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CONSUMER & CARER ADVISORY COUNCIL

# NEWSLETTER

## INSIDE THIS ISSUE :



## About the newsletter

**Welcome to the Final Issue of 2023!**

As we bid farewell to 2023 and welcome 2024, we are thrilled to bring you this final issue of the CCAC Monthly Newsletter of this year. This edition is packed with insightful articles, inspiring stories, and valuable resources dedicated to mental health and well-being. Let's dive in!

As we step into 2024, self-care remains a cornerstone of mental and physical wellbeing. Our comprehensive guide on self-care techniques is tailored to help you rejuvenate and maintain a balanced lifestyle. In our detailed educational segment, we delve deep into Post-Traumatic Stress Disorder (PTSD). This complex condition affects many, yet is often misunderstood. *One Story at a Time* feature this month shares a heartening journey of recovery from PTSD. *Check your Mental Health* page has links from BeyondBlue, to online assessments for anxiety, depression, and general mental health. Our book review this month features the #1 New York Times bestseller, *The Body Keeps the Score*. This influential work offers profound insights into how trauma affects the body and mind, and the path towards healing. It's a must-read for anyone interested in understanding the impacts of trauma and the journey towards recovery.

This month's *From the Media* section highlights some exceptional stories in the field of mental health. Among them is the story of Lisa Scarf, who recently joined GV Health after moving from the Northern Territory. Her journey, titled *Incredibly Rewarding - Chasing a Career in Mental Health*, is an inspiration for anyone looking to make a difference in this field.

As 2023 comes to a close, we extend our heartfelt gratitude and best wishes to our consumers, carers, and mental health staff. Your dedication and efforts make a significant difference in the lives of millions. May 2024 bring you joy, success, and fulfillment in all your endeavours.

**Happy New Year!**

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# NEW YEAR, NEW BEGINNINGS

## Selfcare in 2024

The New Year symbolizes a fresh start, a chance to turn over a new leaf and begin anew with hope and determination. For mental health consumers and carers, this time of the year can serve as a meaningful moment to reflect on past challenges and set intentions for a healthier, more mindful future.

As we step into the New Year, it is essential to recognize that renewal is not just about grand resolutions; it is about embracing small, sustainable changes that promote wellbeing. Practicing mindfulness can be one of these transformative changes. Mindfulness is the quality of being present and fully engaged with whatever we're doing at the moment — free from distraction or judgment, and aware of our thoughts and feelings without getting caught up in them. This practice can help us enjoy life more and understand ourselves better.


For mental health consumers, mindfulness can be particularly beneficial. It can reduce symptoms of anxiety and depression, improve concentration, and provide a tool to cope with the stresses of daily life. By focusing on the present, mindfulness can help break the cycle of rumination that often accompanies mental health challenges.

Carers, too, can find solace in mindfulness, as it can offer a way to remain grounded and calm in the face of caregiving responsibilities. It can enhance the quality of care provided and contribute to a more profound sense of connection with the person they are supporting.

Here are ways both consumers and carers can practice mindfulness and self-care in the New Year:

1. **Start a Mindfulness Routine:** Dedicate a few minutes each day to mindfulness practice. This could be through meditation, deep breathing exercises, or simply sitting quietly and observing your thoughts.

2. **Mindful Eating:** Pay attention to the taste, texture, and sensations of eating. Enjoy your meals without the distraction of TV or devices.

3. **Mindful Walking:** Take a daily walk, even if it's just for five minutes. Notice the sensation of your feet touching the ground, the air on your skin, and the sounds around you.

4. **Journaling:** Keep a journal to reflect on your experiences, thoughts, and feelings. This can be a way to stay grounded and clear-minded.

5. **Gratitude Practice:** Each day, think of three things you are grateful for. Gratitude can shift your mindset from what's lacking to what's abundant.

6. **Set Boundaries:** Learn to say no and set limits. Boundaries are essential for mental health and prevent burnout.

7. **Connect with Nature:** Spend time in nature to help reduce stress and improve mood. Nature can be a powerful ally in mindfulness practice.

8. **Engage in Self-Compassion:** Treat yourself with kindness and understanding, especially when you make mistakes or feel down.

9. **Seek Support:** Remember that it's okay to ask for help. Join support groups, engage with community services, or connect with friends and family.

10. **Embrace Rest:** Ensure you're getting enough sleep and take breaks when needed. Rest is vital for mental and physical health.


As we usher in the New Year, let's also acknowledge the strength it takes to care for our mental health and the mental health of others. It's a commitment that requires courage, effort, and compassion. By incorporating mindfulness into our daily lives, we can face the New Year with a sense of calm, clarity, and readiness to support ourselves and those around us.

Remember, every moment is an opportunity for a new beginning. Let's make each one count by being present, being mindful, and caring for ourselves and each other with kindness and respect. Here's to a mindful and rejuvenating New Year!

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# CHECK YOUR MENTAL HEALTH

BeyondBlue has some simple tools to help you assess your mental health. You can choose the one that's right for you and get the resources and support you may need.

## Anxiety and Depression Test (K10)

- Answer 10 questions about how you've been feeling over the past 4 weeks.
- Your answers help us measure your level of distress and give you a result.
- You can then access resources and support options to help you.
- Australian doctors and mental health professionals use this test, known as the K10. They sometimes ask you to take the K10 and talk about it with you.

START THE K10 TEST

## Mental Health Check-in

- Answer 5 questions about how you've been feeling lately.
- Your answers help us suggest which stage you're at on the mental health continuum.
- We'll suggest resources and support options to help you now.
- We're testing this new tool and you can give us feedback to help us make it better.

START MENTAL HEALTH TEST

# ONE STORY AT A TIME

*“Bravery isn't just running into the flames; it's facing the ashes afterward.”*

In the heart of a bustling city lived Jake, a young firefighter known for his bravery and kindness. Yet, beneath his bright smile and easy laughter, Jake carried the weight of an invisible burden. A year ago, he was caught in a devastating fire that claimed the lives of two of his closest friends. Since that day, Jake’s life became a silent battlefield, haunted by the event.

Waking up to his alarm each morning was like rewinding a film to the scene he most dreaded. The blaring sound wasn't just a signal to start the day; it was a ghostly siren, bringing back the roar of flames and the cries for help. Jake's days were clouded with anxiety, and nights were a theatre for nightmares that replayed his trauma.

Despite the turmoil within, Jake showed up to work, donning his uniform-like armor. But the firehouse, once a place of camaraderie, now felt like a maze of memories he couldn't escape. The crackle of fire on the radio made his heart race, and the smell of smoke on his gear was a trigger that no amount of washing could erase.

Jake's colleagues began to notice the change in him. Where he once led with vigor, he now held back. His laughter had dimmed, and his once sharp focus seemed lost in a haze. Concerned, his captain, Maria, finally sat down with him. With gentle probing, the floodgates opened, and Jake confided in her about the relentless grip PTSD had on his life.

Maria listened, her own eyes reflecting a deep understanding. She didn't offer clichés or dismiss his pain. Instead, she shared her own story of struggle after a close call years before. It was the first time Jake felt truly seen, not just for his strength but also for his vulnerability.

Encouraged by Maria's support, Jake took his first steps towards healing. He sought help from a therapist who specialized in trauma, and although the idea of unpacking his feelings was daunting, Jake found solace in the sessions. Speaking the unspeakable, he began to process the grief and guilt that had become his constant companions.

His therapist introduced him to the idea of journaling. At first, Jake was skeptical. How could writing change anything? But as he put pen to paper, he discovered a safe space to express his fears and frustrations. The pages became a canvas for his thoughts, and with each word, the heavy armor he wore started to fall away.

At Maria's suggestion, Jake also joined a support group for first responders dealing with PTSD. Sitting in a circle with others who spoke his language of loss and recovery, Jake realized he wasn't alone. There was power in their shared experiences, and strength in the vulnerability they collectively embraced. As weeks turned into months, Jake's steps towards recovery, once tentative, grew more assured. He developed strategies to manage his triggers, like mindfulness exercises that grounded him in the present and breathing techniques that calmed the storm within. Captain became more than a title for Maria; she was his mentor, guiding him through the fog.

The true test came when another fire call rang out. Adrenaline surged, but this time, so did a newfound determination. Jake recognized the fear but didn't let it command him. With Captain by his side, he faced the inferno, not as the man he used to be, but as the man he was becoming: a survivor, a warrior, a healer of his own scars.

Jake's journey was far from over, but he had learned that recovery wasn't a destination; it was a path, winding and rough, but leading to a place of peace. His story became one of hope for his fellow firefighters, a reminder that even the strongest among us can falter and that healing is not a battle to be fought alone.

The newsletter's final lines echoed Maria's words, which had become Jake's mantra. "Bravery isn't just running into the flames; it's facing the ashes afterward. It's rising each day with the courage to walk through your own fire and come out tempered—stronger and more resilient."

Jake's story wasn't just about overcoming PTSD; it was about transforming pain into purpose, a reminder that even in our darkest hours, we are never beyond the reach of help, hope, and a new dawn.

# MENTAL HEALTH EDUCATION

## PTSD

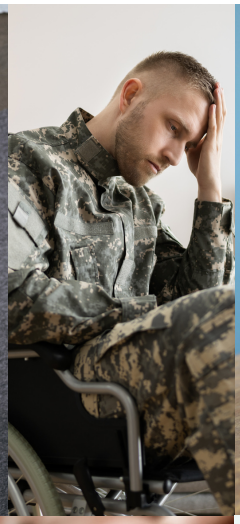
### What is PTSD (Post Traumatic Stress Disorder)?

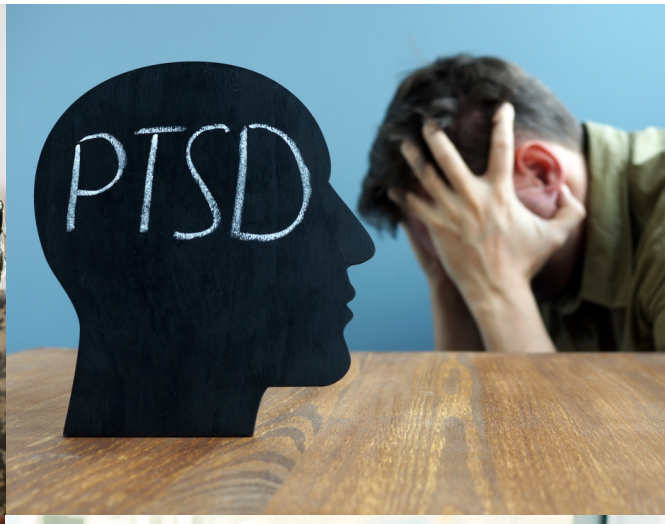
If you have gone through a traumatic experience, it is normal to feel lots of emotions, such as distress, fear, helplessness, guilt, shame or anger. You may start to feel better after days or weeks, but sometimes, these feelings don't go away. If the symptoms last for more than a month, you may have post-traumatic stress disorder or PTSD.

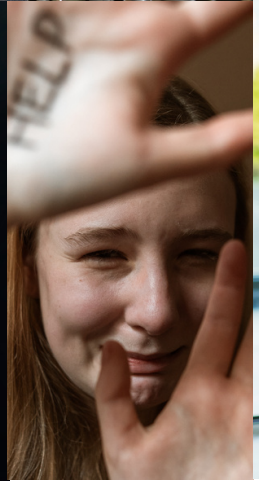
"Post Traumatic Stress Disorder (PTSD) is an anxiety disorder that can occur following the experience or witnessing of a traumatic event. A traumatic event is a life-threatening event such as military combat, natural disasters, terrorist incidents, serious accidents, or physical or sexual assault in adult or childhood."

PTSD is a real problem and can happen at any age. If you have PTSD, you are not alone. Approximately two-thirds of the Australian population will experience potentially traumatic events. The Australian prevalence rates for PTSD are 4.4% (12 months) and 7.2% (lifetime).

70% of adults experience at least one traumatic event in their lifetime. 20% of people who experience a traumatic event will develop PTSD. About 13 million people have PTSD in a given year. 1 in 13 people will develop PTSD at some point in their life.





**Who can get PTSD?**

- Anyone who was a victim, witnessed or has been exposed to a life-threatening situation.
- Survivors of violent acts, such as domestic violence, rape, sexual, physical and/or verbal abuse or physical attacks.
- Survivors of unexpected dangerous events, such as a car accident, natural disaster, or terrorist attack.
- Combat veterans or civilians exposed to war.
- People who have learned of or experienced an unexpected and sudden death of a friend or relative.
- Emergency responders who help victims during traumatic events.
- Children who are neglected and/or abused (physically, sexually or verbally).

## Symptoms:

For many people, symptoms begin almost right away after the trauma happens. For others, the symptoms may not begin or may not become a problem until years later. To meet criteria for PTSD, you have to have been exposed to some trauma that results in the following symptoms.

**1. Reexperiencing the trauma in ways that make you feel distressed.**

- Repeatedly thinking about the trauma. You may find that thoughts about the trauma come to mind even when you don't want them to.
- Nightmares about the memories.
- Flashbacks about the trauma.

**2. Avoidance**

- Avoiding reminders of the trauma. You may not want to talk about the event or be around people or places that remind you of the event.

**3. Changes in thoughts and mood**

- Memory problem
- Negative thoughts about the world and yourself
- Feeling blame about the trauma
- Depression, isolation, sadness
- Isolation
- Difficulty relating or interacting with others

**4. Feeling reactive**

- Irritable, angry,
- Constantly alert or on guard
- Jumpy or easily startled
- Difficulty sleeping.
- Difficulty concentrating

PTSD is a problem when it gets in the way of living the life you want to live. It can affect work, school, and relationships.

Problems in daily living: having problems functioning in your job, at school, or in social
These are other symptoms of PTSD:

- **Physical symptoms:** chronic pain, headaches, stomach pain, diarrhea, tightness or burning in the chest, muscle cramps or lower back pain.
- **Phobia:** Extreme, disabling and irrational fear of something that really poses little or no actual danger; the fear leads to avoidance of objects or situations and can cause people to limit their lives.

- **Substance abuse:** using drugs or alcohol to cope with the emotional pain.
- **Relationship problems:** having problems with intimacy, or feeling detached from your family and friends.
- **Depression:** persistent sad, anxious or empty mood; loss of interest in once-enjoyed activities; feelings of guilt and shame; or hopelessness about the future. Other symptoms of depression may also develop.
- **Suicidal thoughts:** thoughts about taking one's own life. If you or someone you know is struggling or in crisis, help is available. Call Lifeline Australia 13 11 14 (24/7 Crisis support), or TEXT 0477 13 11 14, or Online Chat at: https://www.lifeline.org.au/crisis-chat/
- **Post-Traumatic Stress Disorder:** Persistent symptoms that occur after experiencing a traumatic event such as war, rape, child abuse, natural disasters, or being taken hostage. Nightmares, flashbacks, numbing of emotions, depression, and feeling angry, irritable, distracted and being easily startled are common.
- **Social Anxiety Disorder:** Fear of social situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way (or show anxiety symptoms) that will be embarrassing and humiliating, often times leading to avoidance of social situations and severe distress when participation in social situations can't be avoided.

## Complex PTSD:

The current PTSD diagnosis applies to one event lasting for a short time however there is a growing group of professionals calling for a separate diagnosis to describe the long term emotional scarring following long-lasting trauma. While it is not an official diagnosis in the DSM-V, Complex PTSD/C-PTSD affects individuals who have experienced chronic inescapable traumas in which that they have had has little or no control over continuing for months or years at a time. It is important to note that you may have both PTSD and C-PTSD at the same time.

**Who Can Get C-PTSD?**

- People who have survived living in concentration camps.
- People who have survived prisoner of war camps.
- Survivors of long-term childhood physical and/or sexual abuse.
- Anyone who has been part of a prositution brothel.
- Survivors of long-term domestic violence.

PTSD and C-PTSD share many of the same symptoms, but literature has pointed to three symptoms exclusive to C-PTSD.

- Problems with emotional regulation. You might have a lessned sense of emotional sensitivity. You may lack the ability to respond to situations appropriately or feel you are unable to control your emotions.
- Problems with interpersonal relationships. You may have difficulty feeling close to another person; feel disconnected or distant from other people. It may be hard for you to maintain close relationships with family, significant others, or friends.
- Negative self-concept. You may have a poor perception of oneself. You might feel worthless, helpless, shame, guilt, and other problems related to self-esteem.

C-PTSD can be treated with the same evidence-based treatments that are effective for treating PTSD. However, some research suggests that therapy with a focus on reestablishing a sense of control and power for the traumatized person can be especially beneficial.

## Treatment:

- There are good resources and professionals available to help you with PTSD.
- You need a thorough check from a health professional before treatment is prescribed.
- Psychological therapies and medication are the most established ways to treat PTSD.
- Evidence shows that exercise and mindfulness are very useful for PTSD. They can be used together with physical and psychological treatments.
- Exercise helps other conditions that can occur with PTSD, such as depression, anxiety, sleep problems, cardiovascular disease and obesity.



You can get better. Many people who have had PTSD have been able to seek help, return to work, and live active, fulfilling lives.

There are three broad categories of treatment for PTSD:

- psychological treatments (talking therapies)
- physical treatments (medications)
- exercise, mindfulness and self-help.

Often, a combination of treatments works best.

Psychological treatments for PTSD:

Psychological treatments are sometimes called 'talking therapies'. Talking therapies can help us change habits in the way we think, and help us cope better with life's challenges.
Psychological treatments can be one-on-one interactions, group-based or online. Psychological treatments can help us address the reasons behind our PTSD, and also prevent it from returning.

The Black Dog Institute recommends the following psychological treatments for PTSD:

- trauma-focused cognitive behavioural therapy (CBT)
- eye movement desensitisation and reprocessing (EMDR).

Physical treatments for PTSD:

Not everyone with PTSD will need medication. However, in some cases certain types of medication can help a lot. Trauma-focused cognitive behaviour therapy (CBT) and eye movement desensitisation and reprocessing (EMDR) are the recommended first choice treatments for PTSD.

***"Healing from PTSD requires patience, but with time, scars can become stories of strength." — Unknown***

***"Trauma is a fact of life. It does not, however, have to be a life sentence." — Peter A. Levine***

***"You are not broken and in need of fixing. You are wounded and in need of healing." — Danu Morrigan***

***"Always remember, if you have been diagnosed with PTSD, it is not a sign of weakness; rather, it is proof of your strength, because you have survived!" — Unknown***

# BOOK REVIEW

## THE BODY KEEPS THE SCORE

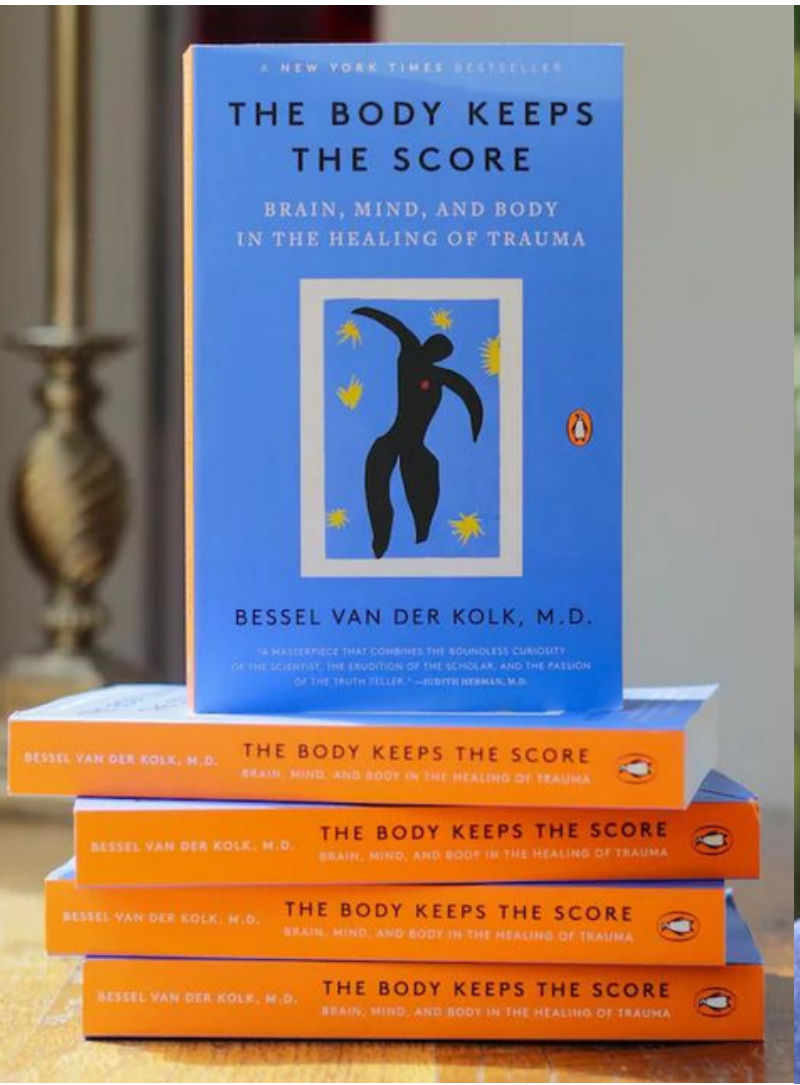
### #1 NEW YORK TIMES BESTSELLER

"Essential reading for anyone interested in understanding and treating traumatic stress and the scope of its impact on society." --Alexander McFarlane, Director of the Centre for Traumatic Stress Studies

A pioneering researcher transforms our understanding of trauma and offers a bold new paradigm for healing in this New York Times bestseller.

Trauma is a fact of life. Veterans and their families deal with the painful aftermath of combat; one in five Americans has been molested; one in four grew up with alcoholics; one in three couples have engaged in physical violence. Dr. Bessel van der Kolk, one of the world's foremost experts on trauma, has spent over three decades working with survivors. In The Body Keeps the Score, he uses recent scientific advances to show how trauma literally reshapes both body and brain, compromising sufferers' capacities for pleasure, engagement, self-control, and trust. He explores innovative treatments--from neurofeedback and meditation to sports, drama, and yoga--that offer new paths to recovery by activating the brain's natural neuroplasticity. Based on Dr. van der Kolk's own research and that of other leading specialists, The Body Keeps the Score exposes the tremendous power of our relationships both to hurt and to heal--and offers new hope for reclaiming lives.

**Learn more here.**




# MENTAL HEALTH RESEARCH

headspace
National Youth Mental Health Foundation

## **Evidence Summary:** Shared decision making (SDM) for mental health – what is the evidence?

**headspace** is funded by the Australian Government under the Promoting Better Mental Health – Youth Mental Health initiative

# Evidence Summary:
## Shared decision making (SDM) for mental health – what is the evidence?

### Introduction

Health professionals are increasingly being encouraged to adopt a collaborative approach to making health care decisions. Clinical practice guidelines advocate for clinicians to involve clients in decision-making processes and allow for client preferences (along with evidence) to guide decisions where possible. Shared decision making (SDM) is the most prominent example of this. While this approach has strong face validity, it is a relatively new approach in the area of mental health, and evidence for the effectiveness of collaborative approaches is only just emerging. Decision-making processes for clients diagnosed with mental disorders might also be different to those in general or non-psychiatric health areas. This evidence summary will review available evidence for the effectiveness of SDM for mental disorders and related research about the effectiveness of components of SDM such as allowing clients to choose treatment options.

### What is shared decision making?

SDM is an approach to treatment decision making that involves collaboration between a clinician and a client. Multiple health professionals and/or caregivers may also be involved. SDM promotes the selection of a treatment choice that is based on both evidence and client preferences. The stages of SDM include:
**1)** two-way exchange of information between clinician and client (the clinician communicates information about the suitable treatment options and the potential risks and benefits of these options, while the client communicates information about their values and preferences about these treatment options);
**2)** deliberation on this information (the clinician and client discuss these possible outcomes and values and preferences); and
**3)** selection of an option that is consistent with the values and preferences of the client (1, 2).

It is also important to make a time to review this decision (see **Suggested Steps**).

### Decision aids

Decision aids are paper based or online tools that facilitate SDM. Decision aids clarify the decision to be made, explain appropriate treatment options, present evidence about the potential risks and benefits of each option, and encourage the client to explore their values and preferences about these possible risks and benefits. The International Patient Decision Aid Standards *(http://ipdas.ohri.ca/)* provide guidance about what constitutes a good quality decision aid. A systematic review of decision aids across all health areas found that decision aids increase clients' knowledge of treatment options; give clients more realistic expectations about the potential risks and benefits of these treatment options; help clients to make a decision that is more in line with their personal values; and be more involved in the decision making process (3).

### Aren't we already doing this in mental health?

Although clients may receive aspects of SDM (e.g. being involved in making decisions in some way) it is unlikely that a comprehensive SDM approach is used. For example, three studies that have used a standardized measure of SDM found on average clinicians performed poorly on most SDM behaviours (4-6). No studies have measured systematically the extent to which young people diagnosed with mental disorders receive a SDM approach to treatment decision making.

### Do clients want to be involved?

Overall, preference for involvement in healthcare decisions appears to have increased in recent years. A recent review (7) of patient preference for involvement in treatment decision making for both mental disorders and non-mental disorders showed that rates of desire for this type of involvement were 50% in studies published before 2000 and 71% in those published between 2000-2007. Although some of this increase may be a result of measurement differences over time, it may also reflect the growing shift towards more client centred care. Generally studies show that individuals who are female, young and more educated are more likely to prefer involvement (7-10).

Looking at mental disorders specifically, there is evidence to suggest that adults diagnosed with mental disorders will want at least some involvement in treatment decision making (8, 11-13), and some studies have shown that in fact those with mental health disorders may be more likely to want involvement than those with general medical conditions (14-16).

### Involving young people in their own mental health care

Far less research has been done investigating young peoples' preference for involvement in treatment decision making. However, it is clear that young people have opinions about what sort of interventions they prefer. For example, in a study of 444 depressed young people aged between 13 and 21 years being seen in primary care, counselling was the most preferred option (17). A small, qualitative study explored the experiences and beliefs of young people diagnosed with depressive disorders and found that although most clients wanted some involvement, the desire for involvement varied across participants and also over time for each participant (18). SDM allows for flexibility in the level of involvement, and discussing preferred level of involvement is a step in the SDM process.

### Can young people with mental disorders be involved?

It is important to consider the capacity of young people diagnosed with a mental disorder to be involved in treatment decision making given both their age and clinical condition. Laws and policy regarding age of consent will vary according to geographical location.

There is little research investigating the decisional capacity of young people diagnosed with mental disorders specifically, however there have been recent calls for adolescents (particularly those aged 14 years and older) to be deemed competent to provide informed consent for participation in research studies (e.g. (19-22)). Decision making for young people diagnosed with mental disorders is likely to be complex, and the point at which adult input is required needs to be assessed on an individual basis (23-25).

### Shared decision making for mental health

Reviews of SDM in mental health describe the small body of work emerging in the area (26, 27). Two additional high quality studies have been conducted since these reviews (28, 29) and, together with the earlier studies (e.g. (30-32)), SDM interventions for depression, schizophrenia, substance use and other serious mental disorders appear to improve client involvement, satisfaction, and in one study, mental health outcomes. All of these studies have been conducted with adult participants.

In addition to these intervention studies, a large study in the United States focused on outcomes for adults diagnosed with depressive disorders (the *Quality Improvement for Depression study*) showed that higher involvement in depression care resulted in higher participant satisfaction and lower depression scores (33, 34).

Further SDM interventions have also been evaluated and demonstrate the variability in characteristics of SDM interventions in terms of design and delivery. These include an online computer-based program (that clients work through with a peer support worker to generate a report and take into their medical consultation) (35-37); an online hub of tools dedicated to supporting a variety of decisions faced by adults diagnosed with mental disorders (38); an intervention designed to activate and empower clients from ethnic minorities to ask their treating clinician questions that result in a more inclusive decision-making process (39, 40); and decision aid libraries (41, 42).

## Shared decision making for youth mental health

While there are no specific studies investigating SDM or decision aids for young people, collaborative care models (CCM) that incorporate patient-centred care, have been tested in young people (45-47).

A small pilot study of a 6-month intervention that included client choice of treatment with input from caregivers was found to be acceptable to young people, their caregivers and physicians, and depression scores improved for the majority of participants (43).

The Youth Partners in Care (YPIC) study (44, 45) tested a 6-month CCM intervention for young people aged 13-21 diagnosed with either a major depressive disorder or sub threshold depression. The intervention involved expert leader teams, case managers who supported primary care clinicians, cognitive behavioural therapy training, and professional development around depression evaluation and management. Additionally, as part of the CCM intervention, participants were informed about, and involved in, making decisions about treatment options. The intervention significantly improved depression severity, quality of life and client satisfaction. The results from these studies offer insight into the effects of CCMs, although it is difficult to tease apart the contribution of the patient-centred elements.

Although the current review highlights a lack of intervention studies in the area of youth mental health, several developing studies have been located (46-50). Results from these studies will help to inform a model of SDM for young people diagnosed with mental disorders.

## Conclusion

SDM is an evidence-based approach to treatment decision-making that also allows for client preferences to be accounted for. There is evidence to support the use of SDM and decision aids in adult general medicine and some emerging evidence in adult mental health. SDM offers a framework to promote client involvement and satisfaction. The results of studies currently underway will provide an initial understanding of the effectiveness of SDM for youth mental health. In the mean time, the increasing use of technology within clinical settings offers the possibility for a variety of ways to engage young people in the use of decision aids and other SDM interventions.

### Suggested steps for using SDM with young people

**1. Set the scene** Discuss the collaborative approach being taken, for example:

- 'How do you feel about working together to make a decision?'
- 'You're the expert on your own experiences'

**2. Define and tailor involvement** Talk about what involvement in treatment decisions means to the client and how they might want to be involved. Ask them about their preferred level of involvement and desire for carer involvement.

**3. Psychoeducation** Initiate discussion about symptoms, aetiology and likely treatment course.

**4. Treatment options** State that there is more than one suitable treatment option, including doing nothing (the potential risks and benefits of this option are discussed in step 6). Describe and briefly explain the rationale for each treatment option.

**5. Information** Discuss how they like to receive additional information (e.g. written, oral, websites etc.).

**6. Treatment outcomes** Discuss the potential risks and benefits of each treatment option, including doing nothing, using evidence-based information. Encourage the client to think about what these outcomes might mean for them personally.

**7. Explore** Talk about ideas, fears and expectations of the problem and possible treatments. Provide the opportunity for the young person to ask questions.

**8. Check in** Check with the client about their understanding of the information and reactions to this, for example:

- 'What do you see as your treatment options now?'
- 'Do you remember any of the common side effects of medication we talked about?'
- 'What is the risk in just seeing what happens without treatment?'

**9. Deciding** Make, discuss or defer the decision/s. Arrange a time to discuss further or follow up.

**10. Review** Once a decision is made, arrange the monitoring of symptoms and make a time to review progress.

### Factors to consider:

- SDM must be flexible to the needs of the young person.
- Consider client factors such as cognitive capacity, information processing style, attention and motivation.
- Parental involvement is likely to be higher for younger clients.
- Some young people will choose not to seek help or engage in treatment. By talking about this openly as an option, opportunities to explore reasons for this choice and to provide information to the young person arise. SDM allows this decision to be made with the clinician rather than by the young person outside of the session. Young people can then be encouraged to review this decision and seek treatment in the future if needed. (51, 52)

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# “INCREDIBLY REWARDING” - CHASING A CAREER IN MENTAL HEALTH

In a world that often shines its spotlight on bustling cities, Goulburn Valley Health’s Manager of Mental Health Triage, Lisa Scarff, decided to embark on a journey that not only transformed her career but also enriched her personal life. Relocating from the Northern Territory to the vibrant regional town of Shepparton in Victoria, Lisa discovered a hidden gem that offered a nurturing community, diverse opportunities, and a chance to make a real difference.

“We were really fortunate to move to Shepparton. It struck us when we relocated how much of a sea change our move was. It was a change in environment, community and climate.  We didn’t know anyone here,” she said. With a background in acute, adult and forensic mental health, Lisa has devoted her professional life and career to the field of mental health and mental health nursing.

INCREDIBLY REWARDING... Lisa Scarff is Goulburn Valley Health’s manager of Mental Health Triage and has not long moved from the Northern Territory.

Ms Scarff said working in the Northern Territory allowed her to broaden her expertise and knowledge in remote mental health, igniting the passion to support those in regional or rural areas.
“I have always had a passion for mental health,” she said.

“It’s incredibly rewarding to me to participate in the delivery of healthcare to vulnerable people who may not otherwise receive the healthcare they need. “It is most rewarding for me to see people thrive and recover from mental illness in the community where I live.”

However, during the COVID-19 pandemic, Lisa found herself yearning to be closer to her birthplace and family in New Zealand.  Travelling became a challenge from the more remote areas of Northern Australia.

Motivated by a desire for change and a better work-life balance, Lisa, along with her partner, made the life-altering decision to relocate south. Upon arriving in Shepparton, they were immediately struck by the strong sense of community and genuine kindness of the people they encountered.

“There is a friendliness in regional Victoria that was really welcoming that made the transition really great and what struck us was the sense of community and the sense of kindness between the people we worked with or encountered day to day,” she said.

Her move provided her with a renewed perspective on healthcare delivery in a regional environment and a deeper understanding of the unique health challenges faced by these communities. “For almost 10 years I worked in Metropolitan Melbourne before moving to the Northern Territory as a mental health nurse, so I understood metropolitan Victoria,” she said. “But after 12 years of working in a more remote locations, I can see that there are challenges living in regional areas, in particular accessing timely healthcare, this includes mental healthcare.”

Ms Scarff’s role is key to providing high quality, evidence-based screening, assessment and treatment to assist clients to address their mental health concerns and contribute to the prevention and reduction of mental health symptoms. Driven by her commitment to closing this gap and improving community access to mental health services, she tirelessly works towards creating a positive impact to improve relationships between tertiary and community mental health services.

“Access to specialist healthcare services can be much harder for people who live in regional areas and getting to health appointments can be a challenge for people that are not close to hospitals or health facilities,” she said. “So, for me it’s important when working in a regional area to look at ways to reduce these access barriers for people and to improve overall community access to mental health services. “The move has helped me understand the health impacts within this area and within this environment and I certainly feel that undertaking makes me a more well-rounded practitioner.”

GV Health has several services available to assist mental health professionals relocate to the area, which includes support from the Mental Health Workforce Navigator, Jodi Viggiani. The newly created role within the GV Health Talent Acquisition team supports prospective candidates and new recruits in the field of mental health to gain employment, relocate, settle, and integrate into GV Health and the wider Shepparton community. Ms Viggiani works closely with the Greater Shepparton City Council and the Community Connector Program to leverage partnerships and encourage new mental health workers and their families relocating to Shepparton to live and work.

Jodi Viggiani is GV Health’s new Mental Health Workforce Navigator.

**GV Health offers a relocation incentive of up to $20,000 for those within the eligibility criteria, assisting in their transition into the wonderful community.**

**For current vacancies in mental health and to contact the Mental Health Workforce Navigator, visit the GV Health website and search for Mental Health Careers.**

**https://www.gvhealth.org.au/careers/**

“I am here to help them form connections within our community by finding suitable accommodation, employment opportunities for their partner, and schools and educational facilities for their child,” she said. “I can also connect them with support groups or sporting clubs. “Greater Shepparton offers an enviable lifestyle, university options, premiere housing estates, and all the must have facilities, coupled with a vibrant and diverse culture, which makes living and working here unique.”


Celebrate International Day of People with Disability 2023 with us! Join Greater Shepparton City Council for a week-long series of events aimed at increasing public awareness, understanding and acceptance of people with disabilities.

On Monday 4 December we will be hosting the International Day of People with Disability Concert featuring Gerry's Well Oiled Machine, a disability-led band with a commitment to spreading disability awareness through their music.

Show 1 will be from 10.30am to 12.00pm.
Show 2 will be from 1.00pm to 2.30pm.

On Wednesday 6 December, the Shepparton Art Museum will be hosting Art for All Day, providing opportunities for people with learning difficulties, intellectual, sensory and physical disabilities to experience a range of art activities.

On Thursday 7 December, from 11.00am to 1.00pm, Try Before You Ride will be held at the Shepparton Railway Station, assisting people of all abilities feel more confident when using the public transport system.

**Learn more here.**


**Victorian Equal Opportunity & Human Rights Commission**

International Human Rights Day is observed every year on 10 December. On this day in 1948, the United Nations General Assembly adopted the Universal Declaration of Human Rights.

Every year in December we recognise and celebrate this day through a week of events, connection, and advocacy. Through these events we highlight human rights issues as they apply to the everyday lives of Victorians.

We invite all Victorians to engage in activities and start and continue conversations about human rights.

This year, we will partner with several Commissions to encourage Victorians to take part in a week of daily actions to challenge their knowledge of human rights and implement this knowledge in a practical way.

The week's actions will be shared on this page from 3 – 10 December.

For more information

# UNIVERSAL DECLARATION of HUMAN RIGHTS

## The Universal Declaration of Human Rights turns 75

**10 December 2023 marks the 75th anniversary** of one of the world's most groundbreaking global pledges: the Universal Declaration of Human Rights (UDHR).

This landmark document enshrines the inalienable rights that everyone is entitled to as a human being - regardless of race, colour, religion, sex, language, political or other opinion, national or social origin, property, birth or other status.

The Declaration was proclaimed by the United Nations General Assembly in Paris on 10 December 1948 and sets out, for the first time, fundamental human rights to be universally protected. Available in more than 500 languages, it is the most translated document in the world.

A year-long initiative focusing on universality, progress and engagement, will culminate in a high-level event in December 2023, which will announce global pledges and ideas for a vision for the future of human rights.

HUMAN RIGHTS 75

***We must stand firm against rising intolerance and build a future of dignity, security, justice & human rights for all."***

***UN Secretary-General António Guterres***

# NEIGHBOURHOOD HOUSES

## in the Greater Shepparton area

Neighbourhood Houses are local organisations that provide social, educational and recreational activities for their communities in a welcoming supportive environment.

### Neighbourhood Houses are known by many different names. These names include:

- Community Houses
- Activity and Learning Centres
- Neighbourhood Centres
- Neighbourhood Houses

Neighbourhood Houses are managed by volunteer committees and paid staff. They offer many opportunities for volunteer participation in all aspects of the house activities and management. Good quality affordable childcare and playgroups are offered at some houses.
Activities are generally run at low or no cost to participants.

### Community Learning Centres and Neighbourhood Houses offer a variety of:

- courses;
- activities;
- personal training groups;
- workshops and demonstrations;
- information and referral services;
- tax help; and
- community meals

### Facilities and services may include:

- meeting rooms;
- playgroups and childcare;
- office services;
- internet and computer use;
- and much, much more.

### Council supports five Neighbourhood Houses in the Greater Shepparton area:

**Mooroopna Education & Activity Centre**

**Murchison & District Neighbourhood House**

**North Shepparton Community & Learning Centre**

**South Shepparton Community House**

**Tatura Community House**

## Mooroopna Education & Activity Centre

23 Alexandra Street
Post Office Box 96
Mooroopna 3629
Phone: 03 5825 1774
Email: admin@meac.com.au
Internet: Website


## Murchison & District Neighbourhood House

23 Impey Street
Murchison 3610
Phone: 03 5826 2373
Email: murch-nh@hotmail.com


## North Shepparton Community & Learning Centre

10-14 Parkside Drive
PO Box 4020
Shepparton 3630
Phone: 03 5821 5770
Email: manager@nsclc.com.au
Internet: Website

## South Shepparton Community House

Vibert Reserve
290 Archer St
Shepparton VIC 3630
Phone: 03 5821 6172
Email: sschouse10@gmail.com
Internet: Website

## Tatura Community House

12-16 Casey Street
PO Box 198
Tatura 3616
Phone: 03 5824 1315
Email: tatcom@tatcom.com.au
Internet: Website


*"Neighborhood houses provide a vibrant hub for community engagement, offering an array of services and facilities to cater to diverse needs. They host various courses ranging from arts to technology, alongside engaging activities that promote social interaction and learning."*

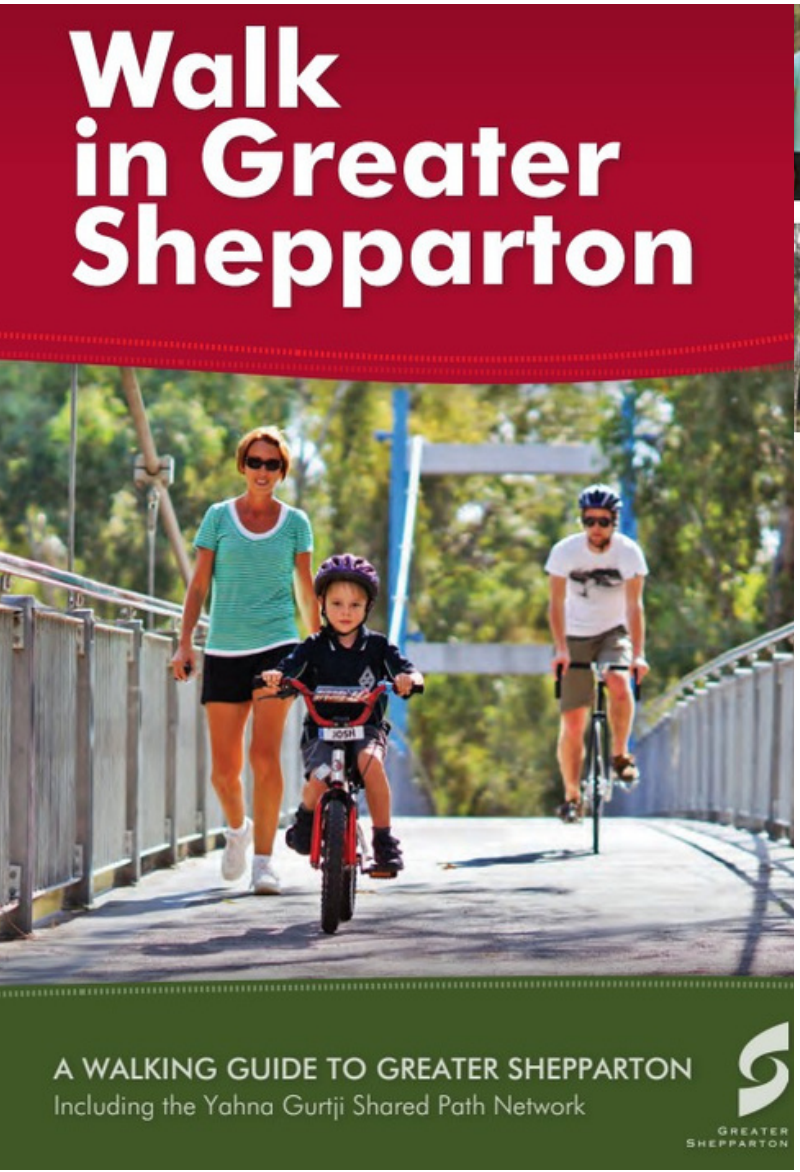
# A WALKING GUIDE TO GREATER SHEPPARTON

Let this Walk in Greater Shepparton booklet be your guide to discovering the great outdoors of Greater Shepparton, which offers visitors and locals alike a plethora of pathways and trails to explore the region.

Home to a population of over 60,000 people, there is an abundance of historical, cultural and natural treasures within the Greater Shepparton region, just waiting to be discovered.

The Walk in Greater Shepparton booklet is the local guide to walking in the region, with comprehensive coverage of pathways, tracks and trails within the townships, tips and information on safety and good practice. Inclusions encompass walking club details, annual events and useful and easy to read maps to find your way around, as well as interesting features about each of the walks.

There is also a detailed map of the Yanha Gurtji Shared Path Network along the banks of the scenic Goulburn River. In preparing this booklet, the Greater Shepparton City Council, respectfully acknowledges the past and present traditional owners of the land which this booklet relates to. It also acknowledges the contributions of all Australians towards caring for the land we all live in and share together. For further information about walking in Greater Shepparton, and other information for visitors to the region, visit the Shepparton and Goulburn Valley website. Happy trails!

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## CONTENTS AND WALKS

GREATER SHEPPARTON
GREAT THINGS HAPPEN HERE

# Upcoming Events

## Tai Chi at Shepparton Library

Learn the basic concepts of Tai Chi: posture, relaxed deep breathing, flowing movements and the mind-body connection. A gentle exercise that is suitable for beginners. Participants should wear comfortable clothing. Bookings essential. For bookings or more information phone 1300 374 765 or email shepparton@gvlibraries.com.au.

## Merrigum Christmas Cheer

Gather your friends and family and head to Judd Park for Christmas Cheer in the Park.

**When**: Fri, 8 December 2023, 2023,at 6:00pm
**Where:** Judd Park, Merrigum
W**ebsite:** www.facebook.com/merrigum.whatson

Free BBQ - Drinks for sale, Music, BYO Chair / Rug, Splash Park will be open, Santa will be arriving via the Fire Truck to see all the children. Don't forget to bring your wish list.

**Learn more here.**

**Contact us:**
We value your feedback and questions. If you have any inquiries, suggestions, or simply want to connect with us, please feel free to reach out. You can contact us through the following channels:

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