



ConnectGroups
helping support groups & individuals

BUILDING THE MENTAL HEALTH CAPABILITY OF PEER SUPPORT GROUPS IN WA

ConnectGroups Support Groups Association WA

2021





We acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of our State and its waters. We wish to pay our respects to Elders both past and present and extend this to all Aboriginal and Torres Strait Islander peoples seeing this message. We also acknowledge the adverse effects of colonisation. This includes the destruction and breakdown of culture, experiences of racism, and impacts of government policies, such as the Stolen Generations. Having a comprehensive understanding of our history provides the rationale as to why improving the health and wellbeing of Aboriginal and Torres Strait Islander people is important, and needs to be considered in all aspects of the design and delivery of health services.¹

¹ The Social, Cultural and Historical Context of Aboriginal and Torres Strait Islander Australians, In Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice, ed. Purdie, N, Dudgeon, P & Walker, R, pp. 25-42, ACT: Commonwealth of Australia.

We acknowledge the individual and collective expertise of those with a living or lived experience of mental health and / or alcohol and other drug issues. We recognise their vital contribution at all levels and value the courage of those who share this unique perspective for the purpose of learning and growing together to achieve better outcomes for all.

About this resource

This booklet has been developed to support and educate peer Support Groups which do not typically operate within the mental health space with the knowledge and basic skills to support their members or individuals within the wider community experiencing distress. The information contained within the booklet will build the capability of Groups to respond to others in distress effectively, safely and with confidence.

ConnectGroups thanks AustraliaPost for its support and Margaret Doherty from Mental Health Matters 2 whose experience and commitment to the development of this resource is acknowledged with gratitude.



TOPICS COVERED

Contents

Introduction	4
Why is there a need to respond?	5
Some facts and figures about mental health and alcohol and other drug use.....	5
Busting common myths around mental health!.....	6
What to do - how best to respond	7
Understanding mental health recovery.....	7
Language – what to say, what to avoid.....	10
Communication Tips.....	11
Helpful Responses.....	13
Where to get help	14
Navigating the mental health system.....	14
Who can help?	15
How to grow your knowledge	17



Introduction

Good mental health involves having the ability to navigate life experiences in a reasonably robust way. It's human to experience a range of emotions such as sadness, joy, loneliness, disappointment, satisfaction, fear and anxiety. Anyone can experience times of distress where they need support, particularly at time of greater stress such as during quarantine, lockdown, social isolation, bushfires or other natural disasters.

When feelings or responses interfere with our ability to lead the life we want to lead, it's a good idea to seek out additional help. Living with and recovery from mental health challenges is a deeply personal journey which is more likely to be successful if people have kind and competent supports. These supports may include family members and friends; peers (others who have had similar experiences); community groups and services (self-help and peer Support Groups; recovery workers who work in community managed organisations) and clinical (GP, nurse, counsellor, psychologist, occupational therapist, psychiatrist).

Good mental health and health in general is more than the absence or management of illness or symptoms. It is a holistic concept that includes physical, social, emotional, cultural and spiritual wellbeing, for both the individual and the family and community. This concept is especially relevant in Aboriginal and Torres Strait Islander communities who refer to 'social and emotional wellbeing' rather than mental health and for whom connection to culture is key to maintaining wellbeing.

There is increasing awareness of the prevalence of mental health in our community. Most of us have read the statistic that 1 in 5 Australians aged 16 to 85 years will experience mental health issues in any given year. People in under-represented or marginalised groups are particularly susceptible to mental health challenges. These include people of Aboriginal or Torres Strait Islander descent; individuals who identify within lesbian, gay, bisexual, transgender, intersex, queer (LGBTIQ+) communities; people experiencing homelessness; people with chronic physical health conditions; refugees, carers and people or communities who have experienced trauma or natural disasters.

Research shows that stigma around mental distress or problems with alcohol or other drug use stops people getting and receiving the support and treatment they need. One way to effectively address stigma in our community is to create accessible, safe, welcoming and non-judgemental environments in which people can come together and speak freely about what's happening for them, including about their mental health. Community and peer Support Groups are valuable places of connection where people come together out of shared interests. These groups can be powerful places of hope, acceptance and support for people experiencing distress.

This resource is aimed at supporting the people running community peer Support Groups to be more informed and confident around responding to people in distress who may attend your groups.

The resource provides information about mental health; offers contemporary language and understandings; suggests some helpful ways to respond and provides a listing of resources for further information. We hope it's of help!

Why is there a need to respond?

Some facts and figures about mental health and alcohol and other drug use

People from all backgrounds and walks-of-life experience mental health challenges however, people from some communities may be more vulnerable than others. Some people may have a diagnosis of mental illness and be accessing care from a health professional. Others may experience general feelings of mental or emotional distress and seek help from family, friends or through an online or face-to-face peer Support Group or service. The experience of mental health challenges for individuals and the impact on their families and supporters may be anywhere from mild to severe, may be short term or persist over a longer term and may fluctuate.

WE KNOW THAT:

- *1 in 5 Australians experience mental health issues each year.*
- *3 million Australians are living with anxiety or depression.*
- *Suicide is the leading cause of death among Australians aged between 15 and 44.*
- *16% of Australians misuse pharmaceuticals or use illicit drugs.*
- *Of those Australians who drink, over 37% do so at risky levels.*
- *More than 1 in 5 (22%) of emergency department patients in WA in 2019 were there in relation to alcohol.*
- *LGBTIQ+ young people aged 16-27 are nearly twice as likely as the general population to engage in self-injury and are 5 times more likely to attempt suicide in their lifetime.*
- *Transgender people over 18 are 6.5 times more likely to engage in self-injury and are nearly 11 times more likely to attempt suicide in their lifetime.*
- *32.6% of LGBTIQ+ people aged 16 to 27 who had not used a crisis support service during their most recent personal or mental health crisis indicated that their decision was due to anticipated discrimination.*
- *66% of Indigenous Australian adults reported 'low or moderate' levels of psychological distress while 31% reported 'high' or 'very high' levels.*
- *The rate of Indigenous Australians reporting 'high or very high' levels of psychological distress was 2.3 times the rate for non-indigenous Australians.*

Busting common myths around Mental Health

It's easy to get confused and overwhelmed given the plethora of information that's now available around mental health. Dr Google is rarely a good place to seek health information in general! Unfortunately, some information and media reporting around mental health and alcohol and other drug use can be inaccurate and serves only to strengthen some long-standing myths and stereotypes. This is not only unhelpful - it can be harmful as we know that stereotyping leads to stigma and discrimination. Stigma and discrimination stop people seeking or receiving the help they need.

Myth: People with depression are lazy and just need to 'pull themselves together':

Busted: People living with depression report that it robs them of energy and joy and may leave them feeling flat, low in motivation and energy which makes it difficult for them to engage with others. This is different to just having a bad day or an occasional low mood. Depression may also be linked to a specific experience or event, such as post-natal depression.

Myth: People with a diagnosis of schizophrenia are violent. This is a stereotype which is often reinforced in movies and in attention-grabbing headlines.

Busted: Research shows that people with a diagnosis of schizophrenia are more likely to be victims of violence, rather than perpetrators.

Myth: People with a diagnosis of ObsessiveCompulsive Disorder (OCD) are just extremely neat and have a need to be overly-organised.

Busted: People with OCD experience a range of distressing thoughts, images or urges (obsessions) and try to relieve their distress by engaging in patterns of behaviours or rituals (compulsions). These rituals and patterns can become really disruptive in people's lives and actually increase their distress.

Myth: People with a diagnosis of Borderline Personality Disorder are manipulative and attention-seeking.

Busted: People with a diagnosis of BPD may be seeking connection and using the skills and strategies they've learned over time to get their needs met.

Myth: Post Traumatic Stress Disorder only affects people who have had experiences of sexual abuse or assault or have been in war/conflict situations.

Busted: People who have experienced or witnessed serious and consistent harm are more likely to develop PTSD. In Australia, serious car accidents are the main cause of PTSD.

Myth: Only certain types of people become mentally ill.

Busted: Mental and emotional distress are common human experiences which can affect anyone, particularly at times of greater stress in someone's life or in their family or community.

For more myths and myth busters, check out Sane Australia - Facts and Myths about specific disorders:

www.sane.org/information-stories/facts-and-guides/fvm-specific-disorders

What to do - how best to respond

Understanding mental health recovery

When we think of recovery in health, we often think about a person being restored to a previous state of health or wellbeing. Recovery in mental health acknowledges that people may continue to experience what may be considered 'symptoms' of illness or distress and are still able to continue to be meaningfully involved in the community. This includes actively participating in groups or with volunteer or paid employment. These 'symptoms' of illness may include having a poor appetite, low moods, wanting to withdraw and self-isolate; low energy levels and motivation or the opposite – periods of sustained high activity and output.

Distress can be caused by a number of factors including financial hardship or poverty; poor or compromised physical health; relationship breakdown or issues with friends or family; system racism; loneliness or isolation; discrimination; homelessness or insecure housing, lack of access to or ability to maintain work or study. The more of these factors a person is experiencing, the more likely they are to experience higher levels of distress, particularly if they're not receiving supports that work for them .

Situational Distress at an individual level describes when a person's coping mechanisms are affected due to their circumstances, in the absence of a mental health condition or diagnosis. Loss of a job or serious physical injury are examples of life events which may cause situational distress. It is important to note that feelings of helplessness, anxiety, anger and confusion are natural responses to situational distress. The distress may also manifest physically such as with increased pain, headaches, shaking/trembling and crying. Situational distress may arise in a community which has experienced a natural disaster such as a bushfire, flood or drought and will be particularly high where disaster responses have not been prompt and effective. The loss of a key local industry or business could also cause increased distress in a community where many members may be left facing financial hardship and the need to move to a different region for employment with the subsequent loss of local ties and relationships, including cultural connections to country.

The COVID19 pandemic and resulting responses such as lockdowns, isolation - or conversely a need to work on the frontline in an unpredictable environment - is an example of situational distress at a global level. Although the impact of the pandemic has varied from place to place, the rate of people seeking help for their mental health has increased. The pandemic also illustrated the importance of connection, community and acts of kindness as natural balms to increased isolation, distress and anxiety.

“There is no single definition or description of recovery. For the purposes of this framework, recovery is defined as ‘being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues’.”

(National Recovery Framework 2013)

People can and do recover from mental distress and problems with alcohol and other drug use. With the right supports, people can continue their lives, rather than having to step back from work or other commitments. Increasingly, well-known people disclose their experiences with mental ill-health and their challenges with alcohol and other drug use and how they have overcome or manage those challenges.

Some people with diagnoses such as anxiety, depression, schizophrenia, personality and psychotic disorders continue to experience stigma and discrimination which gets in the way of them asking for and receiving the help they need.

Understanding how best to communicate and respond helps to overcome stigma and supports recovery in mental health whether from diagnosed illness or from the distress a person is experiencing.

One framework which helps us understand what's important for recovery in mental health and from life's stressors is that of CHIME.

CHIME stands for:

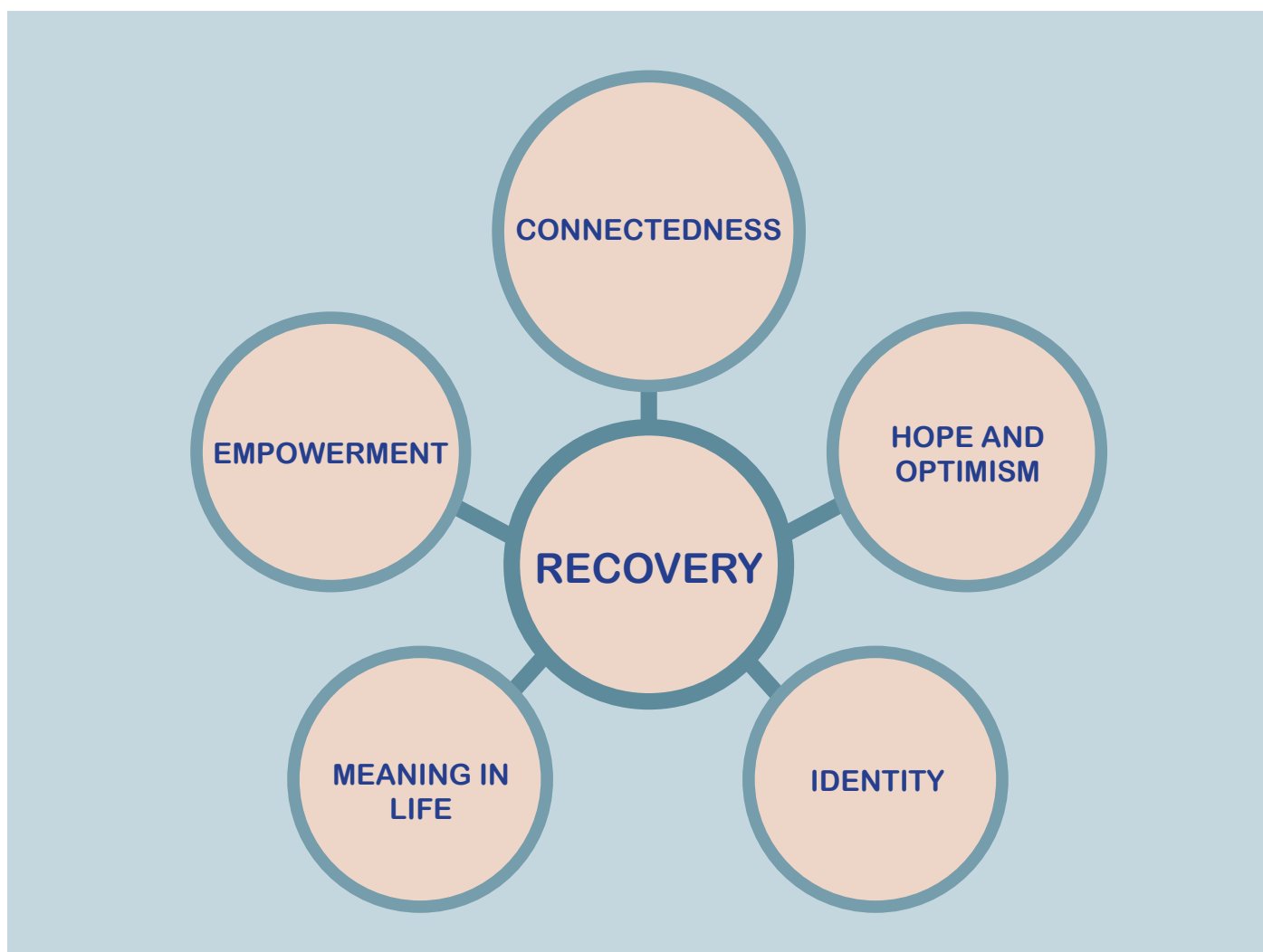
Connectedness,

Hopefulness,

Identify,

Meaning and Purpose,

Education and Empowerment.



Connectedness

People who experience mental distress or problems with alcohol and other drug use speak of the importance of being connected to people by whom they feel accepted and in places in which they feel welcomed and to which they can contribute. People around the world are becoming increasingly aware of the importance of community, particularly during the pandemic when small acts of kindness and thoughtfulness made all the difference to the quality of people's lives and their ability to endure social isolation and hardship.

These communities of choice may be within a school, college, workplace or neighbourhood. They may be with people of a shared interest, identity or cultural background. Increasingly, these connections are made and maintained online. Making and maintaining these connections is a valuable role which Support Groups play.

Hopefulness

Unfortunately, people who experience mental health issues have often been given messages around how their life will be restricted and what they will need to give up in order to stay mentally healthy. A common message is that people may need to be on medication for the rest of their lives and avoid anything that might be considered stressful. Thankfully, we now understand the importance of Hope in healing.

In the words of Dr Pat Deegan, an international consumer leader:

“It is a spirit of hope. Both individually and collectively we have refused to succumb to the images of despair that so often are associated with mental illness. We are a conspiracy of hope and we are pressing back against the strong tide of oppression which for centuries has been the legacy of those of us who are labeled with mental illness. We are refusing to reduce human beings to illnesses. We recognize that within each one of us there is a person and that, as people, we share a common humanity with those who have been diagnosed with mental illness. We are here to witness that people who have been diagnosed with mental illness are not things, are not objects to be acted upon, are not animals or subhuman life forms. We share in the certainty that people labeled with mental illness are first and above all, human beings. Our lives are precious and are of infinite value”.

Identity

It is important that people are seen and related to as more than their diagnosis. This is especially true for people who may experience periods of ill-health where they are admitted to hospital. It is all too easy to begin to feel like a mental health patient if your roles as a helpful daughter, reliable father, skilled employee or trusty volunteer have been lessened or lost because of your mental ill-health. Having people around you who use strengths-based language and who hold optimism for who you are is fundamental to recovery.

Meaning and Purpose

People can be supported to find meaning in their mental health and / or alcohol and other drug challenges and to set their own goals for their lives. It is important that people have choice and control over the meaning they bring to their experiences. Being with peers and hearing from others who have a shared common experience can often help.

Empowerment and Education

We can take for granted the opportunities to make choices and have control in our lives. People with diagnoses of serious mental health issues may have had these choices taken from them. For example, mental health is the only area of health in which a person can be legally detained and treated against their will. Therefore, regaining the opportunity to make meaningful choices and have control is important to recovery.

Sometimes these opportunities have been unconsciously taken from people because of stereotyping around their diagnoses, for example, the myth that people with a diagnosis of schizophrenia are dangerous and unpredictable.

The 'dignity of risk' is a term used in mental health to describe how important it is for a person to have the opportunity to take a chance and get it wrong - something that most of us take for granted and which we recognise is part of learning and growth. Being around people who understand the importance of gaining or regaining power in recovery is critical.

The messages given in and peer Support Groups about the understanding and value of a person's experience and what can be used from these experiences to move ahead in life are solid stepping stones for recovery.

Gathering with others who have or are living with the same challenges and finding ways forward also gives the clear message that recovery is possible.

Language – what to say, what to avoid

“Words are important. The language we use and the stories we tell have great significance to all involved. They carry a sense of hope and possibility or can be associated with a sense of pessimism and low expectations, both of which can influence personal outcomes”.

(Recovery Oriented Language Guide, Mental Health Co-ordinating Council 2018)

The language used to describe people's experiences of mental or emotional distress is varied. It may be referred to as mental health, mental distress, mental health challenges or issues or mental illness. The language used in this resource is 'mental health challenges' which is in line with a normalising and recovery view of mental health.

The words and phrases we use when talking about and describing people can build stories of people with deficits and problems or of people with strength, resilience and hope. A principle of mental health recovery is to view individuals through the lens of what they can do and to hold central the belief that people can and do recover from mental health challenges.

A particularly useful resource about contemporary language in mental health is the 2018 Recovery-oriented Language Guide (2nd Edition). It is available for free download at:

www.mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

DO	DON'T
<p>Do put people first <i>(Sue has a diagnosis of schizophrenia)</i></p>	<p>Don't label people <i>(Sue's a schizophrenic; Joe has depression)</i></p>
<p>Do focus on a person's abilities and strengths <i>(Tom is learning to ask for what he wants/needs...)</i></p>	<p>Don't describe someone through their deficits or diagnosis <i>(Tom is low-functioning; Helen's manic)</i></p>
<p>Do use language of hope and respect <i>(We are learning more every week about how best to work with Laura)</i></p>	<p>Don't assess or judge people through their diagnosis <i>(Laura is paranoid and difficult to engage)</i></p>
<p>Do ask the person how they like to be addressed and what works for them if they become unwell.</p>	<p>Don't presume that other peoples' recounts or reports are accurate. <i>(Check in with the individual – remember health is dynamic and we meet people at different stages of their recovery journey)</i></p>

Communication Tips

We sometimes think that communication is all about what we say. But research has shown that communication is only 7 % verbal and 93 % non-verbal. Body language makes up 55% of non-verbal communication and 38% is communicated through tone of voice. So, it's important before having a conversation with someone to get ourselves into the right frame of mind (and body!). This may mean writing some notes, making sure we're managing our own anxiety or stress and choosing the best mode, for example, by phone, Zoom or in person.

USEFUL TIPS

- *Find a quiet space where the person feels comfortable.*
- *Be approachable and non-judgemental.*
- *Use a calm voice and demeanour.*
- *Be empathic. Use phrases such as I'm sorry you're feeling this way; I'm sorry this has happened to you.*
- *Listen deeply.*
- *Summarise using the language and phrases they have used. Let me see if I understand properly....*
- *Ask open questions (those that can't be answered with a 'yes' or 'no'. "What's worked before when you've felt like this"? "Who would you like to call / involve?"*
- *Reassure them that they can get support and that you will help them to do that "I understand that things are not looking good at the moment. How can I be of help"?*
- *Ask them what they would like to do next and how you can help.*
- *Check if they have a plan for times like these. If yes, ask them to let you know what it is. If not, help them to devise one for the next few hours and bring in extra support, if needed.*
- *Encourage them to contact people on their support network.*

If you feel that it is a crisis situation, ask them who they would like you to call. If they are not in a position to let you know, contact the Mental Health Emergency Response Line (MHERL) for advice.

MHERL is contactable on 1300 555 788 (Metro) or 1800 676 822 (Peel) or Rurallink/Country on 1800 552 002.

Helpful Responses

The old adage of 'sticks and stones may break my bones but words will never hurt me' is simply not true. What we say and how we say it can heal or harm. However, you don't need to have the perfect response when someone shares their story or distress with you. Responding kindly and with empathy will leave a person feeling heard. Remember – they confided in you because they trust you.

If you're not sure how to respond, it's ok to say "I'm not quite sure what to say, how about we work this out together"?

MORE OF THIS!	LESS OF THIS!
Listening and Understanding	Judging or Giving Advice
<ul style="list-style-type: none"> • <i>Ask open questions (how, what...)</i> • <i>Tell me more....</i> • <i>So, how does that work for you?</i> • <i>I don't know much about XX, I'd like to hear more about it.</i> • <i>What's helped in the past?</i> • <i>How have you managed this before?</i> • <i>I'm sorry you've had to deal with X.</i> • <i>Positive short responses:</i> • <i>"Sounds good", "Seems like a good plan"</i> 	<p style="text-align: center;">Avoid saying:</p> <ul style="list-style-type: none"> • <i>That was stupid.</i> • <i>What I think you should do is...</i> • <i>How could you have been so (stupid!)</i> • <i>Did you really think that would work?</i> <p style="text-align: center;">Don't</p> <ul style="list-style-type: none"> • <i>Use unhelpful body language</i> • <i>Laugh at someone</i> • <i>Make jokes at someone's expense ('oh, that's just Jo, she's always depressed')</i> • <i>Shame someone – sometimes this can be wrapped up as humour</i>

Beyond Blue has helpful resources for the 'Accidental Counsellor'. Check them out at:

<https://www.beyondblue.org.au/personal-best/pillar/supporting-others/accidental-counselling-when-someone-confides-in-you>

There are times in all our lives when we need courage and confidence.

Be an encourager!

Encourage: 'to give courage to'

- *Point out where he/she/they are improving / succeeding.*
- *Notice her/his/their strengths or skills. Start the sentence with "I" rather than "You". For example: "I appreciate how patient you are" rather than "You're very patient" which a person might find easier to dismiss.*
- *Remind her/him/them of how far they've come in their recovery.*
- *Help her/him/them to remember their Why and focus on their goals.*

Discourage: 'to cause someone to lose confidence or enthusiasm'

- *Consistently refer to negative events in their past.*
- *Point out why they won't succeed. For example: 'you couldn't do that last time'.*
- *Label them using stigmatising language: 'You're a junkie'; 'You're a psycho'.*
- *Apply the soft bigotry of low expectations – just because a person has a past history or current experience of mental health challenges does not mean that their future is limited to low-level, meaningless activities.*

Where to get help

Navigating the mental health system

The mental health system may seem confusing however, here are some good places to start. Additional information about these options is available at the Mental Health Commission webpage at www.mhc.wa.gov.au/getting-help/.

- **Call a helpline or online support.** Some of the advantages of seeking phone or online help is that you can stay anonymous; get help out of regular work hours and be able to call or log in from home. Not having to travel to a service is particularly helpful if you live in a regional or rural area where services may be limited or if you wish to maintain privacy. Helplines are also generally free to access.
- **Find a peer Support Group.** ConnectGroups has a directory of over 600 peer Support Groups and allied services across Western Australia. Some of these groups meet face-to-face while others are available online. Check out the Directory at: <https://connectgroups.org.au/directory/>.

- **Check out the Mental Health Commission's My Services online directory** at www.myservices.org.au. This helps in navigating the system and finding the right support for your specific mental health, alcohol and other drug issues.
- **Visit your General Practitioner (GP)**. If you don't have a GP and would like to find out more about what services they can offer, check out https://www.healthywa.wa.gov.au/Articles/F_I/GPs. Ask your friends, family, local pharmacy, support group members for recommendations. GPs offer assessment and treatment. They can also provide referrals to other health practitioners such as psychologists and psychiatrists. Some GP practices offer After-Hours GP services.
- **Contact a psychologist directly via the Australian Psychological Society** at <https://www.psychology.org.au/Find-a-Psychologist>. It's ok to call a psychologist and have a chat with them to see if they might be a good match for you and your mental health needs. You may be able to access a psychologist through the Better Access program which offers a limited number of subsidised sessions either face-to-face or via telehealth.
- **Find a psychiatrist through the Royal Australian and New Zealand College of Psychiatrists** at <https://www.yourhealthinmind.org/>. Psychiatrists are medical doctors who have undertaken psychiatry as a speciality. They can offer talking therapies and medication.

In the case of an Emergency, dial 000 or attend your local Emergency Department.

Who can help?

As mentioned previously, help for mental health challenges can be sought from peers, Support Groups, agencies, GPs, psychologists and psychiatrists.

Here are some other helpful contacts. Some are available online, by phone or via telehealth.

Lived Experience / Peer-led for individuals, families and supporters:

Wellways Helpline: A peer-led national helpline staffed by trained volunteers with personal experience of mental health issues. Mental health information, support and referrals, for people experiencing mental health issues and their family and friends 1300 111 500 (Mon to Fri: 9am – 9pmEST) www.wellways.org/helpline

SANE Lived Experience Forums:

For individuals: www.saneforums.org/t5/Lived-Experience-Forum/ct-p/lived-experience-forum

For friends, families, carers: www.saneforums.org/t5/Friends-Family-Carers-Forum/ct-p/carers-forum

Families 4 Families WA: F4FWA is a peer-Support-plus Group for family members and friends supporting someone with mental health issues and problems with alcohol and other drug use and possible involvement with police, courts or prison. www.mentalhealthmatters2.com.au

Young People:

ehespace: 1800 650 890 (7 days: 9am – 12:30am EST). Telephone and web chat www.headspace.org.au (details of local headspace centres)

Kids Helpline: Free qualified counselling service for kids and young people aged five to 25 1800 551 800 (24/7) www.kidshelpline.com.au

ReachOut: ReachOut.com helps under 25s with everyday questions through to tough times. www.reachout.com

Men:

MensLine Australia: Support and information for Australian men with family and relationship concerns emergency 1300 78 99 78 (24/7) www.mensline.org.au

Alcohol and other Drug Support Lines:

Alcohol and Drug Support Line: 08 9442 5000 or 1800 198 024 (Country Toll Free)

Parent and Family Drug Support Line: 08 9442 5050 or 1800 653 203 (Country Toll Free)

LGBTIQ+:

Transfolk of WA: A support service for transgender people and their loved ones in WA. www.transfolkofwa.org

Minus 18: Resources and guidance for LGBTIQ young people in Australia. www.minus18.org.au

Qlife: Australia-wide anonymous and free LGBTIQ peer support for people wanting to talk about sexuality, identity, gender, bodies, feelings or relationships. Call 1800 184 527 or webpage 3pm – 12am AEST. www qlife.org.au

PFLAG WA: For parents, family and friends of lesbians and gays in WA. Phone: 0404 594 699. www.pflagwa.org.au

Black Rainbow: National Aboriginal and Torres Strait Islander Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Sistergirl and Brotherboy (LGBQTI+SB) organisation in the pursuit of positive health and wellbeing for Aboriginal and Torres Strait Islander LGBQTI+SB. www.blackrainbow.org.au

Intersex Peer Support: An intersex peer support, information and advocacy group for people born with variations in sex characteristics. www.isupport.org.au

Living Proud: Provides support for LGBTIQ people in WA. (08) 9486 9855. www.livingproud.org.au

The Freedom Centre: provides safe social spaces, peer support, information and referral for young gay, lesbian, bisexual, trans, intersex, queer and questioning young people under age 26. (08) 9228 0354. www.freedom.org.au

General:

Lifeline WA: 13 11 14 **Beyondblue:** 1300 224 636

The Samaritans Crisis Line: Main line: 08 9381 5555; Youth Line 08 9388 2500 or Country Toll Free on 1800 198 313

HealthDirect: General information and advice. 1800 022 222

Carer Gateway: Support and services Monday to Friday 8am – 5pm. 1800 422 737

ConnectGroups: Referral pathway to Peer Support Groups Monday to Friday 8.00am-4.00pm. 08 036 469 or via the online directory www.connectgroups.org.au

How to grow your knowledge

References and Resources

Some of these documents have been referred to in this booklet. Others are helpful references and resources if you would like to learn more about mental health and alcohol and other drug use. They are listed in alphabetical order.

Australian Bureau of Statistics 2007 National Survey of Mental Health and Wellbeing. www.abs.gov.au/statistics/health/mental-health

Australian Government Department of Health – general information about mental health. https://www.health.gov.au/health-topics/mental-health-and-suicide-prevention/what-were-doing-about-mental-health?utm_source=health.gov.au&utm_medium=callout-auto-custom&utm_campaign=digital_transformation

Australian Institute of Health and Wellbeing
www.aihw.gov.au/reports/australias-health/indigenous-health-and-wellbeing

CHIME Framework for personal mental health recovery
Mary Leamy, Victoria Bird, Clair Le Boutillier, Julie Williams and Mike Slade
www.scottishrecovery.net/wp-content/uploads/2016/10/Conceptual_framework_CHIME.pdf

Head to Health
What you should know about mental health conditions and disorders
<https://headtohealth.gov.au/mental-health-difficulties/what-should-you-know-about-mental-health-conditions-and-disorders>

LGBTIQ+ Health Australia
www.lgbtiqhealth.org.au/

Mental Health Commission
Statewide Engagement Framework and Toolkit
<https://www.mhc.wa.gov.au/about-us/consumer-family-and-carer-participation/statewide-engagement-framework-and-toolkit/>

Helping someone in distress
<https://www.mhc.wa.gov.au/media/3061/helping-someone-in-distress-booklet-green-version-2019.pdf>

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Australian Bureau of Statistics

2007 National Survey of Mental Health and Wellbeing. www.abs.gov.au/statistics/health/mental-health

Australian Government Department of Health

General information about mental health.

https://www.health.gov.au/health-topics/mental-health-and-suicide-prevention/what-were-doing-about-mental-health?utm_source=health.gov.au&utm_medium=callout-auto-custom&utm_campaign=digital_transformation

Australian Institute of Health and Wellbeing

www.aihw.gov.au/reports/australias-health/indigenous-health-and-wellbeing

CHIME Framework for personal mental health recovery

Mary Leamy, Victoria Bird, Clair Le Boutillier, Julie Williams and Mike Slade

www.scottishrecovery.net/wp-content/uploads/2016/10/Conceptual_framework_CHIME.pdf

Head to Health

What you should know about mental health conditions and disorders

<https://headtohealth.gov.au/mental-health-difficulties/what-should-you-know-about-mental-health-conditions-and-disorders>

LGBTIQ+ Health Australia

www.lgbtiqhealth.org.au/

Mental Health Commission

Statewide Engagement Framework and Toolkit

<https://www.mhc.wa.gov.au/about-us/consumer-family-and-carer-participation/statewide-engagement-framework-and-toolkit/>

Helping someone in distress

<https://www.mhc.wa.gov.au/media/3061/helping-someone-in-distress-booklet-green-version-2019.pdf>

Mental Health Co-ordinating Council

Recovery-oriented Language Guide (Second Edition)

www.mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

National Recovery Framework

<http://www.coaghealthcouncil.gov.au/Portals/0/National%20Mental%20Health%20Recovery%20Framework%202013-Guide-practitioners%26providers.PDF>

Sane Australia

www.sane.org/information-stories/facts-and-guides/what-is-mental-illness

www.sane.org/information-stories/facts-and-guides/fvm-specific-disorders

Authors

These authors provide contemporary views of mental health, vulnerability and trauma.

Many of them have numerous You Tube clips, TedTalks and podcasts.

Dr Brene Brown (vulnerability researcher, storyteller)

<https://brenebrown.com/>

Embracing Vulnerability (5.55 mins): https://www.youtube.com/watch?v=AO6n9HmG0qM&ab_channel=SoundsTrue

Peter Bullimore (consumer, educator with a focus on paranoia and voice-hearing)

www.recoverymatters.com.au/online-course-on-hearing-voices-and-paranoia-by-peter-bullimore/

Ron Coleman (consumer activist)

www.workingtorecovery.co.uk/ron-colmans-story

Dr Patricia Deegan (consumer activist, psychologist)

<https://www.commongroundprogram.com/>

Dr Eleanor Longden (researcher, educator, consumer)

www.psychosisresearch.com/eleanor-longden/

Dr Joanna Moncrieff (psychiatrist)

www.joannamoncrieff.com



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