



July 2008

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Study shows telephone counseling can be effective

American Psychological Association – Monitor

As the use of Internet and telecommunications services continues to grow, researchers have questioned the practice of telephone counseling for general mental health. But according to a study reported in the April [*Journal of Counseling Psychology*](#) (Vol. 49, No. 2), telephone counseling appears to be an effective psychological practice.

Based on the 1995 Consumer Reports finding that patients benefit greatly from face-to-face counseling, this study examined free telephone counseling offered to the employees of three large Fortune 500 companies as well as other smaller, regional companies across the United States, Canada

and parts of Mexico. Both employees and their immediate family members had access to a telephone counseling agency's toll-free number. Over a three-week period, the authors surveyed a nonrandom sample of adults who called the counseling agency about mental health, relationship or job problems. Master's-level mental health professionals provided the phone counseling, using a solution-focused model of therapy. Most callers received four telephone counseling sessions.

After at least one 30-minute phone session, the counseling agency mailed a packet of questionnaires, including the *Consumer Reports* Annual Questionnaire (CRAQ), which asks clients to rate their specific improvement, satisfaction and global improvement as a result of telephone counseling. By using CRAQ, the researchers could compare the effectiveness of face-to-face counseling, as measured by *Consumer Reports*, with the effectiveness of telephone counseling.

The researchers--Robert J. Reese, PhD, of Abilene Christian University, and

Collie W. Conoley, PhD, and Daniel F. Brossart, PhD, both of Texas A&M University--found that telephone counseling was beneficial and satisfactory, marked by specific improvement on the issue that lead to counseling and global improvement in emotional state. Of the 186 respondents, 68 percent reported feeling very or completely satisfied with the telephone counseling and 53 percent said they felt somewhat better as a result of counseling. The data also indicate that telephone counseling did not appear to work as well as face-to-face counseling for people who reported feeling very poorly: 31 percent of respondents who initially described that they felt very poorly reported improvement in functioning, compared with 54 percent in the *Consumer Reports* study of face-to-face counseling.

In contrast to face-to-face counseling, telephone counseling is convenient and less expensive--if provided in a format similar to this study's--and the anonymity of the service may provide clients with a greater sense of control, the authors note. For people who do not have access to affordable mental health care, telephone counseling may be a viable option, they add. The authors also point out that without an office, clothes and physical appearance to potentially distract them, clients being counseled via phone may be inclined to focus better on what the therapist says.



Telephone Helplines UK Warning

24 May 2008

Hoax calls update

We'd like to make all helplines aware of some hoax calls which are doing the rounds at the moment.

One hoax involves a caller putting two helplines – and sometimes even two helpline workers from the same organisation – in a conference call with each other. It is not known if the hoaxer then listens in on the confusion that usually follows.

Another involves members of the public receiving a hoax text message from someone they know asking for urgent help and giving a number – in this case the London Lesbian and Gay Switchboard. This may sound like a one-off joke, but since 19 October they've had 526,000 calls. At one stage they were receiving up to 26,000 calls a day. They placed an

announcement on their answer-machine explaining the hoax and asking callers to dial 1 if they needed to speak to the Switchboard, and have asked the police to investigate this as a hate crime.

Some hoaxes which have occurred in the past include a hoaxer using computer-aided dialling to bombard helplines with thousands of calls an hour, and a hoaxer calling out-of-hours, pretending to be a telephone engineer to persuade workers to give them the login details for the helpline's virtual call centre.

Many helplines get some hoax calls. It is also probably true to say that hoaxers themselves are people who need help. Some helplines will treat every hoax call as a genuine call. However, hoax calls tie up the line, preventing other callers from accessing the help they need. Staff and volunteers can become exhausted and demoralised and hoax calls can contribute to high staff turnover. Most helplines do not have the resources to cope with large numbers of hoax calls, so may choose to take more proactive action. There are techniques you can use to reduce the impact on your service. Misuse of communications for malicious reasons, and attempts to block a service by flooding it with communications, are against the law, so in extreme cases it is possible to work with the police and your telephone service provider to trace the caller.

It's also important to ensure your staff and volunteers are aware of some of the common scenarios so they can quickly recognise if a call fits one of the patterns

above. If you have remote workers, especially working out of hours, they should never reveal to callers that they are working alone or at home, and they should have telephone access to a supervisor throughout their shift so they can refer any doubtful calls.

If your helpline does start to experience hoax calls which are unusual or frequent, please do contact the THA helpdesk to let us know. Depending on the scenario, we may have further advice to offer on minimising the impact on your service.

If your service has or does experience similar concerns please e-mail Helplines Australia on info@helplines.org.au



Surge in Calls to Cancer Helplines

TheWest.com.au AAP

23 June 2008

News of Jane McGrath's death has led to a surge today in the number of calls to the Cancer Council's help line in Tasmania, the council says.

Ms McGrath, 42, along with her husband - former Australian cricketer Glenn McGrath - founded the McGrath Foundation to

provide support for breast care nurses and to educate young women about the disease.

Mrs McGrath died aged 42 at her Sydney home yesterday after a long battle with cancer.

She and her husband - former Australian cricketer Glenn McGrath - founded the McGrath Foundation to provide support for breast care nurses and to educate young women about the disease.

"The news of Jane McGrath's tragic death ... has led to a surge in inquiries to the Cancer Council Helpline 13 11 20 today," the council says in a statement.

Cancer Council Tasmania's CEO Lawson Ride said today that whenever a high-profile Australian woman was affected by breast cancer it inevitably led to greater community awareness.

"Most of the calls we are taking are from women worried for themselves or their daughters," Mr Ride said in the statement.



DOCS system 'a recipe for disaster'

Mar 10, 2008

The special inquiry into child protection services in New South Wales has been told

that the Department of Community Services (DOCS) needs a massive overhaul and that direct welfare services should be provided by the non-government sector.

The inquiry was set up last year after two children known to DOCS died within weeks of each other.

A submission from the Association of Child Welfare Agencies says the current system is a recipe for disaster and recommends the scrapping of the department's centralised helpline.

It has also called for the mandatory reporting of suspected child abuse to be cut back.

The association's executive director, Andrew McCallum, says DOCS should just have a core function of investigating child abuse.

Mr McCallum says the delivery of early intervention services and out-of-home care should be community-based.

"Child protection is about income, it's about housing, it's about mental health, it's about a whole range of issues," he said

"We tend to see it simply as that pointy bit when a case worker goes into a house and removes a child. That is when everything has gone totally wrong - that is not child protection."

Mr McCallum says the non-government sector should

take over care and early intervention services.

"If DOCS were to focus on what their major role is - to investigate child protection allegations and to look at that forensic end as being their core business - then you get a clear delineation between whose responsibilities are for what, and I think that would make for a better child protection system," he said.

Mr McCallum says child protection must move away from reacting to horrendous cases, with major reforms to create quality services for children.

He believes mandatory reporting of suspected child abuse from people working with children is eating up resources.

"I know it's not politically appealing to say that we want to actually scrap mandatory reporting but that would be my preferred option," he said.

"We need to actually at least narrow the definitions because the helpline, at 280,000 calls a year, cannot cope. It will collapse under its own weight."

**If you have
Information that you
would like published
in our newsletter
please email us at**

info@helplines.org.au



Drought-hit farmers calling for help

2 May 2008

A national men's support service says it has received hundreds of calls over the last year from drought-affected Tasmanian farmers.

The telephone counselling service Mensline Australia is promoting the charitable service to at Agfest at Carrick.

Spokesman, Dr Nick Foster, says many men have been coming to the stall and telling their experiences with Mensline and stories of survival.

"Men from Tasmania are calling about how tough it is to keep going when their families are falling apart and when they're having to think about walking off the land and changing the whole way in which they live," he said.

"The stuff that they're doing on a daily basis and we've had a number of people come and see us at the stand at Agfest and say thank you so much."



Help for Burmese families

20 May 2008

BLACKTOWN residents with relatives in cyclone devastated Burma now have access to an around-the-clock counselling service.

The Parramatta-based Transcultural Mental Health Centre has activated its line to provide counselling for the Burmese community living in NSW.

Almost 4000 Burmese people live in NSW, nearly 400 of those in Blacktown.

The service has 160 clinicians available for telephone and face-to-face counselling and assessments.

"Distress is a normal response to disasters such as cyclones, tsunamis and earthquakes," centre co-ordinator Maria Cassaniti said.

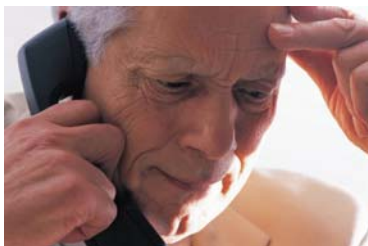
"Common causes of distress may be related to having been directly at risk from the disaster, being concerned or grieving about family and friends.

"It's time to ask for help if you or a family member are experiencing trouble sleeping, distress or feeling

irritable, agitated, feeling hopeless, miserable or that you have trouble concentrating."

Details: Call toll free 1800648911 or 98403767, or email tmhc@swahs.health.nsw.gov.au

Donations to UNICEF Australia's Myanmar Cyclone appeal can be made by calling 1300884233 or by visiting unicef.org.au



Hotline for the elderly

28 April 2008

ELDERLY people who suffer abuse now have a phone helpline, launched yesterday by the State Government.

The Seniors Rights Victoria hotline would provide support and advice to older people suffering abuse, Senior Victorians Minister Lisa Neville said.

She said the \$2.6 million service would allow anyone to access support and advice to respond to the abuse, mistreatment or neglect of older people.

Ms Neville said elder abuse was not just physical but could be financial, emotional, social or psychological.

"It can include such instances as families pressuring elderly relatives for money, forcing them to sign documents they do not understand or restricting their contact with friends," she said.

Studies had estimated up to 5 per cent of older people experience some form of abuse, Ms Neville said.

THE hotline, operating from the 28 April 2008, is 1300 386 821.



Money Talk Tougher Than Sex Talk

20 June 2008
Mark Symonds

Sandra Saker, who is Moneycare's manager for the greater west, said there was a "tsunami of debt" facing families in western Sydney and people needed to seek help early when it was possible to do something and not let difficulties escalated.

She said people had to bite the bullet and see a financial counsellor.

Several welfare groups like the Salvos provide free financial counselling services, which advise people on their options, and deal with creditors on their behalf.

Ms Saker said people needed to get professional help at the first signs of financial stress, such as juggling bill payments, worrying about whether they could afford a cup of coffee, or using one credit card to pay off another.

The Office of Fair Trading has a list of financial counsellors by area on its website www.fairtrading.nsw.gov.au or can be contacted by telephone on 13 32 20.

The website also has plenty of information on debt and financial issues.

There is also a Credit and Debt Hotline on 1800 808 488.

Ms Saker said as long as problems were tackled early people could often come to arrangements with creditors to get some breathing space.

She said there were hardship provisions under consumer credit laws, a mortgage assistance scheme, vouchers for electricity and other areas of assistance.

Mike Young, a financial counsellor with Lifeline Western Sydney said as soon as people found themselves using their credit cards to help cover mortgage repayments they should seek financial advice.

"People don't realise that as soon as they start using credit cards to pay the mortgage repayments or

pay living expenses they are in big trouble.

“They can go for three to four years using credit cards and then all their credit is used up.

“If people come to use before they have problems meeting mortgage repayments and resort to credit cards, we can do something and lenders are will to do something.”

Tony Devlin, the head of Moneycare, said there was often an even worse outcome waiting for people who lost their home.

“You can go from having a house to being hardly able to find rental accommodation. It's really scary stuff,” he said.

“If the house does get repossessed or you're forced to sell, you find it very hard to get a rental property because you have such a poor credit history.”

Mr Young said the causes of people's financial problems varied, with the main factors being excessive use of credit, unemployment and relationship breakdown.

However, he noted that an underlying cause was people often lived a lie, living lifestyles they could not afford.

He said credit was readily available and financiers continued to find new ways to entice consumers to borrow more.

EARLY WARNING SIGNS

Debt problems don't strike without warning. People usually receive very clear early signals:

You are on your second mobile-phone provider

You have three credit cards and have applied for a fourth

Your pay goes to debt repayments and there's nothing left for food

You keep receiving late payment or reminder notices

You don't want to check the mail for fear of finding another bill

None of your family or friends will lend you any more money

You are still paying off your credit card spending from last Christmas

Worse, you are still paying off the holiday you had two years ago

A sheriff came to the door and served you with some legal document

You now catching the bus because you can't afford petrol for the car

WHO TO CONTACT:

Credit and Debt Hotline on 1800 808 488.

Parramatta's Moneycare: 9633 5011 or www.salvos.org.au.

Lifeline Western Sydney: 13 11 14 or

www.lifeline.org.au/western-sydney.

Office of Fair Trading: 13 32 20 or www.fairtrading.nsw.gov.au

Government: www.understandingmoney.gov.au and www.fido.gov.au.

Centrelink's Financial Information Service: 13 23 00 or www.centrelink.gov.au.



Don't be dopey

March 30, 2008

WHILE it's often perceived as the most harmless of all illegal drugs, long-term cannabis use can be a very hard habit to break.

For a while, British pop star George Michael was happy to sing the virtues of smoking pot, saying it kept him “sane and happy”.

However, recently Michael has changed his tune and admitted he has been struggling to cut down on his marijuana use, saying it has become “a problem”.

Speaking on a BBC Radio 4 program, he said, “I would like to take less, no question. To that degree, it's a problem.”

While class-A drugs like heroin, cocaine and methamphetamines steal the headlines, cannabis is seen as a relatively harmless herbal high, but like any drug, it has the capacity to become a seductive mistress that you can't resist.

According to the National Cannabis Prevention and Information Centre, one in 10 people who have tried cannabis at least once in their life will become dependent on it, while at least 200,000 Australians are dependent on the drug every day.

If you smoke a joint every day, there is a 50-50 chance of becoming dependent.

But forget the stoner stereotype; cannabis use cuts across generations and social classes, making it the most popular illegal drug in Australia.

"Cannabis use is endemic," says clinical psychologist Ety Matalon, who has worked in the drug and alcohol field for 20 years.

"While many people smoke the occasional joint with no apparent detrimental effect, it's when smoking cannabis becomes a central focus of a person's life and leads to problems in their personal or work life that they are likely to have become dependent."

According to Professor Jan Copeland, director of the National Cannabis Prevention and Information Centre, cannabis

dependence can be defined as a compulsive, often uncontrollable craving.

"The person decides not to use cannabis and this is followed by a relapse due to compulsive urges to use again," she says.

This is when consequences such as lack of motivation, memory or work problems and difficulty in relationships may kick in.

Then there is the damage to your health.

Smoking cannabis may increase the risk of psychotic mental illnesses by 40 per cent, and can lead to cardiovascular, respiratory and immune system problems. It can also decrease short-term memory and slow brain development at a young age.

Recent research from the Medical Research Institute of New Zealand found that a single cannabis joint causes as much damage to the lungs as smoking between two and a half and five cigarettes at once.

Joints are often smoked without a filter, which makes the smoke hotter, and users also inhale more deeply than tobacco smokers and hold their breath for longer.

The dope on dope

Cannabis dependence can be severe due to the way in which delta-9-tetrahydrocannabinol (THC), the major active chemical in cannabis, affects the part of the brain that controls

pleasure, thought, memory, senses, concentration, time perception and coordination.

"Many regular users have difficulty controlling their use and often use more than they intended," says Professor Copeland.

"Their tolerance levels become high, and they need more cannabis to get the same 'high'. While some of the effects are pleasant, it can also make the user feel anxious, panicky, depressed or paranoid."

The physical withdrawal also makes it hard to stop. "Cannabis withdrawal is similar to nicotine withdrawal – (you experience) anxiety, restlessness, irritability, loss of appetite, sleep disturbance, night sweats and nightmares," says Professor Copeland.

"This goes away after a few days, although there may be sleep problems for longer."

Also, most cannabis users smoke their cannabis with tobacco, which means the two addictions often cross over.

Both have physical and psychological components. "It's a double whammy, as effectively, you're dealing with giving up two different drugs," says Matalon.

The great escape

But like any drug, whether illegal or legal, it's the

pleasurable sensation which pushes problems out of mind that keeps us wanting more. "People seek the relaxing effect," says Professor Copeland. "You disengage from the things that bother you."

This is something Johnnie Carnegie, 33, from Sydney, can relate to. "I can't tell you the number of times that I have quit and then started smoking again. Before I know if I'm feeling bored, upset or confused, I am smoking another joint.

It's a vicious cycle that has been going on for years."

When the high wears off, the problems remain, and often, the user feels worse.

"Each time it takes more of the drug to escape, increasing their dependency," says Matalon.

"When you get caught in this cycle you get sucked deeper into the addiction. We all need to escape - there's nothing wrong with down time - but if you are dependent on one thing to solve every problem, then it becomes an addiction.

And when that solution begins to cost you more than the benefits you get from it, it's time to do something about it."

Getting help

The triggers that drive people to give up can vary. Health issues, such as chest complaints, problems at work, the threat of

partners leaving and one of the most common complaints, lack of motivation to do anything with their life, are often motivators for change.

"The first step is recognising that they have a problem," says Matalon.

"Cutting down is one choice, 'going cold turkey' is another.

"It depends on the individual and how much of a problem the issues are. I recommend calling a counselling line, so the person can be assessed and given information on the services in their area.

"Counselling helps people to recognise what their issues are and to set up a program to challenge the ingrained behaviour.

"For instance, if the client is smoking 10 cones a day, we look at where they can cut down, so they start to feel they have some control. We use cognitive behavioural techniques to teach them to 'urge surf' - to recognise the craving rather than act on it, and find some new behaviour to replace or distract themselves from it."

The benefits can be life changing. "Many heavy cannabis users find they finally have control over their lives when they quit," says Matalon. Something George Michael may want to take note of.

How to drop the dope

Etty Matalon says having a plan in place is essential when trying to stop smoking

cannabis. Be clear about your reasons for giving up - write them down.

List the positive and negative reasons for changing your behaviour, and the positives and negatives for continuing to smoke.

Throw away all smoking apparatus.

Set a date to stop and stick to it.

Get involved in new, healthy activities to replace smoking. Take up a creative pursuit or a calming activity.

Keep away from the old situations where you used to smoke for at least two or three weeks, until you feel strong enough to be able to say no.

Tell your friends not to offer you any cannabis. Have a non-smoking friend in place for support.

Develop a personal emergency strategy for when you have cravings, such as going for a walk.

Reward yourself - use the money you would have spent on cannabis for something you really want.

Where to get help

The National Cannabis Prevention and Information Centre has launched a national cannabis information line.

The free service is run by consortium partner Lifeline and provides information on cannabis to users, their families and the community.

Referrals for assistance for those wishing to manage their cannabis use are also available and a telephone counselling service will be launched later in the year. Call 1800 304 050.



Helplines Australia New Members By Geraldine James

A warm welcome to new members:

Women's Health and
Information Centre Vic

Alcohol and Drug
Information Service SA

Maternal and Child Health
Line VIC

National Stroke
Foundation Strokeline Vic

To become a member
please check our webpage
For membership:

www.helplines.org.au



DIARY DATES

AUGUST 2008



Calvary
Health Care

Bethlehem

28 August
Loss & Grief Exhibit
South Caulfield VIC
www.bethlehem.org.au

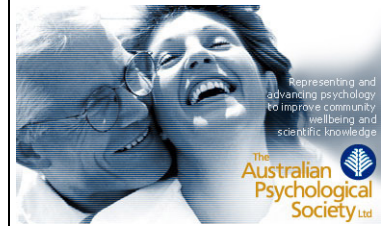
SEPTEMBER 2008



T H E M H S
C O N F E R E N C E

2 – 5 September
TheMHS Conference
Be the Change you want
Auckland NZ

www.themhs.org



23 – 27 September
APS Conference
Hobart TAS
Australian Psychological
Society

www.apsconference.com.au

NOVEMBER 2008



5 - 9 November
**17th International conference
on Continence**
Hobart Tasmania
www.continence.org.au

DECEMBER 2008



9 December
Helplines Australia AGM
Sydney Counseling Centre
Parramatta
www.helplines.org.au