septic swab before injecting.
- Apply pressure to the vein afterwards using a clean cotton wool ball (not a swab, as the anti-septic can stop the blood clotting).


Ring TasCAHRD about where to get clean gear and for info on hep C and HIV/AIDS: phone 1800 005 900.
**Q: Mental Health System**

How does the mental health system work in Tasmania? What are the main agencies involved? Who do I contact to get my family member help?

**A:**

The main agency involved in mental health service delivery is the Tasmanian Government Department of Health & Human Services (DHHS) Statewide and Mental Health Services. There are four service streams:

1. Mental Health Services
2. Forensic Mental Health Services
3. Alcohol and Drug Services
4. Correctional Health Services

Within the Mental Health Services stream, there are different types of services:

- Adult Community Mental Health Services
- Inpatient and Extended Treatment Mental Health Services (including psych wards in hospitals)
- Child and Adolescent Mental Health Services
- Older Persons Mental Health Services

Who you might contact will depend on what type of professional support a person needs, and how severe their illness is. The two main gateways that provide information and make decisions about access are:

- **Help Now:** The Mental Health Services Helpline Available free call 24 hrs a day, 7 days a week, phone 1800 332 388.
- **Community or Residential Rehabilitation Options** —The Maximising Recovery Panel: The Panel is the referral point to access community mental health services, e.g. Aspire, Richmond Fellowship etc. Phone (03) 6230 7549 (South) or (03) 6336 2196 (North/North West)


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**Q: Youth Health Services**

I have a 16 yr old son and an 18 yr old daughter and both of them are involved with drugs. They don’t want to see our GP. What services are there for youth?

**A:**

There are various free services available to young people aged 12-24 years in Tasmania. The following list outlines most of the key service provider options:

- The Link Youth Health Service + Health Hub (Hobart): phone (03) 6231 2927 or go to [www.thelink.org.au](http://www.thelink.org.au)
- Pulse Youth Health Centre (Glenorchy): phone (03) 6233 8900.
- Headspace (Launceston): phone (03) 6335 3100
- Youth Health Team South: phone (03) 6230 7899
- Youth Health Team North: phone (03) 6334 0800
- Youth Health Team North West: phone (03) 6440 7140
- Anglicare Glenorchy Illicit Drugs Service: (03) 6273 5855
- Holyoake (Hobart): phone (03) 6224 1777
- Youth and Family Focus (Devonport): (03) 6423 6635
- Burnie Youth Alcohol & Drug Service: (03) 6423 6635
- Live Free Tassie: phone 1800 033 595

The important thing about these service providers is that they are non-judgmental and their core business is the health and wellbeing of the young person. Most of these services can facilitate access to professionals who may come to their services on site or through referral, e.g. GP’s, psychologists, vein care nurses, youth workers.

The Impact on Children and Youth

Comorbidity will affect different families in different ways, depending on the type (and associated symptoms) of mental illness and drug(s) of choice. Children of a parent with comorbidity may encounter situations or ongoing experiences of increased risk, emotional instability or even trauma. In some cases, government child and family services may be actively involved in their lives and the functioning and decision-making of their family. Children and youth may need counselling and professional support to address their own grief and loss and emotional issues if they are placed into out-of-home care. Alternatively, if still living with the parent with comorbidity, they may internalise a significant amount of pressure to be a carer and take responsibility to make sure the family is ok.

Routine and stability become increasingly vital in circumstances like these. Consistency of rules, boundaries and discipline/parental practices may need to be discussed across the care-giving team. For example, getting up at the same time each day and having similar after-school habits are important parts of a stable routine. Recovery from mental illness is not linear or steady, setbacks and struggles are a part of the journey. Similarly, addiction is a chronic and relapsing condition, meaning that there may be months and years of staying clean and sober, and there may also be times when a person returns to their addiction. A part of having realistic expectations is the process of planning what will happen if the parent is hospitalised for psychiatric treatment or an inpatient of a detoxification/rehabilitation facility. Children and family members should know what to expect, ahead of time, to prepare for it when it comes up. An important part of this process is how children are kept informed. For example, if they are regularly told that their parent has gone to hospital, over time they may come to hate or fear hospitals, so more careful explanation is needed.
Talking about Comorbidity with Kids

The New South Wales Department of Community Services (2005: 8-9) offer guidance to family members and workers on how to explain a parent’s co-occurring mental illness and substance misuse (comorbidity) to kids and young people:

• You may think that talking to children and young people about these issues may confuse or upset them, make them feel different or turn them against the parent that is unwell. Or you may feel concerned that the parent who has comorbidity doesn’t want their children to know what’s happening to them. The reality is that the ‘secrecy’ caused by not talking about a parent’s mental illness or substance misuse can make it worse and result in children or young people feeling more ashamed or alone. If they see the fallout or struggles of comorbidity firsthand, they need to be able to talk about it in a safe, loving environment, without shame because it is not their fault it is happening.

• Children and young people will have their own feelings and beliefs about their parent’s mental illness and substance misuse. They will have their own explanations and questions. Some children and young people may have had bad experiences of talking with adults, and may be wary, uncertain or frightened. Others may welcome the opportunity to talk openly. You will need to bear in mind how they feel about talking about their parent with you.

• One of the best things you can do is listen. Give them the opportunity to tell their story in their own words. Understand that this may take some time. Allow them to express feelings or reactions they have had. Acknowledge their feelings and beliefs—they are very real for them. Helpful statements might include: “I imagine other kids must feel like that sometimes too” or “It is ok to feel sad/cross that Mum is not here at Christmas. I miss her too.”

• Some kids may feel sad or depressed, others may feel angry or frustrated, some may blame themselves or feel guilty while others may even pretend that nothing’s going on or that they don’t care. Ensure that their teacher is a part of their support network to confidentially and carefully navigate the different emotions a child may have.

• If a child or young person asks questions, be sensitive but honest in your response. Provide details at an age appropriate level and use language they understand. Check that they have understood what you have told them. There is a growing amount of children’s books available about specific types of mental illness or substance misuse.

• Some questions can’t be answered straight away. For example, “when is daddy coming home from hospital?” This can be difficult to predict and it may be helpful to say: “Daddy is in hospital because he is not well. When he feels better, he will be able to come home. Maybe we can ring him, or write a letter, or visit when he is a bit better.”

Source: Adapted from NSW Department of Community Services (2005: 8-9)
Healthy and happy children need to...

- Know someone loves them
- Know that they are important
- Feel safe from danger
- Have choices and information
- Rely on your care and honesty
- Rely on you always to come home
- Know how to trust
- Have special time just with you
- Know that someone is on their side when they feel alone and abandoned
- Know that they are not being judged
- Know that they can rely on you to encourage them
- Know that someone is listening to them
- Know that you are taking what they say seriously
- Know that someone cares for them and about what they did today
- Know someone cares about their interests and hobbies
- Spend time with friends and family
- Speak to someone outside of their family situation
- See and do new things, learn to be brave and try new things
- Be told the truth about their mum or dad
- Be allowed to make choices about telling their friends
- Not be allowed to take on too much adult responsibility
- Be encouraged to play and have fun

Source: Adapted from Shine for Kids (2008) Putting Your Child First
Parents Again: Grandparents Raising Families

Grandparents can provide essential support and stability in the lives of children and youth affected by parental substance misuse, mental illness and other complex needs. Some grandparents find themselves as full-time parents again, because their adult children are unable to offer the level of parenting needed. The role of carer may be formalised through law, for example, by family law parenting orders from the Family Court or care and protection orders from the Children’s Division of the Magistrates Court of Tasmania. However, many cases are informal arrangements decided by the family. Here are some services that offer information, referral, and professional support.

**Legal and Finances—Help with finding out your rights and responsibilities as grandparent carers**

Family Law Hotline: 1800 050 321
Legal Aid Commission: 1300 366 611
Tasmanian Government Department of Education Financial Assistance Unit: 1800 005 636

For information about grandparents accessing child support, carer allowance, family tax benefits, child care benefits, Medicare benefits, or concessions, go online to www.centrelink.gov.au or call one of these government agencies:

- Family Assistance Office: 13 61 50
- Child Support Agency: 13 12 72
- Medicare: 13 20 11

**Education and Social Services—Key contacts to support you as a grandparent raising grandchildren**

Australian Government Child Care Access Hotline: 1800 670 305
Carer Advisory and Counselling Service, Carers Tasmania: 1800 242 636
Commonwealth Carelink Centre: 1800 052 222
Department of Education: 1800 816 057
DHHS Child & Family Services:
  - South: (03) 6230 7650
  - North: (03) 6336 2376
  - North West: (03) 6434 6246
Gateway Services: 1800 171 233
Parenting Line, Tasmanian Department of Health & Human Services: 1300 808 178
Service Tasmania: 1300 135 513

Grandparents who are experiencing stress, anxiety or depression can seek help through a local Community Health Centre, which also provides family, child and youth health services, community nursing, drug & alcohol advice, and social work services. To find your nearest Community Health Centre, ring the Service Tasmania 1300 number above.

Supporting Parents to Stay Connected

Parents who are going through residential rehabilitation programmes, detox, in custody, in hospital, or who are separated and living elsewhere can benefit from keeping in touch with their children’s lives. Where it is safe and appropriate to do so, there are significant benefits for children to interact with their parent. The method of communication will depend on the age of the child(ren), what facilities are available, and what is allowed:

- **Visits**—Visits are a great opportunity for normal, age appropriate opportunities to play and have fun. The child may be able to take in special items to show the parent, make the parent a present, or bring a book that they want to read with the parent. Prior to the visit, parents and caregivers can discuss what is going to happen during the visit in the case of younger children, who are not used to visiting health or institutional settings (“we will go up the lift along a long corridor, there will be nurses there. Dad might be in his room or in bed, but he will come out to the lounge area to talk to us” etc.) Unfortunately, visiting areas can be noisy and lack privacy, with other visitors able to overhear your family's conversation. Younger children can also be encouraged to ask the parent they are visiting any questions they might have, rather than feeling that they can’t talk or be themselves.

- **Talking and Technology**—phone calls and SMS, email, Facebook, social networking or skype are all possibilities.

- **Writing**—letters, cards for special occasions, or copies of the child’s school reports or newsletters may be helpful.

- **Creative Packages**—encourage the child to send paintings, drawings, poems, or craftwork. If old enough to write, the child may be able to write stories or keep a little logbook or journal of their news, which can then be shown or sent to the parent. You may do a creative exercise with the child and get them to take photos of their favourite things (pets, their favourite park, grandparents etc.) and email them, or print them out and post them. Current photos of the child are something thoughtful that a parent can keep, even if they are not well or stable enough to see the child regularly.

- **Special Events to Celebrate the Parent Coming Home**—e.g. doing something thoughtful or special as a family.

- **Neutral Access Points**—in the case of there being matters of custody and access, you can ask a Child & Family services worker about supported access visits in special neutral places that are intentionally for these purposes.

Every family is different, and what you choose to talk about will depend on the circumstances involved. Whether separated for a time or for the long term, keeping in regular communication is important for the recovery and social connectedness of the parent living with mental illness and/or addiction. Communication will help reduce the child’s anxiety and isolation.
Men, Depression and Heavy Drinking

More than just a social drinker, grumpy old man, “typical Aussie male” or tired after work

Depression affects both men and women, but there are differences in how men experience it and respond to it. Beyondblue, the national depression initiative, say that men are more likely than women to recognise physical symptoms of depression, and talk about feeling angry, rather than feeling low or sad:

<table>
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<th>Behaviours</th>
<th>Thoughts and Feelings</th>
<th>Physical Symptoms</th>
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<td>General slowing down or restlessness</td>
<td>Indecisiveness</td>
<td>Sleeping more or less than usual</td>
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<td>Neglecting responsibilities and not looking after themselves</td>
<td>Loss of self esteem</td>
<td>Feeling tired all of the time</td>
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<td>Withdrawing from family and friends</td>
<td>Persistent suicidal thoughts</td>
<td>Unexplained headaches, backache etc</td>
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<td>Becoming confused, worried, agitated</td>
<td>Talking negatively “I’m a failure”, “It’s my fault”, “Life isn’t worth living”</td>
<td>Digestive upsets, nausea, changes in bowel habits</td>
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<td>Inability to find pleasure in any activity</td>
<td>Excessive worrying about finances</td>
<td>Agitation, hand wringing, pacing</td>
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<tr>
<td>Finding it difficult to get motivated</td>
<td>Perceived change of status in family</td>
<td>Loss or change of appetite</td>
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<tr>
<td>Behaving differently from usual</td>
<td>Moodiness or irritability, anger</td>
<td>Significant weight loss or weight gain</td>
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<tr>
<td>Denying depressive feelings – this can be used as a defence mechanism</td>
<td>Sadness, hopelessness, emptiness</td>
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<td></td>
<td>Feeling overwhelmed, worthless, guilt</td>
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If you’re worried about someone who shows these signs, talk about it with them and encourage them to get professional support (a GP, psychologist) and be honest with the person assessing them about what is going on.

What is meant by ‘alcohol dependency’ and ‘binge drinking’?

Regular drinking can lead to a dependency on alcohol. Dependency can be physical or psychological, or both. Alcohol dependency is a pattern of drinking that is harmful to a person’s health, relationships, and/or work. ‘Binge drinking’ is a term often used to refer to teenagers, but it is also relevant for adults who are heavy drinkers, whether at home or at the pub. Binge drinking can be defined in two ways: having six or more drinks in a session or drinking large amounts every now and then and losing control. Binge drinking can happen over a few hours, or repeatedly over days or weeks.

For some people, drinking can become a way of coping, or a way of escaping, and serve as a form of self-medication. But because alcohol slows down the body’s central nervous system and brain functioning, heavy drinking can have quite a serious influence on depression over time, making it worse. Heavy drinkers have an increased risk of alcohol-related injury or disease, and are at more risk of suicide or self harm.
Coping with Pregnancy and Parenthood

Having a baby is a major life change. It can be a time of real joy. For some, it can be hard to cope. Approximately 16% of Australian women experience difficulties with their thoughts and emotions during or after pregnancy. Being heard and getting support early is important.

Feeling a bit overwhelmed when faced with the prospect of parenthood is normal. However, Beyondblue describe some of the signs to watch out for if you or your partner are feeling down or too stressed during or after pregnancy:

<table>
<thead>
<tr>
<th>Common Symptoms of Depression</th>
<th>Common Thoughts and Statements</th>
<th>Feelings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crying uncontrollably or often feeling teary</td>
<td>“I’m just so worried about everything.”</td>
<td>Angry</td>
</tr>
<tr>
<td>Finding that your moods change dramatically</td>
<td>“I want to cry all the time…”</td>
<td>Stressed</td>
</tr>
<tr>
<td>Feeling very irritable or sensitive to noise or touch</td>
<td>“I can’t concentrate, I don’t seem able to do anything…”</td>
<td>Guilty</td>
</tr>
<tr>
<td>Constantly thinking in a negative way</td>
<td>“How can I feel so bad when I’ve got this beautiful baby?”</td>
<td>Anxious/fearful</td>
</tr>
<tr>
<td>Anxiety or panic attacks, feeling overwhelmed</td>
<td>“I’m confused and have no energy.”</td>
<td>Confused</td>
</tr>
<tr>
<td>Low self esteem, feeling that you are inadequate</td>
<td>“I’m tired… so tired, but I can’t sleep.”</td>
<td>Resentful</td>
</tr>
<tr>
<td>Withdrawing, not wanting to be with other people</td>
<td>“People are only interested in the baby, no one is interested in how I feel.”</td>
<td>Sad</td>
</tr>
<tr>
<td>Eating too little or too much</td>
<td></td>
<td>Depressed</td>
</tr>
<tr>
<td>Thoughts of self harm or harm to your baby</td>
<td></td>
<td>Numb or detached</td>
</tr>
</tbody>
</table>


If a woman experiences depression during her pregnancy, this is called ‘antenatal depression.’ If it occurs at some point in the 18 months after the birth of the child, this is called ‘post-natal depression.’

If you or your partner would like more support, there are a number of options: make an appointment with your GP and talk about what has been going on and your concerns, find your local maternal and/or child health service, or contact

Beyondblue Info Line: phone 1300 22 4636. Mental Health Services Helpline: 1800 332 388 (24hrs)

Post and Ante Natal Depression Association (PANDA) www.panda.org.au
Families Need Support Too!  
Caring for the Caregivers

Everyone who is a recovery ally deserves to be heard, helped and treated with respect. Each family member will have a different perspective and personal needs. Carers need to be cared for too. This list of Tasmanian services isn’t comprehensive, but it is a good start...

Anglicare Tasmania—phone 1800 243 232

Anglicare Tasmania offers a number of programs in various locations around the state, including:

- **Family Mental Health Support Service**—a service for families, carers, partners and children of people experiencing mental illness. This service offers: access to information and resources; links to other support services; assistance to develop coping skills; communication strategies for parents and partners; support to children of parents with mental health issues; family or one to one counselling; group work; workshops; community education; and outreach. For more information, phone (03) 6213 3555 or 1800 243 232.

- **Respite Services**—a service offering recreational and in-home support for carers of people with a mental illness. To access the Respite Service you need to be a carer of a person with a mental illness. For more information, phone (03) 6213 3555 for the South; phone (03) 6330 3020 for the North; and phone (03) 6424 8581 for the North West.

- **Family Relationships Counselling**—this service is free for people with a Health Care Card or Pension Concession Card, and means tested costs for others. It is for anyone who is having problems with their relationships with family members or partners. For more information, phone (03) 6213 3555.

- **East Coast Counselling and Family Support Service**—this free service provides counselling and support for individuals of all ages and families, information about other services, and advocacy. Phone (03) 6376 1810.

- **Tools for Men**—a program for men who are experiencing relationship or parenting difficulties or relationship breakdown. Tools for Men provides: counselling; workshops about relationships, personal development and family issues; brochures, newsletters and other information; community education about issues affecting men, including fathering, relationships and personal matters. This program is free for people with a Health Care Card or Pension Concession Card, and means tested costs for others. It is for anyone who is having problems with their relationships with family members or partners. For more information, phone (03) 6213 3555.

Carers Tasmania—phone 1800 242 636

Carers Tasmania offer a range of services and programmes to support family carers, including:

- Counselling
- Carer Advisory Service
- Education and Training
- Carer Support Groups
- Carer Representation
Centacare Tasmania — Counselling for Children and Family Support Program

Centacare delivers a broad range of specialised and professional support, counselling, accommodation, emergency advocacy, education and training services throughout Tasmania. The ‘Counselling for Children’ service provides individual and family counselling for children who are experiencing difficulties following parental separation or divorce, and for children who have experienced family violence and other trauma. Group programmes for children who have experienced family violence are also available, as are family and relationship counselling services.

Centacare Hobart: phone (03) 6278 1660
Centacare Launceston: phone (03) 6331 9253
Centacare Burnie: phone (03) 64318555

Family Relationship Advice Line—phone 1800 050 321

The Family Relationship Advice Line is available from 8am to 8pm, Monday to Friday, and 10am to 4pm on Saturday, except on national public holidays. It is a national telephone service which provides information on family relationship issues and advice on parenting arrangements after separation. The Family Relationship Advice Line will be available to provide you with:

- Information about services to help people maintain healthy relationships
- Information about the family law system
- Advice on family separation issues
- Guidance on developing workable parenting arrangements after family separation
- Advice about the impact of conflict on children
- Referral to Family Relationship Centres and other dispute resolution services
- Organisation of telephone dispute resolution for people unable to attend a family dispute resolution service
- Referral to a range of other services to help with family relationship and family separation issues

Gateway Services—phone 1800 171 233

Gateway is a single point of contact (by phone or visit) for people with a disability and for families with children aged 0 to 18 years seeking support and services in Tasmania. Baptcare and Mission Australia are the two community services associated with offering Gateway Services in Tasmania. Gateway provides information, advice, referral and assessment and helps families and individuals access a service that will meet their needs, including referral into disability and/or family specific services. Gateway works with families who need help with:

- Parenting concerns and managing children’s behaviour
- Family conflict and breakdown
- Dealing with the impact of mental health issues
- Dealing with the impact of substance abuse
- Isolation and feeling a lack of connection with their community
- Linking to other support services

The Gateway Services phone line is available Monday—Friday, 9am to 5pm.
Holyoake — Family Support, Counselling, Education and Alcohol & Drug Services

Holyoake is a Hobart based service supporting families, individuals, and youth, through programmes such as:

- **Parent Program**—for parents who are concerned about their adolescent’s or young adult’s drug or alcohol misuse.
- **Young people’s Program**—for young people experiencing problems with a family member’s substance misuse.
- **Relationships in Focus Program**—for individuals affected by someone else’s addictive behaviour.

For more information, contact Holyoake by phoning (03) 6224 1777 or go online to www.holyoake.com.au

Relationships Australia Tasmania — phone 1300 364 277

Relationships Australia Tasmania employs experienced and qualified professional staff to provide counselling to individuals, couples and families to enhance, maintain or, where necessary, manage changes in their relationships. The following range of relationship support services are provided:

- Relationship Counselling
- Family Resilience Project
- Family Dispute Resolution
- Relationship Skills Courses
- Break Even Gambling Counselling
- Step-Families Family Integration Service
- Children’s Contact Service
- Parenting Orders Program
- Services for Youth
- Men and Families Program

S.H.E.—Support, Help and Empowerment — phone (03) 6278 9090

S.H.E. offers a free and confidential counselling and support service to women who have experienced abuse in an intimate relationship. Services offered through S.H.E. include: individual counselling (face-to-face or phone); support groups; community education; information and referrals; and a place for women to talk about their situation.
Salvation Army Tasmania—Statewide Alcohol & Drug Services and Family Support

The Salvation Army in Tasmania offers a range of services to people of different ages with varying service needs. Services are delivered out of different locations around the state.

- **Family Pathways**—a service for families, especially those involved with DHHS Child & Family Services. Services and interventions on offer include parent training, education and support; 123 Magic cognitive behaviour parenting program; Ditto, a protective behaviours program; Circle of Security, a program on strengthening the process of attachment; Ages & Stages, understanding child development, what is helpful and what is harmful; Little Seeds, understanding trauma, attachment and principles of repair; Play Power, understanding the language of play; School readiness and early intervention programs for children 0-12; and case coordination for families who have a significant relationship with DHHS, with the capacity to offer advocacy, support, information and referral.

- **Family and Community Support Services**—a program which supports families and individuals who may be experiencing difficulties in the following areas: financial, emotional, relationships, parenting, and practical issues around day-to-day living. A range of free and confidential services including: food assistance; financial assistance; support, information and referrals; budgeting, counselling and life skills. Phone Clarence (03) 6244 4615; Glenorchy (03) 6228 6274; Hobart (03) 6231 5440; or New Norfolk (03) 6261 2353.

- **The Bridge Program**—an alcohol & other drugs rehabilitation program that offers a number of different types of services, including residential rehabilitation and day programs (counselling, case management, group therapy), outreach and aftercare in the community, alcohol & other drugs chaplaincy and court & prison chaplaincy, and pre- and post-release services for offenders transitioning from prison to the community. These services are delivered out of Bridge Program offices in Hobart, Launceston and Burnie, with rural and regional outreach available as well. The residential program is 8 weeks long and only offered in Hobart; there is a minimal cost for the program, which includes materials, meals, and accommodation. The day program there includes two on-site family units where a parent who has custody of their children may move in and complete the program to address their substance misuse. The Bridge has a relationship with a local child care centre and primary school, which will benefit families accessing the unit who need to put their children into care or school during the day for the duration of their treatment. The Outreach service is able to provide family inclusive practice and work with family members of clients who are struggling with addiction and/or emotional or mental health concerns. For more information about the Bridge Program, phone Hobart (03) 6278 8140; Launceston (03) 6331 6760; or Burnie (03) 6431 9124.

- **The Positive Lifestyle Program**—a life skills program which consists of ten sessions. It is designed to assist individuals to develop understanding in the following areas: self awareness, anger, stress, loneliness, grief and loss, creative problem solving, assertiveness, self esteem, and goal setting. Phone Clarence (03) 6244 4615; Glenorchy (03) 6228 6274; Hobart (03) 6231 5440; or New Norfolk (03) 6261 2353.
Sage Hill Family & Friends Tasmania—Aspire—phone (03) 6323 6100 (N) or 6431 3772 (NW)
A service offered in the north and north west of Tasmania by Aspire, providing support, advice, and advocacy to carers of people with a mental illness. The service aims to promote resilience and coping skills, increase understanding of mental health issues, improve the health and wellbeing of the carer, reduce stress and boost opportunities for time out and socialisation. The Sage Hill service also serves to improve awareness of mental illness through general community education; the service has a range of resources and information that may be of assistance to carers. The northern office is located in 15 Wellington Street, Launceston, and the north western office is located in Suite 5 of 15 Wilmot St, Burnie.

Taz Kidz Club and Champs Camps—Anglicare Tasmania—phone 1800 243 232
Taz Kidz Club provides support to children aged between 7 and 17 years whose parents have a mental illness. The Clubs run after school for eight weeks during the school semester and are designed to provide support and education about mental illness through a variety of creative and artistic projects.
Champs Camps provide support to children aged between 7 and 17 years whose parents have a mental illness. Camps are held over two nights, five times throughout the year simply to give young people an opportunity to get away, let loose and have fun in a safe and stimulating environment.

Youth and Family Focus (YAFF) —phone (03) 6423 6635
Youth and Family Focus (YAFF) provide young people and families on the north west coast of Tasmania with access to the support, encouragement and resources they need to make a positive contribution to their community. This is achieved through the identification of issues and the development, then implementation, of appropriate tools and strategies. Youth and Family Focus is located at 81 Oldaker Street, Devonport, and their services include:

- Focus on Integrated Family Support Service
- Youth Focus Accommodation Service and Focus on Transitional Outreach
- Youth Alcohol and Other Drugs Service
- Illicit Drug Diversion Initiative
- Family Drug Support Service—including counselling and support for families of a drug user
- Needle and Syringe Program
Supporting the health of culturally and linguistically diverse families

The Migrant Resource Centre—Multicultural Mental Health and Family Wellbeing

The Migrant Resource Centre (MRC) provides relevant services and resources to promote the benefit and wellbeing of migrants and humanitarian entrants to Tasmania, particularly those who are vulnerable or disadvantaged. They offer help to migrants and refugees from all countries, including: older people who have language and other difficulties, young people, families, community groups, and individuals to overcome language and cultural barriers. A number of services are available, including:

- Information about service providers for health (including alcohol & other drugs rehabilitation and mental health services), migration, education, housing, legal, financial, employment and welfare matters;
- Advice and support with issues, including support liaison with government departments and other service providers;
- Information sessions, English classes, skills workshops, special aged care and youth programs;
- Torture and trauma counselling

For more information, phone the Southern Tasmanian Migrant Resource Centre on (03) 6221 0999. Migrant Resource Centres are also located in Launceston, phone (03) 6332 2211, and Devonport (03) 6423 5598.

Supporting Indigenous health and wellbeing in Tasmania

Aboriginal health and support services across Tasmania, for individuals and families

- Aboriginal Health Service Launceston, phone (03) 6331 6966.
- Flinders Island Aboriginal Association Incorporated, phone (03) 6359 3532.
- Mersey Leven Aboriginal Corporation, East Devonport, phone (03) 6427 9037.
- South East Tasmanian Aboriginal Corporation, Cygnet, phone (03) 6295 0004.
- Tasmanian Aboriginal Centre Incorporated, Hobart, phone (03) 6234 8311.
- Tasmanian Aboriginal Health Service Burnie, phone (03) 6431 3289.
ARAFMI Tasmania describe themselves in the following way, ‘We are a group of people who have a close family member or friend with a mental illness, who work together as volunteers to support others in a similar situation. This shared experience and understanding assists us to achieve our mission’ (ARAFMI Tasmania, 2010).

ARAFMI run a website with helpful links and online resources, they also distribute a newsletter for members, run workshops, and equip families and friends with information and resources. ARAFMI are involved in offering various types of support groups in different parts of Tasmania, currently including:

- Family Support Group—Hobart
- HOT (Helping Ourselves Together) - Hobart
- Bereaved by Suicide Peer Support Group—Launceston
- Bipolar Support Group—Launceston
- ARAFMI Carer Support Sessions—Launceston
- Thinking Well Support Group—Newstead
- Other regional groups (see their website for details)

You are not alone. Connect with people who have walked the walk.

Website: www.arafmitas.org.au

Southern office: 3 Bowen Road, Moonah, Hobart. Ph (03) 6228 7448.

Northern Office: 34 Howick Street, Launceston. Ph (03) 6331 4486
A Checklist for Monitoring Your Own Stress Levels

Tick as many of the following that apply to you:

☐ Problems getting to sleep or problems staying asleep
☐ Constant fatigue and tiredness
☐ Poor concentration or forgetfulness
☐ Feeling fearful, anxious or overwhelmed
☐ Frequent urination
☐ Nervous diarrhoea
☐ Over-reaction to small things
☐ Frequent anger or frustration
☐ Light headedness
☐ Lowered sexual desire and/or performance
☐ Muscle tension or pain
☐ Faintness, dizziness
☐ Being jumpy or easily startled
☐ Sweating, shaking or nervousness
☐ Shortness of breath without exercising
☐ Reduced work efficiency

☐ Headaches
☐ Heartburn
☐ Moodiness
☐ Poor appetite
☐ Stomach cramps
☐ Skin rashes

It is important that you avoid burnout and being overburdened with too much responsibility.

Source: This checklist is directly from Taking Care of Yourself and Your Family: A Resource Book for Good Mental Health (2009) by John Ashfield (pg 169).
Tips for a Good Night’s Sleep

• Don’t nap during the day. If you do, it is likely to make it more difficult for you to get to sleep at night. Also, don’t sleep in to make up for a bad night, it just delays the tiredness.

• Early in the evening, take time out to process what has happened during the day and all the things that are on your mind. Write down a list of the things that you need to remember, so that you don’t have to go over them during the night or be worried you might forget something. Include problems or issues that have been on your mind. Practice doing problem-solving, and write an action list of solutions that are realistic and achievable. Once you have done this, don’t think about these issues any more for the night.

• Only go to bed if you are actually tired. If you can’t sleep after 30 mins, get up and relax in another room for a while.

• Bed is for sleep! Don’t watch TV, play on a games console, or read in bed. These things will stimulate your mind. Having a hot shower or bath before bed might help you unwind.

• Establish a routine—set an alarm to wake up at approximately the same time each day.

• Consider your diet and lifestyle. Avoid coffee, smoking, limit your alcohol intake, and exercise regularly.

• Talk to your GP or pharmacist about natural vitamins that might help you if sleeping problems persist.

Tips for Managing Stress

The following tips are from ‘The Stress Toolkit’, an excellent resource by Lifeline (2009) www.lifeline.org.au

1. **Talk to someone you trust** (partner, colleague, friend or helpline): Talking is a great way to let off steam or get some perspective, and helps release negative or upsetting feelings remaining inside. Having someone to listen to you, or you to them, reinforces that you are cared for and valued. As humans, it’s important for us to feel connectedness with others, especially when we feel isolated or alone.

2. **Have a health check with your General Practitioner**: Knowing that your body is in sync is an important step in maintaining good health and resilience. Your GP can check your physical health and general wellbeing for any negative signs that stress may be causing. Seek urgent medical assistance if you are experiencing severe lack of sleep, loss of interest in activities you once enjoyed, loss of energy, distress or any other negative physical symptoms over a period of two weeks, and if your ability to function normally has been impacted.

3. **Take up regular physical exercise**: Evidence suggests that physical exercise will help you feel good about yourself. As well as helping your body stay healthy, sport will also help your emotional wellbeing, especially if it is a social activity.

4. **Try to eat a healthy, well balanced diet**: Diet can play a big part in your emotional wellbeing.

5. **Find time to do activities you enjoy**: for example, spending time with friends and family, participating in sports or hobbies, writing, listening to music, reading, going out, travelling, cooking, movies, practicing relaxation techniques.
Finding Calm Amidst Troubled Waters

Supporting a loved one who has an addiction and a mental illness can be emotionally draining and stressful. Your needs should be balanced with family needs; plan to look after yourself using a plan with goals and strategies.

The importance of a self care plan for carers

Families are an important recovery resource, and often demonstrate amazing resilience given the circumstances. But families also risk burnout. You can take responsibility for maintaining your own balanced lifestyle; looking after you is in the best interests of the family. The following activity has been adapted from O’Grady & Skinner (2007) to help families think about how to take care of your needs. Everyone is different, people manage difficult situations in different ways.

What are some routines and strategies you could use to return to a place of balance and keeping well?

What gives life meaning? What makes you feel alive? What activities have you done in the past that you really enjoyed?

Try and be specific and make concrete goals for yourself—routines and strategies that are achievable.

<table>
<thead>
<tr>
<th>Physical health and fitness</th>
<th>Emotional health and social life</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Financial stability and lifestyle choice</th>
<th>Spirituality and beliefs</th>
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</thead>
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</tbody>
</table>
Both the mental health sector and alcohol & other drugs sector use a lot of acronyms and specific language, which can be foreign for clients and family members. The lists below are a helpful start to understanding the ‘professional shorthand’ and buzz words that workers sometimes use.

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
<td>Alcoholics Anonymous</td>
</tr>
<tr>
<td>ABI</td>
<td>Acquired Brain Injury</td>
</tr>
<tr>
<td>ADS</td>
<td>Alcohol &amp; Drug Service (DHHS)</td>
</tr>
<tr>
<td>ATDC</td>
<td>Alcohol, Tobacco &amp; other Drugs Council of Tasmania (Peak body)</td>
</tr>
<tr>
<td>ATOD</td>
<td>Alcohol, Tobacco &amp; Other Drugs</td>
</tr>
<tr>
<td>ATS</td>
<td>Amphetamine Type Stimulant</td>
</tr>
<tr>
<td>ATSI</td>
<td>Aboriginal and Torres Strait Islander</td>
</tr>
<tr>
<td>CALD</td>
<td>Culturally &amp; Linguistically Diverse</td>
</tr>
<tr>
<td>CAMHS</td>
<td>Child &amp; Adolescent Mental Health Services</td>
</tr>
<tr>
<td>CBT</td>
<td>Cognitive Behavioural Therapy</td>
</tr>
<tr>
<td>CMD</td>
<td>Court Mandated Diversion</td>
</tr>
<tr>
<td>CSO</td>
<td>Community Sector Organisation</td>
</tr>
<tr>
<td>DBT</td>
<td>Dialectical Behaviour Therapy</td>
</tr>
<tr>
<td>DD</td>
<td>Dual Diagnosis</td>
</tr>
<tr>
<td>DEM</td>
<td>Department of Emergency Medicine (Emergency ward in a hospital)</td>
</tr>
<tr>
<td>DHHS</td>
<td>Department of Health &amp; Human Services (State)</td>
</tr>
<tr>
<td>DoHA</td>
<td>Department of Health &amp; Ageing (Federal)</td>
</tr>
<tr>
<td>DPM</td>
<td>Department of Psychological Medicine (Psych ward in a hospital)</td>
</tr>
<tr>
<td>DSM-IV</td>
<td>Diagnostic and Statistical Manual of Mental Disorders (version 4)</td>
</tr>
<tr>
<td>DV</td>
<td>Domestic Violence</td>
</tr>
<tr>
<td>E</td>
<td>Ecstasy</td>
</tr>
<tr>
<td>EBP</td>
<td>Evidence Based Practice</td>
</tr>
<tr>
<td>E-CAT</td>
<td>Emergency Crisis and Treatment Team</td>
</tr>
<tr>
<td>GLTBI</td>
<td>Gay, Lesbian, Transgender, Bisexual and Intersex community</td>
</tr>
<tr>
<td>FASD</td>
<td>Foetal Alcohol Spectrum Disorder</td>
</tr>
<tr>
<td>HBV</td>
<td>Hepatitis B Virus</td>
</tr>
<tr>
<td>HCV</td>
<td>Hepatitis C Virus</td>
</tr>
<tr>
<td>IDU</td>
<td>Injecting Drug User</td>
</tr>
<tr>
<td>IMP</td>
<td>Individual Management Plan</td>
</tr>
<tr>
<td>IOM</td>
<td>Integrated Offender Management Unit, Tasmania Prison Service</td>
</tr>
<tr>
<td>MHCT</td>
<td>Mental Health Council of Tasmania (Peak body)</td>
</tr>
<tr>
<td>MHS</td>
<td>Mental Health Services</td>
</tr>
<tr>
<td>MI</td>
<td>Motivational Interviewing</td>
</tr>
<tr>
<td>MMT</td>
<td>Methadone Maintenance Therapy</td>
</tr>
<tr>
<td>MRP</td>
<td>Maximising Recovery Panel (DHHS Mental Health Services)</td>
</tr>
<tr>
<td>NA</td>
<td>Narcotics Anonymous</td>
</tr>
<tr>
<td>NSP</td>
<td>Needle and Syringe Programme</td>
</tr>
<tr>
<td>OCD</td>
<td>Obsessive Compulsive Disorder</td>
</tr>
<tr>
<td>OD</td>
<td>Overdose</td>
</tr>
<tr>
<td>OH&amp;S</td>
<td>Occupational Health &amp; Safety</td>
</tr>
<tr>
<td>PICU</td>
<td>Psychiatric Intensive Care Unit</td>
</tr>
<tr>
<td>PTSD</td>
<td>Post Traumatic Stress Disorder</td>
</tr>
<tr>
<td>QI</td>
<td>Quality Improvement</td>
</tr>
<tr>
<td>REBT</td>
<td>Rational Emotive Behaviour Therapy</td>
</tr>
<tr>
<td>SASH</td>
<td>Suicide and Self Harm OR Salvation Army Support Housing</td>
</tr>
<tr>
<td>SMART</td>
<td>Self Management and Recovery Training</td>
</tr>
<tr>
<td>SUD</td>
<td>Substance Use Disorder</td>
</tr>
<tr>
<td>TasCAHRD</td>
<td>Tasmanian Council of Aids and Hepatitis Related Diseases</td>
</tr>
<tr>
<td>TasCOSS</td>
<td>Tasmanian Council of Social Services (Peak body)</td>
</tr>
<tr>
<td>TPS</td>
<td>Tasmania Prison Service</td>
</tr>
</tbody>
</table>
Help Now: Key Contacts in a Time of Crisis

These contacts are useful to have if your loved one has a mental health or drug related emergency and needs professional assistance quickly, or if you or another family member need advice or help.

Adults Surviving Child Abuse (ASCA), information, counselling and advocacy: 1300 657 380
Advocacy Tasmania, statewide, mental health and alcohol & other drugs advocacy: 1800 005 131
Alcohol & Other Drug Information Service, statewide: 1800 811 994 (24hrs)
ARAFMI Tasmania, association for relatives and friends of people experiencing mental illness: (03) 6228 7448 (all hours)
Beyond Blue Depression and Anxiety Information Line: 1300 224 636
Cannabis Information and Helpline: 1800 30 40 50 (2-11pm)
Carers Respite Centre, statewide: 1800 059 059
Carers Tasmania Carer Advisory and Counselling Service: 1800 242 636
Child and Family Services, Emergency After Hours Service: 1800 001 219
City Mission Missiondale, Launceston, alcohol and other drugs residential rehabilitation: (03) 6391 8013
Community Connections, Burnie, youth, accommodation and alcohol & other drugs service: (03) 6432 3610
Emergency Accommodation Helpline: 1800 800 588 (24hrs)
Family Violence Crisis Response and Referral Line: 1800 633 937
Gambling Helpline Tasmania: 1800 858 858 (24hrs)
Health Complaints Commission: 1800 001 170
Inpatient Withdrawal Unit, alcohol & drugs service detoxification facility: (03) 6230 7970
Kids Helpline, Counselling for Children and Youth: 1800 55 1800
Lifeline, Counselling and Suicide Prevention: 13 11 14 (24hrs)
Legal Aid Commission, Advice Service: 1300 366 611 (9am-5pm)
Mens Line Australia, Counselling and Support: 1300 789 978 (24hrs)
Mental Health Services Helpline, statewide, advice for carers and help for consumers: 1800 332 388 (24hrs)
Relationships Australia: 1800 002 222
Salvation Army Bridge Program, alcohol & drugs services: (03) 6278 8140 (Sth), (03) 6331 6760 (N), (03) 6431 9124 (NW)
Suicide Helpline, statewide: 1300 132 098
Suicide Call Back Service, statewide, counselling and prevention: 1300 659 467
TasCAHRD AIDS and Hepatitis Information and Support: 1800 005 900
The Link Youth Health Service, Hobart: (03) 6231 2927
Women's Health South, information services and education: 1800 675 028
<table>
<thead>
<tr>
<th>Mental health</th>
<th>Families</th>
<th>Alcohol &amp; Drugs</th>
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<td>ARAFMI (Assoc. of Relatives and Friends of the Mentally Ill)</td>
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<td>Mental Health Services (DHHS, Tasmania Government)</td>
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Families can cope and be resilient, but they need support. Not providing this support robs the whole family of what it deserves, and removes a potentially important aspect of successful therapy. This in turn costs the whole community.

If they are to be effective and provide quality care to affected people and their family, health professionals must listen to the feedback from the patient’s family members. In the interests of the wellbeing of the individual patient and their family, failure to communicate with family members because of confidentiality requirements must be overcome. Health professionals must include family members as part of any holistic care management plan—many families provide accommodation, and social and financial support to the patient, and provide ongoing care when health professionals are absent... The reports, inquiries, committees—although sometimes productive—must be matched with resources and action. Also, it is time to stop punishing these people with problems.

Families and carers, and the affected people, all need to have a voice and a say in how services are provided. Without this participation, families will continue to lack confidence in the system. Losing families’ confidence will have negative consequences for the patient and the whole community.

Alternatively, recognising and supporting the role of families will have positive outcomes for everyone.

~ Tony Trimingham {parent, author, founder of Family Drug Support} Quoted from ‘Drug Use and Mental Health’ (2008) by S. Allsop (editor)
Mental Health First Aid Tips

Family are often the first on the scene when a loved one is having a mental health related emergency. Developing first response skills will enable you to offer sensitive, practical help when they need it most.

What is a Panic Attack?

Panic attacks can be a very scary and overwhelming experience that happen at random in response to various situations, they develop quickly and peak within 10 minutes. A person having a panic attack may feel like they are very sick or going to die, and it is often triggered by an event or feelings of being out of control. The following symptoms are common:

- **Palpitations**: rapid heart beat, thumping chest pain, tingling
- **Anxiety**: feeling stressed, freaked out, scared, shaky
- **Nausea**: feeling sick, knots in stomach, abdominal pain, dizziness, sweating, chills or hot flushes
- **I’m Gonna Die!**: fear of dying, fear of losing control, being detached and out of it, fear of going crazy
- **Can’t Breathe!**: shortness of breath, hyperventilation (over-breathing), sensations of suffocating or choking

What should I do if I am first on the scene? First aid responses

- **Isolate the person** to avoid embarrassment or interruptions from onlookers (especially if in a public space like a shopping centre or café). If they are able to move to a quiet room or alcove area, this should help their focus. Other people being loud, bossy, derogatory, panicky or overbearing can make the person's panic worse.

- **Lower your voice and give clear simple instructions**: Get them to sit down and lean forward, looking at the ground with a lowered head, to block out surroundings. Ask them what is going on for them, and ask what you can do to help. Assess whether an ambulance needs to be called. If symptoms are similar to a heart attack, err on the side of caution.

- **Breathing**: hyperventilation (over-breathing) commonly leads to panic attacks. Many people get into the habit of breathing shallowly when panicked, from the upper chest. Help them to slow down their breathing. If they are sitting, sit next to them or kneel in front of them and practice breathing deep breaths with them. Only touch the person if they are comfortable with you touching them, don’t invade their personal space. Breathe in while counting to 4 slowly, then breathe out while counting to 4 slowly. They need to breathe deeply from their stomach/gut.

- **Reassure the person**: use a lowered voice and continually reassure them throughout the panic attack that they’re doing well and that you are there for them. If they repeat negative beliefs in a panicked way “I’m having a heart attack” or “I’m going to die”, reassure them that they are not going to die. Treat them with respect and compassion.

- **Tell the person not to fight them when they happen**: a number of experts have emphasised the need to accept the panic attacks when they occur and that it may in fact be helpful if the person tries to ride out the attacks to learn that no harm will come to them. This may sound strange, but fighting them only increases the level of fear and allows panic to take on tremendous proportions. By going with the panic, the person is reducing its power to terrify them.

- **Diet** – unstable blood sugar levels can contribute to levels of panic. Encourage the person to eat regularly and avoid sugary foods and drinks, white flour and junk food. Caffeine, alcohol and smoking all contribute to panic attacks too.

In Case of Emergency: Signs & Symptoms of Drug Overdose

Unfortunately, when a person uses substances, legal or illegal, there is a risk of misusing or wrongly predicting how much of a drug their body can handle. Developing your knowledge of the signs and symptoms of overdose may help to save a loved one’s life if the unthinkable happens.

Indicators a Person may have Overdosed

If you suspect that a person has overdosed, call an ambulance (call 000) immediately. The following indicators are signs or symptoms of overdose:

- Increasing agitation
- Cold and clammy skin
- Pupils of the eye reduce in size to “pinpoints”
- Their mental state deteriorates (they have hallucinations, or go into a state of panic or deep depression)
- They experience noticeable changes in their heart rate (e.g. it is not beating in a regular pattern, is below 60 beats a minute or above 120 beats a minute)
- Lowered body temperature
- Slow and noisy breathing
- Muscles twitching or having spasms
- Their skin turns a blue colour
- They get fluid in their lungs
- They are in a very strange state of stupor or delirium
- They have convulsions
- They lose consciousness or go into a coma

Indicators of Withdrawal from Sedative Prescription Drugs (Benzodiazepines)

If you suspect that a person is deteriorating into a state that poses a danger to their health, call an ambulance (call 000) or get them to medical help quickly. Benzodiazepines (“benzo’s”) are commonly prescribed for people with mental health problems, especially anxiety disorders or sleep problems, or people who are detoxifying from other drugs. Some people take benzo’s illegally as well. If a person decides to suddenly go off them, after a while of being dependent, this can pose a medical danger to their health. A GP or psychiatrist should be involved in any decision making around reducing medication. The following indicators are signs or symptoms of withdrawal from this type of sedative prescription drug:

- Anxiety, panic attacks, depression
- Rapid mood changes
- Diarrhoea, constipation, bloating
- Insomnia and nightmares
- Irritability and restlessness
- Muscle aches
- Poor concentration and memory loss
- Loss of balance and dizziness
- Loss of appetite
- Breathing difficulties
- Hypersensitivity to light
- Sweating and increased body temperature
- Headaches and blurred vision
- Heart palpitations
- Seizures
Psychosis Explained: Voices, Visions, and Minds that Play Tricks with Reality

The most common time of life for psychosis to emerge is young adulthood, but it can start at any life stage. The causes of psychosis are not fully understood, and can involve a number of contributing factors.

**Recovery is possible** and there are various different types of treatment available to help people living with a psychotic mental illness, for example, schizophrenia, bipolar disorder, psychotic depression, or schizoaffective disorder. Symptoms vary from person to person, however, there are common signs to look for. The following description of symptoms is by the Early Prevention and Intervention Centre (EPPIC)

- **Confused thinking:** Everyday thoughts become confused and don’t join up properly. Sentences are unclear or don’t make sense. A person may have difficulty concentrating, following a conversation or remembering things. Thoughts seem to speed up or slow down.

- **False beliefs:** It is common for a person experiencing a psychotic episode to hold false beliefs, known as delusions. The person is so convinced that their delusion is real that the most logical argument cannot make them change their mind. For example, a person may be convinced from observing the way cars are parked outside their house that they are being watched by the police or intelligence agents.

- **Hallucinations:** In psychosis, the person sees, hears, feels, smells, or tastes something that is not actually there. For example, they may hear voices which no one else can hear, or see things which are not actually there. Some people with psychosis, for example, think that food tastes as though it is poisoned or talk to things that are invisible.

- **Changed feelings:** How someone feels may change for no apparent reason. Mood swings are common and they may feel unusually excited or depressed. A person’s emotions may feel dampened, and they may show less emotion to those around them, coming across really flat or down.

- **Changed behaviour:** People with psychosis may behave differently from the way they usually do. They may be extremely active or lethargic and tired. They may laugh inappropriately or become angry and upset without apparent cause. Often, changes in behaviour are associated with symptoms already described above. Someone who believes he is Jesus Christ may spend the day preaching in the city streets. A person may stop eating because they are concerned that food is poisoned, or have trouble sleeping because they are scared.

Source: Early Psychosis Prevention and Intervention Centre (2006, pg 1) *What is Psychosis? Fact Sheet 1*
The Impact of Child Abuse on Adult Survivors

One of the most important issues for families is, unfortunately, rarely a topic of conversation. Child abuse can take various forms, for example, physical, sexual or emotional abuse, neglect, and seeing domestic violence. Australian research (Lamont, 2010) identifies mental health issues and drug and alcohol use as common problems for adult survivors of child abuse (although it needs to be emphasised that these things do not cause each other in all cases):

- **Links with Mental Health:** ‘Persisting mental health problems are a common consequence of child abuse and neglect in adults. Mental health problems associated with past histories of child abuse and neglect include personality disorders, post-traumatic stress disorder, dissociative disorders, depression, anxiety disorders, and psychosis (Alfifi et al., 2009; Chapman et al., 2004; McQueen et al., 2009; Springer et al., 2007)’

- **Links with Drugs and Alcohol:** ‘Associations have often been made between childhood abuse and neglect and later substance abuse in adulthood (Simpson & Miller, 2002; Widom et al., 2007) ... In the Adverse Childhood Experiences Study in the United States, adults with four or more adverse experiences in childhood were seven times more likely to consider themselves an alcoholic, five times more likely to have used illicit drugs, and ten times more likely to have injected drugs compared to adults with no adverse experiences (Felitti et al., 1998). The higher rates of substance abuse problems among adult survivors of child abuse and neglect may, in part, be due to victims using substances to self-medicate trauma symptoms such as anxiety, depression, and intrusive memories caused by the abusive history (Whiting et al., 2009)’


What do I do if a loved one tells me they were abused as a child?

Listen! Be compassionate, not judgmental, and don’t jump into asking investigative questions or offering advice. The decision to talk about abuse is a big one. Be very aware of your reaction to what they are saying, and how you treat them after they have told you. Adults Surviving Child Abuse (ASCA) add these suggestions:

‘It is hard to watch someone you care about in pain... Carers and supporters can often feel helpless as they watch their loved ones struggle with issues that they may not understand, however, simply ’being there’ with a survivor as they try to reconnect with the world makes the journey all the shorter. Partners and friends don’t need to be heroes. It’s a fine line to walk between offering support, and trying to ‘rescue’ someone, but it’s an important one. Survivors need people who are constant, consistent and trustworthy... It is important that partners and friends develop clear boundaries, and look after themselves. Caring for a survivor can be an opportunity for warmth, intimacy, and joy.’ (Source: ASCA, 2010)

Falling Through the Gaps? Mental Illness, Drugs, and the Criminal Justice System

Do you have a loved one who has become involved with the criminal justice system? Some people who use drugs and alcohol commit crime to fund their habit, or they may have committed a crime while intoxicated or under the influence. Some people with a severe mental illness may commit crime while unwell, for example, smashing windows or knocking someone over in the midst of a psychotic episode, stalking, or shoplifting while manic. Sometimes a person gets to such a stage of crisis that they fall through the cracks or gaps between health and community services, and end up in courts or in prison. In Tasmania, there are some good programs and services that may be able to offer your loved one a therapeutic response to their complex needs, using a team approach, yet still keeping in mind the safety of everyone.

Court Mandated Diversion Program, Community Corrections and the Magistrates Court of Tasmania

The Court Mandated Diversion Program (CMD) provides magistrates with an option to divert those offenders who are eligible into treatment for their drug use, either through the bail or sentencing process. The main goal of the CMD program is to ‘break the drug-crime cycle by involving offenders in treatment and rehabilitation programs. Other goals of the CMD program are to improve physical and psychological wellbeing, improve offenders’ relationships with family and friends, improve offenders’ possibility of gaining or retaining employment’ (Dept. of Justice, 2010). For more information about this special type of court program, contact the Court Diversion Officers in your region:

- Hobart: phone (03) 6216 4429 or email southcdo@justice.tas.gov.au
- Launceston: phone (03) 6336 2576 or email northcdo@justice.tas.gov.au
- Burnie/Devonport: phone (03) 6434 7265 or email northwestcdo@justice.tas.gov.au

The Mental Health Diversion List Program, Forensic Mental Health and the Magistrates Court of Tasmania

The Mental Health Diversion List (MHDL) Program enables magistrates to deliver a more therapeutic response to defendants (people appearing in this criminal court) whose offending behaviour is caused by mental health issues. The Court has decided to change its way of dealing with people with mental health issues by providing separate lists or sittings for them with magistrates and teams that focus on treatment and support. A person can refer themselves into the program or be referred into it by family members, mental health service providers, magistrates, or lawyers. The MHDL aims ‘to assist people to address mental health needs relating to their breaking of the law; to improve community safety and reduce re-offending by people on the List; to improve the psychological and general wellbeing of people on the List; and to reduce the use of criminal justice punishments for health related behaviours’

Contact Forensic Mental Health Court Liaison: Hobart phone (03) 6233 4561 or Launceston phone (03) 6336 2709.

Do you have a loved one in prison who uses drugs or has a mental illness? There are a variety of agencies that offer services to prisoners and ex-offenders, to find out more about these services go online to the Reintegration Toolkit at www.re-integrate.net or phone the Tasmania Prison Service, phone (03) 6216 8180.
Helping Someone at Risk of Suicide

Thinking about suicide is more common than you might imagine. In Australia, more people (around 2,500) die from suicide than road accidents each year (Mental Illness Fellowship of Australia, 2005). In addition to this, there are a number of deaths that have contributing factors such as drug and alcohol use and mental illness, where the cause of death is hard to figure out whether it was intentional or accidental (for example, some cases of drug overdose).

The important thing to realise is that, while a surprising amount of people might think about suicide, there are a lot who have these thoughts and then go on to live long and fulfilling lives. Also, not everyone who commits suicide has a mental illness, and not all people who have a mental illness commit suicide. Recovery from being suicidal is quite possible, especially if professional allies are brought into a person’s support network to offer options and hope.

At Risk Now: Tasmanian Emergency Contact Numbers

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<th>Service</th>
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<tr>
<td>Emergency Services</td>
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<td>Lifeline</td>
<td>13 11 14 <a href="http://www.lifeline.org.au">www.lifeline.org.au</a></td>
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<td>Mental Health Helpline</td>
<td>1800 332 388</td>
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<td>Mensline Australia</td>
<td>1300 789 978 <a href="http://www.menslineaus.org.au">www.menslineaus.org.au</a></td>
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<td>Samaritans Lifelink</td>
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<td>Suicide Helpline</td>
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<td>Suicide Call Back Service</td>
<td>1300 659 467 <a href="http://www.suicidecallbackservice.org.au">www.suicidecallbackservice.org.au</a></td>
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Getting Help Over Time: Local Services that Offer Support

Contact one of the services below, depending on where you live and what types of issues/difficulties are relevant:

**Choose Life Services (CLS):** CLS offers free counselling and support services for people who are suicidal, as well as offering support and relief to those affected by suicide. Phone 1300 132 098 or www.parakaleo.org.au

**Lifeline:** Lifeline offer personal crisis counselling (including telephone counselling), victims of crime services, visitation and social activities, education and community awareness. Phone 13 11 14 or www.lifeline.org.au

**Rural Alive and Well (RAW):** RAW offer suicide prevention and community wellbeing services to the Central Highlands, Glamorgan Spring Bay and Southern Midlands Municipalities. Phone (03) 6259 3014 or www.rawtas.com.au

**Salvo Hope Line (Suicide Bereavement):** Those who are affected by the suicide of a loved one are at risk themselves. Phone 1300 467 354 or go online to http://suicideprevention.salvos.org.au/
Hold on to Hope for Recovery

“The psychologist helped me to understand the difference between being a carer and a mother. Learning that the carer role is something you pick up when needed and set down when it’s not has helped reduce my stress... We mustn't underestimate the value of our loving presence in the lives of our dear ones. Sometimes, the most I can offer is to be the one who keeps the hope alive—that it is possible for them to have bipolar and at the same time, live a happy, creative, satisfying life; that my son and daughter can still explore their potential and have a meaningful place in the world through the people they are, the relationships they have, the work they do, and the love they give.”

Mother

Quoted in Anglicare Tasmania (2009) *Family Stories of Mental Health* (pg 20)

Recovery is a process. It is not just defined by the presence or absence of symptoms or treatment, but by quality of life, personal growth, support options, and access to opportunities. Relapses are setbacks, not disasters or failures. Hope is an essential ingredient for all recovery journeys. Seeing a different future is the first step to change.