



HEALTH CONSUMERS'
COUNCIL
YOUR VOICE ON HEALTH

HEALTH MATTERS

Health Consumers' Council (WA) Inc Magazine

Winter 2014



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MESSAGE TO MEMBERS

We hope that you like our new look Health Matters. We are also delighted to share with you our new website, it has a bright new look, with an enhanced navigation experience. Since the launch of our new logo late last year we thought that our website needed to reflect our new image. We are delighted with the result and hope that you enjoy the experience of visiting our new website.

We invite you to start exploring... www.hconc.org.au

Lucy Carter

Health Matters Editor

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Cover: Sorry Day sand art photo taken by Keith Bodman. Please find the story on page 18.

Forward



Dear members,

There is much to get excited about with Health Matters and the new format.

We have a new contemporary feel to go with the new logo and the new premises. And it is even cheaper, so there are wins all around.

We are announcing a new format for our Awards with specific categories and a special, commemorative Award in honour of Rosemary Caithness, who worked for the HCC for many years. We are also formally recognising the health care professionals who provide that extra special service, who often fly under the radar; as well as our highly valued consumers.

I am also pleased to announce that our guest speaker for this year's Annual General Meeting is 2003 Australian of Year, Professor Fiona Stanley.

We are hoping to have signed off a Memoranda of Understanding with Carer's WA, the Public Health and Clinical Services Division of Health and are looking to strengthen our partnership with WACOSS and many of our member organisations.

We are having a few wins along the way, with the joint Mental Health Bill submission, a real victory for cooperation in our sector. With Alzheimer's WA we had a 'Diversity Dialogues' session that had around 50 people attending, which is the sort of outcome and partnership process that makes me especially proud. We have also made inroads into pain management at PMH, a dedicated Stroke Unit at Joondalup, and more consumer and carer friendly publications.

This issue also contains special initiatives that our Aboriginal Advocacy team, headed by Laura Elkin, and the Sorry Day committee have made with the West Coast Eagles and particularly the Fremantle Dockers.

Thanks to you for your continued support and please nominate those special people for our special awards. Without the efforts of so many, we wouldn't be able to help the system to help us all!

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

Frank Prokop
Executive Director
Health Consumers' Council

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Moving past pain

Karyn Markwell | Australian Pain Management Association (APMA)

Normal pain is our body's warning signal that something is wrong. It hurts so that we have to take action to fix our body. But persistent (chronic) pain is different. Persistent pain is when the original injury or illness has physically healed, but the nerves are still signalling pain to the central nervous system. It's a bit like having a car alarm that you can't turn off.

One in five Australians have persistent pain; that's 3.5 million people. For Aussies aged 65 years and older, these statistics jump to one in three people. In fact, persistent pain is Australia's third most expensive health problem, costing the country \$34 billion each year. That's the equivalent of Australia buying 113 Airbus A380 aeroplanes, *every single year*.

Persistent pain must be given the same status as other chronic conditions, such as obesity or diabetes. Recognising persistent pain as a chronic condition in its own right, rather than as a symptom of something else will have two major effects:

Firstly, it will prompt doctors to move past seeking a cause of the pain (which has most likely healed) and to focus instead on the current complexity of the ongoing pain. This will enable the doctor to work with the person on developing a pain-management plan, instead of simply prescribing painkillers and ordering further tests. For people with persistent pain, being referred from specialist to specialist (often at great expense and inconvenience) without a diagnosis can be psychologically distressing. An early diagnosis that their pain is a chronic condition will enable them to take 'ownership' of their pain and work through options before it becomes overwhelming.

Secondly, they will be entitled to free benefits through Medicare, such as; longer GP consultations and visits to specialists thus helping to ease the pressure on their budget. Persistent pain can be a great financial burden, especially for people on a pension. Costs can vary from specialist medical appointments and expensive medication, to home aids.

Timely access to community healthcare will better enable millions of Australians to manage their pain and avoid disability and hospitalisation.

In 2014, it is unacceptable for the 3.5 million Australians with persistent pain to continue to suffer. Systems are already in place in their communities which can greatly ease their physical, emotional and financial burdens, if only the government will permit them access.

APMA's Pain Link helpline: 1300 340 357



Exercise & eating with Parkinson's

Tom Birts | Parkinson's WA

There have been important developments in treating Parkinson's over the past four decades, and along with drug therapy and advanced surgery techniques regular exercise and healthy eating have emerged as vital to managing the condition.

People with Parkinson's can experience a variety of issues. As well as well-recognised symptoms like tremors, fatigue and bradykinesia (slowness). Secondary issues including unplanned weight loss add to the challenges faced.

Weight loss may be described as a secondary issue as it sometimes occurs due to other reasons. Nausea, caused by medication, can affect appetite; changes in motor skills make eating more difficult and lead to reduced calorie intake; and tremors or dyskinesia result in excess use of energy. As with many other factors affecting people with Parkinson's, symptoms combine to form a vicious cycle, with each 'feeding' another.

There are a number of strategies available to ensure people with

Parkinson's maintain a healthy weight. Timing of meals is important. Smaller, more frequent meals may help address the problems caused by fatigue and bradykinesia, and research suggests that the time between ingesting protein and taking medication may be important in maximising the medication's effectiveness. Adapted plates and cutlery are available to combat changes in motor ability.

Exercise is a vital weapon against Parkinson's. Exercise not only increases wellbeing, fitness and balance, but addresses symptoms such as 'freezing': the temporary loss of movement experienced by some people with the condition. While the benefits of impact or weight training are limited, exercises such as walking, cycling, aerobics, tai chi and even dancing are shown to significantly alleviate symptoms. Parkinson's WA provides a number of exercise classes in the Perth metro area, including yoga and tai chi.

Promoting walking for health, the annual "A Walk in the Park" event at Perry Lakes Reserve, Floreat, will be held on Sunday 14th September. For information about Parkinson's, joining a class, fundraising or signing up for A Walk in the Park call 9346 7373, email pwaadmin@cnswa.com or visit www.parkinsonswa.org.au



'A Walk in the Park' (formerly called Parkinson's Unity Walk) 2013

Many hands make light work:

Joint NGO submission on the Mental Health Bill

Dr Martin Whitely Senior Advocate | Health Consumers' Council

The Mental Health Bill 2013 currently being debated by the WA Legislative Council is a very comprehensive and complex piece of legislation. With 585 clauses outlined on 399 pages, it covers issues as diverse as the criteria by which citizens can be made involuntary mental health patients and the right to informed consent.

The Bill is the product of a review process that began well over a decade ago. This process involved two drafts for public comment before a final bill was presented to the Legislative Assembly in 2013. The debate in the Legislative Assembly was exhaustive and some amendments that improved the Bill were made. Those involved, particularly the Minister for Mental Health, the Honourable Helen Morton, deserve congratulations for their efforts to date in producing legislation that is a significant improvement on the current WA Mental Health Act (1996).

Despite these improvements there are problems with the Bill, and in one important area the Bill represents a significant backwards step from the 1996 Act. Specifically, the criteria for making patients involuntary have been broadened, heightening the risk of unwarranted detention and involuntary treatment.

Concerns about this issue and other aspects of the Bill motivated the Health Consumers' Council to invite other NGO's with an interest in mental health to become co-sponsors of a submission calling for changes. The joint submission was endorsed by Consumers of Mental Health WA, Health Consumers' Council WA, Mental Health Law Centre WA, Mental Health Matters 2 and received 'in principle' support from Arafmi (WA), Carers WA, the Mental Illness Fellowship WA and the Richmond Fellowship of WA.

The joint submission included recommended amendments that would:

- Narrow the criteria that enable people to be made involuntary patients.
- Provide better oversight of the powers of mental health practitioners and the police to detain, restrain, seclude and search people they suspect of having a mental illness.
- Restrict the capacity to restrain and seclude people.
- Give greater recognition to Advanced Health Care Directives in relation to mental health treatments.
- Ensure disclosure of conflicts of interest by treating psychiatrists.
- Provide greater protections for children from speculative 'off label' (contra-indicated) psychotropic prescribing.
- Ensure the right to legal representation at Mental Health Tribunal hearings
- Increase the penalties for ill-treating mental health patients.
- Prevent voluntary patients being bullied into accepting poor care and treatment they don't want via threats to make them involuntary patients.

The comprehensive submission was coordinated in a very short timeframe. It was improved considerably by the extensive input from the Mental Health Law Centre of WA and Consumers of Mental Health WA. Given the tight approval timelines, the cooperation and trust of all the agencies endorsing and supporting the submission was essential. It points the way to a bright future of co-operation amongst NGO's advocating in the mental health sector.

A copy of the submission is available at: www.comhwa.org.au/wp-content/uploads/2013/02/Joint-Mental-Health-NGO-submission-to-LC-on-MHB-2013.pdf

Royal Commission into institutional responses to child sexual abuse

“Let no child ever walk this path again.” Lewis Blayse

The Royal Commission to investigate Institutional Responses to Child Sexual Abuse had its first public hearing in Western Australia in April. This ongoing investigation affects a broad range of people of many ages in many different ways; some of which you may already have seen.

Relationships Australia WA's Royal Commission Support Service (RCSS) provides free support to people in Western Australia who have been affected by the Royal Commission. This includes those who are thinking about telling their story at the Royal Commission, and those who do not intend to share their story.

Who is this service for?

If you have experienced sexual abuse as a child (up to 18 years) in any institution or group i.e. schools, sporting clubs, orphanages, foster care and religious organisations, group homes or clubs and are considering speaking to the Royal Commission about your experience then RCSS can assist.

This service is available throughout WA.

How can the Royal Commission Support Service help?

Relationships Australia WA will provide support and assistance to persons throughout their engagement in the Royal Commission process, including:

- Individual and family counselling face-to-face or by phone
- Referral to other support services
- Accompanying and making telephone calls on your behalf to the Royal Commission and other services
- Giving you all the information you need on the Royal Commission process
- Offering you and your family members debriefing and counselling immediately after telling your story

What does it cost?

Relationships Australia (WA) provides these services at no cost. If you face significant travel or other costs please let them know.

How can I access this service?

Call the Royal Commission Support Service on 9489 6390 or email rcsupport@wa.relationships.com.au if you would like to discuss how they can support you, or if you wish to refer someone to this service.

Source: Royal Commission Support Service

HCC Legal advice sessions

Carly Parry Advocate | Health Consumers' Council



Not all unwanted outcomes in health care are the fault of the health system. It is widely accepted that most treatments and procedures carry an element of risk. On the whole, health professionals provide accurate information about the associated risks, thus allowing consumers to give informed consent. Sometimes the standard of care sadly falls below what is acceptable and mistakes are made.

The Health Consumers' Council (HCC) suggest that complaints in the first instance should be raised directly with the service provider, preferably in writing to the practice manager or patient liaison officer. If you need help in drafting your letter an HCC advocate can assist you. Mistakes in the Health Care System can sometimes occur from a misunderstanding or communication issue that can be resolved by way of a genuine apology or

by mutual desire to make something right. For others, this process may not provide a satisfactory response. Believing they have been adversely affected by an experience, a consumer may feel a resolution cannot be achieved without seeking legal advice.

Unsure about cost implications and how to access an appropriate lawyer can leave consumers feeling confused and out of their depth. A number of private lawyers from across Perth have volunteered their time to provide legal information to consumers concerned about their health care. The Health Consumers' Council provide a venue for consumers who are interested in some legal advice related to their health issues. The free initial appointment usually lasts around 30 minutes, which allows the lawyer to gauge the main issues from the consumer and their patient records, then decide if it has merit. Not only does negligence have to be a proven feature in a case, but the consumers' final outcome must be significantly worse as a result of the negligence. Negligence on its own is rarely enough to qualify for financial compensation.

There is no obligation to do more than ask questions. Any legal information provided is between the private lawyer and the consumer. If you wish to follow the matter up after the initial appointment, this will be done at the office of the private lawyer and may incur a cost. This will be explained by the lawyer at the appointment.

It is important to note that The Health Consumers' Council do not provide legal advice, gain no benefit from any settlement and cannot speculate whether a case would warrant financial compensation.

If you have any questions regarding the Legal Information Night or would like to make a booking, please call (08) 9221 3422 and ask to speak to one of the Advocates.

Does the Health system CARE?

Frank Prokop Executive Director | Health Consumers' Council

We all have bad days, and I just had one. I was asked to comment on an 'urgent' rewrite of a brochure. Never mind that it had been set aside for months, it was now urgent and I had a day to turn it around.

The problem wasn't with the person, they are caring, professional and uplifting. It is just a system that makes their problems my problem, and then tries to hold me to account for any failings.

Then I had one of THOSE meetings. Any consumer/carer issues were exceptions and not to confuse the real agenda. Any proposal had already had 'comprehensive consumer input' and so should be supported, if I was actually interested in supporting consumer outcomes. Again, these are good people, they just didn't want any delays or impediments. Do they really CARE?

CARE: stands for Compassion, Acknowledgement, Respect and Engagement.

So let's look at the Health system and see how it stands up from a consumer and customer perspective.

COMPASSION: At the individual level, the Health system, and those who work in it are compassionate. Almost universally, they genuinely want to make things better for the patient. They are often time poor and this gets in the way of service. There is also a slippery slope that once the system gets the idea you are a pain in THEIR neck (never mind the pain, literal and figurative in yours), things can escalate rapidly. They have all the power, so if they think you press the patient call button too often, you can wait. The system is poor at dealing with poor performance which acts as a disincentive for those high performing people as the 'coasters' never seem to get found out.

At the wider system level, there is little compassion. You show up when you are told, where you are told. You wait as long as it takes and you move onto the next chain. The lawyers tell Doctors not to get emotionally involved with patients as it could result in a lawsuit. Doctors also need to go home and have other lives: we need to CARE about them as well!!

But there is no one in the system that asks why a very sick patient has to wait up to an hour in the bowels of the hospital (and frequently with a nurse in attendance) to have a CT scan so that the technician does not have to wait at all, ever! Because that's how we do things around here....

ACKNOWLEDGEMENT: The system captures you, puts you on the treadmill and then churns you out the other end. You might be 'fixed' but are you 'better'? The Health system talks about mental health, but only deals in mental illness. There is a chronic failure at the system level to acknowledge that there is stress, anxiety, fear and trepidation associated with patients in the health system.

I recently assisted a young and dynamic doctor who was putting together an excellent training video on resuscitation and end of life care discussions with patients and carers. One of the most important messages I

tried to get across is an understanding that for a doctor, what is a clear and rational decision not to revive a patient, can be agonising for a family. In the same way that a mother might need closure for a kidnapped child, many families agonise over a decision of this nature for years afterwards.

What if my loved one was the one in 10,000 who miraculously recovered and I/we denied them that possibility? This emotional component is one reason why so many organ donations are overturned by stressed and emotionally fatigued family members in those traumatic first hours after an (often) unexpected death of a loved one.

We are told that it is ok to ask questions about our health and we watch while the 'professional' sighs and looks at their watch during the explanation. We get to see the registrar at our pre-admission clinic, where we may well know more about the specifics of our condition than they do; not because their health literacy (knowledge) is lacking, but because we have a strong vested interest in knowing about what is going to happen.

We are able to ask for a second opinion, only to get dropped back to the end of the queue which with waiting lists might mean months or years before we (now assured and confident) can have the procedure.

RESPECT: Doctors and nurses get respect. They deserve it. They are almost universally good at their jobs and the health practitioners and researchers have been responsible for significant improvements in quality and longevity of life. That's pretty impressive.

But when it comes to giving respect, things change quite a bit. While I think consumers and carers as a collective still have a long way to go to earn universal respect, way too much pre-judging of consumers and their motives is applied.

Pre-judging is prejudice. We can all have opinions and these may be fairly soundly based, but what is fundamentally flawed is that when I ask, "Why can't we have surgery tape recorded?" I get told that there are a whole lot of reasons (excuses) why we can't possibly move down this path.

Or for other issues I get told that there has been full community consultation when what really has happened was they had a chat with a few mates at a family BBQ and they agreed (after a few beers), so therefore everyone agrees, and you couldn't possibly object.

I call this the heads you win, tails I lose strategy and in a system with presumptive paternalism still WAY too prevalent, see it very often.

ENGAGE: Two men who have radical surgery for prostate Cancer wake up in recovery. One says, 'Thank God I'm alive, I will live each moment to the fullest'. The other says, 'I am no longer a man. Why did you bother to wake me up?'

The system, by and large says that medically they are the same, so why does one bound out of hospital after a minimum stay, while the other languishes and is referred for treatment for depression, which is not a surgical complication.

Humans are complex creatures who think - a lot. They rationalise in different ways and see the glass as half empty or half full. The best clinicians, nurses, carers and patients understand this and include it as an essential component of everything they do. Standard 2 does not require any real thought or effort. It is innate. But there are few benefits and little reward for those people who go the extra mile.

The 'conveyor belt' or 'sausage machine' does not easily allow for questions like: 'How are you feeling?' or 'Can I get you anything to make you more comfortable?'

I don't believe that we can ever get to a true partnership. Doctors, nurses and the health system rightly have the pre-eminent role in determining health care. But there are many times and procedures where you, the consumer or carer, should be much more included. You know your own body best, and have the strongest vested interest in making it well. But the criticisms of health professionals that consumers can be selfish and obstinate holds true in enough cases to make universal defence of consumer perspectives difficult.

We need to CARE as well. We need to work together for a better system, better health and a much more pleasant experience for everyone, then we will all be winners. ■

HCC Extraordinary General Meeting for 23rd July 2014

The Board of the Health Consumers' Council is giving notice of an Extraordinary General Meeting to be held on 23rd July 2014 at 5 pm at the HCC meeting room, Unit 7 Wellington Fair, 40 Lord St, East Perth.

The sole purpose of the meeting is to address the expulsion from membership of Ms Iren Hunyadi. The Board has unanimously agreed to expel Ms Hunyadi and has written to her, in accordance with the Constitution, by registered mail to inform Ms Hunyadi of the decision.

The letters were rejected by Ms Hunyadi at the post office. Ms Hunyadi independently wrote to the HCC maintaining that she did not support any expulsion. The Board has taken this as an indication that the matter must be resolved by simple majority vote at an Extraordinary General Meeting.

Absentee votes will be sent to members, along with information on the expulsion. Ms Hunyadi is being given an opportunity to state her case in writing.

The Board does not take the expulsion of members lightly and asks the membership to support their recommendation in this instance.



**HEALTH CONSUMERS'
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Health Consumers' Council Annual General Meeting: 17th Sept 2014

The Health Consumers' Council Annual General Meeting will take place on Wednesday 17th September, 2014, from 5:30 to 7:00pm. Venue Department of Health Theatre 'D' Block 189 Royal Street, East Perth.

We are pleased to announce that our guest speaker this year is 2003 Australian of the Year, Professor Fiona Stanley.

We hope to see as many members as possible at the AGM to hear Professor Fiona Stanley.

Members please RSVP via email info@hconc.org.au or call (08) 9221 3422 by Wednesday 10th September, 2014.



Seeking nominations for the HCC Consumer Excellence Awards

The Board is seeking nominations from members for our exciting new awards to recognise the unsung heroes behind the scenes in WA Health.

1. Rosemary Caithness Award for personal service to health consumers
2. Lifetime Achievement Award
3. Team Project Award
4. Consumer Leadership Award
5. Innovation Award
6. Health Partnership Award
7. Health Professional Award
8. Regional Services Award
9. HCC Member Organisation of the Year Award
10. Outstanding young consumer of the Year Award

Please find your nomination form enclosed. Scan and send the completed form to info@hconc.org.au or post to GPO Box C134, PERTH WA 6839. Nominations close Monday 18th November.

If you require more than one form, contact the Health Consumers' Council on (08) 9221 3422 or email info@hconc.org.au

New housing approach needed to stem growing problem: Elder Abuse

Jenna Aziz | Advocare Incorporated

It's hard to believe that in a country where human rights are a part of our everyday lives, there are thousands of senior Western Australians who do not speak up about them.

These are the rights to be treated with respect, have choices, be and feel safe and to live without exploitation, abuse or neglect.

Elder abuse, most commonly perpetrated by family members and friends, happens to the most vulnerable in our society. Dependence, social isolation and ageism coupled with shame and self-blame significantly contributes to victims of abuse.

Research has revealed that as many as 1 in 20 older people will experience abuse, making it more prevalent than Alzheimer's disease, and one of the most predominant social issues facing older Australians.

Greg Mahney, CEO of Advocare said elder abuse comprises of a complex suite of issues and one of those significantly contributing to more incidents being reported is housing issues.

"We have had longstanding concerns about the lack of affordable housing, the increasing number of older people at risk of, or experiencing homelessness, and the impact on older Western Australians" said Mr Mahney.

"There is a shortage not only of rental properties, but also in residential aged care facilities with the wait lists increasing rapidly" he added.

Many older people will rely on their family and friends to house them while they await care which subjects them to a higher risk of elder abuse.

A submission by Advocare to the Senate Enquiry into affordable housing is currently being reviewed.

It calls for action to be taken into:

- Increasing the number of single units available for Department of Housing tenants;
- Older people being seen as a higher priority on the Department of Housing waiting list;
- Policy in Department of Housing allowing older people to have family stay for the purposes of care/support;

Option for Police, welfare agencies and victim support services to appeal a strike on behalf of a person who is a victim of family abuse, or who did not contribute to the disruptive behaviour.

It is hoped that issues raised in the submission and in the upcoming World Elder Abuse Awareness Day, commemorated on the 15 June 2014, will bring greater awareness about elder abuse and support those experiencing it.

The 2014 National Elder Abuse Conference held in Perth will also allow organisations and people working with seniors to look at all aspects of elder abuse.

3rd National Elder Abuse Conference

Advocare is proud to be at the forefront of combating elder abuse in Australia and will host the 3rd National Elder Abuse Conference. Entitled 'Unlocking Solutions', our organising committee will embrace a program that looks into all aspects of elder abuse.

Already regarded by industry leaders as a must attend event, this conference will bring together dynamic global experts to share information on topics that will assist in elder abuse research, intervention and policy. There will also be plenty of opportunities for networking, reacquainting with old colleagues and meeting new ones.

The two day conference will be followed by a unique one day workshop which will look at the practical and theoretical applications that arise from the conference.

Delegates are encouraged to attend from different professions, as unlocking solutions to elder abuse requires a collaborative effort from all counterparts. Register your interest at www.elderabuse2014.com for the conference and workshop and help change the outcome for thousands of elder abuse victims in Australia.

Advocare
incorporated



**unlocking
solutions**

**Third National Elder
Abuse Conference**
3 & 4 September 2014
Hyatt Regency Perth

May 2014 Diversity Dialogues: Dementia

Louise Ford | Health Consumers' Council

In partnership with Alzheimer's Australia WA the Health Consumers' Council facilitated a Diversity Dialogues Forum on Dementia. Panel members from four cultural backgrounds participated and we extend our sincere thanks to them.



Our panel consisted of; Safi Mutambala (RUAH /Congo); Shahla Haidari (ISHAR /Iran/Persia); Jillian Pan (Chung Wah Community and Aged Care /China); and Pina Catalano (Italo-Australian Welfare & Cultural Centre /Italy).

Thanks also to Isha Koroma for assisting with the registration process: Isha arrived in WA from Sierra Leone in October last year. The forum was well attended by a total of 48 people from various organisations.

Initially each of the panel members provided a briefing on ways in which their culture identifies dementia (and if they do), how it is named, the meanings behind the names, how their society deals with dementia, whether or not there is stigma attached, what people think causes the disease and how they treat both it and the person with dementia.

A very interesting comment was made by Safi; in her culture the word for dementia is, essentially, loneliness. A family and community orientated (collective) culture does not allow people to be alone and will ensure individuals are visited, included and have people around at all times to assist with their well-being. This was reinforced by other panel members some of whom contributed the importance of music and dance to the well-being of community members, including those with dementia.

Panel and audience members engaged actively during the Q&A session with a wide range of questions being asked. Questions included how to develop ways to engage effectively with communities, how to take a non-pharmacological approach with people from different cultures, supporting families from diverse cultural backgrounds whose family member has been diagnosed with dementia and, also, how to work with staff from different cultural backgrounds. Amongst the responses to these questions we learnt, for example, that it is of benefit to provide/allow family to provide traditional music for patients to listen to, to talk with them about family and family history, to indicate cultural awareness e.g. having Chinese Bamboo on your desk and taking notes when conversing with Chinese families (the note taking indicates you are taking them seriously) and to gain the trust of families.

Several recommendations were made as result of the forum, these were:

- That service providers work supportively with families to accommodate culturally relevant strategies (e.g. traditional music) for and visitors to those with dementia
- That service providers proactively engage with CaLD communities and leaders to learn about cultural values and beliefs to better support those in their care
- That service providers include discussion about western concepts and understanding of dementia in training to carers and also encourage trainees to share their cultural understanding of the condition
- That people from CaLD backgrounds are encouraged to work as bi-lingual, bi-cultural carers
- That cultural competency is a component of carer and staff training

July 2014 Diversity Dialogues: Mental Health

The Health Consumers' Council and **Community West** invite you to attend July's Diversity Dialogues forum which will focus on exploring concepts, cultural interpretations around mental health and how these may be able to inform practice in western service provision with regard to treatment and encouraging patient engagement.

The forum is being held on Wednesday 23rd July. For more information or to RSVP email info@hconc.org.au or Call 9221 3422 by Thursday the 17th of July.



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Sorry Day

Laura Elkin Aboriginal Advocacy Manager | Health Consumers' Council

On 26th May 1997 the Bringing Them Home Report was tabled in Federal Parliament following a national inquiry into the *Separation of Aboriginal and Torres Strait Islander Children from their Families*. The Inquiry's examination concluded that the intent of removal policies was to: "absorb, merge or assimilate children so that Aboriginal people, as a distinct group, would disappear."



Sorry Day 2014

The Inquiry noted that they could not find a single parent whose child had been removed that was able to speak about their experience. The inquiry received over 700 testimonies, including over 500 from people who had been removed. They detailed profound grief and loss that has permanently scarred their lives, their children's lives, their grandchildren's lives. The harm continues through generations and is still felt today. Many people never made it home to their parents, families and communities. And many of them are still piecing together their lives and still searching today. The report made 54 recommendations, most of which have never been acted on.

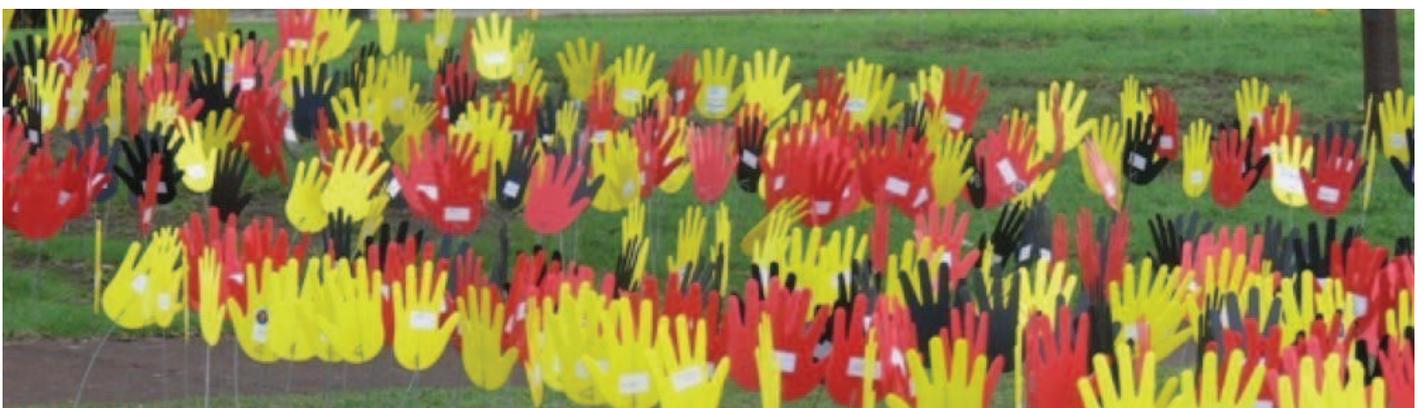
The 'Bringing Them Home Committee' (of which I am a member) is part of the 'National Stolen Generations Alliance'. We have held an event for Sorry Day in Perth every year since the report was tabled. We continue to advocate for truth, justice and healing for the Stolen Generations and work closely with Reconciliation WA. This year the "Bring Them Home Committee" formed a partnership with the Fremantle Football Club which saw the inclusion of the native purple hibiscus (the symbol of the Stolen Generations), on the Dockers

Indigenous Round Guernsey. The Stolen Generations Commemorative Flower was chosen by members of the Kimberley Stolen Generations Corporation because its colour denotes compassion and spiritual healing; it is found widely across Australia and it is a survivor.

Present at Sorry Day was Dockers CEO Steven Rosich, and players Michael Walters and Michael Johnson; who shared some of his family's story. The Dockers also gave a very special invitation for twenty Stolen Generations mob, including mostly Elders from the Kimberley, Perth (including myself), South-West of WA and from Victoria to make a guard of honour for the team on the Indigenous Round game day in Melbourne.



As we made our guard of honour the team ran through a banner commemorating the Stolen Generations. It is difficult to explain how amazing and moving it was for all of us. After the game we received phone calls from family and friends across Australia. There were tears and smiles across the board. It was a healing and completely unexpected experience. It reminds me that whilst the Stolen Generations directly affect so many of us, we all can play a part in recognising the past and working together for a better shared future. ■



A special thank you goes out to Keith Bodman for allowing the Health Consumers' Council to use his photos.



**HEALTH CONSUMERS'
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