A message from the CYMHS Divisional Director

As a busy and productive 2015 draws to a close it is time to reflect on our first year as an amalgamated Children’s Health Queensland, Child and Youth Mental Health Service. The past twelve months have been a whirlwind of activity and a time for our clients, their families, stakeholders and our staff to become familiar with our new hospital and our new team structures.

We are enormously proud of our many achievements during the year, we passed our Australian Council and Healthcare Standards (ACHS) periodic accreditation review with flying colours in September with the Reviewers commenting on the high standard of quality and safety demonstrated across the CYMHS service. We celebrated Mental Health Week 2015 in October with our ‘Value Mental Health Forum’ hosted at the Lady Cilento Hospital Auditorium, which was well attended by multiple agencies. We were privileged to have our consumers and carers actively participate in the forum and they helped make this a memorable occasion by sharing their personal recovery journeys both as formal guest speakers and informally as they helped disseminate information about positive mental health.

We also celebrated Carers Week in October with many of our Parent Advisory Group members enjoying a sumptuous morning tea, whilst listening to guest speakers all emphasising the benefits of supportive networks.

Our Pine Rivers team were State runners up at the Queensland Safe Work and Return to Work Awards 2015 in November and were highly commended for their category ‘Best Workplace Health and Wellbeing Initiative’ for their team wellness plan. This involved among other things, mindfulness being introduced to meetings, walking meetings, standing desks and healthy morning teas. Staff identified that reducing their stress and improving their overall health and wellbeing will reduce their susceptibility to vicarious trauma from the difficult work they undertake on a daily basis.

Our Acute Response Team Clinical Re-design project has also been nominated as a State Finalist in the 2015 Queensland Health Awards for Excellence, with the award ceremony occurring in early December. This project has seen CYMHS staff providing specialist mental health assessments at Lady Cilento Children’s Hospital seven days a week, twenty four hours a day. The team also provide coverage for one shift per day at both Royal Brisbane and Women’s Hospital and The Prince Charles Hospital. In addition the team manage a 24 hour crisis call line. Feedback from consumers and carers has been overwhelmingly positive.

I would like to take this opportunity to thank you all for your contribution in our first year and wish you and your families a safe and restful Christmas. We look forward to working with you all again in 2016 and continuing to partner to provide family centred care to our community.

Judi Krause, CYMHS Divisional Director
Mental Health Week 4-11 October
Inaugural CYMHS forum: Value Mental Health

On 8 October, CYMHS hosted Value Mental Health, a stakeholder forum as the service-wide celebration of Mental Health Week.

More than 100 people from a wide range of sectors attended, including CYMHS parents and carers.

Attendees were able to network over morning tea and browse a range of stakeholder stalls.

The forum MC was Sarah, a member of the service’s Beautiful Minds Youth Advisory Group, who did a wonderful job in welcoming speakers and keeping the forum on track.

Attendees agreed that the forum demonstrated how CYMHS support the mental health recovery of children, young people and their families. The range of experienced speakers, opportunity to learn about the breadth of what CYMHS and the Queensland Mental Health Commission have to offer, access to stalls, and the chance to network with other stakeholders was all well received.

The session by Kerry was generally rated as excellent and described as ‘empathic and useful’, while people appreciated Sarah’s lived experience, describing her role as ‘fantastic’ and ‘inspirational.’

Plans for the series of quarterly forums in 2016 are under way, so if you’d like to join the mailing list for future events please email Katrina.hegarty2@health.qld.gov.au or call 3310 9444.

Sophie Morson
Team Leader (Psychologist) Ed-LinQ Renewal Project

Value Mental Health forum program

- Judi Krause, Divisional Director CHQ CYMHS, gave an overview of the service.
- Andrea Murray, Advanced Speech Pathologist Queensland Centre for Perinatal and Infant Mental Health, spoke about the importance of relationships across the lifespan.
- Kerry Geraghty, Consumer Carer Coordinator CHQ CYMHS, shared messages from parents and carers about supporting children and young people affected by mental health problems.
- Sophie Morson, Psychologist CHQ CYMHS, introduced the Wheel of Wellbeing as a user-friendly tool for promoting mental health and wellbeing.
- Sandra Drabant, Senior Art Therapist with Day Program South CHQ CYMHS, profiled creative ways of engaging children and young people.
- Dr Lesley van Schoubroeck, Commissioner Queensland Mental Health Commission (QMHC), profiled the work of the QMHC and in particular its recently-launched Suicide Prevention and Mental Health Promotion, Prevention and Early Intervention plans.
Master of Ceremony’s comments on hosting the CYMHS mental health forum

During Mental Health Week I was the MC at a forum hosted by CYMHS. It was such an honour to get up in front of everyone and share my story and I really enjoyed listening to every speaker.

I started going to CYMHS in 2010, when I was about 15. I had severe depression, social anxiety and was on the brink of an eating disorder. I was in an unhealthy relationship with a drug addict, barely going to school and refusing to look after my health, after being diagnosed with Type One Diabetes in 2005.

Many people, including myself, believed I would never live a normal life – never work, never leave home and never drive. Yet I have overcome each hurdle and accomplished each and every one of those things.

My recovery hasn’t been easy, I still have bad days and I know I’ll battle for the rest of my life, but I have hope – not only for my future, but for the future of everyone out there dealing with mental health issues.

I want to share my story and my experience and use it to inspire others, especially young people. CYMHS and Beautiful Minds have given me an outlet to do just that.

Sarah
Beautiful Mind’s Youth Advisory Group member (pictured)

Beautiful Minds
Beautiful Minds is the Youth Advisory Group for Children’s Health Queensland (CHQ) CYMHS. Members are aged 16-24 and have unique strengths and varied lived experiences of mental health problems. They meet regularly and collaborate with staff to bring about positive change for other young people experiencing mental health problems.

Members are actively involved in the CYMHS Consumer and Carer Participation Program and have a passion for community involvement and mental health promotion.

For more information or to register your interest please speak to your case manager or contact the Consumer Carer Coordinator 3310 9444 or email CHQ-CYMHS-CCP@health.qld.gov.au

Beautiful Mind’s Youth Advisory Group share their reflections on Value Mental Health

“I think ‘Value Mental Health’ is great! We all have good and bad mental health, just like physical health and we all need to look after it. I think that because the words ‘mental health’ can have such a negative connotation people can forget to look after theirs for risk of judgement. You wouldn’t ignore your physical health until you’re extremely ill, so why do the same with your mental health?”

“People often wait until they’re severely depressed to start looking after their mental health. Taking some time out of every week for your mental health is so important”

“To make myself feel better I like to engage in pleasant life events like taking a bubble bath, cuddling my cat or taking a walk. I also have a great network of friends and family I know I can talk to without judgement, even if I don’t want to talk about how I’m feeling they’re happy to just spend time with me to get my mind off it.”

“Distracting yourself by doing things you already like, so for me it’d be surfing the internet, playing games, watching anime/reading manga.”

“Doing things you like, find enjoyment in, find relaxing or is able to assist with just taking time out and switching off for a bit is really important for keeping well.”
Odd Socks Day

To welcome in Mental Health Week Brisbane South Evolve Therapeutic Services and Mt Gravatt CYMHS hosted an Odd Socks Day morning tea on Friday, 2 October 2015... because anyone can have an ‘odd day.’

Odd Socks Day is an anti-stigma initiative of the GROW Foundation to educate, inform and challenge perceptions of mental illness - by donning socks to ‘stomp out stigma.’

The focus of the morning tea was to promote the value of mental health and reduce the stigma of mental health issues, which can prevent the community from accessing health.

A collection of loud, wild and odd socks from Disability Services Queensland, EBSS, Education Queensland and staff from the Child Safety Service Centre at Mt Gravatt pounded the pavement to the morning tea. They were entertained by staff from Brisbane South Evolve Therapeutic Services and Mt Gravatt CYMHS who catered and decorated the Mt Gravatt site for the event.

Prizes were awarded for:
• Bravest odd sock wearer – Dr Lyndall Kleinschmidt who stoically wore her odd socks to meetings across LCCH on Friday and spread the word about Odd Socks Day.
• Best decorated odd socks – Trish Jameson and Nalini Raj.
• Oddest socks – Tracy Sweeny-Ward, whose socks were created by her kids and included some very interesting blue faces!
• Best team Odd Socks – EBSS, who all wore odd socks to morning tea.

Helen Harden
Team Leader Mt Gravatt CYMHS

Yeronga CYMHS Mental Health Week activities

Social worker Michelle Bond facilitated activities for Mental Health Week, including encouraging young people and other team members to develop posters (pictured) about what television shows and films they like, and what activities they enjoy.

Madeleine O’Regan, Administration Officer Yeronga CYMHS
Highlights of consumer carer participation

Mental Health Week

Mental Health Week is a time to break down barriers around mental illness and spread positive messages about getting help.

A forum was held at the Lady Cilento Children’s Hospital where staff joined other community services to listen to speakers and network together.

As the Consumer Carer Coordinator I was privileged to speak at the forum and deliver some key messages around what families value from a service.

I spoke of the confusion parents, carers and young people feel when they first realise they need help.

I reinforced the need for services to respect the knowledge parents/carers bring with them and help them to make sense of what is going on for their child.

No one should be made to feel alone, abandoned or blamed when seeking help. Speaking up to get help as early as possible requires courage and is the first step in the journey to recovery.

We hope our efforts helped the community at the hospital to value their mental health and the mental health of those in their care.

Carer’s Week 11–17 October 2015

Carer’s Week follows on from Mental Health Week, which is very fitting because of the enormous role families play when a child is affected by any illness.

Not only do carers carry the burden of worry, but they also have an important role to help their child recover.

As a first time event, CYMHS consumer consultants hosted a morning tea to say thank you to the many roles parents/carers play.

Jen Eustace from Aftercare Woolloongabba was guest speaker. She told parents about services provided by Aftercare, and reminded them that they too need to take time out to look after themselves.

CYMHS Executive Director, Judi Krause, also spoke of the need to make this a priority even when life is stressful.

Parents cannot cope if they are always exhausted and have no time to step away even for brief times.

Kerry Geraghty
Consumer Carer Coordinator
Facts about self-care

There is no single right way to practise self-care, but it should be part of our everyday routine.

It is not something we do only in times of high stress.

Self-care usually refers to wellness, balance in our lives and resilience when life throws us problems.

Self-care is not about acting selfishly. We need to look after our own self in order to provide care to others.

The Wheel of Wellbeing outlines the different aspects of self which need to be nurtured and all are interconnected.

Check out the wheel at www.wheelofwellbeing.org

Making the Wheel of Wellbeing more youth-friendly

Beautiful Minds explored the Wheel of Wellbeing adding stimulus material for young people.

Mind: learning
• Crosswords/Sudoku
• Mindfulness
• Reading
• Gaming
• Something creative, paint or draw

People: connecting
• Text someone*
• Go out
• Facebook* (tool but not the only tool, passive use is not so good, can sometimes reinforce social anxiety, remember not to believe everything you see or read of FB)
• Get involved in a sporting team
• Go to an event
• Chill with mates at school
• Connect with mates through videogames*

*Remember: although social media can be fun it is also important to put your phone down and be present!

Spirit: give
• Join Beautiful Minds advisory group
• Help your parents/guardian around the house
• Ask a friend how they’re going
• Listening to other people
• Get a pet

Place: take notice
• Get off your phone
• Be present
• Mindfulness
• Get more comfortable being uncomfortable

Planet: have purpose
• Better yourself every day, allow yourself to grow as a person
• Set small, achievable goals

Body: being active
• Lots of people are enjoying yoga
• Get involved in sporting teams

Thank you to carers

On behalf of the Beautiful Minds Youth Advisory Group we wish to thank all carers for everything they do day-to-day to care for young people struggling with their mental health. We respect the struggle of having a young person with mental health problems in your life. We admire the strength it requires to devote your energy towards caring for another person.

During Carer’s Week we think it’s important to acknowledge the time you give up to care for others and the important work carers do for young people. We hope you can take some time out to care for yourself this week because you deserve it.

Beautiful Minds Youth Advisory Group
Maintaining health and wellbeing

Pine Rivers wellness initiative

Best Workplace Health and Wellness Initiative Award finalists, Queensland Work Cover Safe Work and Return to Work Awards

In January 2014, amidst much organisational change in CHQ and CYMHS, the Pine Rivers CYMHS team prioritised the need to focus on our health and wellbeing.

Wellbeing is identified as a priority for children, young people and families as well as for our broader service and hospital district.

Our clinicians recognise the importance of a flexible team-based approach that attends to our own health and wellbeing, as well as being a role model for others.

The Pine Rivers Wellness Focus took shape over a number of months and encompassed a broad-based interpretation of wellness focusing on the whole self; mind, body and spirit; and multiple domains of team cohesion, innovation and engagement.

Activities included standing during meetings, standing desks, walking groups, healthy lunches, peer supervision, team away days, mindfulness, wellness tips and celebrations of team achievements. For me, the most enjoyable and motivating activities are the simple things like going outside in the fresh air, spraying pleasing fragrances to help us feel calm and energised, and walking groups.

In June 2015, we submitted a nomination for the Queensland Work Cover Safe Work and Return to Work Awards under Category 7 – Health and Wellbeing Initiatives and are pleased to report we received a highly commended award.

Linda Leatherbarrow
Senior Social Worker Pine Rivers CYMHS

‘What my family and I do to maintain our mental wellbeing’
CYMHS parents share thoughts and suggestions on how their families maintain wellbeing:

"Space and connection are very important to us. A space to be by yourself, centre and make yourself – you."

"Be open and share everything."

"Feeling blessed – remembering that there’s a lot of people that are worse off than you."

"Walks out each Sunday."

"Connection through family and love. Always being able to come together to talk and support. We do this through hanging out with TV or games and through activities like bike riding and picnics. Not just immediate family, but all family."

"Always help the family and understand that each family member is very important."

"Gratitude journal to give thanks."

"What I do is get up earlier and sit outside with my coffee."

"Catch up with our neighbours."

"Being open minded and sharing thoughts with family."

"We always eat dinner together and ask how the day went."

Members of Pine Rivers CYMHS with the local MP at a celebratory morning tea

What my family and I do to maintain our mental wellbeing’

CYMHS parents share thoughts and suggestions on how their families maintain wellbeing:
My perspective by Marcia Watts, Member of the Consumer Carer Network

Relationships and mental health

During Mental Health Week I thought it was a good time to stop and reflect on all the things that maintain mental health in my life.

Good mental health can mean many things to many people such as those that contain, sustain, support and energise. I think of ways I support myself to stay in a place of emotional and mental balance in the midst of the challenges and stresses of life. I also think in terms of my environment, and from my perspective as a relationships counsellor, the people around me who provide support and fill my tank.

Researcher, Dr Brene Brown, states that we are, ‘hard-wired for connection with others and that our greatest human need is for belonging, acceptance and love.’ Healthy relationships and connecting with others has a very protective power when it comes to mental health because it goes right to the core of our most basic human needs. We all need love and we all fear rejection. This makes us human. Basic need and fear levels connect us all.

So what are healthy relationships and how do they support, contain, sustain and energise us? In my opinion, healthy relationships are the ones that are supportive, but non-possessive.

Sue Johnson, adult attachment theorist and founder of Emotion-Focused Therapy, describes these types of relationships as stabilising because when we reach for our loved one, they are there for us, but in a way that promotes individual security and autonomy rather than a feeling of being controlled, ignored or dismissed. Further, healthy relationships provide a level of stability about them and yet room for both individual and relational change and growth. Healthy relationships are also a place where we can find acceptance – warts and all – and experience challenge and a reality check when we need it.

These kinds of relationship can be in our lives in many forms and at different levels. In fact, the research would suggest that no one person or relationship can meet these needs for us and good mental health often exists within a community or a web of connections.

By making a point to intentionally position ourselves in a web of relationships and making space to be inclusive of others, we create a space in which mental health is something we build and sustain together as a community and break down the pain, shame and isolation that mental ill health often leaves in its wake.

Mental health is not just something we have or sustain on our own; it is something we need each other for and can create together. Being caring and intentional in our relationships is a powerful step we can all take to fight back the darkness of mental illness and be a community that owns collectively the responsibility for contributing to each other’s mental wellbeing and health.

References


How parents can help their child cope with disaster related news coverage

The Australian National University’s Trauma and Grief Network says parents and carers can help young people to cope with media coverage after a disaster by:

• Limiting the amount of disaster-related media coverage children and young people are able to watch
• Being with them when they are seeing or reading stories so you can talk to them about their fears and answer any questions
• Distracting your child from coverage by doing something with them – heading outdoors for a game, playing a game or watching something else on TV
• Reminding them that there are plenty of good things happening, but these often don’t make the news
• Helping them to feel safe, answering any questions they have
• Providing comfort and affection if they are upset

For more information, visit Trauma and Grief Network’s website (www.tgn.anu.edu.au) ad click on their ‘disasters’ icon.

10 tips to help you stay mentally healthy

1. Reach out and help others
2. See the funny side of life
3. Learn something new
4. Catch up with friends
5. Have an early night
6. Organise your day
7. Ask for some help
8. Take time out
9. Go for a walk
10. Eat healthy
Feature story: A family’s fight against anorexia

Our 10-year-old daughter Sarah first started showing signs of an eating disorder eight months ago.

Sarah was a fit and healthy young girl who enjoyed dancing, swimming and netball. As a family we enjoy an active, healthy lifestyle, which includes a love of great food. We all generally follow a healthy diet which rarely includes fast food, however, like most families we enjoy treats such as chocolates, hot chips and pizza. Sarah in particular always enjoyed her food.

Last year some girls in Sarah’s dancing class began teasing her about her size saying she was ‘fat’, which I knew upset her. At this stage I noticed she stopped having as much afternoon tea, but that was the only change.

During the last two weeks of the school year, Sarah developed pneumonia and lost some weight. Then in the first week of the Christmas holidays she called to me to show me that her clothes were loose – and that for me was one of her first ‘light bulb’ moments when she thought that if I don’t eat much and only really healthy foods, as she had done when she was sick with pneumonia, I will lose weight. From that moment on her eating habits changed.

We always spend the Christmas holidays in Noosa, which includes an ice cream at night as we stroll along Hastings St, and fish and chips on the beach, all of which were Sarah’s favourites, but she just stopped. She wouldn’t want to eat them and when we went to restaurants she agonised to choose what she thought would be the healthiest option.

On our return home, Sarah continued her new obsession with wanting to only eat healthy foods. During the entire Christmas season she did not eat one chocolate, chip or lolly, which was the complete opposite to what she had been like her entire life. Usually, if I offered her a Malteser I would have to stop her eating the bag! So, it was such a shock to me that she could just go ‘cold turkey’.

She did not have one thing that she believed had fat in it, and that is when I started to worry because it was such a drastic change in her behaviour. Sarah had also started to look through recipe books for healthy recipes to cook and eat. However, my husband and I were happy to encourage her desire to cook as we were on holidays and it was an activity to help keep her busy.

At the same time Sarah wanted to be more active around the house. She would want to make everyone’s bed in the morning, do all of the washing up etc. This too was a complete change in behaviour as although she has always been a very good girl, she was lazy around the house and would have to be told to do things. I now know she just wanted to burn kilojoules. At this stage I was starting to feel that overnight I had a completely different child in the house.

By now my husband and I were starting to feel very concerned about her increasingly obsessive behaviour about food, including what she was eating and preparing it all herself. However, we also wondered if we should support her as cooking is an important life skill. Basically, we were starting to question everything because deep down we didn’t believe it was normal behaviour and certainly not for her. That is one of the main factors I have learnt from our experience – a parent knows their child best. You know if something is wrong.

Sarah was back at school and had started to lose a significant amount of weight and at home it was now evident to us that she had a serious problem. We could not get her to eat family meals, even if she had prepared it. We would sit there and demand she eat, but she would just cry.

Sarah has always been such a good girl, never defiant, and you could see the distress on her face at the thought of eating it. It is hard to explain to someone else that you cannot make someone eat, especially your 10 year old child. People would say: ‘just tell her to bloody well eat it.’ We tried that, but it didn’t work, and we could see she had a serious problem.

Continued overleaf
At this stage we knew we just had to get her to eat something, so every meal became a negotiation. We just agreed to the best options she would come up with and what we knew would be enough to keep her living.

By now Sarah would only eat foods she had prepared, using her own utensils, and only ever eating from the one set of crockery and cutlery. She would not use anything she knew had been near oil, sugar or anything she considered ‘fattening’, even if it had been washed.

Other anorexic behaviours also began including watching cooking shows 24-hours a day (if we let her), obsessively counting kilojoules – she would not eat a meal unless she had calculated every morsel on her plate, weighing herself 100 times a day, going to the toilet continuously (we think this was to burn kilojoules as she was not doing anything else), taking hours to eat a meal, cutting her food into very small portions and only eating very small mouthfuls e.g. two grains of rice at a time.

Other behaviours included hiding to avoid meal times, trying to control all food preparation in the house, and endlessly washing her hands to ensure she didn’t have fat on her which could be absorbed into her body. Also of great concern was she would not drink water, or even brush her teeth! In her mind anything she put near her mouth would make her fat. At school we discovered she had been throwing away her lunch and had isolated herself from all of her friends.

For us, one of the most disturbing and significant changes in Sarah was her mood and general behaviour around the house – she was an empty shell devoid of any emotion. We had lost our fun-loving, happy daughter who loved to dance around the house with her younger sister doing cartwheels and hand stands. Her lost relationship with her sister was one of the saddest things for us to endure, along with the obvious implications of the anorexia.

Her sister, Jessica, is just 21 months younger then Sarah and they have always been so close, inseparable from the moment they woke up each day. However, this year Sarah would have nothing to do with Jessica other than to scowl at her, and as parents this was also very hard to watch as Jessica was too young to really understand what was happening.

We knew Jessica’s life was also falling apart as our time at home after work was spent trying to get Sarah to eat, get homework done, and other normal household chores. Jessica was not getting the attention she needed from her parents or her sister.

Both my husband and I have professional jobs that are quite stressful, so this, combined with the strain Sarah’s anorexia was causing at home, was beginning to make life overwhelming. At times I did not think we could go on. In terms of professional help, which we knew we needed, the first person we contacted was our local GP.

I already believed Sarah had developed anorexia. I didn’t know the exact details of the disease, but I had read enough in women’s magazines over the years to recognise the symptoms. Our GP also believed she had an eating disorder and suggested we see the local paediatrician, however, we could not get into see him for five weeks. We were distraught as we were watching her health get worse daily - we were not winning the battle at home and we needed help now!

The GP put us in contact with a dietician and psychologist. We also made contact with Eating Disorders Australia who were fantastic as they suggested research books for us to read, which helped us to get a better understanding of the disease and the best ways to treat it. They also suggested we attend a seminar in Brisbane for carers of children with anorexia, which was of great benefit to us. I strongly urge any family in our situation to research as much as you can about the disease and its treatment.

The dietician and psychologist we saw initially were not of great benefit. We have learnt that you need to see experts who specialise in eating disorders. You do not have time to waste with anyone else as the disease is life-threatening.

Once we saw the paediatrician things started to move more quickly. Sarah had lost 14 kgs in 12 weeks by now, which is a lot for a 10 year girl who was not ‘fat’ to begin with.

Her physical transformation was also heart-breaking. I remember the day we were packing her bag for school camp and I was trying to find old clothes to fit her as her own were too big. I eventually found old clothes she had not worn in years that were small enough to fit her – it was one of the first times I just broke down and sobbed in front of her because to me she just seemed skin and bone.

Continued overleaf
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Our paediatrician then set us up with the Mental Health Unit at the local hospital that specialise in eating disorders. From my first phone call with them I started to feel hope! I was finally talking to people who were speaking the eating disorder language I had read during my research. I finally felt we were getting somewhere with people who knew what they were doing. Up until now I felt we were getting nowhere with the specialists we were seeing as nothing was happening, nothing was changing – Sarah was just getting worse.

We began regular visits with the hospital staff and our paediatrician. It was decided Sarah had to stop all physical exercise as her pulse rate was dropping and all the kilojoules she consumed had to be for her internal body functions. We were trying to keep her life going along as normally as possible and to avoid her going into hospital. In our case it was very lucky that I am a teacher at Sarah’s school, so I was there to feed her during break times, but it did cause me great stress at work.

Eventually, the hospital suggested the best thing for Sarah was to go to the Lady Cilento Children’s Hospital in Brisbane as they have a specialised program for children with anorexia. The next day we were in Brisbane and began the four-week journey that has saved her life.

The program was brilliant for Sarah. She has gained eight kgs, developed strategies to help deal with the anorexia, and most importantly, we have our daughter back and Jessica has her sister. The real Sarah is back! The journey in hospital was not easy and it’s still not easy. Sarah has good days and bad days – far more good than bad! However, we all now have strategies to help us move forward.

As parents you feel so many emotions when you have a child with an eating disorder, particularly as the mother of a daughter. I felt I must have failed as a role model. I think I replayed in my mind every conversation I have ever had with her since she was born. It feels like there are so many pressures concerning body image with children, you worry about obesity, and then you don’t want them to worry about thinking they have to be perfect.

At first I was in shock – I could not believe this was happening to our perfect little family, especially as Sarah was only 10 years old. I didn’t know what to do to fix it - mental health issues are not easy to talk about with people. I was just so scared about everything. Would our lives going to be like this forever? Would she die? Will she suffer with it for the rest of her life? It was not the life I wanted for her. Would we ever go on holiday as a family again? Would she ever enjoy eating again?

When you’re living the worst of it you feel like life will never be the same again. Also, I think because she was so young, still very much in our care and we could not fix it at home, I felt so lost.

My advice would be that you need to act fast. You need to get help from professionals who specialise in the treatment of eating disorders. I don’t believe we could have ever helped Sarah recover without professional help. It is important to have a strong support network of family and friends. Also, the disease did put a huge strain on my relationship with my husband as we were questioning everything each other did, however, you have to stick together and support each other to have any chance of fighting the fight.

Anorexia is a disease that has a devastating effect on the family unit, but it can be beaten. I can’t believe where we are after just 10 weeks of treatment.

By a mother of a 10-year-old girl

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**Eating disorder websites and organisations**

**Eating Disorders Association Inc Qld**

The Eating Disorders Association Inc (Qld) is a non-profit organization funded by Queensland Health, to provide information, support, referrals and support group services for all people affected by eating disorders in the state of Queensland, Australia.

The EDA also provides tailored workshops for positive body image and eating disorders to schools, universities, health professionals and the community.

Phone: 07 3394 3661 or 1300 550 236
Helping children cope with traumatic media coverage

Many of us feel distressed by rolling media coverage of frightening events, such as disasters or random acts of violence. But traumatic news stories can leave children feeling particularly stressed and anxious. Children’s Health Queensland has added information for parents/carers to their Facebook page to assist in having conversations with children and young people about the recent terrorism in Paris. The full article can be viewed at http://www.abc.net.au/health/thepulse/stories/2014/07/22/4050435.htm

Ed-LinQ program supporting children and young people

One in four Australian children and young people will experience mental illness in any one year, yet only a quarter of these will receive any professional assistance for their difficulties.

It is widely acknowledged that school environments play an important role in supporting the social and emotional wellbeing of Queensland school students. Teachers are often the first port of call for young people experiencing psychological difficulties and tend to be one of the first groups outside of family to notice problems. Increasingly, teachers and student support staff are providing a crucial role in the early detection and support of children and young people with emerging mental illness.

In 2011, the Queensland Ed-LinQ initiative was established to help the education community identify and access support for students who are showing signs of emerging mental illness.

There are currently 12 Ed-LinQ Coordinators employed by CYMHS across the state, with two full-time positions based within CHQ. This local staffing ratio is due to the high number of children and young people attending approximately 200 schools (i.e. State, Catholic and Independent) in the Brisbane metropolitan area.

The CHQ HHS Ed-LinQ program aims to improve the partnership between CYMHS, primary care (e.g. GPs), school communities and other mental health services (e.g. Headspace) to assist prevention, early detection, support and access to referral pathways for school-aged children and young people experiencing mental health problems.

To achieve this, the key roles of the Ed-LinQ program are to:

- develop and maintain partnerships to encourage collaboration between agencies (e.g. regular meetings with key stakeholders)
- increase the knowledge, skills and understanding of staff regarding mental health and mental illness in children and young people (e.g. providing professional development)
- provide clinical guidance to assist clear referral pathways and shared models of care (e.g. consultation regarding appropriate and accessible early intervention for emerging child and youth mental illness).

The relationship between health and education is well established. Healthy children are better able to learn and higher educational achievement is strongly linked with better health.

Ed-LinQ Coordinators work in partnership with initiatives aimed at supporting whole school approaches to promote student mental health and wellbeing. These include Kids Matter and MindMatters.

KidsMatter

A mental health and wellbeing framework for primary schools which provides proven methods, tools and support to help schools work with parents and carers, health services and the wider community, to nurture happy, balanced kids. Visit their website to register for newsletter updates www.kidsmatter.edu.au/primary/news/newsletter

MindMatters

A mental health initiative for secondary schools that provides structure, guidance and support while enabling schools to build their own mental health strategy to suit their unique circumstances. MindMatters provides school staff with professional learning that includes online resources, face-to-face events, webinars and support. All content has been informed by strong evidence in the area of school mental health and wellbeing. The use of MindMatters’ resources has mental health benefits for the entire school community – including students, families and school staff. See their website for further details www.mindmatters.edu.au

If you have any queries about the Ed-LinQ program, please feel free to contact the senior Ed-LinQ coordinators, Helen Rigby or Claire Rabaa, on 3310 9444 or email CHQ-CYMHS-Ed-LinQ@health.qld.gov.au
Aboriginal and Torres Strait Islander young peoples’ social and emotional wellbeing

Many Aboriginal and Torres Strait Islander young people experience life circumstances that seriously challenge their social and emotional wellbeing and limit their capacity to fulfil their life potential.

This causes visible disparities across most measures of health, education, employment and involvement in the justice system. Within this space there are many programs that help young Aboriginal and Torres Strait Islander people build their strength and resilience by discovering their creativity, capability, leadership potential and achievement.

Attempts have been made to articulate the factors that are critical to achieving success, sustainability and the growth of promotion, prevention, early intervention and treatment/support services and programs to support the social and emotional wellbeing of Aboriginal and Torres Strait Islander young people.

The Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) recognised the need to become better informed about how policy can support good practice – what works – to promote the social and emotional wellbeing (SEWB) of Aboriginal and Torres Strait Islander youth.

SEWB programs are part of ‘Closing the Gap’ and other specific policy efforts. There are some outstanding examples of strong, resourceful and resilient Indigenous youth SEWB programs operating throughout remote and non-remote Australia (the link to a Rockhampton example of a funded Indigenous service providing SEWB to young people is: www.darumbal.org.au/programs-3)

Effective programs have been shared across these national programs, particularly in providing young people with rich and flexible opportunities for discovering and celebrating their Aboriginality, transformative relationships that involve mentoring, peer connection and role and leadership modelling, and a space that is safe for healing, creativity, enjoyment and goal setting.

SEWB incorporates a wide range of both individual and environmental dimensions, as recognised in Bronfenbrenner’s ecological approach to child development.

Research and national projects and programs that relate to SEWB for Aboriginal and Torres Strait Islander peoples’ can be found at www.healthinfonet.ecu.edu.au/other-health-conditions/mental-health/programs-and-projects

The national programs provide a passage for many young people from social and emotional turmoil and a feeling of failure into a very different and positive way of seeing themselves and their potential as they engage more effectively with opportunities in their lives.

In summary, national Indigenous youth social and emotional wellbeing programs need strong and consistent policy, management and resource support to ensure ongoing viability.

Cindy Sinclair (pictured) Aboriginal and Torres Strait Islander Service Integration Coordinator for CYMHS Central Clinical Cluster.

Useful websites

Queensland Health Aboriginal and Torres Strait Islander branch: qheps.health.qld.gov.au/atsihb/home.htm

Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS): www.aiatsis.gov.au


Torres Strait Regional Authority: www.tsra.gov.au/

University of Queensland Aboriginal and Torres Strait Islander Studies Unit: www.uq.edu.au/ATSIS/index.html

Aboriginal Studies WWW Virtual Library: www.ciolek.com/WWWVL-Aboriginal.html

The Lowitja Institute www.lowitja.org.au/litsearc

Deadly Eyes Video:youtu.be/gd6CyPjIcz8
Cultural concepts of wellbeing and mental health

Our concept of what constitutes emotional wellbeing and the definition of mental health depends very much on the social fabric and culture in which we are raised.

History, societal structure, cultural norms and values differ greatly across the globe; therefore it is of no surprise that we have co-existing concepts of mental health and mental illness, which can be diverse at their core.

We don’t have to leave Australia to meet such diversity. The concept of emotional wellbeing of the First Nation People is based on a collective social construct with a holistic view of health. On the other hand, the western concept of emotional wellbeing, which is informing the mainstream mental health system, is based on a bio-psycho-social model of the individual.

The term mental health comes more from an illness or clinical perspective with a focus on the individual and their level of functioning. The emotional wellbeing of the First Nation People is broader and recognises the importance of connection to land, culture, spirituality, ancestry, family and community and how these affect the individual.

The First Nation People and culturally diverse migrant and refugee population is challenging the western informed mainstream mental health services with multiple concepts of emotional wellbeing, mental health, mental illness, the way to seek help or not, and choice of treatment.

For example, the Polynesian concept of emotional wellness and mental illness differs distinctly from the western and is not easily understood by the ‘western mind.’

The Pacific Island nations have multiple definitions for wellbeing and mental health in accordance to societal protocol of each individual Pacific Island nation. However, a common holistic understanding of the self, in close relation to the social environment and spiritual reality, is the foundation of all the Pacific Island nations. Spirituality is integral to cultural understanding of self, the relation to others and inseparable from the concept of mental health and mental illness.

Tongan Community Leader: We are mind and spiritual beings; we have to see it as a whole. If we target just one we will fail and I would be concerned about our spiritual beings. That is what makes us human beings.

Tongan Father: If the mind or the physical will be seen more, it is not good. I believe that we need to see both.

The Samoan and Tongan language does not include words that translate directly into ‘mental illness’. Mental health problems are not seen as separate, but considered in relation to the overall wellbeing of the body, soul and spirit and strongly connected to kinship and community.

The complexity of culture has a profound influence on the explanation of emotional wellbeing and concept of mental health and mental illness. Beside solid multicultural service policies, the importance to stay curious, continue to ask questions and foster genuine interest will support the mainstream mental health services in the attempt to offer a culturally responsive service and transparent treatment.

Ulrike Krauss
Multicultural Mental Health Coordinator

1 Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples, Australian Institute of Health and Welfare, Canberra, January 2009
2 Social Health Reference Group. A national strategic framework for Aboriginal and Torres Strait Islander peoples’ mental health and social and emotional wellbeing, Canberra 2009
3 Spiritual Injury. A Samoan Perspective on Spirituality’s Impact on Mental Health, Lui D, University of Hawaii 2007
5 Relationship between health and cultural in Polynesia, CapstickS, NorrisP, Sopoaga F, Tobata W, -Review, New Zealand, 2009

Children’s Health Queensland Child and Youth Mental Health Service would like to wish all patients, families, carers and staff a safe and happy festive season

If you’re looking for ideas on what to do with the kids over the festive season, there are a range of free events listed on the visit brisbane website www.visitbrisbane.com.au/christmas?sc_lang=en-au
**CYMHS Parent Carer Advisory Group**

The Parent Carer Advisory Group met in August and September.

Some meeting time has involved learning about the many different arms of the service and to allow the members to meet key people in the organisation, such as program managers.

Participating in committees requires that all members have sufficient information to understand the issues that are raised, so at each meeting this year a conscious effort has been made to introduce the parents to the staff so they can ask questions and discuss ways to increase their involvement.

Each semester a new rotation of doctors take up placements in CYMHS to further their specialty training in psychiatry.

One of the parents volunteered to be part of the training provided to the registrars, as it is very important they hear first-hand how it feels for families coming to seek help for their child. This allows us to describe the emotions we feel as parents/carers and what are the most helpful ways services can assist us.

Feedback from the registrars consistently rates this session as one of the most valuable they receive.

**Children of Parents who have a Mental Illness (COPMI)**

Being a parent is not always easy and when a parent is coping with anxiety, depression or other mental health problems the task can be more difficult.

At CYMHS we are very fortunate to have COPMI coordinators who support families to better manage tough days.

Learning how to talk to children about a relative’s mental illness can help them understand why certain behaviours occur. It prevents children from becoming overly anxious themselves.

The COPMI website is a wonderful place to begin www.copmi.net.au

If mental illness of a family member is causing concern, speak to your CYMHS clinician, or for information on COPMI interventions contact the program coordinators Maggie Wilson and Rebecca Reuter by phone on 07 3310 9444 and 07 3310 9460 or by email CHQ-CYMHS-COPMI@health.qld.gov.au

Throughout the year groups like Kidz Club and KAP are available for children and adolescents of a parent with a mental illness to come together. It is a safe environment where much can be gained by discussion with clinicians.

**Kerry Geraghty**

Consumer Care Coordinator

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**Websites**

**Headspace**

Going through a tough time? Headspace can help with whatever you are going through. www.headspace.org.au

**Black Dog Institute**

The Black Dog Institute is a not-for-profit organisation and world leader in the diagnosis, treatment and prevention of mood disorders such as depression and bipolar disorder. www.blackdoginstitute.org.au

**Youth Beyond Blue**

This is Beyond Blue’s dedicated site for youth containing information, resources and support for young people dealing with depression and/or anxiety. www.youthbeyondblue.com

**Reachout**

Reachout is a youth mental health website covering issues such as alcohol use, making friends, mental wellbeing, cybersafety and dealing with tough times. www.reachout.com.au

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**Finding family facilities at the Lady Cilento Children’s Hospital**

If you are visiting Lady Cilento Children’s Hospital (LCCH) you might appreciate knowing where to find family facilities and spaces.

**Inpatient family lounges** are on levels 5, 8, 9, 11 and 12.

**Coffee carts and food outlets** are on levels 1 and 2.
The Ronald McDonald Family Room on Level 6 also has free coffee and biscuits.

On Level 2, the **Family Resource Centre** has computers available for parents to use (pictured right).

**Public gardens** and quiet spaces, away from the business of the hospital, are on several levels including Level 5.

To help find your way around the Lady Cilento Children’s Hospital, please visit: www.childrens.health.qld.gov.au/home/lcch/patients-families-visitors/finding-way-around
Useful contacts

Carer organisations

**Aftercare**
07 3435 2600
Aftercare is a non-government organisation that delivers a range of services aimed at supporting the wellbeing of family and friends of people with a mental health concern.
182 Logan Road Woolloongabba.
www.aftercare.com.au

**Arafmi Queensland**
Arafmi Queensland provides support for carers, families and friends of people with mental health issues. It offers 24-hour telephone support, counselling, family respite, support group meetings and workshops for carers on a range of topics. Monthly Mental Health Carer workshops address a broad range of issues including carer coping skills, understanding and supporting recovery, setting boundaries and communication are held in New Farm or other locations.

**Coping Skills for Carers**: 9:30am-1pm
**Monday, 21 December 2015**
A workshop designed to look at a broad range of issues that mental health carers confront such as communicating with someone who is unwell, providing support to someone with a mental health issue, coping with situations and understanding the symptoms of mental illnesses. For more information, location and registration please call Arafmi on 3254 1881 or email: carereducation@arafmiqld.org
www.arafmiqld.org

**Carers Queensland**
1800 242 636
Carers Queensland advocates for carers' rights and provides support services including:
- the Carers Advisory Service, which provides specialist information and referral advice
- face-to-face counselling for carers through the National Carer Counselling Program free of charge
- the Young Carers Program
- carer support groups in your area and carer education and training.

**Eating disorder organisations**

**Eating Disorders Association Inc**
07 3394 3661 or 1300 550 236
The Eating Disorders Association Inc (Qld) is a non-profit organisation funded by Queensland Health to provide information, support, referrals and support group services for all people affected by eating disorders in Queensland. The EDA also provides tailored workshops for positive body image and eating disorders to schools, universities, health professionals and the community.
12 Chatsworth Rd Greenslopes 4120
www.eda.org.au

**National Eating Disorders Collaboration**
The National Eating Disorders Collaboration (NEDC) brings research, expertise and evidence from leaders in the field together in one place. It’s a one stop portal to make eating disorders information a lot more accessible for everyone. NEDC provides resources for families, carers, teachers and health professionals.
www.nedc.com.au

**Foster Carers**
Foster Care Queensland is an organisation for Foster and Kinship Carers and the children and young people for whom they care.
www.fcq.com.au

**Kyabra Community Association**
Offers information, forums, and help for families supporting a person with a mental health difficulty. Workshops, sharing recovery forums and mental health first aid for young people occurs several times during the year.
www.kyabra.org

**My Time**
My Time provides support for mothers, fathers, grandparents and anyone caring for a child with a disability or chronic illness. Visit their website for useful information and links to helpful organisations for those who have a parenting role.
www.mytime.net.au

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Thank you to everyone who has contributed great articles, stories and photos.
Contributions are welcome from parents, families and staff. Please call or email for further information.
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Margaret.Hoyland@health.qld.gov.au CYMHS Clinical Quality and Safety Manager 07 3310 9499
Maria.Lovely@health.qld.gov.au Consumer Carer Consultant CYMHS 07 3310 9495 or email CHQ-CYMHS-CCP@health.qld.gov.au