

# Carers *news*

Autumn 2017

*Policy  
Update*

*Tech  
Talk*

*Caring For  
Yourself*

Carers of People with Psychosocial  
Disability and the NDIS

Apps for Mental Health

Adult Colouring Books and  
Mental Health Wellbeing

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# Message from Caroline

Welcome to the Autumn Edition of Carers News.

**W**hat an exciting year 2017 will be! We have a number of new and important initiatives ahead including expanding our education and support services, developing a Research Agenda and regional Carer Blueprints and a milestone birthday in November to celebrate 25 years of advocacy and our contribution to supporting Victorian (and Australian) carers.

Most exciting of all is that the Victorian Government has partnered with us to develop a Victorian Carer Statement; an opportunity for carers to provide feedback, to engage in the development of future services and supports and have a say in new policy development. We have now commenced our consultations with carers across the State, and want to hear about what works best in existing services and supports, what could be improved and how, and what service gaps you experience. See page 4.

We will be meeting with a range of stakeholders and organisations to gain their feedback and have developed an online Carer Survey for those who are not able to attend a consultation. Please see our website [www.carersvictoria.org.au](http://www.carersvictoria.org.au) for further details of our survey.

This edition is focused on Mental Health and as such we have included articles on carers of people with a psychosocial disability and the NDIS, rural Mental Health, suicide risk and carers, and related carer stories. You may find some of the articles in this issue challenging. If you or someone you know is distressed by any information contained in these



articles, please call the Carer Advisory Line on 1800 242 636 or one of these numbers:

**Lifeline (for all ages):** 13 11 14.

**Kids Helpline (for anyone under 25):** 1800 55 1800.

**Suicide Callback Service (if you are experiencing thoughts of self-harm or suicide):** 1300 659 467.

**Q Life (counselling for LGBTIQ people):** 1800 184 527.

**National Sexual Assault and Domestic Violence Counselling Service:** 1800 737 732.

I'm really looking forward to developing the Carer Statement with you and hope that you will contribute by having your say.

Best regards,

A handwritten signature in black ink that reads "Caroline Mulcahy". The signature is written in a cursive, flowing style.

**Caroline Mulcahy**  
CEO, Carers Victoria

# What's happening at *Carers Victoria*

## Midsumma Festival Update (15 Jan – 5 Feb 2017)



Above // Carers and Carers Victoria staff enjoying themselves at the Pride March.

**C**arers Victoria is very proud to have supported the 30th Midsumma Festival this year. We participated in a number of events throughout the festival including an information stall at Carnival Day in the Alexandra Gardens, the 'Caring for Ourselves' community forum, and of course the famous Pride March in St Kilda, which once again attracted several thousand supporters and this year was led by a BoonWurrung smoking ceremony accompanied by a contingent of queer Indigenous people.

Carers Victoria staff along with friends and family members enjoyed the buzzing array of colour, food stalls, live music, forums and most importantly, the sense of pride the Midsumma Festival provides to the LGBTIQ and broader community year after year.



### **Mental Health Program: Carers, Families and the NDIS**

**A**re you caring for a person with a psychosocial disability? Do you want to know more about the National Disability Insurance Scheme (NDIS)?

Carers Victoria is running a four part program: Mental Health: Carers, families and the NDIS.

This series of four workshops will focus on the rollout of the NDIS and will explore the practical aspects of the Scheme for potential participants, their families and carers.

The key aims of the program are to increase NDIS readiness for carers

with regard to plan preparation, and to understand the role of mental health carers and their rights in the NDIS.

If you are interested in attending the program, or if your Carer Support Group wishes to host the program, please email:

**education@carersvictoria.org.au**  
or call **1800 242 636**.

### **Book An Education And Training Session For Your Carer Support Group**

**W**hy not get in early and book a training session for your carer

support group's 2017 calendar? Our educators can provide your group with information and guidance on a wide range of topics. The best part is that we come to you, no matter where you are in Victoria. We also provide specific training for facilitators of support groups, giving you tips on how to successfully establish and manage your group.

If you would like to find out more or book a session with one of our experienced educators, call our Advisory Line on **1800 242 636** or email: **education@carersvictoria.org.au**

# Victorian Carer Statement

**A**t our Caroline Springs Mingle last year, the Former Parliamentary Secretary for Health, Mary-Anne Thomas MP, now current Cabinet Secretary announced the Andrews Government would develop a Victorian Carer Statement. The Statement will outline what carers want from Victorian Government services and what they think is important in services available in Victoria. Recognition of carers as people with support needs in their own right is really important because they often have unmet needs from caring for a relative or friend who has a disability, mental illness, chronic health condition, terminal illness, addiction, or older people with care needs.

Carers Victoria is excited to be leading consultations across the State from March – May with carers in different care relationships. We will also hold consultations in Melbourne for carers and peak organisations which also support and/or represent carers in the State.

We know that all caring situations are unique and we want to hear from carers in all different communities including people from culturally and linguistically diverse backgrounds, who are Aboriginal, or who are lesbian, gay, bisexual, transgender or intersex.



**Caption //** Former Parliamentary Secretary for Health, Mary-Anne Thomas MP, now current Cabinet Secretary, chats to a carer at Caroline Springs Mingle 2016.

We are also asking for people to respond to the online Carer Survey which asks different questions about care roles. It's a big part of the consultation process and the more people who respond, the better picture the government will have of carers' lives.

We're very aware some people in care relationships don't think of themselves as a 'carer', so if you know someone, another parent, sibling, student or colleague who has care responsibilities and helps another person to live independently, then please spread the word about the survey and consultation workshops. Together we can make a huge difference to carers' lives!



**Caption //** Mary-Anne Thomas announcing the Andrews Government will develop a Victorian Carer Statement.

## Online Survey

You can also have your say by completing the online Carer Survey at [www.carersvictoria.org.au](http://www.carersvictoria.org.au)

The survey closes Friday 26 May 2017.

If you would like an accessible version of the survey, please call us on 1800 242 636 and we will post a hard copy to you.



## *Carers of People with Psychosocial Disability and the NDIS*

Recently, the Federal Government opened an inquiry into the provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition. The inquiry is in relation to:

- “the implementation, performance and governance of the National Disability Insurance Scheme;
- the administration and expenditure of the National Disability Insurance Scheme; and
- such other matters in relation to the National Disability Insurance Scheme as may be referred to it by either House of the Parliament;”<sup>1</sup>

Carers Australia, with the input of the State and Territory Carer Associations, submitted to the inquiry, informed by concerns raised by carers of people with mental illness. Central to carer concerns are the evolving nature of the scheme as it is introduced and how it interacts

with other mental and community health services across Australia, as well as the potential for a reduction in support services. Other concerns of carers relate to eligibility for, access to, and participation in the NDIS by people they support, as well as concerns around support and recognition offered to their care relationship by National Disability Insurance Agency (NDIA) staff and processes.

Decisions about changes in funding and service provision are bound by NDIS related agreements made between the Commonwealth and the States and Territories. As these agreements come into effect, many issues regarding service and program changes are being highlighted, which result from how transitional arrangements between State service providers, the Commonwealth Government and providers of NDIS services are managed within the terms of these agreements.

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*Some services and programs may cease under the NDIS roll-out as a result of transitional funding arrangements. Carer Associations are closely monitoring the impact this may have on people in care relationships.*

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The Inquiry cited some mental health sector, consumer and carer concerns within the terms of reference. This included a request for feedback on the transition of all current long and short term mental health State and Territory Government funded services to the NDIS, as well as Commonwealth Government Funded services, such as the Personal Helpers and Mentors service (PHaMs) and Partners in Recovery (PIR) programs. Of particular interest was whether these services will continue to be provided for people deemed ineligible for NDIS Individual Support Packages.

1. [www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/National\\_Disability\\_Insurance\\_Scheme](http://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme) (accessed 14/2/17)



The Carers Australia submission noted that program funds due to transition into the NDIS by 2019–20 (either in part or mostly) are from carer support services. Of particular concern is the roll-over of the majority of funds from the Mental Health Respite: Carer Supports (MHR:CS) program into the NDIS. The MHR:CS provides respite, counselling and family support options for carers and families of people with a mental illness who are experiencing poor health and wellbeing or other barriers to supporting the person they care for.

Carers of people with a mental illness face great challenges. Research has shown they have a high need for respite and counselling to support them in their role. Although some carers of people who are eligible for NDIS individual support packages have had positive experiences accessing supports for the person they care for, feedback from carers

Australia-wide indicates that support and recognition of carer needs is inconsistent.

The guidelines for MHR:CS service providers require they complete a carer needs assessment, develop carer support plans and provide a broad range of support to carers and families to assist care relationships and carer wellbeing. The NDIS does not include or provide a carer assessment, nor are carers viewed as ‘participants’ in the NDIS in their own right. Therefore, carer support plans are not included in the scheme, which results in limited provisions for the needs of carers. Carers Associations have received feedback indicating the involvement of carers during NDIS assessments and support planning, as well as the consideration of their needs, varies according to the knowledge of individual workers.

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*The availability of respite is limited when provided solely via the NDIS. Carer involvement in assessment and planning for example is determined by an NDIS participant's willingness for this to happen. We know many carers of people with mental illness won't or can't access respite when the person they support does not want them to<sup>2</sup>.*

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In addition, the PHaMs and PIR programs, which are marked to have the majority of their funds rolled into the NDIS<sup>3</sup>, are currently available to a wider group of people with mental illness and psychosocial disability than would likely be eligible for an NDIS support package.

2. Mental Health Australia & Carers Australia, 2016, 'Mental Health Carers and the National Disability Insurance Scheme' p. 37

3. Mental Health Australia & Carers Australia, 2016, 'Mental Health Carers and the National Disability Insurance Scheme' p. 38 & 39.

NDIS eligibility may not be met if a person's mental illness is of an episodic nature, or is severe and persistent but does not meet the criteria of a 'permanent disability'. Some people may not want to engage with clinical or medical services which would otherwise support their assessment for NDIS services. Others may refuse to participate in the scheme, or feel reluctant to take up support due to stigma about mental illness. Many unique barriers can exist for people accessing psychosocial disability supports through the NDIS. A need for carer supports remains, as well as alternatives for those who may fall through the cracks.

Relevant also is the partial transition of funding for the Young Carer Respite and Information Services Activity (YCRIS) program into the NDIS. This program assists young carers to remain in school and provides respite and support. Given young carers have been identified by the Federal Government as being at risk of welfare dependence, it is vital that fully funded programs reflect these concerns to assist young carers of people with mental illness complete their education.



## NDIS Tips for Carers

### **TIP 1: Write a NDIS statement of your care responsibilities – A 'Carer Statement'**

Family and carers do not receive NDIS funding in their own right **unless it is to improve their ability to support a participant with a disability**. However there are some opportunities to raise carer needs prior to the planning meeting.

When preparing for a NDIS planning meeting, **all carers should consider writing a Carer Statement** which outlines the following:

- Your caring role, ability to care and to sustain that care
- If you are able/willing to continue caring in the same way and the impact this has on you
- Any information about yourself and your family you want the planner to know.

The Carer Statement allows a carer to inform the NDIS planner of what support they may need, or what they may find difficult.

A helpful resource is the Carer Checklist on the Carers Australia website [www.carersaustralia.com.au/ndis-and-carers/support-for-families-and-carers](http://www.carersaustralia.com.au/ndis-and-carers/support-for-families-and-carers)

### **TIP 2: Start planning as soon as possible**

- Attend information sessions
- Attend carer support group sessions to hear other carers share their experiences
- Read the Victorian NDIS price guide to get an idea of relevant plan items
- If you need respite, ensure it is included by explaining this support is needed to increase independence for the person you care for.

### **TIP 3: The first telephone call after eligibility: You can request a face-to-face NDIS planning session, for you, the person you care for or an advocate (e.g. case manager, carer support worker, assertive family member or friend) if you think this is needed.**

An NDIS plan is too important to complete over the phone. The person you care for may not need to attend the entire meeting. If going to the NDIA office may cause stress for the person you care for, you can request the meeting be held at your home.

If you are nervous on the phone, these prompts may be helpful:

- Ask: "Is this an information gathering call or a planning call?"
- Say: "To enable choice and control I would like to arrange a face-to-face meeting for this planning meeting with [name], advocate and you"
- Say: "I would like to have the meeting at home so as not to distress [name]"

# Rural Mental Health, Suicide Risk And Carers

The Carer Association Network advocates for suicide risk among men in rural communities to be discussed hand-in-hand with the needs of rural women carers who support vulnerable people with mental illness.

**F**or every person who suicides, many more are impacted. While the effects of suicide are unique for every person, sadly, in rural communities, some facts about suicide risk among men remain.

An average of 8<sup>1</sup> deaths by suicide occur in Australia each day and 75 per cent of people who die by suicide are men.<sup>2</sup> Men in regional and remote areas are up to 2.6 times more likely to end their life by suicide than urban men. Studies also identify at least two-thirds of all farmer suicides occur in older age groups, mainly those over the age of 55.<sup>3</sup>

Suicide risk within rural areas also continues to rise for marginalised groups. Young people and Aboriginal and Torres Strait Islander people face a growing risk<sup>3</sup> with suicide contributing to 5.2 per cent of deaths compared to 1.8 per cent of non-Aboriginal deaths.<sup>4</sup>

People from migrant and refugee backgrounds are vulnerable to war-related post-traumatic stress disorder, complicated grief, anxiety and depression. Mental health services are being required, to improve access to interpreters and build their specialist knowledge and cultural competencies to meet the needs of this group.

Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people also experience poor mental health due to discrimination and barriers to healthcare. Research indicates suicide attempts among LGBTI populations are up to 14 times higher than non-LGBTI people<sup>5</sup> with greater risk in rural areas.

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*For people from more than one of these groups, poor mental health and suicidal ideation is more likely. The mental health and wellbeing of carers from one or more of these groups is also vulnerable.*

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There is a need for responses to mental illness and suicide in rural communities to improve. Similarly, supports for carers of people with mental illness and/or who experience suicidal ideation need to be expanded.

Care relationships are valuable in not only social, but economic terms. Conservative estimates suggest it would cost \$60.3 billion per year if

all informal community care was delivered through formal care systems.

Carers are often there for people before, during and after they have had formal supports. They help during a crisis or at times of immense need when people may otherwise fall through the cracks.

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*Carers walk with people they support to get them through the door of crucial services. Mental illness is a major factor in suicide risk and accessing quality healthcare is a protective factor against suicide. The support of family and friend carers not only saves money – it saves lives.*

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There is a pressing need for carer support services to recognise and respond to the episodic nature of mental illness and recovery experiences. In turn, the system needs to be flexible enough to deal with the fluctuating responsibilities of carers and the impacts these responsibilities can have on their own mental health.

Carer knowledge and experience of the people they care for must be readily incorporated into mental health service provision to improve understanding of mental illness and suicide risk.

1. Butler, J., 2016, Huffington Post "Australia's Suicide Crisis Has Peaked To A Terrifying New Height One person takes their own life every three hours", 28/09/2016 (assessed online 13/2/17) <http://www.huffingtonpost.com.au/2016/09/27/australias-suicide-crisis-has-peaked-to-a-terrifying-new-height/>

2. Australian Bureau of Statistics, 'Greatest sex ratios within the 20 leading causes of death', 2015(a)(b)

3. McKay, Milner, Kölves, De Leo, 2012, p.9, "Suicidal behaviours in rural and remote areas in Australia: A review" in 'Suicide in Rural and Remote Areas of Australia', eds. The Australian Institute for Suicide Research and Prevention, National Centre of Excellence in Suicide Prevention, WHO Collaborating Centre for Research and Training in Suicide Prevention, Griffith University, Griffith University, 2012, Mt Gravatt, Qld

4. Australian Bureau of Statistics, 'Age-specific death rates for Intentional self-harm', by Indigenous status, 2011-2015 (a)(b)(c)(d)

5. National LGBTI Health Alliance, Rosenstreich, G., 2013 'LGBTI People Mental Health and Suicide' (Revised 2nd Edition) Sydney National LGBTI Health Alliance

6. ABS (2013) 2012 Survey of Disability, Ageing and Carers Australia, Cat. No. 4430.0



A significant part of this picture, and especially relevant to gender equity and women's health, is the gendered nature of caring. 70 per cent of primary carers in Australia are women. In addition to poorer mental health, women carers experience additional financial disadvantage compared to women not in caring roles.

#### Compared to non-carers, carers are:

- more likely to have a low to very low gross household income
- less likely to be employed in paid work, and
- more likely to be working part-time if they do work.<sup>6</sup>

Women who undertake caring should not experience damage to their own health, wellbeing and lifelong financial security as a result of sustaining the mental health and wellbeing of the people they care for.

Achieving greater gender equality in society means we need to act to mitigate negative impacts of caring on women. Consultation with women carers is vital to inform improved responses to male rural suicides. The Carer Association Network are committed to presenting a case on the importance of access to mental health services for all people when and where they need them and bringing the voice of carers to government.<sup>7</sup>

#### Editor's Note:

We would love to hear stories from rural women who are part of a women's carer support group or some other initiative which they feel improves their health, wellbeing and capability in their care relationship. Please contact us via email: [publications@carersvictoria.org.au](mailto:publications@carersvictoria.org.au) or via the Editor, Carers News Magazine, PO Box 2204, Footscray VIC 3011.

**If you or someone you know is distressed by any information contained in this article, please call the Carer Advisory Line on 1800 242 636 or one of these numbers:**

Lifeline (for all ages): 13 11 14.

Kids Helpline (for anyone under 25): 1800 55 1800.

Suicide Callback Service (if you are experiencing thoughts of self-harm or suicide): 1300 659 467.

Q Life (counselling for LGBTIQ people): 1800 184 527.

National Sexual Assault and Domestic Violence Counselling Service: 1800 737 732.

7. Carers Victoria 2016, 'Carers Victoria's Response to the Victoria Government Gender Equality Strategy Consultation Paper', Carers Victoria, Footscray, VIC

# *Rural Mental Health, Suicide, Risk and Carers: Case Study of Bronwyn\**

## **Describe the circumstances around your care relationships.**

I care for my adult son and my husband. Both of them experience mental illness. My son has had a chronic illness since he was 14, and poor mental health as a result of treatment for this illness. My son attempted to take his own life which resulted in a brain injury.

We live in Mildura and are supported by close friends and other family members.

## **What are some issues for rural women carers?**

There are things country people deal with, the tyranny of distance. Seeing health professionals may mean a flight into Melbourne. We access psychological services locally, but people with mental illness also can have physical health issues. Things like MRI's and angiograms can be harder to access.

I line dance and have for 20 years. You hear stories of women who juggle the farm and business after their husband or son falls ill. Women might find they have to adjust to a new kind of relationship even though they still see themselves as a wife or a mother.

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*The dynamics in the home change. All of a sudden they are learning or using new skills – to support a family member with a particular illness and also running a farm or business. In smaller communities, in the bush especially, you need to be more independent.*

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That said, rural communities help each other. They may not always speak about what's wrong – but people know and pitch in because communities are tight. There is still stigma in the country about mental illness. People always have a stiff lip and get on with it, even if people deep down know. But we need to talk about it. My rural town has a high suicide rate. Talking about it is life or death really – so we need to open up to our friends and mates.

## **What do you do to look after yourself?**

I facilitate a Carer Support Group and it's great to be able to help and support other women in my area. My advice to women carers is to reach out. The first thing a woman should do if she becomes a carer is to take up services. Put your mind together with other carers and share information, together there is a lot we can offer each other.

Next thing is don't worry about what people think. You are doing your best. Uninformed opinions have no room in the life of a carer.

Another tip is to get respite, get rest. I go away every March for a weekend and November for two weeks without fail. When I return I resume supporting my son and husband. If I didn't, things would become a crisis and we would all need services! Take a break where you can. Things can be hard, hard things may never go away, but it's how you approach it. That is something you have control over.

\*Name of carer changed.

CONTENT WARNING: Contains Family Violence

# Interview with a Carer

## Tell us about yourself and how your caring role began?

**O**ur son, now in his forties, started developing problems with concentration and behaviour and was quite uncommunicative when he was about fourteen. It became apparent he wasn't fitting in and he was expelled from school because of his behaviour. There was trouble diagnosing him and there was a suggestion of schizophrenia. This label was very damaging to him at school and with friends because of the stigma at that time. Eventually he was diagnosed with an extreme anxiety disorder with panic attacks and obsessive compulsive tendencies.

*At this time the nature of the mental health support provided was quite flexible, the respite we accessed in a residential setting was relaxed and we felt welcome there, and we felt we weren't alone in times of crisis.*

However, with the model of care changing for people with mental illness, he was encouraged to live independently in housing provided by government, without a case manager. He had very limited interpersonal skills and life skills and no support. What followed for the next seven or eight years was disastrous for him

and for our family. He was housed in an inappropriate environment surrounded by people with all types of addictions, and developed a gambling addiction himself. During this time we visited three times a day, because things were so difficult. He was often scared to go to his own unit, and would turn up at all times of the night. This sometimes gave us quite a fright. After a violent incident, he was placed in remand, and then sent to prison. He was released on a 'diversion list' where a condition of his release was that he had to appear before the magistrate for review and report on his progress with the services that had been put in place.

There were a lot of promises from services to remain engaged when his time on the diversion list ended, but within six months all of these services had fallen away. After twenty years of being involved with clinical services, two months with no contact meant that he dropped off the books, and was no longer a client, and would need to go right back to the beginning again.

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*During this time, as any good parent would, you push. I got very involved in advocating for him, and also speaking to politicians and the peak bodies at that time, and did all I could to create change.*

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In the end our son came home to live with us. It took ten years or so for him to recover from all of the behaviours and unhealthy relationships that developed over the time he lived independently. There are times when violence is still part of our lives. We are in quite a good place as a family now, we like our world. But whilst a culture of zero tolerance for violence has developed in society, it is not the reality for many people. Many people would say "you can't put up with that".

We are where we are today because we have had to manage together, and we manage the risks that are involved in caring for him. We face a certain amount of risk in having him home with us, but believe he would be at much greater risk if he didn't live at home. We understand that when he is really unwell and distressed, he can become aggressive. We choose not to use legal process to deal with this as we would need to provide additional support for him through the court process.

### **What are your responsibilities as a carer?**

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*My wife and I are our son's case manager. We keep him safe. He is vulnerable in many ways and he doesn't understand the extent of what we do, and how that enables him to live comfortably.*

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We manage his medication, make and take him to doctor's appointments, provide him with meals and transport. We provide him with support for positive behaviours, and we provide him with his basic needs when he makes decisions that have great impact on his finances. We basically fund his existence or he doesn't have one.

### **What components of being a carer do you find the most challenging?**

We find the lack of support from clinical services extremely difficult.

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*Financially, caring has consequences that others don't see. We just get by, trying to earn enough while caring for him, and our other caring responsibilities which includes our ageing parents.*

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I juggle my small business in and around our family life, and my wife works part-time. Alongside these challenges is our personal exhaustion and the impact this can have on health.

### **What components of caring do you find bring you satisfaction or happiness?**

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*All aspects of caring bring me satisfaction. Our family is the best it has ever been right now. We have learnt ways of managing and keeping it all together. Our granddaughter is the primary focus of our family now, and brings us great joy. It is wonderful seeing our son making different decisions for the benefit of his daughter. He is fit, and healthy, and loves his daughter.*

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### What would you say to someone new to caring for someone with a mental illness?

Invest in private health insurance if you can afford it. Try and keep your family together, and think twice about the person you care for living independently if there is no support available.

### What supports have been the most helpful in your role?

The older styled services for a person with mental illness, prior to deinstitutionalisation helped us, as it offered flexibility. We had a very skilled, high profile person within our community voluntarily provide us with incredible support when we were going through our issues with the prison system. This reduced the stress for our son, and therefore us and made it bearable. The Police were also very helpful to us at that time.

### What systemic changes would make the most difference to you as a carer?

That services began their contact with an individual from the default position that carers are involved and an essential part of the team in keeping the person well, including when the person they care for is unwell. That advanced care directives could be used more within mental health, would be taken seriously and acted upon, which would enable the carer to make decisions on their behalf. With the episodic nature of mental health, guardianship is not always appropriate, in my view.

### What are your responsibilities as a carer?

*I think that carers are taken for granted, without really understanding how extreme and all encompassing caring can be.*

*The other challenge is that carers have specific issues and challenges, that don't always match those of consumers.*

So in environments where consumers and carers are asked to participate together, it is impossible to raise some of the challenges we face. Each consumer experience and each carer experience is different and unique, but often those involved in creating change are people who are more able to function and therefore participate, and don't always understand the extreme situation some carers face. And in the space where consumers and carers come together, there is an expectation that we will be able to reach a consensus on some things, where there are clearly differences, and any change which will benefit everyone needs to cater for both. Being connected to a carer association is very important in having a voice where you can ensure the needs of the carer are clearly represented. The role that they have in the community is irreplaceable.

## The National Family Violence Counselling Helpline

If you or someone you know is distressed by any information contained in this story, please call:

The National Carer Advisory Line on **1800 242 636** or **1800RESPECT** (1800 737 732).



# *Adult Colouring Books and Mental Health Wellbeing*

**A**dult colouring books in the last few years have become increasingly popular.

Since Carl Jung's time the benefits of colouring have been known. Jung thought it would help his patients access their subconscious and new self-knowledge.

Many psychologists suggest that colouring is a good alternative to meditation as a way to relax and calm down. They have found it a good alternative for patients who didn't benefit from other relaxation techniques. Adult colouring books have been prescribed for anxiety and stress disorders, depression, eating disorders, and anger management issues.

The focus and time whilst colouring can help the brain to rest. It can reduce the feeling of anxiety and replace negative thought patterns with positive ones.

The frontal lobes of the brain are used in this activity. Colouring calms the amygdala, the part of the brain related to the fear or stress response, whilst also stimulating the parts of the brain responsible for creativity and logic. Some people report sleeping better when colouring even for five minutes before bed time.

Research has connected the act of colouring to improved focus and concentration and brain function, improved organisational skills and problem solving. When we are thinking about what colour to choose, applying coloured pencil to paper, it is using problem solving skills and fine motor skills. The three elements of pattern, detail and repetition prompt positive neurological response in participants.

Dr Stan Rodski a consulting neuropsychologist and neuroscientist specialises in neuro scientific research on stress and specifically in

'Colouration Research'. His research and studies have shown that focusing on the task of '*colouring between the lines*' can change brainwaves from being in a continual state of 'Beta' (pressured and stressed) to a more relaxed state of 'Alpha'.

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*Colouration is 'meditation through colouring-in', or 'the act of colouring to enable a calming or meditate state'.*

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The results of Dr Stan Rodski's research project (2013- 2014) showed that Colouration in comparison to other relaxation and meditation techniques showed significant results.

In summary, the research concluded that '*using the Colouration Method provides a viable alternative to traditional methods such as relaxation breathing*'.

It was also noted that when combined with breathing techniques, meditation and mindfulness, the Colourtation Method had the potential to hold initial improvements in place and indeed over time provide a 'Fun' habit forming activity to improve stress management outcomes.<sup>1</sup>

### For More Information

Health Benefits of Adult Colouring Books, January 5 2017

The Science Behind Adult Colouring Books, ABC News Friday 4 September 2015

7 Reasons Adult Colouring Books Are Great for your Mental, Emotional and Intellectual Health, The Huffington Post, 31 January 2017

Brain-Science: Colouration The New Meditation by Stan Rodski

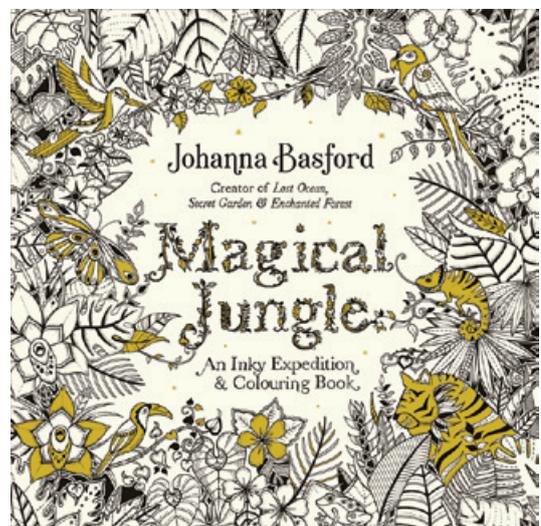


# Giveaway Competition

We have three copies of 'The Magical Jungle' a colouring book by the illustrator Johanna Basford, ISBN:9780753557167I. RRP \$28.00, published 2016 by Random House UK. For a chance to win please write to The Editor, Carers News Magazine, Level 1, 37 Albert Street, (PO Box 2204). Footscray VIC 3011 with your name and full contact address details to go into the draw.

### Terms and Conditions

1. One entry per person.
  2. All entrants agree to give reprint copywriting permission of their articles submitted for inclusion in the Carers News magazine and across all communication channels of all Carer Associations (Carers Victoria, Carers South Australia and Carers Tasmania).
  3. Entry is limited to Carer Associations Members (Carers South Australia, Carers Tasmania, Carers Victoria) only. If you are not a member please call 1800 242 636 to join for free.
  4. If you wish to subscribe to the Carers News Magazine please call 1800 242 636 or email: [publications@carersvictoria.org.au](mailto:publications@carersvictoria.org.au)
  5. Winners will be drawn by Carers Victoria, General Manager, Policy, Strategy and Public Affairs. Judge's decision is final.
- Any competition complaint is to be directed to the Editor Carers News Magazine via email: [publications@carersvictoria.org.au](mailto:publications@carersvictoria.org.au) and will be formally addressed through Carers Victoria's formal complaint procedure process.



1. [www.colourtation.com](http://www.colourtation.com)

# Apps For Mental Health

## ReachOut Breath App

This app helps with controlling your breathing and heart rate, increasing your sense of calm and easing the physical symptoms of stress.

When you are feeling anxious or stressed, taking a few moments to focus on your breathing can help to calm down your mind and body. By slowing down your heart rate, you can reduce the physical symptoms of anxiety, like shortness of breath and a feeling of tightness in the chest. This interactive app by ReachOut uses simple visuals to guide you through some slow, deep breaths. It also lets you measure your heart rate, so you can check your baseline and how you're going throughout the day.

Great app for all ages. Free to download from iTunes and Google Play.

## ReachOut WorryTime

Telling yourself to stop worrying rarely works – it's very difficult to just forget about something that's causing you anxiety, stress or sadness. But if you tell your mind you have permission to worry later, for a set period of time, you can take some control over those upsetting thoughts, so they cause less disruption throughout the rest of the day.

ReachOut WorryTime helps you set aside a short window of time for your worrying. When a worrying thought pops up, record it on the app, then go back to your day knowing you can return to it later.

This is also a helpful way to track what you are worrying about, so you can notice patterns and try to address recurring themes.

Great app for all ages, especially teenagers. Free to download from iTunes and Google Play or on the website: [www.aureachout.com](http://www.aureachout.com)

## The Check-in App

The Check-in App is for anyone who wants to check in with a friend but is concerned about saying the wrong thing or making the situation worse.

The app takes you through four steps, super easy and super quick, getting you to think about where you might check in, what you might say and how might you support your friend.

There is also a section showing you things to consider, such as what if my friend denies there is a problem or what if I say something silly.

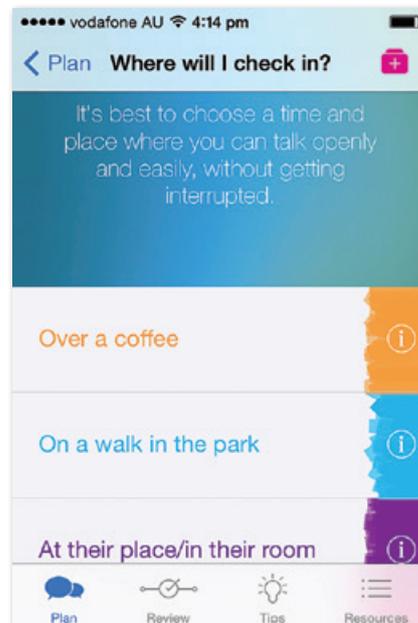
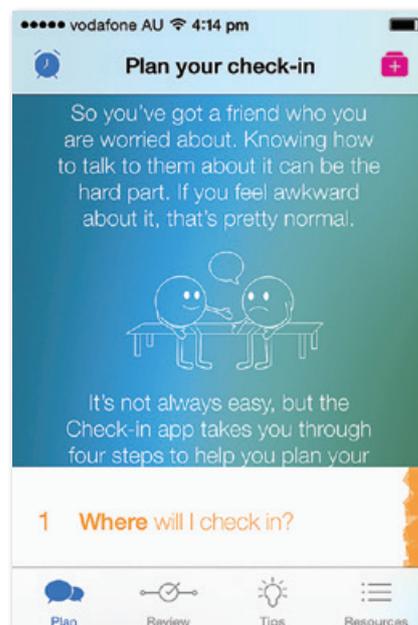
After you have had your conversation you can go back into the app and rate how it went. The app will then give you advice on the next steps.

There are also links to where you can get support and tips for young people.

This app has been developed by Youthbeyondblue and Melbourne app developers Two Bulls with the support of the Vodafone Foundation the Check-in app has been created.

Great app for all ages, especially teenagers. Free to download from iTunes and Google Play.

[www.youthbeyondblue.com/help-someone-you-know/thecheckin](http://www.youthbeyondblue.com/help-someone-you-know/thecheckin)



### More Information

10 Best Mental Health Apps by Medibank, 6 October 2015

[www.beyondblue.org.au](http://www.beyondblue.org.au)

[www.reachout.com](http://www.reachout.com)

# Priscilla's Christmas Gift

This past Christmas was a special day for Priscilla. Originally from Ireland, Priscilla came to Australia and met her husband Bill 44 years ago. Neither Bill nor Priscilla had any family in Australia. Not long after their arrival, they became friends with Frank who also emigrated from Ireland with his wife Terry.

It's become tradition for both families to spend Christmas day together and as the years have passed by and both couples are now proud parents and grandparents; the group of four has grown to 18.

As part of their Christmas tradition, each adult brings along a donation of \$20 in a sealed envelope with the name of a charity they wish to nominate on the front. All envelopes are placed into a bucket and after lunch a lucky dip is held.

"For eight years we've been doing this instead of Kris Kringle," Priscilla explains.

"And for all those years my nomination was never picked out, but this year my envelope was the one! I was overwhelmed."

Priscilla cares for her daughter Karen, who has a mental health condition and so Priscilla chose to bestow the pooled amount of over \$300 to Carers Victoria.

*"Coming from Ireland, I had no family here and nobody to turn to, so Carers Victoria was a big help for me. They helped me through the hard times," Priscilla recalls.*

"I've been involved with Carers Victoria for 11 years and the Mental



Health team has been an amazing, supportive help for me."

With the support of Carers Victoria, Priscilla formed the Watton Group with other carers in her area. Meetings occur monthly and have been running for a year now. The group has already made strides raising awareness within the community. Watton Group held a morning tea last October to celebrate National Carers Week and 30 guests attended the event, including the Mayor of Werribee.

Priscilla believes the greatest benefit of forming the Carer Support Group is the encouragement, advice and help carers are able to offer each other.

"Some carer circumstances are a lot more difficult than others," Priscilla says. "And we are all there for one another."

"I was so pleased to tell the ladies in Watton Group about my beautiful Christmas day because it's such a special thing to give something back, it's so grounding," Priscilla says.

"We have to appreciate what we've got and try and reach out to those who are in need and be a support for each other."

Caroline Mulcahy, CEO Carers Victoria thanks Priscilla and her loved ones for their support.

*"Carers Victoria is honoured to have been nominated and we extend our gratitude to Priscilla and her family and dearest friends for their generosity. The donation will help us to continue advocating for and supporting carers throughout Victoria."*



# Figolla

“We make these Maltese Easter Biscuits every year – its’ so much fun to give them as a present.”

## Ingredients

- 500g sifted plain flour
- 320g sifted icing sugar
- 1½ tsp baking powder
- 250g cold unsalted butter
- 2 egg yolks
- Zest from 1 orange
- 250g crushed almonds
- Almond essence to taste
- Royal icing mixture
- 2 egg whites
- 640 g sifted icing sugar
- Food colouring (optional)

## Method

1. Place flour, icing sugar, baking powder and orange zest in a food processor and pulse to combine.
2. Add butter and pulse until mixture resembles fine crumbs.
3. Add egg yolks and process until mixture comes together.
4. Turn out onto a clean work surface, shape into a disc and wrap in plastic wrap. Refrigerate for 2 hours.
5. Divide dough in half and roll the same size and approximately 2mm thick.
6. Placed on lined oven trays and refrigerate for 30 minutes.
7. Preheat oven to 170°C.
8. In a separate bowl combine crushed almonds and almond essence.
9. Place almond mixture on one layer of the dough shape and lay second dough shape on top.
10. Bake for 15 minutes or until golden. Transfer to a wire rack to cool completely.
11. Whisk egg whites and icing sugar together until thick and smooth.
12. Spoon into a piping bag and pipe and decorate as desired.
13. Set aside for 30 minutes to set.
14. Cut into desired shape before serving.

# Take a Break

## Sudoku

2		3		9				
9	5	4	3				2	1
8	7			1		5	3	9
	8			3		1	6	
1				5	6			
	3	9	4	7	1			
		8		4	3		7	
7	4			8	9		1	
	6	1	5		7	9	8	4

Sudoku Answers:

4	8	9	7	2	5	1	6	3
5	1	3	9	8	6	2	4	7
6	7	2	3	4	1	8	9	5
2	5	8	1	4	9	3	6	7
3	9	4	7	1	8	5	2	6
7	3	6	5	8	7	2	1	4
8	6	2	1	4	5	3	9	7
9	3	7	8	6	4	1	2	5
1	4	5	3	2	1	6	7	8
2	1	3	7	9	5	6	4	8

By Gina Muscat, a carer. Reprint from Sweet Treats for Carers 2017 Event Calendar.

## Carers in the Kitchen



Above // Carers cooking up a storm at the Carers in the Kitchen.

Carers Victoria hosted a 'Carers in the Kitchen' pilot workshop\* with My Kitchen Rules

finalists, Helena and Vikki Moursellas in National Carers Week 2016 (October).

Carers cooked healthy simple Greek dishes, enjoyed a meal and socialised with other carers. The aim of the pilot workshop was to give carers a break

from their caring role, an entertaining day out, learn new cooking skills and promote carer health by learning healthy recipes.

Carers were greeted on arrival at the Spice Bazaar Kitchen in Seddon by Carers Victoria CEO Caroline Mulcahy. Caroline welcomed carers, spoke of the goals for National Carers Week 2016 and introduced our special guests Vikki and Helena Moursellas.

Vikki and Helena's cooking lesson demonstrated how to cook tzatziki and flat bread, pork and mint meatballs, zucchini and feta fritters. The carers cooked the recipes under the guidance of Vikki and Helena. The carers then sat down and shared the meal they had cooked.

Two lucky carers, Agneiszka and Leon were drawn out of the hat and won a signed copy of Vikki and Helena's 'Taking You Home' cook book. Carers were given copies of the recipes they made and were encouraged to rediscover the joy of cooking by exploring new healthy recipes.

The Former Parliamentary Secretary for Health, Mary-Anne Thomas MP, now current Cabinet Secretary attended the afternoon workshop and enjoyed chatting to the carers.

\*This event was not advertised and each service nominated a few carers for the pilot program.

## Sweet Treats for Carers 2017 Event Calendar Launch

We were delighted to launch the Sweet Treats for Carers 2017 Event

Calendar at our offices in Footscray with some of our carers joining with Carers Victoria staff.

In creating the Sweet Treats calendar, our carer support team combined a fun, social activity for carers, with the creation of a calendar of education and social events planned at Carers Victoria in 2017.

Carers were invited to participate by cooking a family favourite recipe and their dish was then styled and photographed. Perhaps the best part was taste testing what everyone had made as there was such a diverse range of treats.

The Calendar has been mailed to over 1700 carers in the Western Region. It has already been a success with many carers calling to book into the workshops and social events. We hope that everyone enjoys cooking and eating these amazing 'Sweet Treats'.

We would like to thank carers from our Older Families Support and Planning Program who contributed their favourite family recipes including: Angela and John Vella, Gerda Batzmarowsky, Gina Muscat, Jaspal Kaur, Katica Krulijak, Maria Montenegro, Maryanne De Brincat, Pam Newbold, Pauline and Bob Saunders, Sandra Tuddenham and Susan Mina.



We would also like to thank and acknowledge the funding of this project which was supported by the Australian Government Department of Social Services and the Australian Government Department of Health.



Above // Carers Victoria staff with carers at the Sweet Treats for Carers Calendar Event Launch.



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