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Helplines Australia  
Newsletter **October 2011**

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Helplines Industry in  
Australia





## **Fair Calls For All Campaign – NumberWoman**

*Australian Communications  
consumers Action Network*

A freephone number begins with '18' or '1800'. You can call these free from a landline. A local-rate number begins with '13' or '1300'. When dialled from a landline they are charged at the same rate as an untimed local call, a flat fee of about 30 cents. The remaining cost for these calls is covered by the business or organisation you are calling.

The Telecommunications Numbering Plan 1997, the law that governs telephone numbers, says that freephone and local-rate call charge arrangements only apply to standard telephone services, i.e. landlines.

In 1997, taking into account widespread use of landlines and payphones, and the high costs associated with mobiles, it made sense to only offer freephone and local-rate services for landline calls. In 2011, it doesn't.

Mobile calls to freephone and local-rate numbers are charged at a rate set by your service provider.

Australia is falling behind international trends – other nations have already modernised to allow free calls from mobile phones on designated number ranges. International examples demonstrate that a freephone range from mobile phones is affordable, desirable and, most of all, possible.

Thousands of charity helplines, government and essential services such as banks, insurance companies and roadside assistance provide freephone and local-rate numbers so their clients and customers can get in touch with them easily.

One of the greatest advantages of these types of numbers is the simple call rates. From a landline it's 1800 – free, 13 or 1300 – local rate, but do you know how much you pay from your mobile for these types of calls?

Call prices for mobiles are notoriously confusing. 1800, 1300 and 13 numbers are often excluded from plans and charged at different rates to standard calls.

In some cases, a freephone or local-rate call is the only way to access a particular service and can involve significant wait times or call times. These calls become really unpleasant when you are charged high per minute rates when calling from a mobile.

Telcos have the chance to restore simplicity. They can make a free call just that, free.

On Telstra, Optus and Vodafone mobiles, local-rate calls are charged anywhere between \$0.20-1.04/ minute with a \$0.15- 0.39 call connection charge.

Using a pre-paid mobile, a ten-minute call to Centrelink's Disability, Sickness and Carers 13 2717 number costs up to \$11.00.

We need you to help us make the telcos realise that businesses and consumers want **Fair Calls For All**.

Charges to mobile callers are unfair and unnecessary, causing greatest detriment to some of the 14% of Australians who only have a mobile phone.

Find out how you can support the **Fair Calls For All** campaign, go to [www.accan.org.au/numberwoman](http://www.accan.org.au/numberwoman)

Helplines Australia is supporting this campaign and encourages our members to also endorse this campaign.

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**[info@helplines.org.au](mailto:info@helplines.org.au)**



## **Talk isn't cheap but it's better than pills**

Andee Jones  
3 October 2011

Get that man some Prozac, the report in *The New York Times* declared. Two psychiatrists had diagnosed the protagonist of Arthur Miller's *Death of a Salesman* as having a depressive disorder. "Willy Loman," retorted Miller, "is not a depressive . . . he is weighed down by life. There are social reasons for why he is where he is."

In 2007, life sent me scuttling for help. I tried three therapists in as many months. Before all this happened, I had worked as a psychologist for several years. I had also been a long-term client of therapy, so I could see things from both sides of the couch.

Until late 2006, the services of psychologists - such as those of dentists, physiotherapists and so forth - attracted no Medicare cover. Medicare restricted its mental health cover to services provided by medicos, mostly psychiatrists. Psychology is not a field of medicine.

Under the 2006 Better Access initiative, Medicare started funding up to 12 sessions a year with a psychologist (plus a further

six sessions in "exceptional circumstances"). For the first time in my life, I could afford to consult a psychologist instead of a medical specialist - of whom I'd seen plenty in the preceding decades.

Don't get me wrong; I'm not against medicos. Some I consulted were helpful. Others were not. The Better Access initiative gave me choice. I chose to see a psychologist. Because of the severity of my condition, I was eligible for 18 funded sessions annually. The therapy saved my life.

The Australian Psychological Society recently surveyed a sample of clients who, like me, needed more than 10 sessions a year with their psychologist. Most had been diagnosed with severe depression or anxiety, including post-traumatic stress disorder. The sample represents 87,000 clients a year who stand to lose from the planned cuts to Better Access.

I've thought a lot about what kind of therapy worked for me and why. Regardless of therapeutic modality, what didn't work were therapists who played Father Knows Best. I'm not talking men versus women here; not all male therapists play this game, and some women - the Maggie Thatchers of therapy - do.

My point is this: Medicare coverage of psychological services gave me choice. It enabled me to find the therapy I needed. After trying - albeit unwittingly - three Fathers Who Know Best (including one "Thatcher"), I found a therapist who was

willing to work with me rather than on me.

During my recovery, I needed every single one of my annual 18 sessions of Medicare-funded therapy. I needed more, but there was no real choice; heading back into psychiatrist territory was not on my agenda. Once, my psychologist recommended medication and I took it. But what saved my life and gave me hope was talk therapy - continuing, consistent, reliable and affordable talk therapy with a collaborative therapist.

When I worked as a psychologist under Medicare, many of my clients were refugees from psychiatrists, who, my clients said, offered little more than medication. After all, if the pills are working, why waste expensive time talking? As their remaining Medicare-assisted sessions with me dwindled, some of these clients began attending less often. When I asked why, they said they were saving their remaining sessions in case they suffered a crisis before the next year's funding kicked in. Understandable? Sure. Therapeutic? Not likely.

Why are the Ian Hickies banging on about mental healthcare needing a fresh start? Why do they want to cut funding to clients of psychologists? Hickie says there are still large gaps in mental healthcare. Agreed. The drover's dog knows the public system is broken. Of course we need better mental healthcare, but not by slashing effective programs such as Better Access. Since when does it help to cut off

the healthy right arm of a person with broken legs?

What's the real problem? Could it be that "too many" people are seeking "too much" help from psychologists? Taking up too much expensive time talking about how life is grinding them down when they could take a mere tick to swallow their pills?

It seems I got the therapy I needed just in the nick of time. The knives are out to slash the annual maximum of 18 Medicare-funded sessions to 10. I for one will be eking out my ration with my psychologist of choice rather than going back where I came from.

Andee Jones is a Melbourne author. *Barking Mad: Too Much Therapy Is Never Enough* is her second book.



### **Flood kids needs more help, expert warns**

Gabrielle Dunlevy  
29 September 2011

Preschoolers and adolescents whose homes were flooded last summer may not be getting the psychological help they deserve, an expert warns.

Professor Justin Kenardy has told a Brisbane conference on mental health and disasters that the effects on children following

summer's floods are not adequately recognised.

While mental distress in primary school-aged children was more likely to be picked up in the classroom, he warned problems among preschool children and teens may be going unnoticed.

The Queensland-based expert's advice comes a day after a federal parliamentary inquiry into the insurance industry heard how the strain on families caused by flood insurance claims still in limbo was making some youths suicidal.

Lockyer Valley Flood Recovery co-ordinator Derek Pingel told a hearing in Toowoomba that anti-depression medication was being prescribed more widely for affected teenagers, and the academic performance of some was slipping.

"I've noticed children, more teenagers than other children, have been profoundly affected," Mr Pingel said.

"There have been significant rifts between them and their parents."

The anecdotal evidence fits with Prof Kenardy's view that trauma from the floods - which hit more than 70 per cent of the state and killed 35 people - was more likely to be compounded in teenagers already grappling with peer and school pressures.

In families hit with financial uncertainty, the strain would be particularly severe, he said. "Kids in particular tend to fall off the map," Prof Kenardy

"With teens, they are dealing with developmental issues, peer-group stress and their changing role as adults as opposed to children.

"All of those things become derailed when the entire family is just trying to hold on."

As well as the risk that already moody teens could be overlooked, there was the misconception that young children could rebound easily from upsetting events.

In fact, Prof Kenardy says the trauma of natural disasters could cause permanent changes among children whose brains were still developing.

"There's a general feeling that kids are resilient, that they tend to bounce back from things like this, especially younger kids," he said.

"There's a thinking that kids under six can't really comprehend all that's going on."

Experts used the Brisbane conference to discuss research from other disasters including Hurricane Katrina and the Christchurch earthquake, and to call for more mental health intervention for flood-affected teens.

Prof Kenardy, of the Centre of National Research on Disability and Rehabilitation Medicine, spoke at the third Australasian Mental Health and Psychosocial Disasters Conference.



## **Kids' mental health services**

*Liz Keen  
27 September 2011*

The last federal budget saw a \$1.5 billion package for the mental health sector.

We have now seen how that funding is falling in the community, and while no-one's complaining that the funding is in the sector, some people are concerned that there hasn't been enough for young children's services.

The Children's Mental Health Coalition said earlier this year that there should be more funding for early intervention programs for children aged up to 12 years.

Convenor of the Coalition Professor Louise Newman said that children are pretty much ignored in any of the discussions going on about mental health funding.

Meanwhile, there was criticism that headspace, the service for 12 to 25-year-olds, was given too much funding in the last federal budget while younger children were largely ignored.

Chris Collyer is a psychologist in private practice in Grafton who works across the Coffs Coast and she says it is crucial that

children with signs of mental illness get support early.

"There's certainly evidence now showing that the earlier we get onto particular problems the much better outcomes there will be later in life."

"I work with a lot of children between the ages of four through to adolescence and I see a lot of the early mental health type problems that potentially can develop into disorders later in life fairly frequently."

Early signs that a young child may be starting to face mental health issues like anxiety or depression are changes in behaviour such as bedwetting, sleep disturbances, changes to eating patterns.

One place that we expect children's mental health to be assessed is school but according to Ms Collyer school counsellors are overworked.

"I know that they're really stretched, school councillors may have to cover three or four or more schools in a fairly large geographic area."

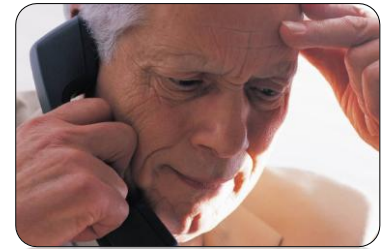
She says the local shortage of mental health services for children is made worse by a shortage of workers in the region.

She says that online support services such as kids' helpline and beyond blue can be helpful for children but essentially it is important that parents take children seriously.

"It's very important to listen to your children, if children do express any thoughts of

hurting themselves or that they're feeling really bad about themselves that we do listen, that we take them seriously, we seek out professional help if we're not sure of how to deal with what's going on with our children."

[www.kidshelp.com.au](http://www.kidshelp.com.au)



## **Facing up to the facts on incontinence**

*Darragh O Keeffe  
1 Oct 2011*

New figures show the rising incidence of incontinence in Australia and point to the need for a highly skilled workforce, adequate research funding and public education. reports.

One in four Australians over the age of 15, or nearly 4.8 million people, are now living with incontinence, according to recently released research.

The figure consists of 4.6 million people living in the community and more than 120,000 living in residential aged care, according to the paper prepared by Deloitte Access Economics.

The research, commissioned by the Continence Foundation of Australia, says the figure probably underestimates the prevalence of incontinence in residential aged care "because residents who 'self

manage' their condition is statistically included with residents who are continent".

Of those in the community, 4.2 million people experience urinary incontinence and 1.3 million experience faecal incontinence.

Women are more likely to be incontinent than men "with the life stages of pregnancy and menopause a major contributing factor". Of those living in the community, women make up 80 per cent of those with urinary incontinence and 62 per cent of those with faecal incontinence.

"Despite common belief, over half of the women living in the community with incontinence are under 50 years old."

While the rising incidence of incontinence has been charted for some time, the 4.8 million figure is bound to surprise.

"That is a new figure. What Deloitte's has done is extrapolate that figure based on data from the Australian Institute of Health and Welfare (AIHW)," explains Barry Cahill, the CEO of Continence Foundation of Australia.

"The figure is high, but bear in mind that in 2006 the figure was about 3.8 million Australians... Obviously there are issues with population growth, and an ageing population...With this kind of research it depends on the parameters, which are set through research guidelines."

When asked how this figure compared internationally, Cahill said it was similar to

other countries he was aware of.

"Compared to Canada, for example, we're not too far from the mark there... I mean, if you look at the research around the world which says that essentially one in three women who have given birth will have urinary incontinence, you begin to see the scale of the issue and the size of the numbers we're talking about are borne out in that research."

The Deloitte Access Economics paper also considered the financial burden of incontinence. It found that in 2010, the total financial cost, excluding the burden of disease, was \$42.9 billion. This equated to \$9014 per person with incontinence.

"Likewise with the financial cost, Deloitte's has factored in all the associated costs, from hospital expenses to aged care, Medicare, GP, various treatment costs, informal and formal care, the price of aids," said Cahill.

Estimates of personal expenditure associated with managing incontinence were difficult to find, the paper said. Based on literature it estimated the figure to be \$191 million for urinary incontinence alone.

"Continence pads are probably the largest single item of personal expenditure, comprising 70 per cent of total personal costs... Laundry costs comprise 17 per cent of personal expenditure," the report found.

Further, the economists estimated the cost of lost

productivity caused by incontinence. The total productivity loss for 2010 as a result of incontinence was \$34 billion, it found. "This was a consequence of lower employment rates amongst those with incontinence," it said.

Elsewhere, the report noted that the prevalence of incontinence is forecast to increase in coming years. By 2030 it is estimated that 6.4 million Australians - equating to 27 per cent of the population aged 15 years and older - will be living with incontinence.

For Cahill, these figures highlight an ongoing concern; the current and future health workforce.

"It's like any area of health; you need to ensure you have adequate numbers of appropriately trained and skilled staff," he said. "As the number of people living with incontinence grows over time, will we have the workforce ready to deal with it? Will that workforce have the sufficient skills? In aged care in general, people who enter the workforce are often largely unskilled, particularly in continence care. Bear in mind incontinence can be caused by a number of things, and age may not be a factor. Will the staff be trained in diagnosing incontinence effectively? Will they be capable of managing that person's care?"

Apart from the financial costs and lost productivity, the report also illustrated the human cost, said Cahill. "Some very courageous people shared their stories and spoke of withdrawing

from social occasions, even from family activities."

This highlights the major challenge facing professionals and organisations working in the continence space, Cahill said.

"In many respects, incontinence is the last frontier in terms of stigma. We've very effectively broken down the taboo or stigma around cancer in recent years, for example. I mean it's shocking to think how recent it was that cancer still had a stigma about it. Likewise with mental health in many ways; we're making progress there. There's a much greater awareness today of mental health issues. We know a lot more about depression for example; how it affects people, how common it is. Contrast that with incontinence, where there is still such a stigma.

"It's only by taking away the stigma, the shame, that we will effectively deal with the issue and confront the growing numbers. Remember that only one in three people will raise it with their own health professional; we need to talk about it more, make it more acceptable to seek help."

To counter the pressures the increasing prevalence will place on the health system the right support systems must be put in place. This requires a review of resources and services, the report said.

Cahill said collaboration between relevant bodies and professionals was occurring. He said in many ways

Australia was seen as a leader.

He highlighted the National Continence Management Strategy, which has provided funding to promote awareness and educate the public.

"One of the outcomes of that has been the national continence helpline. That's hugely beneficial, given the reluctance a lot of people have about talking to their own health professional; the privacy and anonymity of the helpline appeals to many. The helpline also gives them access to continence nurses, to experts, to get that advice."

Notwithstanding, he said incontinence, like many other areas, struggled in terms of securing research funding, "mainly because it is not a life threatening disease. And look at some of the other competing conditions all fighting for research funding."

However, it was important to note that collaboration was ongoing. He pointed to CFA's recent national conference in Melbourne which brought together health professionals from different fields.

"Formally incontinence has been recognised as a chronic health issue which needs financial support for education and to promote awareness... And that is happening at the state level as well. A lot of work is being done to produce resources which will help people living with incontinence and their families. But, of course, we can always do more. That's the challenge," he said.



## Helpline for parents with fiery kids

Ava Benny-Morrison  
19th September 2011

NSW Fire and Rescue have dedicated a helpline to concerned parents who notice their children becoming a little too friendly with the naked flame.

Infant and child fire fascination can lead to catastrophic circumstances, some of which Lismore Fire station officer Ian Grimwood has witnessed first-hand.

"In the past they had lit fires around their house or on derelict grounds," Mr Grimwood said.

"I went to one a couple of weeks ago and in the two to three years prior I had probably been to three of four incidents.

"It happens regularly enough to be a concern to us.

"It's basic child curiosity and they become entranced by the flame. Kids don't understand the consequences of what happens when they play with fire."

According to NSW Fire and Rescue, about 3000 fires each year are started by children.

In response to these alarming statistics, the NSW Fire and Rescue established the Intervention and Fire Awareness Program (IFAP), which provides help to parents wanting to manage their children's fire-starting behaviour.

The IFAP helpline allows people to talk confidentially to a dedicated fire intervention officer about their child's fire infatuation.

If the situation is increasingly dangerous, the fire intervention officer will even attend the worried family's house to assess the fire-influencing surroundings, talk to the child with the infatuation and offer advice to the family.

"If necessary he or she (fire prevention officer) will come to the area and look at the environment they are in and change it," Mr Grimwood said.

"We want to err on the side of caution. This program is always relevant because structure fires will put people's lives at risk and because of the potential for bushfires."

Teaching children that fire is a tool, not a toy and teaching them fire survival skills will help prevent young ones from developing fire fascination.

NSW Fire and Rescue urge parents who are concerned about their child's fascination with fire to contact 1800 600 700.

The line is strictly confidential.



### ***Act now to help families in crisis***

South Australia needs a strategy to address the number of families struggling with rising costs.

The move comes on the anniversary of last year's "slash and burn" state Budget, which cut the Government's anti-poverty unit and removed financial counselling services.

SA Council of Social Service chief executive Ross Womersley has written to all state MPs to highlight the latest figures from the Australia Bureau of Statistics, an analysis of which reveals: 25,500 SA households sought help from welfare organisations in the 2010 financial year.

14.4 per cent of SA households weren't able to pay at least one bill on time. 42.3 per cent of low income households could not afford a holiday for at least one week a year. More than 60 per cent of low income households had at least one indicator of financial stress, with half of these having four or more separate instances of financial stress.

About a quarter of low income households say they could only afford second hand clothes most of the time.

The survey also revealed a growing number of South Australians - 16.9 per cent, up from 14.5 per cent five years ago - would be unable to raise \$2000 in an emergency situation.

"These new figures confirm again that many more South Australians than we imagine are under genuine financial stress and need support, whether it is emergency financial assistance, advice, or advocacy to help make debt levels serviceable and avoid absolute crisis," Mr Womersley said. He called on the Government to review its funding cuts to financial services and for it to develop an anti-poverty plan.

"SACOSS has always argued it is much wiser to invest a few dollars up front and provide early help than to allow social problems get out of control and then have to spend massive amounts to try and control the problem," he said.

"We need an immediate renewed investment in financial counselling and assistance services for citizens across our state."

Mr Womersley said the not-for-profit sector was reeling from last year's state Budget cuts, which removed 33 positions from the Government's anti-poverty services. The organisation has reported that in the past three months, requests for financial counselling to the Salvation Army have increased by 88 per cent through its financial helpline, while UnitingCare Wesley reported a 60 per cent rise in requests for financial counselling.



## ***You don't have to be alone***

*Laura Keys  
15 Sep 11*

Altona North resident Nick Sapounakis relaxes with daughter Mina and wife Mary, his primary carer.

Caring for her father since he was diagnosed with dementia six years ago has been a steep learning curve for Altona North's Mina Sapounakis.

In the lead-up to Dementia Awareness Week, which runs from September 16 to 26, Ms Sapounakis has shared her experiences in a bid to help others.

Ms Sapounakis said her father, Nick, was diagnosed only after someone from outside the family noticed changes in his behaviour.

"Sometimes love is blind in a lot of different ways," she said.

"(Dad) was a character as it was, he would carry on and ... we didn't know anything unusual had happened."

Now in his early 80s, Mr Sapounakis' condition has slowly deteriorated. But the family is committed to keeping him at home rather than putting him in care.

"Myself and my brother have said to my mum to let us know if it gets to the stage when it's too much to handle because we see the stress she's under," Ms Sapounakis said.

"It's quite horrible for us, seeing what they're going through.

"He tries his best ... it's just a horrible thing to happen to someone you care about."

A small device with emergency call buttons and a GPS tracker has made life a little easier.

The family signed up to the Safe2Walk program, which provides a trackable device for Mr Sapounakis to wear in case he gets lost or wanders away.

For Ms Sapounakis and her mother, the device provides invaluable peace of mind.

"If he does wander off from the house, which has happened, (mum) would ring me up in a panic and I could look it up at the computer and tell her where he was," Ms Sapounakis said.

"This put mum's mind at ease a lot and gives her a bit more relaxation about it."

Ms Sapounakis believes information about support and resources for those grappling with such problems must be made more readily available, especially to Hobsons Bay's large migrant community.

"I think the biggest issue is getting it out in other languages," she said.

Alzheimer's Australia estimates about 1086 Hobsons Bay people are living with dementia, with the number of cases predicted to increase 256 per cent to 3862 by 2050.

For more information about Dementia Awareness Week or Alzheimer's Australia, visit [alzheimers.org.au](http://alzheimers.org.au) or call the National Dementia Helpline on 1800 100 500.



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## Mental Health Week 2011 Poster

In 2011, Mental Health Week will run from **Sunday 9th to Saturday 15th October**. World Mental Health Day is marked every year on the same date: 10th of October.

Mental Health Week aims to activate, educate and engage Victorians about mental health through a week of interactive events across the state including an official launch, community festivals, art exhibitions, music, theatre and seminars.

From its beginnings in 1985, the week has grown to encompass hundreds of events and a multitude of individuals, community groups and service providers throughout the state.

Much of the effort of running Mental Health Week comes from dedicated volunteers committed to promoting mental wellbeing, furthering knowledge about mental health and eliminating the stigma surrounding mental illness.



## National Health Reform:

The path for implementing National Health Reform, agreed with each state and territory, is explained in detail in a new publication, entitled *National Health Reform: Progress and Delivery*

The Commonwealth is committed to ensuring Australia has a sustainable and effective mental health system and is determined to improve the system to ensure people with mental illness, their families and carers have access to the services they need.

The national health reform agenda will mean better planning, management and coordination of local services based on local needs, more hospital and sub-acute beds, more doctors and nurses and a strong primary care system. These structural reforms will improve services for all Australians, including those with mental ill-health, and lay a strong foundation for further reform of the mental health sector.

In particular, the fast-tracking and establishment of more

Medicare Locals agreed to at COAG in February 2011, will improve local integration of Commonwealth and other mental health services in primary care. Medicare Locals will work with Local Hospital Networks to improve clinical pathways for people with mental health needs. *HeadSpace* sites will work with their Medicare Local to ensure strong referral pathways and care coordination.

Services for people with severe mental illness will also be improved by the Government's \$1.6 billion investment to expand sub-acute care facilities. Extra community-based residential mental health beds will ease transitions from hospital to the community and reduce the need for hospitalisation.

Under national health reform the government announced a number of key initiatives to improve outcomes for people with mental illness including: A significant expansion of early intervention services for young people; funding for extra mental health nurses; a roll out of highly-targeted programs to tackle suicide; and provision of tailored packages of care for the most vulnerable.

These measures have been built on with subsequent budget announcements delivering significant additional funds which together provide a [\\$2.2 billion package of measures](#) to deliver national mental health reform so that people with mental illness get the care they need when they need it.