



Editorial

Welcome to the third edition of the WISH News Exchange for 2006.

This issue is all about exploring how groups and Health Professional can work together. Many advantages can be found when dealing with Health Professionals, including greater awareness of the value of self help and support groups, referrals to your groups and greater awareness of available holistic healing options. I am sure you will find the articles to follow valuable information for your group.

There are two surveys in this edition. The pink one is about the newsletter. This will help us fine tune the newsletter and deliver information tailored to Group needs.

The second is about WISH's 25th Anniversary in 2008 and the possible re-branding of WISH. We would love to hear your input on how to celebrate this milestone and ideas for a new image.

Once again there have been some staff changes at WISH. Jeanette Lunghi, our Administrative Assistant has left the organisation to travel the world. Christine Keating is Jeanette's replacement. Christine is a great asset to WISH and we welcome her to the team.

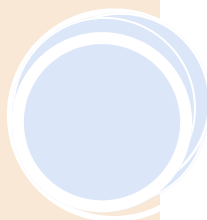
From all the Wishette's I would like to thank you for your support during the year. We wish you a Merry Christmas and hope to hear from you in 2007.

Until next issue . . .

Keep Smiling,

Alison Morse

Promotions and Administration
Officer



The **News Exchange** is the triannual newsletter of the Western Institute of Self Help (WISH) Inc, and is distributed free to all WISH members.

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From the Executive Officers desk . . .

Vicki Davies | Executive Officer

I firmly believe that in order for people to be provided with the best possible opportunities for healing both physically and mentally there needs to be a more holistic approach to health care. Research has shown that a combination of professional health care and involvement in a self help or support group enables individuals to heal more effectively.

Self help groups provide support that health professionals don't have the time to provide, often due to their large case load. Linking with others in similar situations can, not only help break down feelings of isolation, but also provide emotional support from others who understand because they too are living with the same condition or issue. Information on conditions can be shared as well as coping skills thus helping to increase a person's quality of life.

In this edition we have included an article based on a presentation I gave at the Collective of Self Help Groups (COSHG) Forum on 13-15 September 2002 in Melbourne. The article uses information extracted (with permission) from Dr Fran Boyle's Research 'GPEP – SHO Report 685 - 'Effective Collaboration Between General Practice and Self Help Organisations, University of Queensland. Dr Boyle undertook her research at the School of Population Health at the University of Queensland in collaboration with other researchers.

The study looks at both the positive and negative aspects of collaboration between GP's and the larger self help organisations (SHO's). The research provides useful information to assist both professionals and groups to work together more effectively.

The study was a Qualitative one based on:

- identifying attributes of successful collaborative relationships between GP's and Self Help Organisations (SHO's) and
- developing guidelines to foster positive collaboration.

- Three areas that were researched were
- Methods of Collaboration
 - Elements of Successful Collaboration and
 - Strategies Used by Self Help Organisations in Establishing & Maintaining Collaborative Relationships

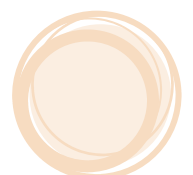
Groups used in the research were self help organisations rather than 'grass roots' small groups. This was mainly due to the fact they were well known to GPs and were involved in collaborative practices and were well established.

In addition to Dr Fran Boyle's research we have also included information from the PhD studies undertaken by local researcher Dr Lizzie Finn. Lizzie undertook her ground-breaking PhD research into the self help group GROW, which was completed last year. The research is an extensive qualitative and quantitative study and proves that there is a direct correlation between the increased health and wellbeing of participants with their level of involvement in GROW. GROW offers a twelve-step program of recovery for people with various forms of mental illness.

Lizzie and I have presented at various conferences and to post graduate students in the health sciences over the past several years on the benefits of self help groups. It has been rather disappointing that many of these students who are also working in the health system know virtually nothing about the potential benefits of self help groups.

It is therefore vital to continue promoting the value of self help and support groups to break down stigmas and to build effective relationships with professionals. Individuals and the wider community can only benefit from such actions.

Vicki Davies
Executive Officer



Effective Collaboration Between General

Methods of Collaboration

Ways in which groups or the GP's collaborated with each other.

Information for Patients

Information for patients was provided by the SHO to the GP in various forms such as:

- Patient Information Pack including books brochures or condition specific information. In one case this was developed in consultation with GPs through a Division of General Practice.

Information for GPs

- Educational Material for GPs such as details of recent medical research and current therapeutic approaches relevant to a specific condition.
- Health Professional Information Kits or Health Care Management Books. In at least two instances, the development of these educational resources had involved consultation with GPs.

Linking Patients with SHOs

In linking patients with SHO's GP's considered:

- Services provided by the organisation. They usually referred patients to SHOs for specific services, general information, respite care, counselling and rehabilitation. GPs were very selective in the patients they referred to SHOs and were often not directive when they did so. It was more usual for GPs to wait for patients to express the desire to seek out an appropriate SHO. GPs often made assessments about whether referral to a SHO was in the best interests of their patient, whether they were "receptive to help", or the extent to which they had come to terms with their condition. Some GPs took an approach where they informed patients of the existence of certain SHOs, it was the patient's task to find the necessary contact details. These GPs believed this to be an empowering approach and congruent with self-help principles.

- The professional credibility of the organisation was of vital concern to GP's.
- Tangible benefits to patients, ease of contacting the organisation, particular characteristics of the GP's patient group, and the GP's own personal and professional interests were important.

Promotion of SHOs by GPs

- Those GPs supportive of SHOs were willing to receive and display SHO Posters, Brochures, Newsletters and Bulletins in their practices.

Promotion of GPs by SHOs

- This usually occurred where a GP was known to have a high level of condition-specific knowledge, along with an approach that involved considering a range of treatment options, including collaboration with the SHO. One SHO also took on the role of linking such GPs to other GPs seeking information (especially those based in rural areas) and to medical specialists.

Participation in Educational Activities

- GPs accepted invitations to speak at SHO seminars, conferences and support group meetings.
- GPs also attended SHO conferences as delegates.
- SHOs also accepted invitations to speak at GP conferences and to exhibit displays at these events.
- SHO's worked with a Division of General Practice in the design of a workshop for GPs and in the development of resource handouts for this workshop.

Case Management

- One SHO and GP had ongoing and regular contact in the case management of clients/patients. The GP and SHO conferred on both physical and emotional rehabilitation aspects of treatment, shared their respective knowledge and consequently developed strategies that promoted patient health and independent living. The GP also sought advice from the SHO on services and practitioners suitable for their patients and, at times, collaboration between this GP and SHO involved crisis intervention.

Practice and Self Help Organisations

Divisions of General Practice

- Some Divisions of General Practice had consulted SHOs as a source of information about the needs and issues confronting their local communities. Examples included: a survey, a community consultation forum and the inclusion of community representatives on Division committees.
- Divisions of General Practice had also assisted groups in providing information eg how to acquire a list of Queensland GPs and by placing advertisements and flyers about SHO activities in their newsletters.

Research

- A SHO collaborated with a GP involved in trialling a particular medical treatment. The SHO had provided financial resources from its research fund and assisted with the recruitment of study participants.
- Another group surveyed GPs about their attitudes and responses to issues that confronted patients with a particular condition.

Elements of Successful Collaboration

A Shift in Attitudes

- Several SHO representatives noted a changing perception of SHOs in general, that seemed to coincide with changing views in the wider community. Attending a self-help group might once have been seen as stigmatising but this was no longer the case.
- Overall, GPs perceived the role of SHOs as being a practical one in that they met a variety of patient needs including: information and education; psychosocial support that helped people to come to terms with a health problem and to cope better; and a greater sense of control or self-reliance.

- These positive perceptions of SHOs held by GPs were fundamental to the successful collaborative relationships.

Holistic Approach

- Growing realisation that no one health care provider could be expected to have all the answers. There was a sense that SHOs had “come of age” and were increasingly being recognised as valuable resources for GPs.
- Most GPs recognised that SHOs could contribute to an extended package of care and broader treatment response for their patients. One GP said: *“With SHOs concentrating on providing condition specific information/education to the patient the GP can concentrate on the medical side of treatment ... the use of other resources in the community that provide a couple of hours of assistance in effect expands the treatment received by the patient”.*

Self Help Organisations (SHO) Credibility and Professionalism

- Having a representative with the “ability to represent the group rather than just themselves or their own interests.”
- SHO familiarity with the medical model and language used by GPs and their ability to communicate openly and effectively.
- For one SHO, working to ensure that the organisation was “outward rather than inward looking.”

Mutually respectful communication

- The importance of building rapport through mutual respect and diplomatic, effective communication.
- Relating as equals rather than being intimidated by GPs and “avoiding an ‘us and them’ mentality” were seen as positive steps to removing barriers to information sharing.

Focusing on the Client/Patient

- SHOs believed that their collaboration with GPs ultimately contributed to improving relationships between GPs and their patients.

Effective Collaboration continued . . .

This is due to raising the GP's level of understanding about the impact of certain conditions and of the issues confronting their patients.

- Helping patients gain sufficient knowledge and "language" about the condition could help them to communicate on more equal terms with their GP.

Report Recommendations

So out of all of this the following recommendations were made based on the study findings:

- The collection of data to build a comprehensive picture of the existing links between GPs and SHOs and their contributions to maintaining health and wellbeing.
- Formal evaluation of different models of collaboration, taking into account outcomes for patients, clients, SHOs, and GPs.
- The development and dissemination of a "how to" guide for SHOs wishing to form collaborative links with GPs. This I believe is being looked at by the researchers by making widely available a summary sheet outlining (and inviting further comment on) strategies employed by the SHOs in this study.
- The development of a co-ordinated approach, involving local Divisions of General Practice and SHOs, to facilitate GP awareness of SHOs, the services they provide and, above all, the potential for enhanced models of collaborative care.
- The provision of infrastructure and other necessary support to enable SHO sector representatives and GPs to play an active role in the development of collaborative care. A centralised SHO "referral service" could help GPs to identify relevant SHOs to meet the needs of their patients, their own information needs and also to facilitate links between SHOs and GPs with specific common interests. Good news for organizations such as COSHG, SHOUT, WISH & Self Help Queensland.

Conclusion

A common underlying feature of all of the relationships represented in the study appeared to be a shared belief that neither GPs nor SHOs had all the answers and that a combination of skills and approaches was

required to address the health needs of a growing proportion of patients.

Persistence and an incremental approach to developing collaborative practice were recurring themes in the SHO interviews.

It is important for self helpers and any community group to network and find those people including professionals who will help their cause.

Sources: Extract from unpublished paper presented by V W Davies using information extracted with permission from Dr Fran Boyle's Research 'GPEP – SHO Report 685' Effective Collaboration Between General Practice and Self Help Organisations, University of Queensland. Presented at Collective of Self Help Groups (COSHG) Forum 13-15 September 2002 Melbourne.

The complete article and other resources can be downloaded from the WISH website www.wish.org.au/resources/research

"It is good to be with others who are understanding of one's situation and with whom one can talk at the same level. The mutual support that comes from such relationships can give a feeling of empowerment (and) autonomy."

Dr Martin Phillips – past Head Respiratory Medicine Sir Charles Gairdner Hospital

"I now prescribe self help groups for my patients as often as I prescribe erythromycin or nonsteroidals or calcium channel blockers.... Self help groups provide patients with emotional support & practical information far beyond what any physician can offer."

Kathleen Gaioni MD Internist Kessler Institute for Rehabilitation New Jersey USA

"Mutual help (self help) groups are a powerful and constructive means for people to help themselves and each other. The basic dignity of each human being is expressed in his or her capacity to be involved in a reciprocal helping exchange. Out of compassion comes cooperation. From this cooperation comes community."

Phyllis Silverman PhD, Department of Psychiatry Harvard Medical School

GAINing support from Health Professionals

GAIN (Gynaecological Awareness Information Network) has been operating for over 10 years. The group was formed by Kath Mazzella as a direct response to a need in the community. Initially, the group was informal and in 2000, it became an incorporated association.

During this time, GAIN has achieved a great deal and now is cementing its place in the women's health arena. "We are a totally volunteer run organisation and aim to drive awareness and education about the importance of gynaecological health." To do this,

GAIN works with the community, health, academics and government sectors. We believe it is important that all of these sectors work closely together to achieve real change.

GAIN has developed strong ties with the women's health sector. They have formed mutually beneficial associations with the Cancer Councils in WA, Vic and NSW and have recently initiated a number of partnerships with the Cancer Council WA, including the formation of a HPV (Human Papilloma Virus) Awareness Network and a new on-line support group for women with gynae cancers.

GAIN has also formed strong ties with the KEMH and the hospital now supports us by providing us with office space on the hospital grounds (shared with the Australian College of Midwives) and other in-kind support.

GAIN has also formed associations with the Jean Hailles Foundation for Women's Health, WA Sexology Society and the Australian Society of Gynaecological Oncologists.

We have very strong links with individual practitioners

Such as Professor Ian Hammond, Dr Jenny McCloskey, Dr Jane Thompson, Robyn Collins and recently, Australian of the Year, Professor Ian Frazer.

GAIN has representation on Committees and Inquiries.

GAIN has representation on the National Chlamydia Program Implementation Committee, which comprises health professionals and consumers, and, we recently presented to the Senate Inquiry for Gynaecological Health.

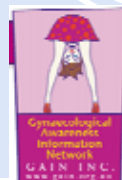
"All of these links are important for us to gain credibility and awareness within the health sector, at government levels and importantly, within the broader community."

However, GAIN never loses focus that they are a 'consumer driven' organisation and work towards bringing the professional health sector and consumers together, to break down barriers. We are trying to spread the word that knowledge of "gynaecology" is not for Doctors and Gynaecologists but is information we all need to know about it.

GAIN has achieved links with the professional sector by being tenacious about our cause and continually knocking on doors.

We keep all of them informed of our activities and ensure that we ask these organisations and individuals to participate and contribute to our events and activities. This approach has been very successful for GAIN and is the legacy of our Founder, Kath Mazzella.

Source: Article supplied by GAIN



For more information contact GAIN:
Website: www.gynsupport.com
Email: gynsupport@optusnet.com.au
Phone: 08 9340 1670.

Self help Groups - A GP Perspective

Individuals are responsible for their own health

I believe that an individual patient (replace with client, consumer, citizen or whatever you wish) is responsible for their own health.

Not all Doctors believe this and many certainly behave as though they do not believe it. Be that as it may, having a belief that patients are responsible for their own health (lives and happiness) is in itself a very freeing thing. It means that the GP then takes on a role of mentor and advocate for the patient. It also means that the GP is less likely to incur excessive stress and burnout that can result from unrealistic expectations of them and the world.

A Spanish philosopher, Santayana, described the human condition as "Man, half crazed in a mad world." Whilst not prepared to go that far, there is some reason to give credence to such a view.

One key role of the GP is to help people cope with awful and unexpected events and some lives seem to have more than their share.

The GP believes that they have a mandate to 'act in the best interests' of their patient.

GP's will usually only refer patients to other agencies with whom they are familiar and in whom they have developed some trust.

It could be here that there may be a problem. I am not sure how many GPs in WA know of WISH and its wondrous works, and here I am being serious.

I doubt that many GPs have attended self-help groups.

There are some areas where I believe self-help groups are particularly helpful, some examples are:

- Conditions that are a mystery or do not fit well in the bio-medical model (the list can be very long) eg Chronic Fatigue, Multiple Sclerosis, Mental Illness etc.
- Long term conditions needing much knowledge and management plans, Diabetes, Cardio-vascular disease, Asthma etc.
- Predictable emotional crises of modern life, marriage, separation, bringing up children, bankruptcy, mid-life etc
- Rare conditions where there may be very few such patients either here or in the world.

Inevitably, positive feedback to GPs from people attending self-help groups will influence GPs to refer more.

Perhaps this message needs to go out to the myriad groups under WISH's umbrella. I am happy to have feedback too.

Source: Dr Duncan Steed
Email: duncansteed@wheatbelt.com.au

"It is unwise to be too sure of one's own wisdom. It is healthy to be reminded that the strongest might weaken and the wisest might err."
Mahatma Gandhi

"The general practitioner holds their privileged place even in the modern society of the masses. To the GP the sick person, with their natural antipathy to authority, turns for advice and help." The Healers, the Doctor then and now. Pollack and Underwood. 1968

Dealing with HP - A recipe for success

Contemporary comprehensive patient care requires not only expert clinical intervention but also an understanding of and support for the psychological and social impacts of diagnosis. Self help groups often see professionals as an "expert", and therefore not equal to the members. "Professionals" are often involved with self help groups because of their job, not because they share the same issue or condition. They may start a group because they know several people with the same condition, and see a group as a way to provide information, coping skills, and break down feelings of isolation. The threat this power imbalance represents requires the careful development of a good working relationship between professionals and groups so that they can complement each other and gain mutual benefits.

Some groups will never form a relationship with professionals as their history and aims take energy from a confrontational approach. Some groups, often mental health groups, can't function effectively without the support of a professional because people are not well consistently enough to support the practical things that need to be done.

For yet other groups the relationship can develop if professionals build capacity without dependency by sharing their range of skills with the group from the sideline, acting as a kind of "consultant". This allows the group to grow, develop and ultimately take charge of its own affairs.

For professionals who work with self help groups it is important to be able to recognise which sort of group you are working with to help their actions and meet their expectations.

A recipe for success for Professionals involved with self help groups

- Develop skills and knowledge in group theory and practice before you approach or work with a group
- Leave narrow clinical conceptions of 'illness' at the door
- Understand the powerful position your knowledge places you in, and pursue equality in participation and perspective
- Respond to and support group decision making

Some practical ways Professionals can be involved in self help groups

- Provide resources e.g. meeting rooms, help with photocopying, transport
- Use your networks for connecting groups to other organisations' resources
- Help group members develop skills such as facilitating meetings, keeping records, producing flyers/newsletters on computer, debriefing, conflict resolution
- Try to locate a group that has been running well for a long time and learn from their successes
- Act as a guest speaker
- Be someone for whom the group can test ideas
- Encourage group members to take responsibility – everyone has a job
- Use strategies such as telephone tree amongst the members to let each other know of changes to meetings etc
- Help members decide what their common goal is, the group rules etc

A recipe for success for self help groups:

Successful groups have answers to these questions:

- Why are we here, what are we trying to do, why is it important to us?
- To what values are we going to hold ourselves accountable?
- How are we going to make decisions?
- How will we learn?
- How are we going to support the participation of others?
- What relationships do we need to develop (including those with health and other professionals)
- How well are we doing at all of the above?

Collaborative relationships between professionals and self help groups are often highly productive and supportive. Paying attention to the power balance is very important if groups are to deliver the health and well being outcomes that research indicates are possible.

Source: Sue Smyllie, Self Help Queensland



ASHA utilising HP to their advantage

A self help group for people with anxiety disorders was formed in Perth in 1996: for assorted reasons, the group has changed its name a couple of times and is now called the Anxiety Self Help Association of Western Australia Incorporated, more commonly referred to by the acronym ASHA.

Apart from the requirements of our constitution, the way of actually running ASHA has always been of the trial and error variety. Currently our philosophy is to provide a forum where people who share a common experience (anxiety) may interact and assist each other by providing information as to what has actually helped them to make life more enjoyable.

In my view, the single most effective dynamic of our group is the creation of an atmosphere where our members actually reclaim their normality and have the freedom to discuss issues with others who have a first hand understanding of what it is like to live constantly with underlying fear.

Our experience with a variety of health professionals has generally been very positive. On one evening each month, we arrange for a guest speaker to talk to our group about some form of therapy which may be useful in treating anxiety conditions. The speakers range from the more clinically trained psychiatrists and psychologists to therapists trained in the so called alternative therapies. The speakers all give their time voluntarily and the evenings are always enjoyable and informative.

Our experience with government departments and their agencies have been less successful. In the early days, in our enthusiasm and naivety, we paid visits to people like the premier, state and federal politicians and suchlike in order to spread the word and promote the idea that more needed doing in the education and treatment of anxiety disorders. We received cordial receptions with lots of tut-tut ting and "we must do something about this" situation but nothing has ever been done. It soon became very obvious to me that people in the mental health department have other things on their mind and appear to be more interested in their own careers and their own preconceived concepts rather than giving

anything but cursory attention to finding ways to help alleviate anxiety disorders. I make these comments with no bitterness: this is simply how it is. The politicians and bureaucrats people so insightfully portrayed in Yes Minister are alive and well.

Having reached the awareness that neither the government nor its agencies would offer any support, we decided to approach some of our guest speakers with the idea of forming an Anxiety Disorders Foundation. The idea was that a group of health professionals may have greater lobbying impact than people with a so called mental disorder. The concept was accepted and in late 1997 the Anxiety Disorder Foundation (ADF) was formed. Like ASHA, all its members are volunteers: this has made progress fairly slow as the committee is already overworked in their paid jobs. However, a recent health seminar attracted approximately 100 health professionals. It is planned that the Foundation will run a seminar every year and it is anticipated that these events will lead to a wider understanding of anxiety disorders within Australia.

We have also obtained willing support assistance from the various psychology departments of the local universities whose students sometimes assist with the running of our office and help out at any workshops we conduct.

So after 10 years and no funding support, our doors are still open and we are hopeful that one day the powers that be will help promote our efforts. After all, there are 200,000 West Australians who have had or are still experiencing serious anxiety related conditions.

The formation of the Anxiety Disorders Foundation was based on the idea that a group of health professionals may have greater lobbying impact than people with a so called mental disorder.

Anxiety disorders form the largest single category of mental health conditions in Australia.

Source: Article supplied by ASHA

For more information contact ASHA:
Phone: 9346 7262
Website: www.cnswa.com/asha
Email: asha@cnswa.com

LIFTing your spirits

LIFT is a relatively new mutual self help support group for women over 30 with mental health issues.

My experience with cooperation from professional service providers in my local area has been varied.

When LIFT was formed it was in response to a need in the community for an all female group which meets in daylight hours.

I sent letters and brochures to many service providers informing them of LIFT and inviting them to come and speak at one of our meetings to promote their service and provide information for group members thus enabling them to access available services.

I received a couple of responses but over all was disappointed in the lack of response.

I have had only two articles appear in the local newspaper but the best response I received was when one of our group members wrote into 'Letters to the Editor' expressing her success since attending the group.

Over a period of months the group members continually expressed their dissatisfaction in treatment received by professional services.

On their behalf I wrote to the Office of Mental Health and the local public mental health service requesting a representative to attend one of our meetings to address some of the groups concerns.

Throughout the negotiations to have this occur I found them to be very cooperative.

The Coordinator of the mental health service and the Operations Manager attended one of our meetings and the groups' concerns were addressed if possible.

Any which couldn't be addressed on the day were noted and will be addressed with the appropriate staff members. We were assured the aim is to achieve better outcomes for mental health consumers and our input would assist them to achieve this.

On the other hand many local organisations which had previously been sent brochures and information appear non receptive when group members mention to them the benefits they have received from attending the group.

So in conclusion I would consider it to be a mixed bag which requires a continuous struggle for recognition and acceptance in the wider community by professional organisations.

It appears there is a need for education on the benefits of mutual self help support groups.

Source: Verna, Founder of the LIFT Group

For more information contact Verna:

Phone: 9399 9511

Email: verna@ahhs.com

LIFT meets on the 1st and 3rd Tuesday of each month at 1pm at Armadale Home Help, 2 Talus Drive, Armadale.

Steady improvement for Lupus sufferers

The Lupus group of WA is a self-help support group offering information, education and support primarily to Lupus patients and their carers and families.

Most of our requests are from newly diagnosed patients or their family members. We also get a number of requests for help from patients and family members who struggle to understand the disease. There are other times of increased need for support mainly as the disease progresses or changes.

Over my years in the health industry I have noticed health professionals utilising the assistance of self help groups more particularly those professionals looking after patients with chronic and or life threatening diseases.

As Lupus can be chronic and life threatening, more lupus patients are being referred to support groups due to increased pressure on health professionals with staff shortages.

Also their increased understanding that living the journey with a chronic disease can be quite daunting.

Most health professionals are not in the position to really understand the difficulties facing the patient with Lupus in coping from day to day. Therefore the real role of the group is to assist patients in finding their way to the group for guidance even if not referred by a Health Professional.

The Lupus patient's biggest problem is finding a GP with experience and a real knowledge of Lupus patients and the condition in all its complexities. Lupus patients have a disease that literally has a thousand faces affecting most organs of the body thus the need for a good, knowledgeable and understanding GP.

"I believe health professionals although referring more to self help groups, need more exposure to the real benefits of assisting patients to help themselves."

The latest pathways in health care all now have an emphasis on the need for patients to self manage their conditions to lessen the interventions already required in the busy medical and hospital system. Thus good self-help groups will have an invaluable role to play, however we need to be able to showcase the work we do and hopefully support what we do with research and papers presented at medical conferences etc in order to lift our profile in the medical arena. There in lies the catch as most of us have little money and resources and barely function week to week so the research and papers presented at conferences are put on the back burner.

Source: Article supplied by Lupus Group of WA

For more information contact the
Lupus Group of WA:
Phone: 9224 3144
Website: www.lupuswa.com.au
Email: admin@lupuswa.com.au



Mutual help groups provide an important gateway to mental health and well-being

Mutual help groups (MHGs) provide an important gateway to wellbeing and mental health according to a study recently completed in Western Australia. The research indicates that these groups should be seen as complementary to other forms of therapy and an important aid in the reduction of relapse (Finn, Bishop & Sparrow, 2006).

The finding comes in an Australian context where the potential of mutual help groups for improving wellbeing and mental health is largely unrecognised professionally.

This omission can be explained by the dearth of research into mutual help groups (MHGs) in this country, and alongside this scarcity, a lack of teaching in mainstream health curricula about their potential benefit (Finn et al., 2006).

The current WA study focused on GROW, a community mental health organisation which was set up in Australia in 1957 by former psychiatric patients. Today, GROW Australia-wide comprises some 300 groups, with some 200 GROW groups established overseas in America, Ireland and New Zealand. The study built on and extended over a decade of research into GROW conducted in the United States (Finn et al., 2006).

A survey of more than 900 GROW members from around Australia, employing a six-factor scale of psychological wellbeing [Autonomy, Environmental Mastery, Self Acceptance, Positive Relations with Others, Purpose in Life and Personal Growth] pointed to length of membership/extent of involvement in GROW activities as being related to improved psychological wellbeing, particularly in the area of life management skills, and a reduction in the use of medication and hospitalisation. The results concerning reduction in medication and hospitalisation, reflected consistent prior findings in America. Three-quarters of the sample had been given a diagnosis. Similar results were found in a longitudinal study with a sample of 28 GROW WA members, surveyed at less than 2 months membership and then 6 months later (Finn et al., 2006).

The study also involved extensive ethnographic and phenomenological research work, observing GROW group meetings over a year and interviewing 24 GROW members in depth about their experiences before and after joining GROW. A primary characteristic of the majority of GROW members interviewed, ranging on the mental health continuum from the 'worried well' to people who had experienced severe mental health problems, was a history of increasing isolation and deterioration of interpersonal skills. The experiences they related, and observations made at GROW meetings, suggested that GROW offered a ('real') in vivo training ground for learning essential social and life management skills. Layman's cognitive-behavioral therapy was a staple ingredient in GROW's program and one consistently used by GROW members (Finn et al., 2006).

However, GROW's benefits went beyond this simple description. A major theme of the research findings was that GROW was a micro-community with an organisational purpose and structure endorsing a value system.

GROW members not only learnt important lifeskills but had the opportunity for identity transformation in terms of feeling useful, valued and a sense of belonging.

Finn et al. (2006) concluded that it was important for health professionals to realise the very real benefits which MHGs such as GROW could offer, to see them as being complementary to mainstream mental health services and as an important ingredient on the platter of therapies which can be offered to clients.

Source: Lisabeth Finn, Brian Bishop and Neville Sparrow, School of Psychology, Curtin University, Western Australia



The Relevance and Efficiency of Self-Help in

The Relevance of Self-Help in the Management of Anorexia and Bulimia Nervosa

Experienced clinicians who have worked at length with patients with eating disorders have found no single therapeutic technique to be consistently effective in the management or treatment of these disorders. Rather a current trend is to combine several different strategies in a multi disciplinary team approach that offers a comprehensive attack on these two often frustrating conditions.

Besides medical intervention, nutritional counselling and psychotherapy, self-help groups are part of this approach.

There seems to be at least two kinds of eating disorders self-help groups:

- (1) those that are integral parts of team treatment plans, and
- (2) all too often the only resource available to individuals who live in areas offering no substantial medical or psychotherapeutic treatment for Anorexia or Bulimia Nervosa.

Self-help groups offer valuable support for individuals who cannot afford psychotherapy and for those who refuse to commit themselves to professional treatment because of perceived potential power struggles and loss of control.

Control is an important issue for people with problems to do with food.

In general self-help groups for eating disorders are small, voluntary groups designed to provide their members with support, encouragement, and a non-judgemental, safe atmosphere in which to voice problems and concerns as well as joys and triumphs.

All self-help groups for eating disorders include, as part of their rationale, an emphasis on personal responsibility and personal effectiveness. This means that members are not helpless and hopeless in the face of their disorder- even though at times they may feel that way-but are able, with some support and assistance, to make positive changes in themselves, in their behaviour, and in their environment.

One of the most important purposes of self-help groups is to reduce or eliminate social isolation and alienation in its members.

Loneliness and a sense of being different and not understood are typical for people suffering from Anorexia or Bulimia Nervosa. Many recovered and recovering anorexics and bulimics report living in nearly total isolation until they began attending a self-help group.

For many, the group served as a bridge back into social and intimate relationships.

Efficacy of self-help groups for eating disorders

A weekly self-help group that was run for six months in Quebec, Canada showed to be helpful for 78% of the group members suffering from Anorexia or Bulimia Nervosa. More recent research in the effectiveness of a self-treatment program for people suffering from Bulimia Nervosa in the United Kingdom shows a 75-100% reduction of binges and a 50-75% reduction of vomiting or laxative abuse. A fifteen-month study of attendees and non-attendees of a guided self-help group for bulimic women in Austria indicates self-help as a valuable tool in overcoming an eating disorder.

the Management of Anorexia and Bulimia

Self-help groups and after-care groups for people with an eating disorder run in the Netherlands have proven to be successful.

The self-help organisation 'ZieZo' that started the facilitation of both groups in 1997 now has seven paid employees and fifty volunteers working hard to facilitate the need for support in the community.

Within the Western Australian health system, specialist eating disorder services for adults are limited, with CCI the only public outpatient service in the whole of WA. Other services operate primarily within the private sector (hospital-based inpatient and outpatient programs, private psychologist/ psychotherapist and other health practitioners) making access to these services impossible for many women due to issues of affordability. While there have been increased resources provided by the government in recent years, waiting lists for specialist public sector services for adults are currently around one-year long. Unacceptably long waiting lists also exist for general government mental health services.

In early 2002, Women's Healthworks was receiving increasing requests for information and support in relation to Anorexia and Bulimia Nervosa. As a result, we committed to facilitating community consultation processes and the development of resources and services that would respond to community needs around eating disorders. Through this community consultation and research, it became apparent to Women's Healthworks that current levels of accessibility as well as the range of services and support did not meet the needs of the community.

The Women's Healthworks Eating Disorders Steering Committee took up the batten of being the only formal community interest group in Western Australia following the disbanding of the Eating Disorders Association of WA.

In response to this climate of radical under-resourcing and under-servicing, we proposed to develop and establish a Guided Self-Help Group Project and identified a successful model which had been operating in the Netherlands for 10 years. The Dutch self-help model was selected because of its history of providing a meaningful and sustainable service. The model emphasises the importance of women accepting personal responsibility for changing their lives and supporting group facilitators with strong organisational structures, thus enhancing the sustainability of the service.

Funding from Lotterywest enabled Women's Healthworks to run a two-year pilot of The Body Esteem Program, commencing March 2005. We are now seeking funding to enable us to continue providing this support service in 2007, and beyond.

The Body Esteem Program (BEP) currently offers self-help groups for women living with Anorexia-type and Bulimia-type disordered eating. Groups are held weekly, and are facilitated by two women who have experienced and recovered from eating disorders.

The facilitators guide the group through a structured 35-week or 20-week self-help program, which addresses a variety of issues relevant to the journey of recovery.

Source: Extract of a paper compiled by Liz Everard, BSc (Nursing) Mental Health Professional & Coordinator the Body Esteem Programme)

For more information contact the Body Esteem Program please contact Women's HealthWorks:
Phone: 9300 1566
Email: bodyesteem.whw@iinet.net.au

Partnerships with Health Professionals

In 1987 a committee of parents formed a self-help group called Parents of Children with Disabilities to provide practical and emotional support to families of children with special needs.

Following incorporation in 1989 the group began to seek support to open a drop-in/resource centre from various government bodies. By 1992 The Kalparrin Centre had found a home and opened its doors at Princess Margaret, staffed by trained volunteers, many of whom were parents of children with disabilities. They supported families and carers, provided support information to professionals, staff and students of other agencies about a range of disabilities and service provision.

Since that time funding has been obtained jointly from Princess Margaret Hospital and Disability Services Commission to fund two part time staff members. In 2005 The Kalparrin Centre became a partner in Disability First Stop a state government initiative, giving The Kalparrin Centre the opportunity to be open to families 8.30am to 4.00pm 5 days a week.

The value of the service to consumers of services of Princess Margaret Hospital was further recognised when planning for a Children's Rehabilitation Centre in the Hay Street Building of the hospital was structured to include the relocation of the Kalparrin Drop-in Centre to the entry of the facility.

The move was aimed at improving access to the service not only for the families but the professionals working within the unit.

Professionals now use Kalparrin as families always have, to compliment therapies, network with families who have rare disorders, create support groups and parent links.

Professionals also use Kalparrin as a trusted information and research service, recognising the value and need for partnership across disciplines when a family member has been diagnosed with a disability.

The Kalparrin Centre operates alongside a range of organisations in the health and disability sectors to support families to "help carry a load".

Professionals utilise The Kalparrin Centre's services to promote and make families aware of therapies and support services in the community by using the workshops at Mother's Respite Camps, Kalparrin Family Camps and Couple's Carer Retreats to deliver information on Post School Options, Therapies, Early Intervention, Teenagers with Special Needs and Sexuality, Feeding and Toileting, Grief and Loss.

This partnership with professionals, counsellors and therapists, ensures that parents, carers and families receive relevant, topical information in a non clinical environment that assists and supports them in their caring role.

Patron, Professor Fiona Stanley sees the value of The Kalparrin Centre to families in this way, "regular visits to PMH Outpatients is extremely exhausting for both the children with disabilities and their carers and the support offered by the Kalparrin Centre to these members of our community is vital."

Source: This article was supplied by the Kalparrin Centre

For more information contact The Kalparrin Centre:

Phone: 9340 8094

Website: www.kalparrin.org.au

Email: kalparin@inet.net.au



Qualified Therapist?

All manner of therapists say they are qualified, but experts beg to differ.

As the law stands, anyone can work as a counsellor or psychotherapist, regardless of their qualifications. The same lack of regulation applies to related professions such as sex therapist, family therapy, couples counselling and life coaching.

Organisations such as Relationships Australia apply rigorous standards to the counsellors they employ, requiring a three-degree, specialized training and a practical demonstration of counselling skills.

But when a therapist works in private practice it is left to vulnerable patients to weigh the various qualifications cited by the therapist.

That is no easy task, when you consider that the journal "Psychotherapy In Australia" lists more than 120 different training bodies running courses in psychotherapy and counselling.

Professional bodies are trying to regulate the therapy industry themselves, creating their own lists of therapists who they deem appropriately qualified.

Therapists who are listed on the register maintained by the Psychotherapy and Counselling Federation of Australia for example, are subject to a strict code of ethics, and aggrieved patients can complain to the federation if they feel they have been mistreated. But membership of bodies such as the federation is voluntary. Therapists can continue to practice even if they break the rules, simply by surrendering their membership.

By contrast, other professionals including doctors, nurses, psychologists, chiropractors and dentists, could be banned if they acted improperly.

Source: Article in Health Matters, Issue 64, April to June 2006

Who's Who?

Psychiatrist

A qualified medical doctor who has specialized in dealing with mental illness and emotional problems. It takes eight years to qualify as a doctor and another five to qualify as a psychiatrist. They have the power to prescribe medicine.

Psychologist

Psychologists study behaviour and tend to focus on helping healthy people function better, rather than mental illness. A therapist must complete a four year degree and two years of experience before they can call themselves a psychologist.

Counsellor

A counsellor tends to focus on helping people deal with specific problems. They may specialise in a particular area. Anyone can call themselves a counsellor, though many organisations impose minimum standards on members.

Psychotherapist

Psychotherapy tends to be more intensive. Anyone can call themselves a psychotherapist, though some are doctors, psychiatrists, psychologists or social workers who have completed specialised training.

Source: Lisa Pryor, The Sydney Morning Herald 19.09.05
A Herald Investigation and Rebecca Coghlan

LADS - A Research Based Support Group

The Learning and Attentional Disorders Society of WA (LADS) is a not-for-profit organisation which for 13 years has provided an essential community service to families affected by Attention Deficit/Hyperactivity Disorder (ADHD) and associated conditions.

ADHD is a very common disorder which affects 3 to 7% of children, and 4% of adults. It is characterised by developmentally inappropriate and troublesome levels of inattention, impulsiveness and hyperactivity.

ADHD places an enormous burden on society in terms of financial cost, stress to families and negative academic and employment outcomes. It often co-exists with learning, psychiatric or behavioural disorders.

LADS' commitment to remaining a research-based support group, has enabled us to work with education and health practitioners to provide accurate, scientific information, some services, and ongoing support for consumers.

Our Professional Advisory Board consists of:

- Educators
- Researchers
- Paediatricians
- Psychiatrists
- Clinical Psychologists
- an Occupational Therapist
- Speech Therapist, and
- Dietitian/Nutritionist.

Unfortunately, members of the public are constantly bombarded with inaccurate, unscientific information concerning ADHD.



LADS is valued, therefore, as a source of reliable information that is backed by research published in international peer-reviewed journals and replicated several times.

Our

commitment to evidence-based practices also enables us to provide a network for consumers with government and private agencies, who are happy to interact with a reliable organisation.

Our services include:

- A telephone helpline
- A drop-in centre
- Monthly coffee mornings for carers of children with ADHD & associated conditions
- Monthly support group meetings for adults with ADHD & associated conditions
- Affordable counselling to families and individuals
- Library with books, articles, videos & fact sheets on ADHD & associated conditions
- Website with fact sheets and news of events

In addition, LADS also conducts workshops, talks and seminars on ADHD and associated conditions. These are facilitated by health & education professionals at very reasonable rates, and include

- Parenting Workshops
- Aussie Optimism Courses
- Art Therapy Sessions
- Research Updates
- Self-Esteem for Teenagers
- Working with Teachers, etc.

Source: Michele Toner, President ,
Learning and Attentional Disorders Society of WA (Inc)

For more information contact LADS:

Phone: 9346 7544
Website: www.ladswa.com.au
Email: lads@cnswa.com

OSWA accepted by Health Professionals

Orthomolecular Support Western Australia (OSWA) is a consumer self-help group that is a registered charitable organisation with over 300 members. We have an elected management committee which is responsible for planning and organisation. We know that the body and mind are part of the same person and in healing the physical, the mind is better able to function. We seek to use nutritional and environmental medicine to help people to gain optimal health.

In order to do this we use up to date information. Some information comes from the Internet, but a large part is from professional medical conferences such as the Nutrition Today Conference, held each year in Canada and sponsored by the Canadian Schizophrenia Foundation. We also use the Weston A Price Conference tapes of papers presented by various health professionals.

We have the respect of local health professionals because we use information from such conferences.

Papers are summarised and/or transcribed for professionals without attempting to edit anything or change the content in any way. The original transcripts are also available if requested. Also, we will under no circumstances be associated with any one company or any product. We are apolitical and maintain our independence.

We listen to what the health professionals are saying

Because we listen to what the health professionals are saying, we are able to get professionals in to be guest speakers at our meetings, and this in turn keeps our members up to date.

We also subscribe to a number of internet health forums and use the websites of the more respected health groups.

The internet is often useful as many papers may be published on the internet for the benefit of those who cannot attend conferences, and other sites contain papers of topical interest.

Some doctors also have very informative sites, but it is important to make sure the information is correct and the site is not purely for commercial gain. Books can also be valuable sources of information, but similar care needs to be taken to ensure there is no hidden agenda by vested interests.

Information from tapes or CDs we receive that is considered to be of wide interest to our members is transcribed and summarised for the newsletter.

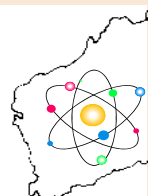
We have various methods of disseminating information to interested parties. We have a public meeting in Subiaco on the first Saturday of each month (except January), where we may have a talk by a guest speaker or committee members. All material presented at the public meetings is either from a professional in the field or, if given by a committee member, will be fully referenced and will be from reliable sources. At the meetings we have books, tapes and pamphlets available on a wide variety of topics. Examples of some authors are: Dr Igor Tabrizian, a WA medical nutrition specialist, and Dr Peter Dingle, Professor of Environmental Science at Murdoch University. Pamphlets or leaflets are usually one or two pages of (verified) information that will give a small amount of information on a particular topic of interest. We may also have a workshop – for example, last month we had a workshop on the topic of “water”. Topics vary from broad topics such as diabetes, reflexology, and kinesiology through to specific topics such as a particular vitamin or mineral.

In addition, we publish a 20 page newsletter, every three months and again, all information is fully referenced. A wide range of topics are covered in the newsletter so there is something of interest to everyone.

We have members all over Australia, so for the benefit of those who cannot attend the meetings we try to include a summary of our guest speaker’s talk from our monthly meeting. Our aim is to disseminate sound nutritional and environmental information which assists our members in striving for optimal health.

Source: Mary Paul, OSWA

For more information contact OSWA:
Phone: 9382 8397
Email: mlpaul@optusnet.com.au



Creating a relationship with Health Professionals.

Health professionals and self help groups both have knowledge about the health issue. It is the way that this knowledge has been learnt that differs.

The professional has learnt about the condition through training, the self help group through experience. It is this differing knowledge that when shared will benefit both parties: the health professional and the self help group members.

Developing a relationship with health professionals will assist in this sharing of information. Some self help groups find it difficult to make a meaningful contact with health professionals. It needs to be remembered that the health professional is often short of time with many competing demands. The health professional may also be concerned about the support offered by the self help group.

To help overcome these possible obstacles the self help group needs to project a professional and credible image to health professionals.

Health Professionals will usually only refer patients to other agencies with whom they are familiar and in whom they have developed some trust. Therefore building a relationship is essential.

Some methods to achieve this goal could be:

- Have a representative who presents well and has a clear understanding of the aims of the self help group and is confident in speaking about the issues
- Clearly understand how the health professional and the group can collaborate for the benefit of the patients
- Be prepared, have an agenda with all the issues you wish to discuss
- Create an information pack which is concise and well presented, include a cover letter and brochures
- Provide the health professional with resources such as magazines and research articles relating not only to the issues but also to the benefits of self help groups
- Have regular contact including mail-outs, forwarding of updated information and replenishment of the self help groups resources as required
- Display the credibility and professionalism of your group or organisation
- Re-enforce codes of confidentiality
- Be persistent, don't give up!

Some self help group members use their own consultation time to promote the group. Other groups offer training to their members on how to approach health professionals.

Melva Marshall

Community Development Officer

Source: Extract from unpublished paper presented by V W Davies using information extracted with permission from Dr Fran Boyle's Research 'GPEP – SHO Report 685 'Effective Collaboration Between General Practice and Self Help Organisations, University of Queensland. Presented at Collective of Self Help Groups (COSHG) Forum 13-15 September 2002 Melbourne.

Training Workshop - Dealing with Health Professionals

If your group would be interested in a training workshop on this topic please contact Melva on 9228 4488 or via email melva@wish.org.au

Utilising Volunteers

Is your group in need of some special skill that is unable to be met by your members? Do you want to create a webpage, or need help with your newsletter? What about your accounting books, are they up to date? Have you thought of a volunteer to fill this gap?

There are volunteers available who wish to assist not for profit groups. These volunteers are offering their specific skills. These skills can range from website designer, to labourer, to public relations/marketing person or a panel of judges for interviews or maybe an accountant.

These volunteers who are offering their skills want to put back into the community, to do something worthwhile helping people who need assistance. For some it is a method to retain their skills and to meet new people. Think about your needs and how they might be met through a volunteer.

Melva Marshall

Community Development Officer

Becoming a Volunteer

Volunteering encourages individuals, families, friends and business to get involved in their communities, be it an hour a week, a day, a fortnight or one weekend in a year.

The theme for National Volunteer Week 2006 (held in May) was "Change the World – Volunteer". Volunteer Centres have been established throughout WA, assisting individuals and groups to find a volunteering opportunity that suits their needs, in their local community.

So, contact a centre near you today, make change and have a go at doing something different. Volunteering could change your life and someone else's.

WA Volunteer Association	
Volunteering Western Australia	9482 4333
Volunteer Resource Centres by Shire	
Albany Volunteer Centre	9892 0152
Armadale Volunteer Resource Service	9399 0629
Bassendean Volunteer Centre	9377 2191
Busselton-Dunsborough Volunteers	9754 2047
City of Cockburn Volunteer Resource Centre	9411 3490
City of Joondalup Volunteer Centre	9400 4734
Esperance Volunteer Resource Centre	9072 0346
Fremantle Volunteer Service	9335 3394
Kalgoorlie Boulder Volunteer Centre	9022 3197
Kwinana Volunteer Resource Centre	9439 0425
Manjimup Volunteer Resource Centre	9777 2774
Melville Resource Volunteer Centre	9364 0153
Nannup Volunteer Resource Centre	9756 3022
Nedlands Volunteer Referral Centre	9386 6326
Peel Volunteer Resource Centre	9581 1187
Swan Volunteers	9250 6421
Volunteers Collie	9734 4811
Volunteer South West Bunbury	9791 3214
Volunteering Western Australia	9482 4333
Wickepin Volunteer Resource Centre	9888 1500

Self Help Group Profile

LISA – Still Here and Going Strong

LISA is a self-help support group which began in 1992 by a group of people with chronic lung disease, who wanted to find out more about their lung conditions. It was one of the first lung support groups in Australia. Now we're part of an Australia-wide network called LungNet (http://www.lungnet.com.au/pat_support/whats_lungnet-pat_support.html), supported by the Australian Lung Foundation (ALF).

LISA is run by, and for, people who have chronic lung conditions, their carers, families and supporters. It's a friendly group of people - caring and sharing. Of the original founding members, only our voluntary coordinator, Edna Brown, remains – the others are breathing easier somewhere. Edna's energy, contribution and commitment to the group has enabled it to last 14 years so far, and we're still going strong! In fact, as everyone has become older and a little more disabled by their lung disease, more LISA members now contribute their energy and time to ensuring that LISA's activities and services reach as many people with chronic lung disease as possible. According to Dr Robert Edwards, National Chairman of the Australian Lung Foundation, "More than half a million people in Australia (have) moderate to severe (lung) disease." This would represent about 50,000 Western Australians.

LISA also provides a person to talk to when you've just been diagnosed and cannot imagine what your life is going to be like from now on. We post out information about your particular lung disease, treatment options, pulmonary rehabilitation, etc. Some people want to talk over changing their GP or specialist and seek support in making the change.

Between 15 and 30 people come to our monthly meetings, which are held at Sir Charles Gairdner Hospital (Charlie's) on the first Wednesday of each month, 11 times a year. LISA provides tea and coffee and members bring a plate (with something on it!). Two or three hours later we wind our way home - having laughed a lot, talked a lot, eaten too much, made a new friend and learned something.

We publish a 16-page newsletter, LISA NEWS, five times a year. This is mailed out by a small group of members who get together to fold, label and stamp about 100 copies which go out across WA (70%), interested health professionals and organisations (23%) and to like-minded interstate support groups (7%). Anyone in Australia is welcome to join LISA and receive the newsletter. About 20 copies are left in a number of waiting areas at Charlie's.

Some members are too housebound or live too far from Perth to join our monthly meetings and so LISA NEWS is an important way of sharing information and including everyone.

The Respiratory Medicine Department at Charlie's supports LISA by providing a meeting room, and helping with photocopying and speakers.

New members hear about LISA after calling LungNet's 1800 number, are referred by respiratory physicians or pulmonary physiotherapists, by other members, or after seeing a copy of the newsletter.

We are not incorporated as an association and receive no sponsorship or other funding, apart from the in-kind support that the Department of Respiratory Medicine provides. Members pay an annual membership fee of \$18 and contribute a gold coin for tea, coffee or speaker costs at the monthly meetings.

Over the year we aim for a balance between social gatherings and listening to interesting speakers. Members really appreciate the opportunity to get their burning questions answered; in fact, it's sometimes hard for the speaker to get a word in edgewise!

Speaker topics include the basics about how our lungs work and various lung diseases - for new members, as well as related health and occupational topics for members of longer standing. We survey members to get their ideas for topics and do a lot of networking among our supporting health professionals to identify good speakers on these subjects. Many speakers come from within Charlie's and we are very grateful for their willingness to share what is sometimes their lunchtime in a busy day. In the last couple of years speakers have covered topics such as: State Government plans to address chronic respiratory disease, Managing your puffers, inhalers, Osteoporosis risks, Your lung disease and your GP, Sexuality and lung disease, Your rights as a health consumer and Oxygen therapy.

Members take an active part in various awareness days such as World COPD Day and Organ Donor campaigns and we issue information about current respiratory research and drug trials being conducted at Charlie's, so that members can volunteer, where appropriate.

There are four other support groups for people with chronic lung disease in WA – Royal Perth Hospital, Beechboro, Bentley and Albany. Some LISA members have been helping the two newest groups to get going.

Perhaps our biggest achievement is that after being something of a trail-blazer in the area of support for people with chronic lung disease, LISA is still here!

To contact LISA phone Edna on 08 9309 9610 or email Jenni at jenniib@inet.net.au

New Self Help & Support Groups



COPD Support Groups

2 New Groups to have recently started are Altone Park COPD Support Group and the Bentley Community COPD Support Group

COPD stands for Chronic Obstructive Pulmonary Disease and is an umbrella term for a group of respiratory tract diseases that are characterized by airflow obstruction or limitation. These groups offer support, sharing of information and fellowship to people with lung disease, their carers and supporters.

The group helps those with lung disease live an active and healthy life and are affiliated with Australian Lung Foundation. Services include support meetings, guest speakers and social activities.

Altone Park's contact is Bill 9377 0778 and the Bentley contact is Mike on 9359 2025 Mon-Fri 9am -5pm



The Forgotten Australians Support Group

The Forgotten Australians Support Group offers support and advocacy awareness for people who were institutionalised in the Good Shepherd Laundries or any other institution.

The contact for this group is Lorraine on 9255 2692



New WISH Affiliate Members

Registered new and pre-existing groups as Affiliate Members of WISH

Glaucoma Support Group contact Judy, 9445 9947

Hearing Voices Network Australia contact Lyn, 0410 613 215

North Metropolitan Diabetes Support Group contact Gwen, 9204 1510

Autism Solutions Incorporated contact Leanne, 9330 8877

Angelhands Inc contact Ann, 0500 855 501

Irritable Bowel Support Group contact Sally, 9317 6466

Pain Buster Self Help contact Teck, 9313 5613

Huffers and Puffers call, 0409 376 736

Incite contact Jono, 0419 193 027

Northern District Tenant Collective contact Denis, 9349 0654

Solo Mother's and Their Children WA contact Kim, 9445 1691

Regional New Group

Stroke Support Group (Geraldton and Mid West Murchison) contact Kym, 9956 1953

HuffPuffers (Albany) contact Marianne, 9841 1647

An example of the health related

- Acoustic Neuroma Association of Australasia Inc
- Action on Breast Cancer (AOBC) - Western Australia
- Albinism Support Group of Western Australia Inc
- Alopecia Areata Support Group
- Altone Park COPD Support Group
- Alzheimer's Australia WA Ltd
- Ankylosing Spondylitis Group
- Anxiety Self Help Association Inc (ASHA)
- Aquagenic Pruritis Support
- ARAFMI Mental Health Carers & Friends Association Inc
- Arthritis Foundation of WA
- Asbestos Diseases Society of Australia Inc
- Association of Genetic Support of Australasia Inc (AGSA)
- Asthma Foundation of Western Australia Inc, The
- Australasian Tuberos Sclerosis Society Inc (WA Branch)
- Australian Action on Pre-Eclampsia (AAPEC) Inc
- Australian Addison's Disease Association Inc
- Australian Arachnoiditis Sufferers
- Australian College of Midwives Inc (WA Branch)
- Australian Crohns & Colitis Association
- Australian Huntington Disease Association Inc WA
- Australian Institute of Holistic Medicine
- Australian Pituitary Foundation (WA Branch)
- Australian Thyroid Foundation Ltd, The
- Australian Vaccination Network Inc
- Australian Wegener's Granulomatosis Support (WA)
- Autism Association of Western Australia Inc
- Baby Chase Support Group
- Bay of Isles Community Outreach Inc
- Believing & Understanding Self Harm (BUSH)
- Bentley Community COPD Support Group
- Better Hearing Australia (WA Branch) Inc
- Billings Ovulation Method
- Birth Defects Registry of WA
- Birthplace Support Group Inc
- Birthrites: Healing After Caesarean Inc
- Black Swan PKUs
- Blueearth Institute
- Bonnie Babes Foundation Inc
- Bouncing Back - Postnatal Depression
- Breast Cancer Foundation of W.A. (Inc)
- Breast Cancer Support Group - Collie
- BreastScreen WA & The Cervical Cancer Prevention Program
- Bunbury Living Skills Centre
- Bunbury Pathways
- Bunbury Stroke Support Group
- Child Abuse and Adult Mental Health Action Group
- Cancer Alliance Network
- Cancer Council Western Australia
- Cancer Foundation - South West Support Centre
- Cancer Support Association of WA
- CANTEEN
- Carer Support Program
- Carnarvon Family Support Service Inc
- Central West Mental Health
- Cerebral Palsy Association of Western Australia Ltd
- Chemical Sensitivity Self Help Group W.A.
- Childbirth, Stress & Depression Service
- Cleft Palate and Lip Society (Cleft Pals)
- Coeliac Society of Western Australia Inc
- Community Midwifery WA Inc
- Continence Advisory Service
- Continence Self Help Group Armadale
- Cushings Disease Support Group
- Cystic Fibrosis Association of WA Inc
- Derbarl Yerrigan Health Service
- Diabetes Australia - Western Australia
- Dialysis and Renal Transplant Association of WA (DART)
- Eastern Region Employment and Community Services Inc (ERECS)
- Eating Disorder Services
- Epidermolysis Bullosa Support Group (DEBRA)
- Epilepsy Association of Western Australia Inc
- Essential Thrombocythemia Support
- Even Keel Bi-Polar Disorder Support Association Inc
- Fibromyalgia & Lupus Support South West
- Fibromyalgia Resources, Organisation and Group Support (FROGS)
- Fibromyalgia Support Group
- FPWA
- Fremantle Heart Patients' Support Group Inc
- Fremantle Women's Health Centre Inc (FWHC)
- Friedrich Ataxia Group
- GAIN (Gynaecological Awareness Information Network) Inc
- Gastrostomy Information & Support Society (GISS)
- Genesis Infertility Support Group Inc
- Genetic Services of Western Australia
- Genetic Support Council WA Inc
- Genomics Directorate - Department of Health
- Get On And Live (GOAL)
- Glaucoma Support Group
- Goldfields Womens Health Care Centre
- Gosnells & Districts Stroke Club
- Gosnells Women's Health Service Inc
- GPdown South
- Great Southern Community Health
- Grow WA
- Guaifenesen Treatment Support Group
- Haemochromatosis Society Australia Inc
- Haemophilia Foundation Western Australia Inc
- Harvey Cancer Support Group
- Harvey Cancer Support Group
- Headache & Migraine WA Inc
- Health Consumers' Council WA Inc
- Health Direct
- Health Info
- Health Information Resource Service (HIRS)
- Health Issues Centre Inc
- Health Matters
- Hearing Voices Network Australia
- Heart Support Australia - Perth Metropolitan Branch
- Hedland Well Women's Centre
- Hepatitis Council Western Australia Inc
- Hereditary Haemorrhagic Telangiectasia (HHT) Self Help Group
- Herpes Self Help Support
- Histiocytosis Help
- Horizons
- HSG (Club 15)
- HuffPuffers
- Hyperactive Help
- Incite Groups
- Inner City Mental Health Service
- Insomnia Self Help
- Irlen Syndrome Australasia Inc
- Irritable Bowel Support Group (W.A. Branch) IBS
- ISHAR Multicultural Centre for Women's Health
- ITP - Idiopathic Thrombocyto Penia Purpura
- Joint Replacement Link
- Joondalup Community Mental Health
- June O'Connor Centre Inc
- Jungarni-Jutiya Alcohol Action Council
- Kidney Health Australia
- Klinefelters Support Group
- Laugh WA
- Leukaemia Foundation of WA, The
- Lifeline's Just Ask
- LIFT
- Lorikeet Clubhouse
- Lung Impaired Support Association of WA
- Lupus Group of WA Inc
- Lymes Disease or Ross River Virus Support
- Lymphagioliomyomatosis (LAM Australia)

listings in the WISH Directory

- Lymphoedema Association of WA
Lymphoedema Support Group
Mandurah A & D Support
ME & CFS Society of WA Inc
Menieres Support Group (Tasmania) Inc
Meningitis Centre, The
Menopause Support Group - Kalgoorlie
Men's Advisory Network (MAN)
Men's Resource Centre
Men's Support Service
Mental Health Association (QLD) Inc
Mental Health Information Service
Mental Health Law Centre (WA) Inc
Mental Illness Fellowship of WA
Midland Women's Health Care Place Inc
Mid-life & Menopause Support Group Inc
Midwifery and Natural Childbirth Centre
MoodGYM
Motor Neurone Disease Association of WA Inc
Mucopolysaccharide (MPS) Society of WA
Multiple Chemical Sensitivity+A207
Multiple Sclerosis Society of WA
Muscular Dystrophy Association of WA Inc
Myasthenia Gravis Friends and Support Group
Myasthenia Gravis Support Group - Bunbury
National Heart Foundation (WA Division) Inc
Neurofibromatosis Association of WA (NFAWA)
Neurological Council of WA Inc, The
Neuromuscular Support Group
Northwest Mental Health Service
Obsessive Compulsive Disorder Self Help Group (OCD)
Orthomolecular Support WA Inc (OSWA)
Ostomy Support Group
Our Lady of Lourdes Mental Health Carers' Group
Overuse Injury (RSI) Association of WA Inc
Pagets Support Group
Pain Busters Self Help
Partners of Veterans' Association of Australia Inc, The
Patello-Femoral Pain Support
Pathways Counselling and Family Services
People for Increased Quality of Life (PIQL)
Periodic Paralysis Society
Peripheral Neuropathy Support Group, The
Perth Interstitial Cystitis Group
Perthes Disease Support
- P-FLAG Perth Inc
Phoenix House
Pink Disease Support Group
PLWHA Support Group
Porphyria Association Inc
Port Wine Stain Birthmark Support
Post Natal Depression Group
Mandurah
Post Natal Depression Support Association (PNDSA) Inc
Post Polio Network of WA Inc
Pregnancy Assistance
Pregnancy Helpline Albany
Pregnancy Problem House
Pressure Urticaria
Primary Immune Deficiency Support Group (PIDSG)
Prostate Cancer Support & Information
Pseudohypoparathyroidism Type 1A with Albright Hereditary Osteodystrophy
Pseudoxanthoma Elasticum (PXE) WA
Psychiatric Emergency Team (PET)
Quarry Health Centre
Reflex Sympathetic Dystrophy Syndrome (RSD) Support Group
Rosacea Support Group
Ross River Virus Support
Samaritans, The
Schizophrenia Fellowship - Albany & Districts Inc
Scleroderma Support Group
Self Healing & Meditation With Chi Kung
Share & Care Community Service Group Inc
Shenton Child & Adolescent Centre
Shingles Herpes Zoster Support
Short Statured People's Association WA Branch
Silver Chain Continence Clinic
Silver Chain Nursing Association Inc
Sleep Disorders Australia Inc (WA Branch)
Society for Anaphylaxis from Food & the Environment (SAFE)
Solo Mums - Mothers' Special Interest Group
South Coastal Women's Health Services Association Inc
South Perth Outreach Inc
South West Chronic Pain Support Group
South West Epilepsy Group
South West Women's Health & Information Centre Inc
Southern Area Mental Health Support Group
Southern District Support Association Inc
Spina Bifida Association of Western Australia Inc, The
Stroke Support Group
- Subacute Sclerosing Panencephalitis (SSPE) Support
Support After Fetal Diagnosis of Abnormality (SAFDA)
Thalassaemia Support Group
Thalidomide Network
Torticollis (Wry Neck)
Trigeminal Neuralgia Support Group WA Inc
Turner Syndrome Association of Australia Ltd (WA Branch)
Uniting Survivors and Supporters (USS)
UnitingCare West
Vagal Nerve Stimulator Support
Von Willebrands Disease
WA Association for Mental Health (WAAMH)
WA Lung Transplant Association (WALTA)
WA Network of Alcohol & Other Drug Agencies (WANADA)
WA Stroke Foundation Inc
Warwick Child & Adolescent Clinic
Wearne Club, The
Wesley Mission Perth
West Australian Lawn Bowls and Self Help (WALBASH)
West Australian Mental Illness Awareness Council Inc (WAMIAC)
West Australian Transcultural Mental Health Centre
Western Australian AIDS Council (WAAC)
Western Australian Ostomy Association Inc
Western Australian Retinitis Pigmentosa Foundation
Western Australian Spasmodic Dysphonia Support Group
White Wreath Association Ltd
Woman's Christian Temperance Union of WA Inc
Women's Health Resource Centre Inc
Women's Health Services
Women's Healthworks (Body Esteem Project)
Women's Healthworks (WHW)
Young Ostomates United (YOU)
Young Plus
YouthLink

**For contact information
visit our Online Directory
www.wish.org.au/directory
or call WISH 9228 4488 or
for country callers
1800 195 575**

Lymphoedema Support Group South West

Lymphoedema Support Group Bunbury and Busselton

Lymphoedema is when the lymphatic system is damaged or blocked, protein enters the tissues from the blood capillaries as per normal way, and build-ups in the tissues where the lymphatics should be draining. This accumulation of protein causes excess fluid to enter and the tissues to swell. This can cause a range of symptoms such as a feeling of tightness in the limbs, pains in the joints or bursting pains.

It decreases mobility, causes embarrassment, can lead to depression, and cause's a general worsening of the patient's life and health.

Some doctors appear to have little knowledge of the condition and it can take quite some time for the diagnosis to be made.

Our Busselton group has been involved in a pilot programme with Country Health WA which is helping people with chronic disease.

It is helping by increasing the understanding of the physical, mental and spiritual impact of any chronic disease on an individual and their family. This holistic approach is providing basic skills but also validating the experience of the people involved.

Our group has had the opportunity to discuss the difficulties of implementing new initiatives with doctors in the area, and their responses are always lack of time. A doctor in a small country town might be the only doctor and the patients who present at the surgery are their core business not allowing time to initiate new programmes, some even finding it difficult to get time to read their journals.

The health professionals involved in the pilot programme are truly dedicated to empowering people with chronic disease.

What was highlighted to our group members is the need to understand your own condition and the only thing a patient can change is themselves and the way they think about themselves.

The Lymphoedema Support Group offer support, information and advice to help people living with Lymphoedema manage their condition.

The contacts are
Maureen Bunbury on 9725 4423 and
Lea in Busselton on 97548242

Source: Lymphoedema Support Group

Wheatbelt Group

Wheatbelt ME/Chronic Fatigue & Fibromyalgia Support Group provides a network for sufferers of CF Syndrome and Fibromyalgia; assist members in gaining knowledge re their health condition.

For more information contact Belle:
Phone: Belle 9622 5203
Email: bellem@westnet.com.au

A guide to working with Pharmaceutical companies

This guide was developed with extensive consultation with health consumers and pharmaceutical companies to assist relationships between health consumer organisations and the pharmaceutical industry to assist both parties to work together appropriately.

To download a copy visit www.medicinesaustralia.com.au/pages/page64.asp



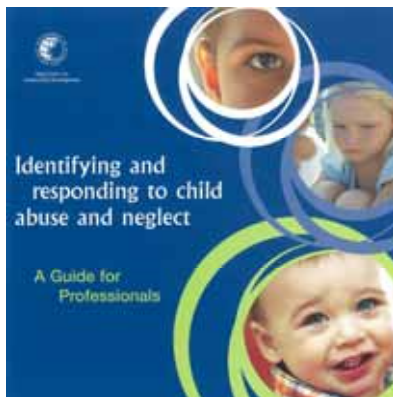
NFP Organisations and Volunteers

This booklet explains the tax treatment of transactions that commonly occur between not-for-profit (NFP) organisations and volunteers.

To order one of these books please contact the Tax Department Publication Ordering Service on 1300 720 092 or visit the not for profit website <http://www.ato.gov.au/nonprofit/>



A Guide for Professionals



Professionals working in a variety of settings, play a vital role in supporting parents to care for their children. They often have established family relationships giving them valuable insight into the challenges they face.

This booklet is intended to be a resource to support professionals working with children and young people to recognise child abuse and neglect and guide them on how to respond to concerns confidently.

To order one of these free booklets contact Department for Community Development 9214 2444 or visit www.community.wa.gov.au

Overseas Resource

A Self Help Group for your Patient published in 2004 by Self Help Nottingham, UK price £2.50

This informative booklet provides information about self help groups for those working in General Practices.

Improved patient and public representation and support is at the heart of the National Health Service's drive to build a modern service around the needs of the individual patient. Self help groups and mutual aid networks are growing in number and are likely to become increasingly more significant in the rapidly changing health agenda, which emphasises self care and actively values the experience of users and carers.

For more information visit http://www.selfhelp.org.uk/pub_listing.html Or contact WISH 9228 4488 as we may be able to order on your behalf



Expression of interest

WISH Training

We have had an interesting and informative year of training workshops, these have included:

- Managing conflict,
- Funding - Have a project find some funding
- Making a Difference through the media

These have been well received by all the participants involved in the various workshops

It is now time to plan for next year and we would like your input in either repeating some of the workshops held this year or extending our list of available workshops with some new ideas. Some new ideas are:

- Working with Health Professionals
- Developing a Web Site
- Online forums and communities
- Writing a newsletter
- Running meetings including minutes

Please let us know your thoughts or any training ideas you would like to see offered. Send an email to cdo@wish.org.au or call Melva on 9228 4488

These workshops should prove to be interesting and informative for self help and support group members, service providers and the general community.

WISH 25th Anniversary in 2008

HAPPY 25TH BIRTHDAY WISH!

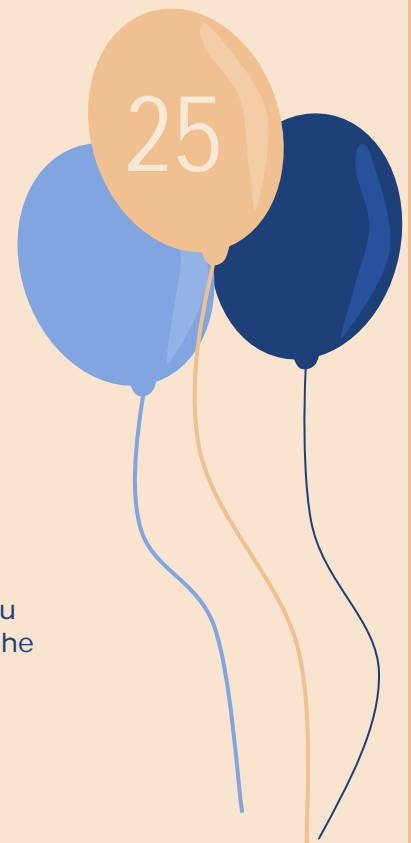
In 2008 WISH will be celebrating 25 years of service to the West Australian community. For us this is not just about WISH but the whole of the self help movement here in WA.

We need your help in deciding how to make these celebrations both meaningful and memorable for our members and the wider community. We are also thinking about a name change to better reflect our purpose and vision.

We think this is a great opportunity to get the message out about the benefits of self help groups as well as providing an opportunity to have fun and network with other group members.

To share your ideas with us we would like you to complete the enclosed questionnaire. This will help us formulate some special activities that you want and we encourage you to send in your response either by post in the prepaid envelope provided, Fax to 9228 4490 or Email to info@wish.org.au.

Come on let's celebrate.



Calendar of Events

DECEMBER 2006

10 Dec

International Human Rights Day

United Nations

Contact: UN Info Centre 02 9262 5111

Web: www.un.org.au

Equal Opportunity Commission

Phone: 9216 3900

Web: www.equalopportunity.wa.gov.au

E: eoc@equalopportunity.wa.gov.au

Citizen's Committee on Human Rights Inc

Phone: 9228 0960

Email: cchr@tpg.com.au

Web: www.cchr-wa.org

18 Dec

International Migrants Day

Ethnic Communities Council of WA

Phone: 9227 5322

Email: eccwa@iinet.net.au

Web: www.multiculturalwa.net.au/eccwa

Metropolitan Migrant Resource Centre

Phone: 9345 5755

Email: admin@mmrcwa.org.au

South Metropolitan Migrant Resource Centre (SMMRC)

Phone: 9335 9588

Email: swmms@bigpond.net.au

Women's Multicultural Support Group

Phone: 9328 2699

Email: psp@mscwa.com.au

Albany Migrant Resource Centre (AMRC)

Phone: Mahshid 9841 1190

Email: amrc@westnet.com.au

WISH CHRISTMAS CLOSURE

WISH Office is closed from
22nd December 2006 to 2nd
January 2007

JANUARY 2007

26 Jan

Australia Day

26 Jan

Survival Day

Aboriginal Australians choose to mark Australia Day as a day to highlight the invasion of Australia by European settlers, and to acknowledge the survival of their cultural heritage since European settlement

FEBRUARY 2007

1-28 February

Stick on a smile for Heartkids

Heart Kids

Phone: Fran 9340 7996

Email: heartkidswa@heartkidswa.org.au

Web: www.heartkidswa.org.au

2 Feb 2006

World Wetlands Day

Web: <http://www.deh.gov.au/water/wetlands/day/index.html>

04 Feb

World Cancer Day

Cancer Council WA

Community Cancer Service

Phone: 13 1120

Web: www.cancerwa.asn.au

Email: inquiries@cancerwa.asn.au

Canteen (young people living with cancer)

Phone: 6380 1884

Web: www.canteen.org.au

Email: wa.mlo@canteen.org.au

Kids Cancer Support Group

Phone: 9341 7310

Cancer Foundation South West Support Group

Phone: 9791 1464

Email: swsupport@westnet.com.au

Busselton Cancer Support Group

Phone: Liz 9754 4780

Harvey Cancer Support Group

Phone: Lyn 9729 3155

14 Feb Valentines Day

18-25 Feb

National Organ Donor Awareness Week

Australian Organ Donor Registry

Phone: 1800 777 203

Web: www.hic.gov.au/organ

Transplant Australia Kids WA

Phone: Anne 9300 2169

E-mail: anneandjohnb@smartchat.net.au

Web: <http://www.transplant.org.au>

Dialysis and Renal Transplant Association of Western Australia (DART)

Phone: Sue 9272 8729

Email: susan.bird@kidney.org.au

WA Lung Transplant Association (WALTA)

Phone: Carolyn 9337 4196

Email: carolynboyd@iinet.net.au

Check out these Websites

Self Help

Core of Life

www.coreoflife.org

A youth health education program providing reality based information about pregnancy, birth, breastfeeding and early parenting to adolescence.

Baby Steps

www.babysteps.com

Named after the baby steps that follow the long and difficult road to recovery from the loss of a child

Quit WA - Quit smoking for good

www.quitwa.com

American Brain Tumor Association

www.abta.org/supportgroups2.htm

Your source for information about brain tumors, new treatments and help living with the diagnosis of a brain tumor.

Health Professionals

Self Help Resource Centre

www.selfhelp.on.ca/resource/health_promo_factsheet.pdf

Self Help and Health Promotion Fact Sheet

The Dr's Reference Site

www.dreref.com.au/support.html

Support groups listed for Health Professionals to reference

Australian Resource Centre for Healthcare Innovation

www.archi.net.au

The knowledge sharing hub for Australian Health Professionals and Health Service Managers who are working to deliver better patient journeys

Clinical Networks

www.clinicalnetworks.health.wa.gov.au

Information on the network activities being undertaken as well as the latest news relevant to the network

Resources on WISH Website

Visit the WISH website for more articles and information on collaborating with Health Professionals

www.wish.org.au/resources/hp

Group Information

Online Article: Disabilities complicate adolescence

www.post-gazette.com/pg/05271/578693.stm
Social issues as children with disabilities enter their teens

Self Help Nottingham

www.selfhelp.org.uk

Supporting over 200 groups for people coping with life issues such as illness, bereavement and domestic violence

Groups online

Rainbow Hope

www.rainbowhope.org

A site for lesbian survivors of child abuse and domestic violence

Oxygen

www.oxygen.org.au

Exists to promote and encourage healthy lifestyle choices for young people and provide information on the impact of tobacco

My Self Help

www.myselfhelp.com

Provides a family of online interactive self help programs and moderated discussion board for people suffering from depression, stress, eating disorders and a range of other mental health problems. Provides links for health care professionals.

Obsessive Compulsive Disorder/Hoarding

www.ocfoundation.org/hoarding/support-groups/online-self-help-support-groups.php

An online support group for compulsive hoarders

General Interest

Wheelchair Boot Slider

www.pelicanmanufacturing.com.au

The Wheelchair Boot Slider is designed to make it easier for people to slide a wheelchair into the boot of a car.

Companion Card

www.wa.companioncard.org.au

The Companion Card is for people with a significant permanent disability, who also need a companion to provide attendant care type support in order to participate at most available community venues and activities.

New and Existing Group Development

- WISH provides practical, personal support and information for individuals involved in new and existing self help support groups.
- Group issues and development
- WISH Directory of Self Help and Support Groups
- Media and publicity
- Promotion of self help and support groups
- Pamphlet production and website services
- Workshops and information forums
- Meeting facilities and equipment hire

Telephone Information Line

This unique service links callers including allied health workers, service providers, media personnel, students and community members to self help support groups and other community support services listed in our extensive database. To access WISH's Information Line simply phone 9228 4488 or 1800 195 575 for country callers between 9am-4pm Monday to Friday.

Publications

- Publications and resources are available on issues relating to self help and support groups.
- The 2005 edition of the WISH Directory of Self Help and Support Groups (incorporating Community Organisations) 770 entries and almost 1100 contacts. It lists a range of support services in both metropolitan and regional Western Australia
- Self Help Group Starter Kit
- How to Promote Your Group
- WISH's newsletter the "News Exchange"

Website

The revamped WISH website is a one-stop resource for self help group members, service providers, educational institutions, health professionals, students and the wider community. www.wish.org.au The WISH website contains an: Online Directory of Self Help and Support Groups (incorporating community service organisations), Past issues of the WISH News Exchange Newsletter, Group support and resources, Information, News, Events and lots more

Information Forums

WISH conducts Information Forums with the aim of educating the wider community including health and allied professionals, students, existing self help groups and interested community members as to the virtues of self help.

Resource Centre

The Centre includes group/organisation newsletters, brochures, journals, videos, training manuals, and other information to assist in self help group development.

Facilities and Equipment Hire

We have a fully equipped, air-conditioned training facility that accommodates up to 25 people available at our East Perth offices. WISH also offers the hire of our 'Toucan' multi-panelled fabric display boards.

Contact Details

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Rural Freecall: 1800 195 575
Email: info@wish.org.au
Web Site: www.wish.org.au
Postal Address: PO Box 8140 Perth Business Centre WA 6849
Actual Address: 335-337 Pier Street PERTH WA 6004



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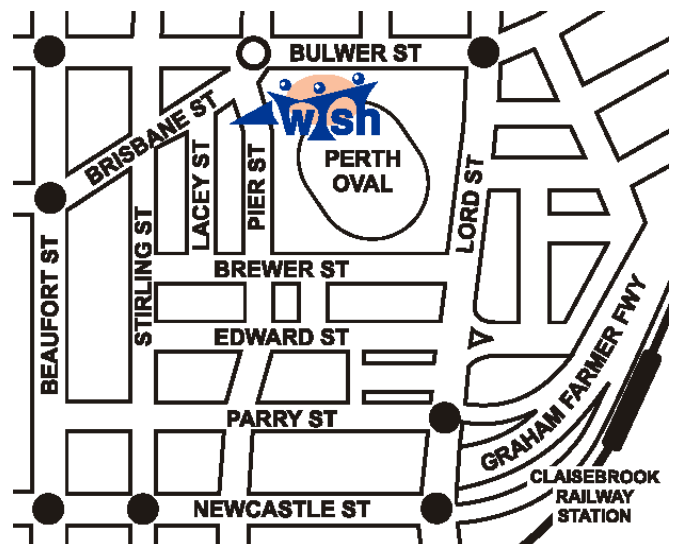
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(opposite Perth Oval)



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